

Testimony in support of: SB-1056

(Raised) AN ACT EXPANDING ACCESS TO MEDICAL ASSISTANCE , **Including HUSKY C for Disabled Individuals**

Dear Honorable Chairpersons Abercrombie and Moore, Ranking Members and all other Members of the Human Services Committee,

My name is Susan Salters, an advocate at Independence Unlimited, a Center for Independent Living in Hartford, CT where I have been employed for nearly 14 years. I am writing in support of SB-1056 (Raised) AN ACT EXPANDING ACCESS TO MEDICAL ASSISTANCE, **Including HUSKY C for Individuals with Disabilities**. As an advocate for people with disabilities both under and over the age of 65, I am well aware of the way Husky C, Medicaid for the Aged, Blind and Disabled is not meeting the needs of this population inclusively because of the appallingly low-income limit of 82% of the FPL or \$885 a month for people in the Greater Hartford area. Connecticut has a high per capita income as compared to other states but the way for our ABD population to be found eligible for Husky C, the Medicaid program that is supposed to provide healthcare assistance such as, eyeglasses, dental care and non-emergency medical transportation, is impractical, mostly unattainable and somewhat discriminatory.

Husky C for the Aged, Blind and Disabled was founded on SSI program rules which includes both an income and a resource or asset test in order to be found eligible. For people on State Supplement Income, Husky C works really well because the low income and asset levels maintained by these individuals allows for them to take full advantage of the Medicaid benefits described above. But there is a group of people with disabilities that are DAC, Disabled Adult Children. This population who are people over the age of 18, who have been disabled since before the age of 22 and have never been able to work due to their disability often receive Social Security benefits from the work record of retired, disabled, or deceased Social Security insured workers in order for them to have a monthly income on which to live. Based on the often-long employment record of these workers, their children receive monthly allowances in excess of the SSI level so they are shut out of being able to take advantage of full Medicaid benefits under Husky C because of low income and asset limits, enormous spend down requirements, complicated medical evidence obligations and tedious paperwork associated with the program so that many choose just to drop out. Not to mention the DSS staff time to administer the program, such as, going through submitted medical bills and keeping track of spend downs requirements every 6 months.

In 1986, The Omnibus Budget Reconciliation Act (OBRA '86; P.L. 99-509) allowed states to provide Medicaid coverage to aged and/or disabled individuals who have incomes that are higher than SSI standards which allowed incomes up to 100% of the

federal poverty level (FPL), provided that the state also covered certain eligible pregnant women and children.

And again, under the Affordable Care Act of 2010, Medicaid coverage was expanded through the use of MAGI (Modified Adjusted Gross Income) to increase the number of low-income individuals that could become eligible for Medicaid. This Act eliminated the need for people to fit into a specific “categorically needy” groups and covered people under Medicaid with incomes up to 138% FPL or \$1,396 per month in 2018 like Husky D. But although MAGI criteria covers most Medicaid eligible populations, in Connecticut, if someone is 65 years old or older or younger than 65 and on Medicare due to age or disability they are exempted from MAGI and continue to be forced to meet spend downs and not have essential healthcare coverage not met by Medicare.

In an Issue Brief entitled *Medicaid Financial Eligibility for Seniors and People with Disabilities: Findings from a 50- State Survey*, MaryBeth Musumeci and Priya Chidambaram and Molly O'Malley Watts, reported that 40% of states have opted to cover seniors and people with disabilities under expanded Medicaid with incomes over the SSI level but up to 100% of FPL. Eight of those states have asset limits between \$3000 for an individual in Minnesota to \$7560 in Arkansas and South. Carolina. Arizona is the only state that has dropped all asset limits for seniors and people with disabilities.

It is time for Connecticut, as it considers eliminating asset and income limits for Med-Connect, to also think about increasing income and asset limits for Husky C in order to allow everyone who are older, blind or disabled to benefit fully from Medicaid coverage.

Thank you for your time.

Congressional Research Survey
Medicaid Eligibility: Older Adults and Individuals with Disabilities December 9, 2019
Congressional Research Service
<https://crsreports.congress.gov> R46111
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M. Musumeci, P. Chidambaram, and M. O'Malley Watts, *Medicaid Financial Eligibility for Seniors and People with Disabilities: Findings from a 50-State Survey*, The Kaiser Family Foundation, June 2019, [http://files.kff.org/attachment/ Issue-Brief-Medicaid-Financial-Eligibility-for-Seniors-and-People-with-Disabilities-Findings-from-a-50-State-Survey](http://files.kff.org/attachment/Issue-Brief-Medicaid-Financial-Eligibility-for-Seniors-and-People-with-Disabilities-Findings-from-a-50-State-Survey).