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Testimony re: 1115 Waiver

The Appropriations and Human Services Committees Public Hearing

July 24, 2012

Distinguished Members of the Committees,

My name is Celeste Proulx and I am from Cromwell, CT. I would like to share my experience with The Department of Social Services. Initially I had hoped to receive some assistance with medical coverage through DSS. It was then that I discovered a very out dated- monthly income figure of \$491.92 as the limit for qualifying for assistance. I was not eligible. A "spend-down" amount was determined (\$4,729.44) and I was to submit medical bills that I'd already paid or was responsible to pay toward that amount . Before Medicare D was created, I could realistically meet the spend-down amount because my prescription costs were applied. Over the past several years I have been required to complete a "Re-determination" form and submit it with copies of other documents such as 1. Statements of income, 2. A lease agreement, 3. Bank account statements, etc. It was unclear to me why it was necessary to submit this form since my "spend-down" amount has been over \$5,000. I decided not to complete a re-determination form in June of 2007. My worker at the time, Mrs. Weiner, was informed of this decision and approved it. She did not know, nor did other case workers that it was necessary for me to do the paperwork since I was receiving the "extra help" subsidy through Medicare D. This is a program I qualify for through Medicare, but state Medicaid is what pays my Medicare B premium as well as medication costs not covered by my Medicare D provider. At that time I requested and was assigned a "Hearing" which took place on March 27, 2008 at the Middletown office of DSS. Since I had never met my case worker, it didn't matter to me that she was not available on that day; but

the person assigned to cover my case had absolutely no knowledge of why the Hearing was even requested. I simply wanted the Department of Social Services to be aware of the fact that employees did not know it was necessary for me to remain on Medicaid, even with a large "spend-down" amount. My Medicaid was reinstated, but my point of the DSS workers lack of information didn't seem to be acknowledged.

Last month-June 2012- when my re-determination paperwork was not received I became 'disqualified' as a Medicaid recipient. In reviewing past documents, I realized that each June for the past three years my paperwork was lost, and therefore not received. I have mailed my paperwork, put it in the box located in the foyer of the DSS office in Middletown, and stood in line in order to receive a copy of the envelope stamped with a "received on (date)". All of these submissions were not received by my case worker, and I was required to submit a second copy. The same day after I had submitted the second set of paperwork, I received in the mail a document from DSS reporting I have been assigned a 'new' case worker. I was unable to contact this person by telephone. I do not know if the second set of paperwork submitted on July 10, 2012 will be received by the "new" case worker since it was sent to the prior case worker. I have never met any workers assigned to my 'case', and have been unable to reach any by phone. I understand the employees have tremendous case loads. This is not my fault as I am completing required paperwork in a timely manner and submitting it, obtaining stamped receipt paperwork, and have to resubmit the same paperwork because I receive a notice of "discontinuance." As a disabled person it is both inconvenient and stressful to have to hand deliver paperwork that seems to get lost before arriving at my case worker's desk. I would welcome the opportunity to not have to complete these unnecessary steps, and don't understand why I am required to do this **twice a year.**

I request that you vote against this waiver, as it will create an additional burden on people like me, whose redeterminations will be slowed even further than they are now.

Thank you for this opportunity to share,

Celeste H. Proulx