



**TESTIMONY**

**Human Services Committee Public Hearing**

**March 4, 2014**

**Hannah Jurewicz, Senior Director, Dungarvin CT, LLC**

**RAISED BILL S.B. No. 251 (RAISED) AN ACT CONCERNING PROGRAMS ADMINISTERED  
BY THE DEPARTMENT OF SOCIAL SERVICES.**

Good afternoon members of the Human Services Committee. My name is Hannah Jurewicz and I am Senior Director with Dungarvin CT.

Dungarvin provides residential and day services for individuals with intellectual and related disabilities throughout the state. The adults we serve live in homes in Torrington and the Greater Waterbury area, Bristol, Hartford, Canton, Windsor and Windsor Locks, Plymouth, Manchester, Prospect, Cheshire, Middletown, and Greater New Haven. We support them as they perform meaningful work in these communities; we assist them when they contribute to the commerce of their towns by shopping, dining, and enjoying various recreational interests.

I am testifying today in favor of Senate Bill 251. I firmly believe this will provide easier access for individuals applying to receive financial support and medical insurance due to their disabilities, and will help to ensure that documents are processed correctly and in a timely manner. Currently, they are sent on goose chases, denied, left on hold for multiple hours at a time, and provided conflicting information leaving them defenseless to navigate the system and secure the support they need to obtain critical health care, keep their lights and heat on, and buy food to eat.



Individuals receiving or applying for public assistance through DSS have been experiencing significant challenges in interactions with DSS for a very long time and it is only getting worse. Individuals are experiencing multiple hours of wait time when calling into the DSS Client Information Line & Benefits Center. Individuals' application materials are being submitted and subsequently lost. Individuals' benefits are being terminated even if they are eligible and have submitted all the necessary documentation. Right now, a person is not continued on Medicaid after their annual renewal date unless a DSS worker has affirmatively reviewed the completed redetermination form submitted by the individual and determined that he or she is still eligible. In too many cases, someone who has submitted all the necessary documents for redetermination in a timely manner, and who is still eligible based on the documentation submitted, is nevertheless terminated at their renewal date because DSS has not been able to look at the submitted documents and input the provided information into the system.

Here are some specific examples of challenges our agency has had. These are just a sample of the daily struggles we experience in securing and maintaining essential benefits for the individuals we support:

- I called the DSS benefits line and waited over 2 hours to speak to a representative. I inquired about 3 individuals (Ivy program) whose re-determinations had been sent in together. The representative told me one of them would have to re-apply for help from DSS his benefits had been closed for over 6 months. She re-opened the other two snap benefits- because all the mail that DSS sent to the home was being sent to their old address, I updated the residential and mailing address, and 2 of the individuals' snap benefits were available for them the next day.

That following month, No snap benefits again. I called the DSS benefits line, the addresses for these clients was not updated properly. So their mail was being sent back



(again) and DSS cut off benefits. So again I updated the mailing and residential address for all three clients (again).

After an hour, the representative found returned DSS cash assistance checks for one individual that was sitting in their mail room because it was returned. The representative sent out his retro check. I asked the representative why last month the previous representative told me I needed to apply all over for this individual, he said he was not sure why I was told that information because he saw that all the mail was being returned and that's what the problem was.

- I called the DSS benefit line regarding an individual's benefits (Basswood program). The representative told me she could not speak to me and she needed to contact the individual directly so he could authorize me to speak to her. I explained where I was calling from, my position at the company, that we (Dungarvin) are the rep payee for the individual and that it wouldn't be appropriate to speak to him, because he wouldn't comprehend what she was asking him. She insisted she had to speak to him. She called him and came back on the line to me and explained he was confused, and he didn't understand what she was talking about. I asked to speak to a supervisor, she said yes hold on and gave me the phone number regarding, medical insurance (which was not what I needed) and for another representative that was not a supervisor.
- I have received many redetermination applications to fill out and they have been completed and sent back to DSS the following day. I have received correspondence stating redeterminations were not received in the correct amount of time and benefits were scheduled to be cut off. I called the benefits line to find out that the redetermination application had been received and stayed on the line while the representative processed them. This happened to two individuals (Overlook program).



- When I called about an individual benefits (Larkspur program), the representative told me they were having a problem with their system and that she sees that the individual's redetermination was received but no one processed the redetermination. I stated that she received no snap benefits and that March 1<sup>st</sup> was approaching and she would be 2 months without and snap benefits. She apologized and told me I would have to call back tomorrow and by then their system would be up and someone would be able to help me. I called the next day, got through to a representative after 2 hours waiting and was told she did not have any redetermination application for the individual and that the information I got yesterday about the system being down the previous day was incorrect. That the representative would not have access to see if anything was received or processed if the system was truly down. The representative told me all she could do was send me the information DSS needed to process the individual's case to be- opened.
- One individual (Larkspur program) did not receive snap benefits in the month of February. Redeterminations had been sent and mailed off in January. I called the benefits line, they once again told me they could not speak to me without authorization, I was transferred to a supervisor, and he told me, he couldn't give me full details about the individual's benefits only that her benefits are active. I explained she did not receive snap benefits for February and I needed to know why and if she would be able to receive what she missed, and what documentation was DSS perhaps missing. The supervisor told me to send in a letter stating the change of address and the individual's consent for me to speak with DSS on her behalf.
- In January, an individual currently in one hospital, was referred to Hospital for Special Care. On February 7<sup>th</sup>, they refused to admit him unless he paid 20% of the hospital stay as there was an issue with his birth date in the DSS system. Although efforts were made by DDS case manager, nursing consulting agency, and us, the provider, DSS would not agree to correct the error in their system. The individual's birth certificate was faxed over



multiple times to no avail. The issue remains unresolved to this day. The individual remains in one hospital without the services he needs, awaiting admission to the hospital to receive the services he needs, but cannot access. The DDS case manager has attempted to involve a special DSS liaison who offices within the DDS central office. It remains a mystery to us all as to why DSS has paid the current hospital but will not pay the second due to the difference in birth dates in their system.

This bill should go one step further and require a change in the default action for Medicaid redeterminations. The system should be re-programmed to continue Medicaid eligibility for anyone who has timely submitted their Medicaid redetermination form until DSS affirmatively reviews the form and determines that the person should be terminated.

Thank you for your time and attention.

***Hannah Jurewicz***  
Senior Director