



**Re: H.B. No. 6446 (COMM) AN ACT CONCERNING THE GOVERNOR'S BUDGET
RECOMMENDATIONS FOR HUMAN SERVICES.**

Testimony of NAMI (National Alliance on Mental Illness) Connecticut
By Thomas Burr
Human Services Committee
March 4, 2021

Senator Moore and Rep. Abercrombie and members of the Human Services Committee; my name is Thomas Burr, from Glastonbury CT, and I the Community and Affiliates Relations Manager of the Connecticut Chapter of the National Alliance on Mental Illness (NAMI Connecticut). I am submitting testimony today regarding H.B. No. 6446 - AAC the Governor's Budget Recommendations for Human Services.

NAMI is dedicated to building better lives for those with lived experience with mental health illness and their families. NAMI Connecticut and its nine local affiliates provide support groups and educational programs for people with mental health conditions and their loved ones and advocates for policies to improve the lives of people affected by mental health conditions.

**Oppose: Cuts to Cost of Living Adjustments for TFA, SAGA and AABD for FY22
and beyond:**

- State law requires an adjustment to the maximum benefit levels for TFA and SAGA and State Supp. consistent with the Consumer Price Index for Urban Populations (CPI-U), which reflects the increase in the cost of goods over the year.
- The statute provides a basic protection for beneficiaries, designed to stabilize the buying power of these programs, and not have recipients slip even deeper into poverty.
- Yet, over the last 12 years, the COLA has been funded only twice for TFA and SAGA, and only five times in 32 years for State Supplement, with the statutes affirmatively amended each year to deprive the lowest income CT residents of this small adjustment.
- It is a long-standing pattern of many years for governors of both parties not to fund the adjustment, citing other pressing state needs. Yet, this money is used to address the most pressing needs of those people who receive it, like rent and food.
- Each year that the choice is made not to fund the COLA, our fellow residents suffer the compounded impact from years of our failure to apply existing state law. The buying power of the benefits erodes, and with it the ability of these recipients to meet their basic needs.

1030 New Britain Avenue, Suite 201 * West Hartford, CT 06110-2258

Phone: 860-882-0236 * Fax: 860-263-7270 * www.namict.org

- Please end the annual erosion of these benefits on which so many people rely.

Oppose: Imposing an Asset Test on the Medicare Savings Programs

- The three Medicare Savings Programs are a lifeline for lower income elderly and disabled individuals who cannot afford the premiums and other cost-sharing under Medicare but have incomes too high to qualify for Medicaid. Currently, there is no asset test for any of these programs and so there is no need, at annual redetermination, for the individual to obtain and submit, and for DSS workers to manually and laboriously review, detailed information about bank accounts, cars, etc.
- The proposed asset limit of \$15,720 for individuals and \$23,600 for couples may seem like a reasonable test, but merely ascertaining that they meet this test to get on benefits, and doing so every year at redetermination, as required under the Governor's proposal, will take a tremendous amount of effort on both sides.
- It will place an unreasonable burden on our clients who will now be required to produce documentation that may not be readily accessible. E.g., current statements are needed for all bank accounts, if there is more than one car it must be assessed as to value with information provided about condition, and life insurance policies must be reviewed for any cash surrender value.
- Elderly and disabled individuals, the only ones eligible for MSP, have the least facility with using electronic systems, so they have to resort to the various call centers for banks, etc. Getting such documentation was already a serious problem even before the pandemic.
- Some clients who have no one to help them with these tasks just give up and never get on, or back on, benefits.
- The proposal ignores the major administrative costs of having DSS workers manually review and process all of this asset information. Under this proposal, already besieged workers would now have new responsibilities to check assets for all 205,000 MSP enrollees annually and for all new MSP applicants. This inevitably will mean slower processing for all beneficiaries under all DSS benefits programs, and longer waits for the already difficult to-access call center.
- There is an increasing recognition of the very high administrative costs of applying any asset tests, which in the end do not officially disqualify that many individuals but do effectively result in denied benefits for eligible individuals because of administrative



obstacles. Thus, as with HUSKY D, under which asset tests are prohibited, it is unwise to impose on the MSP any asset test, with its attendant substantial disruption to already burdened processing at the agency.

Oppose: Proposed Additional Quantity Limits for Medical Equipment and Supplies under Medicaid:

- The Governor's budget proposal includes, under the heading "Achieve Savings through Payment Adjustments and Administrative Efficiencies": "implementing quantity limits on medical equipment devices and supplies."
- It cannot be ascertained from the budget document exactly how much is proposed to be saved by this proposal, but to whatever degree money is projected to be saved by these quantity limits, the proposal will in the end harm low-income Medicaid enrollees who can least afford the consequences.
- DSS already applies quantity limits to some supplies, with harmful results: although individuals who need more than the specified amounts are theoretically able to get more than this amount if they have a provider submit a formal request for prior authorization to support their individual need, the reality is that providers are disinclined to bother doing this, with the result that the quantity limit often effectively becomes a hard cap barring them from access to needed supplies. This includes incontinence supplies and catheter and ostomy supplies.
- And if there is an infection due to inadequate supplies, a hospitalization is likely to result, with the extra hospitalization costs far exceeding whatever was saved by restricting access to these essential supplies.
- We should not make this problem worse by imposing new quantity limits.

In summary, we oppose the cuts to the Cost-of-Living Adjustments (COLA's); imposing an Asset Test on the Medicare Savings Programs, and the proposed Additional Quantity Limits for Medical Equipment and Supplies under Medicaid. The CT Rainy-Day fund is full, and we are running a surplus. These cuts are simply unconscionable, especially when you consider the vulnerability of some of the people who rely on these programs and services. As a state, we can and we must be better than this!

Thank you for your time and attention.

Respectfully

Thomas Burr
Community and Affiliates Relations Manager
NAMI Connecticut

1030 New Britain Avenue, Suite 201 * West Hartford, CT 06110-2258

Phone: 860-882-0236 * Fax: 860-263-7270 * www.namict.org