



CONNECTICUT  
LEGAL  
RIGHTS  
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.  
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.  
HUMAN SERVICES COMMITTEE PUBLIC HEARING  
FEBRUARY 28, 2019

**In support of:**

**SB 836**, AN ACT HOLDING HARMLESS MEDICAID CLIENTS AND PROVIDERS AFFECTED BY AGENCY COMPUTER ERRORS.

**HB 7123**, AN ACT CONCERNING TELEPHONE WAIT TIMES FOR PERSONS CONTACTING THE DEPARTMENT OF SOCIAL SERVICES (**with changes**)

**HB 7166**, AN ACT CONCERNING NONEMERGENCY MEDICAL TRANSPORTATION FOR MEDICAID BENEFICIARIES (**with changes**)

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Senator Moore, Representative Abercrombie and distinguished members of the Human Services 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.

Although CLRP does not provide direct representation to clients on matters related to their DSS benefits, our clients participate in DSS programs and in my years as a staff attorney at other legal services programs in Connecticut I advocated on behalf of clients who encountered problems with their interactions with the Department. At almost every monthly KTP meeting, someone relates another difficulty that they have had with the application and/or recertification process. I believe that these three bills, with the changes suggested by Attorney Sheldon Toubman in his testimony, will serve our clients' interests in accessing and maintaining their eligibility for benefits.

I acknowledge the work that the Department has already done to improve its processes and workflow to better serve the beneficiaries of the various programs it administers. However, the reliance on technology is something that does not always work for our clients. They have limited minutes on their phone, and don't always have reliable access to the internet. It is especially important for people with disabilities that affect their cognitive and/or communication abilities to continue to have access to in-person offices where they can meet with someone face-to-face.

Information received via the ImpaCT computerized eligibility system goes into a queue to be processed; no longer are clients assigned to specific caseworkers. Instead, anyone in the office can perform the next task. However, if DSS is not provided adequate funding to maintain its workforce, applications, verifications and re-certifications are not processed timely, and people can lose program eligibility. Neither Medicaid clients nor providers should suffer harm as a result of DSS's failure to process information received through its computer system, so **I support SB 836, with the change** suggested by Attorney Toubman that the Department should set up the system **to track the dates redetermination forms are received and shall continue cash and medical benefits pending review of any timely submitted forms.**

The goal of HB 7123 to reduce telephone wait times is a worthy one, but the time frames outlined within the bill are unreasonable and should be changed. A person should not have to wait more than hour on the phone to speak with a department staff member to get the protection against termination outlined in this bill. I **support HB 7123, with the change of the time frame to ten minutes to speak with a department staff member or sixty minutes to receive a call back.** Our clients do not have unlimited minutes on their phones.

In order to determine that these goals are being met, it is necessary to increase the reporting by the Department to the Medical Assistance Program Oversight Council (MAPOC). Therefore, we support the suggestion to include monthly reporting regarding the following:

- Staffing levels for the Benefits Center, the Service Centers, the Processing Centers and total eligibility staffing
- The number of people cut off each month at redetermination, and the numbers of people who had timely submitted requested documentation showing ongoing eligibility, for each benefit administered by DSS;
- Average wait times, call abandonment rates, and average time for call abandonment for the Benefits Center

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Without consistent reporting of data, we will not know whether the continued anecdotal reports by our clients of problems represent one-of-a-kind incidents or are representative of most people's experiences with the department. It must be noted that DSS will not be able to meet the mandates of these three bills if it lacks sufficient resources. The agency should get the resources it needs to perform its job, and I hope the members of this committee will encourage all the members of the Appropriations Committee to support necessary allocations.

The legislature must do something to try to address the ongoing problems with the non-emergency medical transportation program (NEMT) and HB 7166 represents a step forward. I support putting specific requirements in statute regarding what DSS shall and shall not do when it comes to administering the program and contracting with a vendor. The lack of meaningful enforcement of the existing contract has meant that people continue to miss or arrive late for necessary appointments, do not receive timely rides home after those appointments, are discharged from

treatment as a result of “non-compliance” [i.e., failure to show up timely], and as a result get sicker and require more costly care, as you are likely to hear and read about in the testimony submitted by members of the public who use the NEMT program. The committee might want to consider imposing monthly reporting requirements and additional oversight. An ongoing working group that meets in public, includes all stakeholders (including program recipients, advocates and medical and transportation providers) would likely result in more systemic program improvements than a group run in secret by the contracted vendor with hand-chosen attendees.

I thank you for the opportunity to speak with you today, look forward to addressing any questions or concerns you have, and express my ongoing willingness to find the best way forward so that CLRP’s clients are able to access the programs for which they are eligible.