REGARDING: HB 7148, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNium ENDING JUNE THIRTIETH, 2021, AND MAKING Appropriations therefor. [Specifically, Appropriations regarding the Department of Social Services and Department of Rehabilitation Services.]

Senator Osten, Representative Walker and distinguished members of the Appropriations Committee:

Good afternoon. My name is Kathy Flaherty and I’m the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. CLRP was established in 1990 pursuant to a Consent Order which mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community. I’m also the Co-Chair of the Keep the Promise Coalition (KTP). KTP is a coalition of advocates (people living with mental health conditions, family members, mental health professionals and interested community members) with a vision of a state in which people with mental health conditions are able to live successfully in the community because they have access to housing and other community-based supports and services that are recovery oriented, person-driven and holistic in their approach to wellness. Lastly, I’m a member of the steering committee of the Connecticut Cross Disability Lifespan Alliance, an alliance of people of all ages with all disabilities who pursue a unified agenda.
I appreciate that the governor’s proposed budget for the Department of Social Services reflects the policy choice of emphasizing home- and community-based care rather than increased funding for keeping people in hospitals or institutions like nursing homes, board/care homes, and intermediate care facilities. The implementation of a new Medicaid Supportive Housing Benefit for High Cost/High Need Individuals represents a creative strategy to address homelessness for the 850 people with disabilities and chronic illnesses who would be served under this program.

I have served as a governor’s appointee to the Personal Care Attendant Workforce Council and have witnessed first-hand the valuable services provided by PCA’s to enable people with disabilities to live and work and go to school in the community. It is important that the people doing this work get paid wages commensurate with the importance of the services they provide.

I remain concerned that some of the proposed reductions to the DSS budget will cause harm to the people the Department serves. I appreciate that the income limits for the Medicare Savings Program would remain the same, and that the plan is to hold off on implementing an asset test until 2020. However, the disabled and elderly people who receive services under MSP have significant chronic health issues which may not be addressed timely if they are unable to access care. It is a concern that this may ultimately represent a penny-wise and pound-foolish strategy if health concerns which might have been addressed preventively are exacerbated and result in the need for more expensive care.

Recipients of public assistance have not received a cost of living allowance under the last several budget proposals. A budget reflects a state’s choices over where to spend its dollars; this state’s choice to eliminate the COLA’s results in people being driven further into poverty.

I am particularly concerned about some of the proposed changes to Medicaid, especially since Connecticut’s Medicaid program has improved significantly in cost savings and quality health outcomes.

Imposing prior authorization requirements and step therapy limitations both seem counter to the Medicaid requirement of paying for care that is determined
“medically necessary” and will simply make it harder for people to get the medical care they need. Requiring people to fail first on a less-expensive drug before payment will be approved for a more expensive treatment may result in people getting sicker and their illnesses more expensive to treat.

The Department of Rehabilitation Services budget includes only a 1% increase in funding for the independent living centers, which have borne the burden of years of cuts to their budget. The Independent Living Centers employ people with disabilities to help others with disabilities maintain their lives in the community. They are a cost-effective investment of state dollars and are no longer able to serve all the communities of this state as a result of the reductions in their funding.

I appreciate that this Committee faces significant challenges in making its decisions about appropriations in the state budget. I ask you to remember that the Department of Social Services and the Department of Rehabilitation Services fund the services and supports that help some of the most vulnerable and marginalized residents of this state remain in the community. The safety net is called that for a reason – it is there to provide that critical support when people do not have other alternatives. The safety net is already worn; I beg you not to tear additional holes in the fabric. Thank you for the opportunity to share these comments today.