



March 15, 2011

To: Human Services Committee

From: Terry Edelstein, President/CEO

Re: **SB 1013 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET
RECOMMENDATIONS CONCERNING HUMAN SERVICES**

Please accept this testimony with regard to SB 1013 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING HUMAN SERVICES.

The Connecticut Community Providers Association (CCPA) represents organizations that provide services and supports for people with disabilities and significant challenges including children and adults with substance use disorders, mental illness, developmental, and physical disabilities. Community providers deliver quality health and human services to 500,000 of Connecticut's residents each year. We are the safety net.



We appreciate Governor Malloy's commitment not to shred the "safety net" and to support community-based services. There are many very positive aspects to this budget. At the same time, we need to call your attention to sections of the budget, as implemented in SB 1013, that do result in cuts and that will have an impact on the ability of community providers to support people with disabilities and other challenges in the community.

ICF-MR PROVIDER FEE

We appreciate the effort to garner more revenue through expansion of the "provider fee" to agencies providing ICF-MR services for individuals with intellectual disabilities. However, it is unclear to us how the provider fee will be levied, whether or not a rate freeze continues to be in

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effect for the ICF-MR providers and whether or not these providers will receive a rate increase. The budget bill and SB 1013 are inconsistent.

For a number of years, ICF-MR providers have been subject to a freeze in their rates even though they have had increases in the cost of providing services. We have been told that the provider fee allows for rate increases of approximately 1.1%, but have not seen this documented. Without such an increase, ICF-MR providers cannot meet their expenses.

COMMUNITY LIVING ARRANGEMENT/ BOARDING HOME RATE FREEZE

As in previous years, this budget eliminates the “current services” rate increase for “Boarding Homes” that include DDS Community Living Arrangements. (Sec. 8 of SB 1013). The cost to provide services hasn’t decreased – witness the added costs of plowing driveways, clearing roofs and heating group homes this past winter. This “elimination of current services” is a cut.

COPAYS

The proposed \$3 copay for adults served by the HUSKY program is problematic. It reduces funding dramatically in the DSS and the DMHAS budgets. While the budget narrative describes copays as a reasonable approach to offset the cost of services to an expanded population, the impact falls directly on the consumers who will be dissuaded from seeking treatment and to the providers who will have to absorb the cuts.

The list of services exempt from the copay requirement is very small (Sec. 7). What about those services provided on a daily basis such as methadone maintenance or counseling sessions? What does the “alternative benefit package” look like? What are the proposed “rate changes?” We ask you to be attentive to budget adjustments that eliminate the copay for certain services such as pharmacy but continue to spread the cut across other healthcare services.

Thank you for the opportunity of testifying. We look forward to working with your Committee in developing modifications to the budget that support people with disabilities.