

Legal Assistance Resource Center

❖ of Connecticut, Inc. ❖

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Testimony before the Appropriations Committee on the Department of Social Services Budget

by Jane McNichol, Executive Director
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Good evening. I am Jane McNichol, Executive Director of the Legal Assistance Resource Center of Connecticut, the advocacy and support center for legal services programs in the state. We represent the interests of very-low income residents of the state. I am also the co-convenor of the Medicaid Strategy Group, a group of providers and advocates dedicated to preserving and improving Medicaid and HUSKY B.

There are a number of very important initiatives proposed in the Governor's adjustments to the Department of Social Services budget. Of particular note:

- **Maintaining higher reimbursement rates for primary care providers in Medicaid.** These improved provider rates have contributed to a stronger provider network and therefore better access to needed health care in Medicaid. We strongly support this commitment to the Medicaid provider network;
- **Expanding the Katie Beckett Waiver to serve 100 more children** with severe disabilities;
- **Expanding the Connecticut Home Care Program for Adults with Disabilities** to serve 50 more people; and
- **Providing funding for increased staff at the Department of Social Services.** This increase in staffing is part of the solution for the severe problems experienced by residents trying to apply for and maintain needed benefits. Problems include unreasonably long waits for service at offices and at the call centers and failure to record documents that are submitted to DSS in a timely manner. This failure results in improper termination of benefits and excessive waits for access to benefits for new applicants.

Other solutions to DSS processing delays, which will also result in better health care for Connecticut's residents, include:

- **Changing the default action when a Medicaid recipient's eligibility is being redetermined.** Medicaid recipients who have submitted all the required information and who are still eligible for benefits often lose coverage at the time of renewal/redetermination because of processing delays at DSS, because DSS has not

been able to review the documents submitted. DSS should continue eligibility at renewal/redetermination until DSS has been able to make a final determination of ineligibility, rather than assuming ineligibility.

- **Adopting “continuous eligibility” for children and adults.** This is a state option in the Medicaid and CHIP programs that guarantees coverage for a year, even if an individual would otherwise lose coverage due to changes in circumstances (e.g., income, family size).

Both these changes provide continuity of health care for the individual and simplify administration of the Medicaid program for DSS.

There may be other policies that DSS can adopt to minimize the administrative burden while continuing to move toward a modernized customer service system. We should search for and adopt these opportunities to streamline DSS operations.

Connecticut has adopted strong safety net programs. The proposed budget adjustments will make these programs stronger. We should take action to ensure that DSS has the resources and systems needed to implement these important programs.