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**Testimony before the Human Services Committee
In support of SB 280
An Act Concerning the Department of Social Services
By Nancy Boone, Project Coordinator-Speaker #4
January 29, 2015**

I am Nancy Boone, coordinator of the Connecticut Alliance for Basic Human Needs, a statewide advocacy and resource network that addresses issues of importance to low-income residents of Connecticut and brings the voices of low-income people affected by public policy into the public discussion.

I am here to support SB 280, An Act Concerning the Department of Social Services.

I sat before this Committee one year ago advocating for changes to DSS and the problems with DSS have remain the same. The solution remains for DSS to timely process applications and redeterminations for the benefits that the people of Connecticut depend on for life saving medical care, life giving food, and other vital services. I am here today to speak for the individuals, and the service providers who emailed me with less than 24 hours notice, in the aftermath of a blizzard, to beg for changes to the way DSS processes applications and redeterminations and communicates with the clients they serve.

In failing to process applications and redeterminations timely, DSS puts people's shelter, food security, and health at risk. Although the number of people affected by DSS's failure is unacceptably and shamefully high, this is not about numbers, it's about people.

Everyone must now call DSS's 1-800 line with any question, change, or issue. One year later, wait times continue to average 60 minutes, a serious barrier to low income people trying to access DSS benefits.

Another common problem experienced by clients and service providers is DSS's failure to timely process submitted documents. People send in their application, redetermination, and supporting documents but because the Department is not processing those documents timely, people are sent termination notices and/or are actually terminated from benefits. This triggers phone calls to the call line, visits to the DSS offices, panic on behalf of clients, and in some cases causes people to go without food and medical care and puts their shelter at risk. These families have done what the Department asked of them and still they are without the services they rely on day to day.

Most providers requires the client/patient to wait until verification is received before client/patient is able to schedule medical services. Previously they were assigned an ID# and services could be scheduled immediately.

Sometimes new is good but old is better. Thanks for listening.

Diann Holloman, Case Manager, Community Health Center

Thank you for giving me the opportunity to voice my concerns:

There are many times when I need to get client specific information and I am not able to do so only because there is no person available to speak with. Many times there are case scenarios that could be quickly resolved when attempting to advocate for a client.

I totally relate to the cost effectiveness of such a program, however, there are times that we really need to speak with another person to move forward in a timely fashion.

Thank You

Marcia Melton-Service Coordinator

Hi--

I want to relate that we continue to get calls several times a week from clients who cannot reach DSS. Stories are like this: client calls the customer service line first thing in the morning and is immediately told the wait time is 70 minutes. After 70 minutes they are told the wait time is another 70 minutes. Some don't get anywhere after that round of waiting, others give up at this point, as they have to go to work, don't have unlimited cell phones, etc. If they are able to wait the 2 1/2 hours, they often have a positive experience with the worker. But most can't wait.

They call us and our only recourse is to email a supervisor at either central office or our regional office. This usually gets a response within a few days, but it is an inefficient system!

Very often people are calling after having received letters that their benefits are being terminated. They have sent in the required paperwork on time, but get these letters anyway and it is very upsetting. Sometimes they DO get cut off, and lose a month's SNAP or other benefit while the error is being addressed. I can try to look up the case if they have given me access to their MyAccount, but the system is vague. It says that someone is "receiving X benefit" as of that day. It doesn't say until a future specific date, so I have no way of knowing if they will be dropped from the benefit at the end of the month or not. It also only says that paperwork has been "received" or "reviewed", and there is no specified outcome stated. The kind of paperwork is only known to trained workers--lay people are not able to look at the list

Earlier this month of January, I re-applied for health insurance and again qualified for HUSKY. After recently calling DSS, I was informed that I would receive a letter in the mail that I would be able to use when seeing medical providers, until my health insurance card arrives. I was informed by DSS that this letter would be arriving in a week. I've been waiting for the letter for more than a week now but have not received anything from DSS. I fear that I won't get any response from DSS on this issue, which is exactly what occurred last year. I hope that I don't have to wait yet another year to access health insurance that I so desperately need.

Monica Martinez
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Good Evening I saw info on Carolyn Vermont's Facebook Page. I am a PLTI Alumni and a Bridgeport native. I am part of the working disabled population and have been having DSS troubles every since last year but most recently I applied and did my redetermination via online. I received my benefits except my part D which is really important because i am paying out of pocket for my medicare insurance. When I applied online I applied and said that I needed food stamps and medical for myself and my daughter who is eleven.....nearly five months still no part DI can't afford it! This morning I tried to get through no avail! I need a hearing but you have to go to the office/fax and it's always a line sometimes down the street....I work, I am sick with Lupus/RA and I make 150.00 a week plus my SS and I get less than 30 dollars a month for food and my rent is almost 400.00 after section 8.....I am struggling and can't pay lights or gas because I buy food. I get 0 child support....dads in jail for mental health issues and domestic! The way I see it is I am due more food stamps because I am paying out of pocket for insurance and because I have been waiting for them to correct my part D I have had this problem for months.....Please help!

Nettie Jenkins
Bpt. Disability Commissioner
A.B.C.D Board of Directors
Ella Jackson Senior Center Driver
Hall Neighborhood House
Mom/Lupus/RA
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Dear Nancy

Jan 28, 2015

I would like to tell you some things about DSS. I advocate for ALL persons with a disability. Working to get the word out about MED-connect (Medicaid for employees with a disability program) is close to being impossible. I keep with it though. The DSS and BRS departments do not know how important this program is. It breaks my heart to hear about people with disabilities who Never heard about this program. There is discrimination in this State. They don't want people to get out of being poverty-stricken.

So they think they will lose their insurance if they work. DSS and BRS need to explain the program to ALL Persons with a disability in Connecticut. Not JUST people in the system. Anyone can become disabled. People in the State should know they will not lose their insurance and if they don't have insurance they can receive it.