

Human Services Committee, March 12, 2013
 Testimony submitted by Lucy Potter, Attorney
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Raised Bill no. 1084, An Act Concerning Delays in Medicaid Application Processing. Support, extend processing timelines to other assistance programs.

I am an attorney at Greater Hartford Legal Aid, one of three attorneys in our office challenging DSS's food stamp processing in Briggs v. Bremby. As you know, New Haven Legal Assistance brought Shafer v. Bremby which challenges Medicaid processing timeliness. I urge you to mandate timely processing in all the DSS programs in Raised Bill 1084. Applicants for these basic subsistence programs suffer when there are delays in processing their cases. By focusing on only one program, there is a danger that energy and resources will be diverted away from the others. The issues that impede processing of Medicaid applications apply for all the programs that DSS administers. Below are the rates of delay for February, 2013, and a listing of how many recipients there were in each program last year.

Program	Percentage of overdue applications pending at the end of February, 2013	Number of people receiving statewide, 2012
Medicaid 45 days	38%	594,590
Food Stamps 30 days	33%	370,783
Expedited Food Stamps (7 day processing timeframe for indigent applicants)	87%	
SAGA cash 10 days	87%	4,594
TFA 45 days, 30 days for an extension	25%	37,399
State supplement for the disabled 45 days for aged and blind, 90 days for disabled	25%	15,117

DSS is finally nearing the implementation of its upgraded phone, document scanning and on-line access. It has been promised at least since 2010, and delayed

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time and again. The outline of modernization was part of the 2007 settlement agreement in Raymond v Rowland which addressed access to DSS for people with disabilities. When Briggs was filed in March 2012, DSS said that modernization would be fully implemented by September 2013. This bill would at least hold the state to an April, 2014 deadline, to not only implement modernization but also achieve timeliness. Timeliness should be achieved for all applicants, not just Medicaid and food stamps.

Connecticut, being one of the last states to make these changes, can hopefully learn from the experience of other states. The consultants Connecticut has hired and Food and Nutrition Services (FNS) the federal agency, which oversees food stamps administration, are familiar with operations in other states and have made suggestions, including suggestions about staffing levels.

Modernization alone will not suffice to ensure that DSS processes applications in a timely way, without adequate staffing. DSS did hire 220 eligibility staff last year, a much needed enhancement to a decimated staff. But this only brings staffing to 885, 45 more staff than DSS had in 2003 before round after round of layoffs in the past ten years. During those ten years, Connecticut came to distinguish itself as one of the worst performing food stamp programs in the country. James Arena DeRosa, Boston Regional Administrator for FNS, expressed his dismay and puzzlement over this situation before this committee two years ago.

And during those ten years, Medicaid enrollment has increased by 88%. The number of food stamp recipients has increased by 111%. Even with the enhanced efficiency that modernization will bring, more staff will likely be needed. How many? Sheldon Toubman in his March 5th testimony before this committee recommended an additional 255 eligibility workers, based on materials DSS shared with him in the course of the Shafer litigation. While I am not in a position to make a specific projection, I urge this committee to focus on the historical context of staff depletion when assessing DSS's efforts at modernization. Commissioner Bremby may not be permitted to request more staffing, but even with the efficiency that DSS will realize from modernization, more staff will likely be needed to timely process the current caseloads.

I am attaching proposed language to codify timely processing for TFA, SAGA and State Supplement. The processing times are those that are currently in the Uniform Policy Manual, DSS's regulations. DSS should commit to providing timely benefits in all its programs by April, 2014. The language also includes a requirement that the Commissioner report to this committee on the progress along the way.

Proposed language.

Section 17b-80 of the general statutes is amended as follows:

§ 17b-80. Investigations. Grant of aid. Income disregard for students. Asset limits

(a) The commissioner, upon receipt of an application for aid, shall promptly and with due diligence make an investigation, such investigation to be completed within forty-five days after receipt of the application or within sixty days after receipt of the application in the case of an application in which a determination of disability must be made. The commissioner shall ensure that eligibility determinations are made within the following days from receipt of an application: State administered general assistance, 10 days; Temporary Family assistance, 45 days for initial application, 30 days for application for an extension; food stamps, 30 days except that expedited applications, as defined in federal regulations, should be decided within 7 days; Medicaid and Aid to the Aged, Blind and Disabled, 45 days for non-disability based applications, 90 days where a disability determination is required. The Commissioner shall insure that technology and staffing are in place to meet these timeframes in 95% of the cases by April, 2014. The commissioner shall provide monthly reports to the Human Services Committee that track the number of applications and processing times for each program. If an application for an award is not acted on within forty-five days after the filing of an application, or within sixty days in the case of an application in which a determination of disability must be made, the applicant may apply to the commissioner for a hearing in accordance with sections 17b-60 and 17b-61. The commissioner shall grant aid only if he finds the applicant eligible therefor, in which case he shall grant aid in such amount, determined in accordance with levels of payments established by the commissioner, as is needed in order to enable the applicant to support himself, or, in the case of temporary family assistance, to enable the relative to support such dependent child or children and himself, in health and decency, including the costs of such medical care as he deems necessary and reasonable, not in excess of the amounts set forth in the various fee schedules promulgated by the Commissioner of Social Services for medical, dental and allied services and supplies or the charges made for comparable services and supplies to the general public, whichever is less, and the cost of necessary hospitalization as is provided in section 17b-239, over and above hospital insurance or other such benefits, including workers' compensation and claims for negligent or wilful injury. The commissioner, subject to the provisions of subsection (b) of this section, shall in determining need, take into consideration any available income and resources of the individual claiming assistance. The commissioner shall make periodic investigations to determine eligibility and may, at any time, modify, suspend or discontinue an award previously made when such action is necessary to carry out the provisions of the state supplement program, medical assistance program, temporary family assistance program, state-administered general assistance program or supplemental nutrition assistance program. The parent or parents of any child for whom aid is received under the temporary family assistance program and any beneficiary receiving assistance under the state supplement program shall be conclusively presumed to have accepted the provisions of sections 17b-93, 17b-94 and 17b-95.