CONNECTICUT LEGAL RIGHTS PROJECT

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TESTIMONY OF JAN VANTASSEL, ESQ.
HUMAN SERVICES COMMITTEE
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SUPPORTING SB 297 AN ACT CONCERNING AN AMENDMENT TO THE MEDICAID STATE PLAN UNDER SECTION 1915(i) OF THE SOCIAL SECURITY ACT TO PROVIDE HOME CARE SERVICES

I am the Executive Director of the Connecticut Legal Rights Project, Inc. (CLRP) a statewide non-profit organization that provides free legal services to low income adults with psychiatric disabilities on matters related to their treatment and civil rights. In one of my prior lives, I worked in the state's Medicaid Division and oversaw the implementation of the home and community based services waiver for elders, as well as the first Medicaid waiver for persons with developmental disabilities. I also served on the work group that analyzed the feasibility of a waiver for adults with mental illness.

Waivers have served a useful purpose in promoting community based services to allow elders and persons with disabilities to make their right to live in the community a reality. However, they are administratively burdensome, and target such narrow populations that they exclude substantial numbers of people who would benefit from community services. It often seems that more time is spent determining who will not be served than who will, and neither the state or its vulnerable citizens benefit from this approach.

SB 297 provides a framework for reversing this approach and putting an emphasis on expanding access to cost effective community based services, a goal that both the state and federal governments have endorsed. In doing so, this legislation rejects the traditional practice of defining the persons to be served based on their diagnosis or age, and instead applies functional criteria to determine eligibility for services. This reflects recommendations in the state's long term care plan as well as a collaborative effort on the part of a diverse coalition of advocacy groups representing elders and persons with disabilities.

Unlike a waiver, the state plan amendment authorized under 1915(i) does not require that persons served meet nursing home level of care. This would allow the state to receive federal matching funds for persons that are currently served by DMHAS with 100% state dollars. In fact, DSS reported to the Task Force on Discharges of Medicaid recipients to Nursing Homes that in a six month period 70 persons with serious mental illness who were referred to nursing homes by hospital staff were determined not to meet the nursing home level of care. They must be discharged from the hospital with state funded services. However, it is likely that most, if not all, of these individuals could meet the criteria in this bill.

I am well aware that the state must be cognizant of establishing a broad entitlement, and that the eligibility criteria for services under 1915(i) must be carefully constructed. However, this new state plan option offers an opportunity for Connecticut to reverse its institutional bias and set a new direction that will invest in the community services that your constituents want.
I urge you to support SB 297.