CONNECTICUT LEGAL RIGHTS PROJECT, INC.

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Statement of Kathleen M. Flaherty for the Human Services Committee
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Regarding

S.B. No. 280 (RAISED) AN ACT CONCERNING THE DEPARTMENT OF SOCIAL SERVICES

Senator Moore, Representative Abercrombie and members of the Human Services Committee, my name is Kathleen Flaherty and I am the Associate Executive Director of Connecticut Legal Rights Project, Inc. (CLRP). CLRP is a is a statewide non-profit agency which provides free legal services to low income individuals with psychiatric disabilities, who reside in hospitals or the community, on matters related to their treatment, recovery, and civil rights. Most of our clients are recipients of benefits administered by the Department of Social Services (DSS).

Prior to my position at CLRP, I was a staff attorney at Statewide Legal Services of Connecticut, Inc. and Connecticut Legal Services for nearly 18 years. During those years I worked with many clients who faced challenges in their dealings with DSS – and many of these were able to be resolved quickly with my intervention. This leads me to think that there must be a way to administer the myriad programs in a way that is more efficient and effective for everyone involved.

You have doubtless heard from others about their difficulties with the system, so I can only echo them here. These include people who are:

- Receiving termination notices for "failure to complete the redetermination process" when the notices requested by DSS were actually turned in timely, but simply not processed by DSS staff;
- Experiencing long wait times on the phone, a problem which has not gone away with centralization, but in fact, in some ways has been exacerbated;
- Submitting an application for Medicaid through Access Health CT and being told they applied through the wrong place and should apply all over again through DSS on a different form – even though we have been told this is a seamless system with "no wrong door" for access;
- Applying for Medicaid (HUSKY A or D) through Access Health CT and getting a notice saying they are on Medicaid immediately, but not being able to actually get health services because providers, including pharmacies, say their computers show they are not eligible for Medicaid;
- Traveling to a regional DSS office in order to apply for benefits and being told to come back another day or call the call center;
- Filing a request for a fair hearing after receipt of a notice of denial or termination of benefits and having a long wait for both scheduling of hearings and hearing decisions.

The Department of Social Services faces the challenge of administering several different programs with different eligibility rules, and this is not an easy challenge. However, it is apparent to me that some things could be done to make the process easier for everyone, including DSS staff.

- Put all benefit redeterminations on the same timeline (to the extent this is compliant with federal law). A redetermination form should be developed that would request all the information needed by any program administered by DSS, so that an individual receiving benefits does not repeatedly have to gather and send in the same information.
- Keep a person who has been found eligible for benefits in a program administered on DSS on those benefits until it is found that the person is no longer eligible – rather than the current system which automatically kicks a person off when certain timelines aren't met in processing their redetermination papers.
    - The difficulty faced by DSS staff with an increased number of people participating in benefits programs is exacerbated by the current system. Many benefit recipients have a fixed income that only increases by a cost-of-living adjustment – which means they remain eligible for the benefit programs in which they participate. Having a system that automatically generates additional paperwork terminating those benefits, simply because DSS does not have sufficient personnel to process the paperwork in a timely fashion, makes little sense. Certainly, there may be instances where a recipient does have a change in income that would make her ineligible for the programs in which she currently participates. But for the vast majority of cases, keeping people on benefits until there is an affirmative showing that they are no longer eligible would result in streamlining and efficiency.
- Budget for and hire more staff. Advocates have been stating this for years. DSS's own consultant, Stanley Stewart, has noted "Of course they need more staff. There's just not enough people to do [the work]."
- Make applicants aware of their right to request reasonable accommodations from the Department if they have a need for such accommodations due to a disability.

More people than ever are participating in programs administered by DSS. DSS needs to have sufficient staffing to provide efficient and effective services to their clients. We cannot wait until the current computer system is upgraded. People who are already living on the margins are having difficulty accessing and keeping the benefits for which they are eligible.

Thank you for your consideration and for your attention. Please let us know if we can answer any questions for you.

Respectfully,

Kathleen M. Flaherty