

Human Services Committee JOINT FAVORABLE REPORT

Bill No.: HB-5455

AN ACT CONCERNING THE EFFICIENCY OF THE DEPARTMENT OF SOCIAL SERVICES IN DETERMINING ELIGIBILITY FOR MEDICAL ASSISTANCE AND

Title: RESPONDING TO REQUESTS FOR INFORMATION OR ASSISTANCE.

Vote Date: 3/19/2024

Vote Action: Joint Favorable

PH Date: 3/12/2024

File No.:

***Disclaimer:** The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

SPONSORS OF BILL:

Human Services Committee

REASONS FOR BILL:

Callers to the Department of Social Services (DSS) Benefits Center have reported long wait times and have struggled to receive the help that they need. Delays in eligibility determinations can create significant hardships for these individuals, as prolonged periods without access to essential medical care can worsen existing health conditions and lead to severe consequences. This bill would require the DSS to study and provide a report on its efficiency in making eligibility determinations for medical assistance and responding to telephonic requests for information or assistance. It is important that those receiving Medicaid coverage can be assisted in a timely manner to avoid losing their health insurance coverage.

RESPONSE FROM ADMINISTRATION/AGENCY:

[The Commission on Women, Children, Seniors, Equity & Opportunity, Lead Aging Policy Analyst, Michael Werner;](#) supports this bill stating that the uncertainty and stress associated with waiting for a qualification determination can adversely affect the mental well-being of applicants, many of whom are already dealing with difficult circumstances. It is stated that by streamlining the eligibility determination process, DSS can make a meaningful difference in the lives of these vulnerable individuals. It is also stated that in addition, extended wait times for telephone inquiries can lead to frustration and discouragement, making it difficult for people to access the support they need.

[Department of Social Services \(DSS\), Commissioner, Andrea Barton Reeves;](#) respectfully believes that this bill is unnecessary as this work is already routinely performed and the data that has been proposed to be collected is already widely available. It is stated

there are existing avenues in which the Department regularly provides updates on operational performance such as MAPOC. It is stated that the Department continuously monitors and evaluates its efficiencies and already reports this information publicly. It is explained that the Department routinely exceeds federal benchmarks in timely medical eligibility processing and publishes and shares this information publicly. It is stated that the Department carefully watches many critical operational performance metrics and is continuously evaluating new technologies, processes, and opportunities for improvement.

NATURE AND SOURCES OF SUPPORT:

The Arc Connecticut, Director of Advocacy, Carol Scully; supports the intention of the bill. It is suggested that Section 1 (2), should have more robust language around the reporting and time periods. It is stated that the current DSS benefits center helpline system is cumbersome, and not easily navigated by persons with a disability, especially those with Intellectual Developmental Disabilities and autism who may require more plain language instruction as they try to navigate the system.

Connecticut Coalition on Aging, President of the Board, Peaches Quinn; supports the intention of the bill, but believes the legislation should be stronger. It is stated that there has been various anecdotal testimony from not only members of the populations served, but also from those in formal and informal “counseling” positions. It is stated that these testimonies provide a picture of a continued decrease in Benefit Center availability and access in the form of reduced Center hours, non-answered calls, excessively long wait times, and the prevalence of “no call backs”. It is stated that no DSS metrics have been made available, no meaningful adjustments have been made, and callers continue to suffer the consequences.

Connecticut Hospital Association; supports this bill stating they have worked closely with DSS to improve the timeliness of Medicaid eligibility determinations that are frequently encountered by hospitals, including retroactive Medicaid and emergency Medicaid coverage. It is stated that CHA supports the efforts by DSS to identify additional opportunities to improve these processes, especially in the area of long-term care, and create more efficient pathways for determinations.

National Alliance on Mental Illness, Public Policy Manager, Thomas Burr; supports the intention of the bill, but provides suggestions on requiring DSS to have regular reporting, and not just a one-time report. It is stated that it would be a lot more helpful to people with disabilities and others trying to get help from DSS if the language in this bill more detailed regular monthly reporting requirements had, including monthly reports to the Human Services Committee and to the CT Council on Medical Assistance Program Oversight (MAPOC).

Southwestern CT Agency on Aging, CEO, Marie Allen; supports this bill sharing that their staff receives many angry and frustrated calls from Connecticut residents seeking assistance from the Medical Assistance program. It is stated that their staff contracts with DSS to support clients on the CT Home Care Programs, a medical assistance program designed to provide an alternative to nursing home placement. It is stated that they remain on hold for up to two hours to assist clients, which is not an efficient use of the client nor the Agency's time. Additionally, it is expressed that written correspondence from the Department can be confusing and may not translate well for the applicant. It is stated that getting verbal

clarification of requests and efficient follow up on applications can make the difference between nursing home placement and community-based care.

NATURE AND SOURCES OF OPPOSITION:

None expressed.

NATURE AND SOURCES OF GENERAL COMMENTS:

[Connecticut Legal Services, Attorney, Nicholas Russell](#); takes no position on the bill and requests that the Committee clarify the language of this bill to require DSS to conduct more than a one-time report and resume routine publishing and evaluation of its determination and assistance procedures. It is stated that that high call volumes to DSS have resulted in inexcusably long wait times at its principal Benefits Call Center. It is suggested that in addition to studying the efficiency of its operations, this bill must mandate that DSS regularly produce, every month on its website, all the essential performance data related to Benefits Call Center. It is stated that DSS has not published performance data available to the public since November 2023, after having done so for several years.

[Disability Rights CT, Litigation Attorney, Sheldon Toubman](#); provides general comments stating that since the inception of the DSS Benefits Center, it has been chronically understaffed. It is stated that this bill is unlikely to tackle this long-standing problem for several reasons:

1. It calls for only a one-time report, which allows the agency to make a temporary showing of improving things through shifting staff
2. It requests only minimal data about the call center
3. The report calls on DSS to assess itself

It is stated that DSS should produce a widely shared report every month which can assess all tiers of its call center's performance. Lastly, it is stated that the latest data available from DSS regarding their call center is from October 2023.

Reported by: Ashley Orser

Date: March 27, 2024