

**Testimony of the National Alliance on Mental Illness (NAMI) Connecticut
Before the Human Services Committee
January 29, 2015**

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 Daniela Giordano and I am the Public Policy Director with the National Alliance on Mental Illness (NAMI) Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who live with mental health conditions and parents and family members of individuals living with mental health conditions. I am here today on behalf of NAMI Connecticut to comment on *S.B. No. 280 (RAISED) AN ACT CONCERNING THE DEPARTMENT OF SOCIAL SERVICES*.

You undoubtedly have already heard and will continue to hear from people who are greatly and negatively impacted by eligibility and access issues with the Department of Social Services. You have heard from people who are:

- Being cut off of medical or food benefits (Medicaid or SNAP) despite timely submitting redetermination forms showing they are still eligible
- Trying to reach the DSS call center and waiting for over an hour or even two hours before they can reach a human (or having to discontinue the call because they ran out of time or out of cell phone minutes)
- 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
- Applying 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
- Going to a DSS regional office to apply for medical, food or cash benefits (Medicaid, SNAP or TFA) and being turned away from applying that day—told to come back another day or call the call center
- Requesting a DSS hearing because of a denial or termination of benefits, and waiting months for a hearing date and even longer to get a hearing decision

Bottom line is, there is no doubt that there are tremendous issues with obtaining and retaining eligibility for essential benefits, and related access issues, with the current way of administering these benefits by DSS. This needs to change! Legislative leaders have heard these issues for years and have

requested better accountability and substantial improvements, but have not gotten this. The DSS promise that modernization through the new ConneCT processing system would solve these problems has not materialized – and in some cases, like with the largely unreachable call centers, it may have actually made access for clients worse. We very much appreciate that you are providing this public hearing opportunity to raise the issue, once again, so that action can finally be taken.

Recommendations of how to make this a better working system, which have been shared in the past, include allowing everyone to continue on the Medicaid program unless and until they are found **not** to have timely submitted a redetermination form or **not** to be eligible for benefits anymore based on that form. This could also be done for cash benefits. Right now, if DSS, whose staff is overwhelmed with processing, doesn't get to processing submitted redetermination paperwork in time, despite timely submission by benefit recipients of completed forms showing they are still eligible for benefits, they nevertheless are cut off.

But the most important solution is to follow the recommendation of a substantial increase in staff, in order for direct service staff to be able to handle and process eligibility materials in a timely fashion and to timely answer calls made to the DSS call centers. This point has been raised by advocates for several years and was pointedly reiterated by a recently departed high level consultant for DSS, Stanley Stewart, who noted "*Of course they need more staff. There's just not enough people to do it.*"

Everyone is looking forward to replacing the current old computer system, EMS, with the new one, which is already in the works. However, this replacement is still years away. Low income people throughout the state are having eligibility and thus access issues NOW. So, the time to address these issues is NOW!

This is not to say that DSS doesn't have improvement and success stories. One example is DSS' delivery of health care services through its non-risk, non-profit administrative services contractor, Community Health Network of CT, and person centered medical homes, which have improved systems and outcomes for Medicaid enrollees (including reduction in hospital admissions and improved cost control). But they first have to be ON Medicaid in order to get the benefits of that improved delivery system!

Thank you for listening and for your attention. Please let me know if I can answer any questions for you.

Respectfully,

Daniela Giordano, MSW
Public Policy Director
NAMI Connecticut