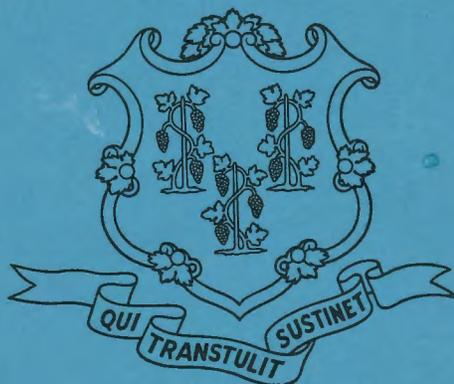


Connecticut General Assembly



Legislative Program Review and Investigations Committee

PHASING OUT CAMAD

The Connecticut Assistance And Medical Aid Program For The Disabled

February 1978

CONNECTICUT GENERAL ASSEMBLY

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

The Legislative Program Review and Investigations Committee is a joint, bipartisan, statutory committee of the Connecticut General Assembly. It was established in 1972 as the Legislative Program Review Committee to evaluate the efficiency and effectiveness of selected state programs and to recommend improvements where indicated (Public Act 72-90). In 1975 the General Assembly expanded its function to include investigations and changed its name to the Legislative Program Review and Investigations Committee (Public Act 75-388). During the 1977 session, the Committee's mandate was again expanded by the Executive Reorganization Act (Public Act 77-614), to include Sunset reviews of nearly 100 agencies, boards, and commissions, commencing on January 1, 1979.

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PHASING OUT CAMAD--
THE CONNECTICUT ASSISTANCE AND MEDICAL AID
PROGRAM FOR THE DISABLED

February 1978

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LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

Phasing Out CAMAD--

The Connecticut Assistance and Medical Aid
Program for the Disabled

SUMMARY

CHAPTER I. INTRODUCTION

On September 28, 1977, the Legislative Program Review and Investigations Committee voted unanimously to undertake a program review of the Connecticut Assistance and Medical Aid Program for the Disabled (CAMAD), as requested by Representative Joan R. Kemler (D-West Hartford) (p. 1).

Chapters II through IV of this report contain a de-
scription of the CAMAD program--its legislation, regulations, financial and medical eligibility criteria, caseload characteristics and program costs. Chapter V describes major legislative and administrative problems with the CAMAD program, and Chapter VI contains the Committee's recommendation to phase out the program.

CHAPTER II. WHAT IS CAMAD?

On January 1, 1974, the federal government, through its Supplemental Security Income Program (SSI), assumed responsibility for clients of state programs providing medical and cash assistance to disabled persons. Persons applying for such assistance after January 1, 1974, however, had to meet the federal eligibility criteria, which are more restrictive than Connecticut's criteria had been. On October 1, 1974, the Commissioner of Social Services formally implemented the state administered and financed CAMAD program for disabled persons who met the state, but not the federal definition of disability. Nearly two-thirds of the initial CAMAD caseload were receiving General Assistance (local welfare) prior to the adoption of the CAMAD program, since for ten months there had been no other program to serve such persons (pp. 3-4).

Like most other welfare programs, CAMAD provides two types of benefits--cash assistance and medical assistance. If an applicant is determined eligible for cash assistance

under CAMAD, he automatically receives medical assistance. Applicants with income and resources enough to meet their basic needs but insufficient to cover medical expenses, may receive CAMAD medical assistance only. The standards of need for CAMAD financial assistance and income levels for CAMAD medical assistance are basically the same as those used for General Assistance (p. 4).

The CAMAD program operated from October 1, 1974 to June 2, 1976 without any statutory authorization, regulations, or review. In 1976, the General Assembly enacted legislation (PA 76-252, C.G.S. 17-12e) which authorized the Commissioner of Social Services to establish the CAMAD program and to adopt regulations concerning the program's definition and eligibility requirements (p. 4).

Subsection (a) of the statute defines program eligibility. Generally, the program is intended to serve permanently and totally disabled persons (between the ages of 18 and 65) who are ineligible for federal disability benefits (Supplemental Security Income (SSI)), or for Title XIX (Medicaid) benefits or both. Finally, the definition limits the disability to one which is "short term." The statute offers no resolution to the apparent contradiction between the phrases "permanent" and "short term" (pp. 4-5).

Subsection (b) of the statute prescribes general conditions of eligibility which apply to all CAMAD financial or medical aid recipients (p. 5).

Subsection (c) prescribes specific eligibility conditions for CAMAD recipients in need of financial assistance (p. 5).

Eligibility criteria in subsections (a) and (b) apply to CAMAD recipients of both medical and financial assistance; whereas, the conditions enumerated in subsection (c) clearly refer to the more needy "recipient of financial assistance." DSS policy, however, has been to apply the more stringent financial criteria even to applicants for medical assistance only (p. 5).

The last part of the CAMAD statute (subsection (d)), requires the Commissioner of Social Services to adopt regulations by July 1, 1976, in accordance with the Uniform Administrative Procedure Act (UAPA) "to implement the purposes of

this section." Because the legislative mandate was not enacted until June 2, however, DSS adopted emergency CAMAD regulations, pursuant to the UAPA, which became effective on June 22, 1976 (p. 5).

In late December 1976, the emergency CAMAD regulations (with an extension period) expired, leaving the Department without CAMAD regulations in force. On February 2, 1977, DSS submitted proposed regulations to the Legislature's Regulation Review Committee. The Regulation Review Committee rejected the DSS regulations as submitted, and noted that the regulations differed from those published in the Connecticut Law Journal in that the definition of "short term" had since been deleted. Furthermore, the Committee noted that the General Assembly was considering an amendment to the CAMAD legislation which would statutorily define "short term" as a period one year or less (pp. 6-7).

On June 14, 1977, DSS resubmitted proposed permanent CAMAD regulations which contained the one year definition for "short term" disability. On June 30, 1977, the Waterbury Superior Court issued an injunction to void the Department's action in terminating CAMAD recipients on the program longer than one year (pp. 7-8).

On July 28, 1977, the Regulation Review Committee rejected the proposed regulations which had been resubmitted by DSS, and noted "that the subject matter of the proposed regulations [i.e., "short term"] rightfully belongs before the full body of the General Assembly." As of March 1, 1978, DSS continues to have no approved CAMAD regulations (p. 8).

CHAPTER III. WHO RECEIVES CAMAD BENEFITS?

To be eligible for CAMAD, a person must meet the disability, income and resources standards spelled out in the statute (C.G.S. 17-12e (a)).

Many disabled persons approach their town General Assistance (GA) program first for help. Local General Assistance workers will advise a disabled person to apply for SSI and CAMAD. The person will usually be supported by GA until CAMAD or SSI eligibility is determined (pp. 9-10).

To receive CAMAD, DSS policy requires that a person must have been denied SSI, which uses a very restrictive disability definition. In Connecticut, the Division of Vocational

Rehabilitation (DVR) determines SSI medical eligibility for disabled persons under contract with the Social Security Administration. A Department of Social Services (DSS) worker will investigate the CAMAD applicant's financial condition and ask him to go to a doctor for an examination. Medical information, along with a social history, is sent to the DSS Medical Services unit, and referred to a Medical Review Team (MRT). The MRT meets periodically to evaluate CAMAD applications. This team determines, from documents and evaluations in the applicant's file, whether he meets the medical eligibility criteria for CAMAD. The MRT also sets a date for medical re-evaluation of the CAMAD recipient and may refer him to a DVR counselor, if appropriate (pp. 9-10).

In June 1975, after nine months of operation, the active CAMAD caseload had reached 537 persons, of whom 337 received cash and medical assistance and 200 received medical assistance only. The caseload more than doubled during FY 1976 to 1,266 persons, averaging 61 new cases per month. Beginning in July 1976, a "redetermination" project was conducted; as a result, the CAMAD caseload had dropped to 1,040 recipients by the end of October 1976. Since then, the caseload has continued to grow to 1,323 recipients in September 1977 (pp. 11-12).

About half of CAMAD recipients are over age 45, and women constitute 58% of the CAMAD caseload. Although the purpose of the CAMAD program is to provide "short term" assistance, 61.4% of the caseload as of April 1977 had been on the program 12 months or longer (p. 13). Two studies conducted by DSS indicated that mental disorders are the most prevalent disabling condition among CAMAD recipients (p. 13). About half of CAMAD recipients live in the five cities with populations over 100,000 (p. 14).

CHAPTER IV. WHAT DOES CAMAD COST?

Total CAMAD expenditures were \$4,157,810 in FY 1977 and are expected to be about \$4,834,000 in FY 1978, an increase of about 16% (p. 15).

There are two groups of CAMAD recipients--those who receive cash and medical assistance, and those who receive medical assistance only. Recipients of "medical assistance only" constituted about 30% of the total CAMAD caseload in FY 1976 and 18% in FY 1977. The average monthly amount of CAMAD

financial assistance was \$192.62 in FY 1976 and \$177.15 in FY 1977. CAMAD provides the same medical services that are available through Medicaid. The average monthly medical payment for all cases, medical only and maintenance and medical, was \$196.67 in FY 1977. The pattern of CAMAD medical expenditures, with almost two-thirds of payments going to hospitals, differs from Medicaid, in which almost 45% of payments go to skilled nursing facilities (p. 16).

CHAPTER V. MAJOR PROBLEMS WITH THE CAMAD PROGRAM

There are problems in the CAMAD legislation and in the way the program has been administered by DSS. The CAMAD program was designed to serve "permanently and totally disabled" persons whose impairment is "short term." The phrases "short term" and "permanent" appear to be contradictory, and the statute lacks definitions to clarify these terms. The Department attempted to define "short term" as "up to one year," but was stopped pending a clarification by the General Assembly (p. 17).

In addition, the CAMAD statute lacks a clear definition of what constitutes a disability. The SSI disability standard requires proof of a severe physical or mental impairment. DSS does not have any written evaluation criteria for determining CAMAD disability, nor does it use the strict SSI criteria (pp. 17-18).

Several problems exist in the application of eligibility standards for CAMAD. The CAMAD statute contains no stated limit on income or resources for recipients of medical assistance only. To implement the CAMAD program, DSS has used the Medicaid income standards for the "Medically Needy" to determine eligibility for CAMAD medical only. This is an appropriate interpretation of the law's vague wording (pp. 18-19).

In a second instance, however, DSS policy does not implement the obvious intent of the CAMAD legislation. The statute clearly divides eligibility requirements into two groups those necessary to qualify for CAMAD medical assistance only, and those for financial assistance; the latter being more restrictive in terms of resource limits. DSS has imposed several eligibility standards for medical assistance that the statute clearly applies only to eligibility for CAMAD financial assistance (p. 19).

In February 1976, DSS reviewed a sample of CAMAD cases and found that nearly one in five was ineligible for the program. In July 1976, DSS undertook a project to redetermine

eligibility for the entire CAMAD caseload, though only 85% was completed. Nevertheless, the redetermination project, which cost less than \$40,000, has proved to be the Department's most effective cost control measure. Over half of the cases reviewed were discontinued from the program. Current CAMAD expenditures would be more than \$100,000 higher each month, had the redetermination project not been initiated (pp. 20-21).

Although it has never been implemented, it is DSS policy that a redetermination of eligibility for each CAMAD recipient be done every six months in the district offices. Because on-going caseload redetermination provides a significant program cost control, the Legislative Program Review and Investigations Committee recommends that the CAMAD statute be amended to require the Commissioner of Social Services to complete a review of each CAMAD case at least every six months (p. 22).

During the CAMAD redetermination project, the Central Collections Division did an in-depth study of a sample of discontinued cases. In the words of the director of Central Collections, the results of this review "...clearly indicate that the CAMAD program has been administered in a very inefficient manner." Many of the case records were in disarray and missing important information. In at least 61% of the cases, there was evidence to suggest that overpayments had been made. Agency error was apparent in at least 43% of cases examined. Two cases are still being investigated for possible fraud. This audit found widespread violation of Department policy on the effective date of CAMAD benefits; policy was followed correctly in only 16% of the cases sampled. This review revealed other problems in the implementation of the CAMAD program (pp. 22-23).

CAMAD is a low priority program in the eyes of the DSS administration. The program has no staff of its own. Workers at the district offices do not receive much training or gain much experience in handling CAMAD applications (p. 25).

The presentation of the CAMAD costs within the DSS budget makes it difficult to determine the true costs of the program. Expenditures for CAMAD cash assistance in FY 1978 have exceeded the appropriated amount due to a larger caseload than anticipated (p. 26). The Commissioner of Social Services has requested two transfers of funds to pay benefits through March 1978. Limited information on CAMAD expenditures and caseload is reported by DSS to the legislature.

CAMAD was designed to provide short term assistance to disabled persons until they recovered enough to go back to work, or were able to establish eligibility for SSI. Since SSI maintenance payments are 100% federally funded, while CAMAD is completely state funded, there is a strong incentive for the state to seek the transfer of CAMAD recipients to SSI. However, the Department of Social Services has no formal procedure to encourage CAMAD recipients to reapply for SSI or to appeal their initial denial of eligibility. There is evidence of a high success rate in appealing SSI rejections, and Legal Services is willing to represent CAMAD recipients in their SSI appeals. Due to significant potential savings to the CAMAD program which could be realized from SSI appeals, the Legislative Program Review and Investigations Committee recommends that the Commissioner of the Department of Social Services implement a procedure to assist CAMAD recipients in reapplying and appealing to SSI. This process should take advantage of the Medical Review Teams' judgment on the most suitable cases for SSI appeal (pp. 28-30).

CAMAD recipients are not referred to available social services in a uniform manner. Some cases are referred to a counselor from the Division of Vocational Rehabilitation assigned to the DSS central office, but no records are kept of the number of CAMAD recipients referred or those who actually receive services (pp. 30-31).

At least 40% of CAMAD recipients are disabled due to mental disorders. There has been no collaboration between the Department of Mental Health and DSS to help these recipients. The Legislative Program Review and Investigations Committee therefore recommends that the Department of Social Services and the Department of Mental Health jointly examine the mental disorder component of the CAMAD caseload to determine how the two departments can best meet the needs of this population (p. 31).

CHAPTER VI. PHASING OUT THE CAMAD PROGRAM

The Legislative Program Review and Investigations Committee considered two general alternatives for the CAMAD program--retaining and strengthening CAMAD as a state program, or discontinuing CAMAD and leaving the state-local General Assistance program responsible for disabled persons (p. 32).

In Connecticut, towns bear the costs of administering General Assistance, but are reimbursed by the state for 90% of financial and medical assistance awarded (\$20.3 million

was appropriated for the state share in FY 1978). Eligibility standards and a policy manual for General Assistance have been developed by the Department of Social Services, and are basically similar to those used for the CAMAD program (p. 32).

The nearly 14,000 GA cases in the state are concentrated in major urban areas. In FY 1976, Hartford, Bridgeport and New Haven together spent 78% of all GA expenditures. CAMAD recipients require significantly more medical services than the typical GA recipient. Because the General Assistance program is required to provide both short and long term assistance, disabled persons could be served by the GA program in Connecticut as they are other states. However, because the GA statute does not define "disability," each town uses its own standard. This could mean that persons eligible for assistance in one town may be ineligible in another town (p. 32).

The Commissioner of Social Services favors the termination of the Connecticut Assistance and Medical Aid Program for the Disabled, saying it has "no program logic." Municipalities, on the other hand, are generally opposed to the termination of the CAMAD program, largely due to the increased costs localities will have to bear (p. 33).

Because CAMAD recipients could logically be served by local General Assistance programs; and because the CAMAD program has been plagued with inefficient and ineffective administration, in part due to vague and contradictory legislation; the Legislative Program Review and Investigations Committee recommends that the CAMAD program be phased out as follows:

- 1) No new applications for the program would be accepted after July 1, 1978;
- 2) All program benefits would cease on July 1, 1979;
- 3) The eligibility of all current and future recipients shall be redetermined periodically and at least every six months;
- 4) The Department of Social Services shall develop a process to facilitate the appeal of denied eligibility and reapplication of CAMAD recipients to the federal SSI program; and
- 5) The Department of Social Services and the Department of Mental Health shall jointly examine the

mental disorder component of the CAMAD caseload
to determine how the two departments can best meet
the needs of this population. (See Appendix VI-1
for suggested statutory language.) (p. 34).

The Legislative Program Review and Investigations Committee recognizes that implementation of this recommendation will have a financial impact on municipalities, and urges the Human Services Committee to address this problem in drafting legislation on the state's contribution to General Assistance (pp. 34-35).



Chapter One

PURPOSE AND SCOPE

Purpose
Method and Information Sources
Organization of the Report
Acknowledgments



CHAPTER I

PURPOSE AND SCOPE

Purpose

On August 25, 1977, Representative Joan R. Kemler (D-West Hartford) requested the Legislative Program Review and Investigations Committee to conduct "an in-depth review and recommend legislation to improve the efficiency and effectiveness of the CAMAD [Connecticut Assistance and Medical Aid Program for the Disabled] program for action in the 1978 legislative session" (see Appendix I-1). At its September 28, 1977 meeting, the Legislative Program Review and Investigations Committee unanimously voted to undertake such a review, considering a range of alternatives from strengthening the existing program to phasing it out.

Method and Information Sources

Committee staff organized the CAMAD review into the following major components. First, an initial agency interview was conducted with the Commissioner of Social Services on October 25, 1977. At this meeting the Commissioner appointed Deputy Commissioner Carolyn Perry to serve as administrative liaison to the Committee's staff.

Second, numerous meetings were held with staff members of the Department of Social Services for the purpose of gathering data and information relative to the administration of the CAMAD program.

Finally, interviews were held with representatives of various state and federal agencies and legal service programs which directly serve CAMAD recipients. Appendix I-2 contains a list of all interviews conducted by Committee staff.

Organization of the Report

This report is divided into three major units. Chapters II through IV contain a description of the CAMAD program--its statutory mandate, its proposed regulations, financial and medical eligibility criteria, caseload characteristics, and program costs. Chapter V describes major legislative and administrative problems with the existing CAMAD program. Chapter VI contains the Committee's major legislative recommendation to phase out the CAMAD program. Appendix I-3 contains a glossary

of terms and abbreviations, and Appendix I-4 contains a response to the report from the Commissioner of Social Services.

Acknowledgments

The Legislative Program Review and Investigations Committee wishes to thank Social Services Commissioner Edward W. Maher for the excellent cooperation received throughout this review, and Mary Lou Gilchrist, Committee Secretary, for her patience and care in preparing this report for publication.

Chapter Two

WHAT IS CAMAD?

Historical Background
Program Purpose
Legislative Authorization
Regulations

CHAPTER II

WHAT IS CAMAD?

Historical Background

On January 1, 1974, the federal government, through its Supplemental Security Income Program (SSI), assumed responsibility for clients of state programs providing medical and cash assistance to disabled persons. All existing recipients of the state Aid to the Disabled Program were "grandfathered" into the new federal program. Persons applying for such assistance after January 1, 1974, however, had to meet the federal eligibility criteria, which are more restrictive than Connecticut's criteria had been (see p. 18). Consequently, some persons who would have been eligible for the state disability program were not eligible for federal aid under SSI.

To meet the needs of such persons, the Department of Social Services was confronted with two alternatives. One alternative was to refer such persons to their local General Assistance program, which would require cities and towns to assume administrative costs, plus 10% of cash and medical payments.

The second alternative was to create a new disability program fully funded and operated by the state through the Department of Social Services. The second alternative was chosen and the Connecticut Assistance and Medical Aid Program for the Disabled (CAMAD) was established by the Department on October 1, 1974, without statutory authorization.

Program Purpose

The purpose of the CAMAD program, as originally implemented, was to provide state funded financial and/or medical assistance to "temporarily disabled persons who do not meet the requirements for Supplemental Security Income (SSI)."¹

¹ Governor's Budget, Welfare Department (now referred to as Social Services Department), 1975-76, p. 267.

Supplemental Security Income Program. SSI is a federally administered and federally financed program which provides monthly support payments to persons over age 65 and to persons of any age who are blind or disabled and are in financial need. SSI recipients are generally eligible for Medicaid (Title XIX), which, in Connecticut, is 50% federally reimbursable.¹ In addition, the State of Connecticut provides a monthly cash payment, called the State Supplement, to some SSI recipients.²

CAMAD benefits. Like most other welfare programs, CAMAD provides two types of benefits--cash assistance and medical assistance. If an applicant is determined eligible for cash assistance under CAMAD, he automatically receives medical assistance. Applicants with income and resources enough to meet their basic needs, but insufficient to cover medical expenses, may receive CAMAD medical assistance only.³ The standards of need for CAMAD financial and medical assistance are basically the same as those used for General Assistance. Nearly two-thirds of the initial CAMAD caseload was receiving General Assistance prior to the adoption of the CAMAD program, since for ten months there had been no other program to serve such persons.

Legislative Authorization

The CAMAD program operated from October 1, 1974 to June 2, 1976, without any statutory authorization, regulations or review. During the 1976 session, the Human Services Committee of the General Assembly introduced legislation (SB 638) which would have authorized the Commissioner of Social Services to establish the CAMAD program and would have required the adoption of regulations concerning the program's purpose and eligibility requirements. The bill received a favorable change of reference to the Appropriations Committee, which also gave it a favorable report. The legislation passed in both houses

¹ A detailed description of Medicaid may be found in this Committee's September 1976 report, Containing Medicaid Costs in Connecticut.

² This program is intended to insure that payments made to SSI recipients are not lower than the December 1973 level, when the disabled program was state administered.

³ A person is eligible for CAMAD "medical assistance only" if his income does not exceed federal Medicaid income standards for the Medically Needy. For example, CAMAD "medical only" recipients' income cannot exceed \$2,300.

and was signed by the Governor on June 2, 1976 (PA 76-252; C.G.S. 17-12e; see Appendix II-1).

Eligibility requirements. Subsection (a) of the CAMAD statute defines the target population as follows:

- (1) Disabled persons between the ages of 18 and 65,
- (2) who are in need of financial assistance for basic needs or medical services, or both, and
- (3) who fail to meet the eligibility standards of the federal Supplemental Security Income Program or Medicaid, or both.

"Disabled persons" are those the Department finds "permanently and totally disabled," which is defined as having "an impairment of body or mind, other than alcoholism or drug addiction, which is short term and which prevents the performance of duties of gainful employment or homemaking." The statute offers no resolution to the apparent contradiction between the phrases "permanent" and "short term." The only possible clue to the intended interpretation is the requirement that CAMAD applicants fail to meet SSI standards, which require a disability to last or be expected to last at least one year.

Subsection (b) adds a state residency requirement, excludes inmates and patients of penal and mental institutions, AFDC and Medicaid recipients, and anyone who has transferred assets within seven years without reasonable compensation.

Subsection (c) specifies that recipients of financial assistance shall not have income and assets in excess of the Department's standard of need; shall not have cash or burial reserve in excess of \$250; shall agree to assign life insurance; shall agree to a lien against their home; shall agree to liquidate equity in any other real estate; and shall be liable to reimburse all assistance rendered under the program.

Eligibility criteria in subsections (a) and (b) apply to CAMAD recipients of both medical and financial assistance; whereas, the conditions enumerated in subsection (c) clearly refer to the more needy "recipient of financial assistance." DSS policy, however, has been to apply the more stringent financial criteria even to applicants for medical assistance only (see p. 19).

The last part of the CAMAD statute (subsection (d)), requires the Commissioner of Social Services to adopt

regulations, in accordance with the Uniform Administrative Procedure Act, "to implement the purposes of this section." As discussed on pp. 6-8 of this report, no CAMAD regulations have yet been adopted.

Proposed amendments. Due to the lack of precision in certain sections of the original CAMAD legislation, the Human Services Committee reviewed two bills during the 1977 legislative session which would have provided more specific CAMAD eligibility criteria. HB 6594 would have defined "short term" to mean a total disability expected to last twelve months or less, in addition to some technical changes. Such a measure would have decreased the CAMAD caseload substantially since the majority of CAMAD recipients have remained on the program longer than 12 months (see p. 13).

The second bill (HB 6426) would have expanded the CAMAD eligibility criteria by providing assistance to those persons awaiting determination of SSI or Title XIX eligibility. HB 6426 would also have permitted CAMAD recipients to retain certain income and assets without disqualification from the CAMAD program. The Human Services Committee did not act on either of these proposals. Rather the Committee, realizing "the complexity of the program and issue," voted to conduct an interim CAMAD study which would address the federal SSI program and definitional problems associated with determining disability. The interim study was dropped by the Human Services Committee, however, when the Legislative Program Review and Investigations Committee undertook this review.

As noted above, the CAMAD statute required the Commissioner of Social Services to adopt regulations, in accordance with the Uniform Administrative Procedure Act,¹ to implement the purposes of the CAMAD program.

¹ The Uniform Administrative Procedure Act (UAPA: C.G.S. 4-166 to 4-189) was enacted in 1971 and applies to all state agencies, departments, and officers authorized by law to make regulations. Prior to the adoption of any regulation, an agency is required to give at least twenty days notice of its intended action and the time when, the place where, and the manner in which interested persons may present their views. Such notice must be published in the Connecticut Law Journal. Finally, no regulation may be adopted by an agency until it is first approved by the Attorney General and the Legislature's Regulation Review Committee. An agency may adopt emergency regulations under prescribed conditions for a period of 120 days, renewable for an additional 60 days.

Regulations

Regulations implementing the CAMAD legislation were statutorily mandated by July 1, 1976. Because the legislative mandate was not enacted until June 2, however, DSS adopted emergency CAMAD regulations, pursuant to the UAPA, which became effective on June 22, 1976. On August 31, 1976, DSS published notice of its intent to adopt permanent CAMAD regulations in the Connecticut Law Journal. The proposed regulations defined "short term" to mean a period of up to twelve months. Following a period of public comment, DSS published notice on September 28, 1976, that it would conduct a public hearing on the proposed CAMAD regulations. The hearing was held October 27, 1976, and attended by 15 witnesses representing General Assistance and Legal Aid programs. All opposed the one year limit on CAMAD eligibility.

In late December 1976, the emergency CAMAD regulations (with an extension period) expired, leaving the Department without approved CAMAD regulations in force. The next step in the approval process was to submit the proposed regulations to the Legislature's Regulation Review Committee. This was done on February 2, 1977, though the one-year time limit was deleted by DSS as a result of the public hearing testimony. On April 27, 1977, the Regulation Review Committee rejected without prejudice¹ the proposed CAMAD regulations as submitted, and noted that the regulations differed from those published in the Connecticut Law Journal in that the definition of "short term" had since been deleted. Furthermore, the Committee noted that the General Assembly was considering an amendment to the CAMAD legislation which would statutorily define "short term"

¹ Under section 4-170 of the General Statutes, the Regulation Review Committee may approve, disapprove, or reject without prejudice any proposed regulation submitted to it. If the regulation is rejected without prejudice, the agency may resubmit an amended regulation within 65 days of its presentation to the Committee without adhering to the technical notice requirements under UAPA. If the regulation is rejected with prejudice, the regulation is disapproved and may not be resubmitted.

as a period of one year or less.¹ As noted above, this amendment was not reported out of the Human Services Committee.

On June 14, 1977, DSS resubmitted proposed permanent CAMAD regulations which contained the one year definition for "short term" disability.

Despite the expiration of its emergency CAMAD regulations in December 1976, the Department continued to use the one year time limit on CAMAD eligibility. As a result, nearly one-half of the caseload was technically ineligible for continued benefits.

On June 30, 1977, the Waterbury Superior Court issued an injunction to void the Department's action in terminating CAMAD recipients on the program longer than one year. The court decision was based upon the fact that the statutory authorization for the CAMAD program did not impose a one year limit on eligibility.

On July 28, 1977, the Regulation Review Committee rejected with prejudice the proposed CAMAD regulations which had been resubmitted by DSS, and noted "that the subject matter of the proposed regulations (i.e., "short term") rightfully belongs before the full body of the General Assembly."

As of March 1, 1978, DSS continues to have no approved CAMAD regulations. According to the DSS Chief of Policy, the Department does not intend to resubmit regulations until the General Assembly has clarified the CAMAD statute (Appendix II-2 details DSS attempts to promulgate permanent CAMAD regulations). DSS presently administers CAMAD according to a policy manual developed to implement the program's statutory intent. The manual generally addresses the same policy issues described in the proposed regulations. However, certain existing DSS policies are not authorized by the CAMAD legislation (see p. 19).

¹ The idea of a one year limit appears to have come from the federal SSI requirement that the disability have existed, or be expected to exist, for one year or more. There was some thought that if disabled people were supported by CAMAD for a year, they would then be able to prove their eligibility for SSI. The federal disability criteria are stringent and involve more than duration, however, and many CAMAD recipients who have been on the program for more than one year continue to be ineligible for SSI.

Chapter Three

WHO RECEIVES CAMAD BENEFITS?

Eligibility Requirements
The Application Process
The CAMAD Caseload
Characteristics of CAMAD Recipients

CHAPTER III

WHO RECEIVES CAMAD BENEFITS?

Eligibility Requirements

CAMAD was designed to provide financial assistance, medical services, or both to Connecticut residents between 18 and 65 years of age who are disabled but fail to meet the eligibility requirements for Supplemental Security Income or Medicaid, or both. A recipient of CAMAD must meet the following eligibility requirements:

- have been determined permanently and totally disabled;
- be a resident of the state and a U.S. citizen or legal alien;
- not be a resident of a mental or penal institution;
- not be eligible for Aid to Families with Dependent Children;
- not be eligible to receive Title XIX Medicaid; and
- not have made, within seven years, a transfer or disposition of property without adequate compensation.

In addition, a recipient of financial assistance under CAMAD must meet the following conditions:

- have income below the Department's standard of need;
- have no more than \$250 cash or burial reserve;
- agree to assign all life insurance policies;
- agree to have a lien placed against any real property;
- agree to liquidate any real property other than a home; and
- be liable to reimburse the state for all assistance granted under the CAMAD program.

The Application Process¹

Many disabled people approach their town General Assistance program first for help. Local General Assistance workers

¹ The process described in this section is summarized from the CAMAD statute and DSS policy. Problems have been discovered in the implementation of this process, however (see pp. 23-24).

will advise a disabled person to apply for SSI and CAMAD. The person will usually be supported by General Assistance until SSI or CAMAD eligibility is determined.

When a person goes to a DSS office seeking assistance due to a disability, the intake worker first determines if the applicant has applied for Supplemental Security Income (SSI). If he has not, he is told to file an application at a Social Security office. The federal disability criteria used for SSI are considerably more restrictive than the state (CAMAD) criteria. Under SSI, a disabled person must be determined unable to perform "any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months." In Connecticut, the Division of Vocational Rehabilitation (DVR) determines SSI medical eligibility for disabled persons, under contract with the Social Security Administration.

As noted on pp. 3-4, persons found eligible for SSI may also receive Medicaid (Title XIX) and State Supplementation payments. The intake worker will help him complete these applications.

If a person is denied SSI for failure to meet the medical disability criteria, then an application is made for CAMAD. DSS policy requires that a person be rejected by SSI as a condition of receiving CAMAD assistance. The intake worker will investigate the applicant's financial condition and ask him to go to a doctor for an examination. The doctor describes the extent of the incapacity and its expected duration. This information, along with a social history, is sent to the DSS Medical Services Unit, and referred to a Medical Review Team (MRT).

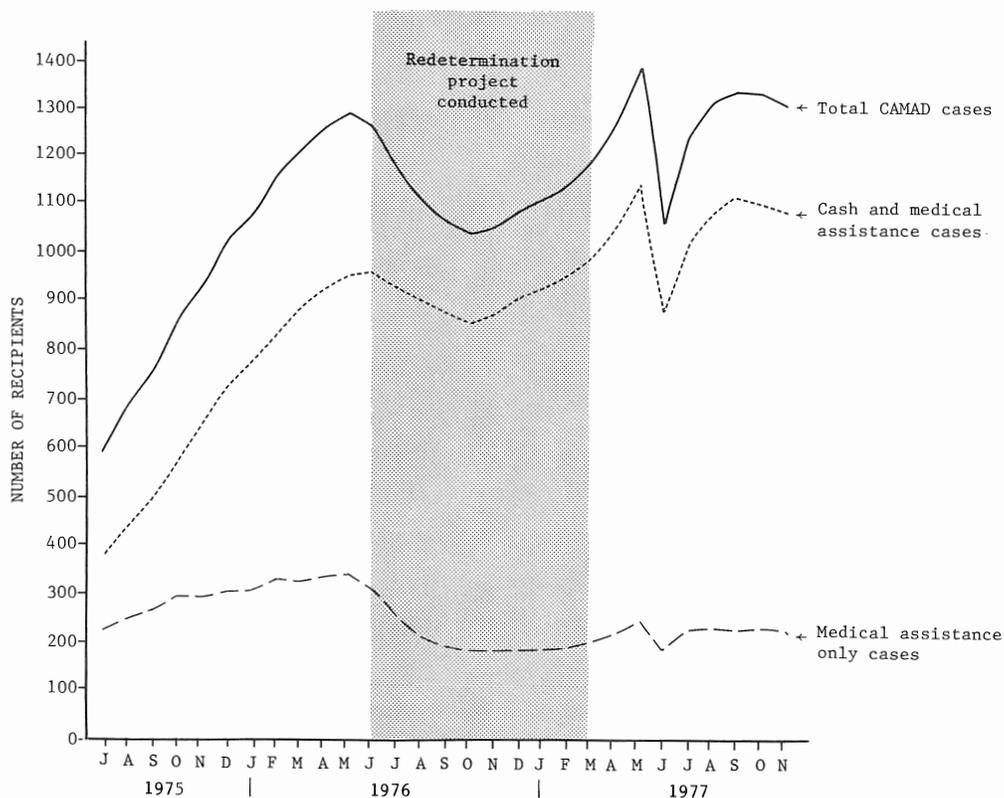
The MRT, composed of at least one medical social worker and one doctor, meets periodically to evaluate CAMAD applications. This team determines, from documents and evaluations in the applicant's file, whether he meets the medical eligibility criteria for CAMAD. If the MRT believes more information is needed, the applicant is asked to go to a specialist in the area of his disability for further evaluation. Persons asking for a psychiatric disability determination must be evaluated by a psychiatrist. The MRT also sets a date for a medical re-evaluation of the CAMAD recipient and may refer him to a DVR counselor, if appropriate. The Division of Vocational Rehabilitation has assigned a full-time counselor to work with the DSS Medical Review Teams on CAMAD and other disability cases.

DSS statistics show that, from April to September 1977, 77.5% of the 120 applications for CAMAD "medical assistance only" were approved. Of the 136 applications for cash and medical assistance during this period, only 42.3% were approved.

The CAMAD Caseload

In June 1975, after nine months of operation, the active CAMAD caseload had reached 537 persons, of whom 337 received cash and medical assistance and 200 received medical assistance only. The caseload more than doubled during FY 1976 to 1,266 persons, averaging 61 new cases per month. Beginning in July 1976, a "redetermination" project was conducted

Figure III-1. CAMAD caseload growth (active cases).



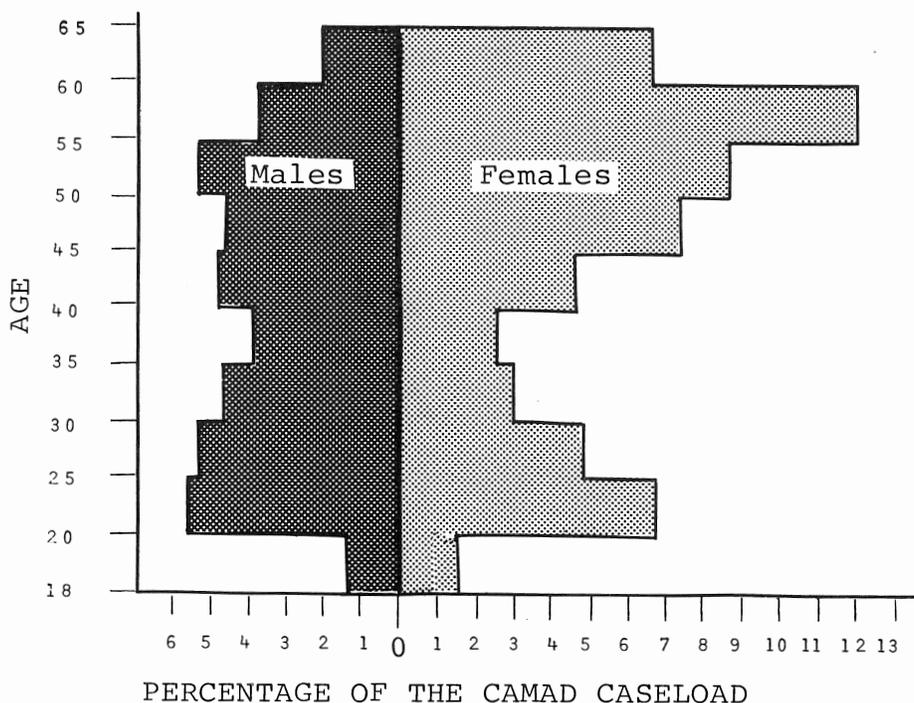
Source: Department of Social Services, Research and Statistics

in which the eligibility of most recipients was reviewed on a case by case basis (see pp. 23-25). As a result of the re-determination effort, the CAMAD caseload had dropped to 1,040 recipients by the end of October 1976. Without the review, the program might have continued to grow at the average rate of 61 cases per month, and reached 1,390 by October 1976. Since then, the caseload has continued to grow, but only reached 1,323 in September 1977. As Figure III-1 shows, there was a dramatic decrease in the caseload in June 1977, when the Commissioner dropped many recipients who had been on CAMAD for over a year. The Waterbury Superior Court injunction (see p. 8) voided this action and many of these cases were restored in the following months.

Characteristics of CAMAD Recipients

Age and sex. CAMAD serves disabled people between 18 and 65 years of age. Figure III-2 shows the age and sex distribution of CAMAD recipients as of April 1977. About half

Figure III-2. Age and sex composition of the CAMAD caseload.

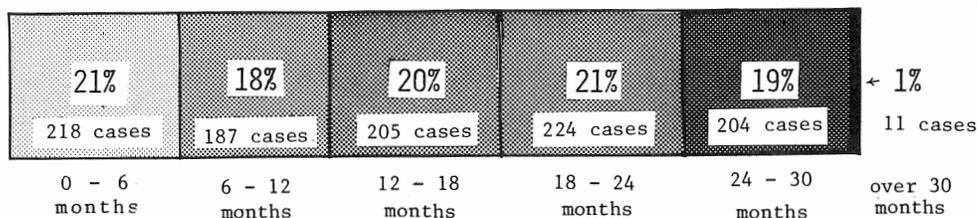


Source: Department of Social Services, Research and Statistics

of all recipients are over age 45, and women constitute 58.2% of the CAMAD caseload.

Duration on CAMAD. Although CAMAD's stated purpose is to provide assistance to disabled persons whose impairment is "short term," 61.4% of the caseload as of April 1977 had been on the program 12 months or longer (see Figure III-3).

Figure III-3. Duration on CAMAD.



Source: Department of Social Services, Research and Statistics

Disability. Complete information about the disabilities of CAMAD recipients is not available. This data is difficult to compile because each case record would have to be examined individually. The Medical Review Team does not routinely maintain summaries of the impairments of CAMAD recipients. DSS has done two studies, however, which give an indication of the types of disabilities among the CAMAD population.

A sample of 70 CAMAD cases in the Hartford district office of DSS was selected and analyzed in a September 1977 report. This study found that mental disorders were the primary disability in 44% of the sample. Other less common causes of disability were skeletal disease or injury, diabetes, obesity, cardiovascular and respiratory diseases.

In a separate DSS study, Medical Review Team records of 187 CAMAD cases examined between November 21 and December 16, 1977, revealed the distribution of disabilities shown in Table III-1. Mental disorders again appeared in 40% of the sample as the most prevalent disabling condition among CAMAD recipients.

Table III-1. Impairments of CAMAD applicants, Nov. 21-Dec. 16, 1977.

<u>Impairment</u>	<u>Number of cases</u>	<u>Percentage</u>
Mental disorders	75	40%
Musculoskeletal	26	14
Multiple body systems	22	12
Cardiovascular system	21	11
Neurological	16	8
Neoplastic diseases	11	6
Respiratory system	6	3
Digestive system	5	3
Genito-urinary system	3	2
Special sense organs	2	1

Source: Department of Social Services, Medical Services

Income. Of the 70 CAMAD cases in the Hartford district office analyzed by DSS, 93% reported no available income. The remainder had Veterans Administration disability pensions or Social Security.

Location. About half of CAMAD recipients live in the five cities with populations over 100,000 (Bridgeport, Hartford, New Haven, Stamford and Waterbury). Table III-2 gives the location of CAMAD cases by DSS district office as of September 1977.

Table III-2. Location of CAMAD cases by district office.

<u>District</u>	<u>Medical Aid and Maintenance Cases</u>		<u>Medical Only Cases</u>		<u>Total</u>	
	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>
Hartford	379	34.4%	30	13.5%	409	30.9%
Bridgeport	316	28.7	64	28.8	380	28.7
Middletown	142	12.9	25	11.3	167	12.6
Waterbury	100	9.1	31	14.0	131	9.9
New Haven	94	8.5	44	19.8	138	10.4
Norwich	70	6.4	28	12.6	98	7.5
TOTAL	1,101	100.0%	222	100.0%	1,323	100.0%

Source: Department of Social Services, Research and Statistics

Chapter Four

WHAT DOES CAMAD COST?

Budgeted Expenditures
Benefit Costs
Administrative Costs

CHAPTER IV

WHAT DOES CAMAD COST?

Budgeted Expenditures

Although CAMAD has operated since October 1974, no expenditure information was developed prior to FY 1976. Table IV-1 summarizes CAMAD expenditures for direct payments in FY 1976, FY 1977, and FY 1978 (projected). Expenditures increased 13% in FY 1977 and are expected to increase 16% in FY 1978, mostly because of increases in maintenance expenditures. See pp. 25-26 for a discussion of CAMAD budget problems.

Table IV-1. CAMAD expenditures, FY 1976-78.

	FY 1976 ¹	FY 1977 ¹	FY 1978 (Estimate) ²
Maintenance	\$1,641,082	\$2,093,966	\$2,751,981
Medical	2,040,378	2,063,648	2,081,868
TOTAL	\$3,681,460	\$4,157,810	\$4,833,849

Source: ¹ Department of Social Services, Research & Statistics.

² LPR&IC staff projection, based on expenditures for first seven months of FY 1978.

Benefit Costs

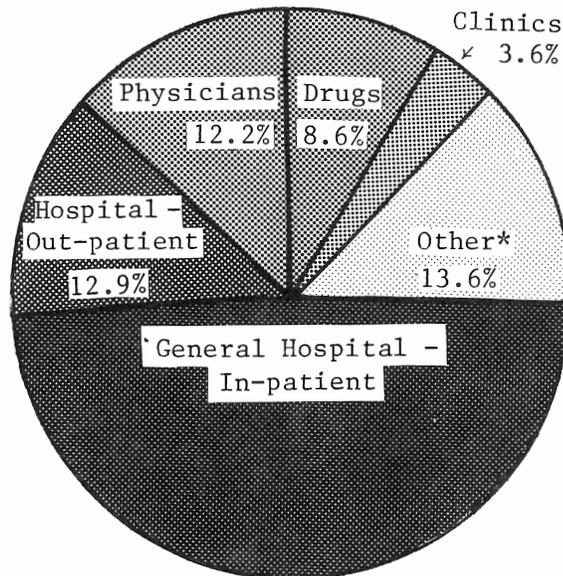
As previously noted, there are two groups of CAMAD recipients--those who receive cash and medical assistance, and those who receive medical assistance only. Recipients of "medical assistance only" constituted about 30% of the total CAMAD case-load in FY 1976 and 18% in FY 1977.

The monthly amount of CAMAD financial assistance is determined on an individual basis according to standards developed by the Department and published in its Public Assistance policy manual. The average cash payment to CAMAD recipients was \$192.62 in FY 1976 and \$177.15 in FY 1977.

CAMAD provides the same medical services that are available through Medicaid (see Appendix IV-1 for a list of covered services). About two-thirds of CAMAD recipients have a paid medical expense in an average month. The average monthly medical payment for all cases, medical only and maintenance and medical, was \$196.67 in FY 1977. DSS information does not distinguish medical expenditures by type of CAMAD recipient.

Figure IV-1 shows the distribution of CAMAD medical payments by type of provider for the first three months of FY 1978. Total medical expenditures for this period were \$510,477. The pattern of CAMAD expenditures differs from that of Medicaid, in which almost 45% of payments go to skilled nursing facilities. Nearly two-thirds of CAMAD medical payments are for hospital services.

Figure IV-1. CAMAD medical expenditures by type of vendor, July through September 1977.



* Other expenditures include such items as dental services, nursing homes, laboratory and radiology, family planning, home health care, medical-surgical supplies, and ambulances.

Source: Department of Social Services, Research and Statistics

Administrative Costs

The administrative cost of CAMAD is not isolated in the budget and is difficult to determine because the program has no separate staff. Its administration is absorbed into the routine of other programs, especially Medicaid. (CAMAD medical payments are less than 1% of Medicaid payments made by the Department.) In March 1976, the Department of Social Services estimated that CAMAD administrative costs were about \$80,000, roughly 3.6% of the FY 1977 budget for CAMAD maintenance payments. The administrative costs for medical assistance could not be isolated from other medical payment operations.

Chapter Five

MAJOR PROBLEMS WITH THE CAMAD PROGRAM

Lack of Definition
Eligibility Controls
Administration
Use of the SSI Appeal Process
Referrals to Social Services

CHAPTER V

MAJOR PROBLEMS WITH THE CAMAD PROGRAM

This chapter describes problems in the CAMAD legislation and in the way the program has been administered by DSS. Problem areas discussed include: inadequacies of the CAMAD statute, especially the lack of definitions of "short term" and what constitutes a disability; eligibility controls, including redeterminations and administrative errors in determining eligibility; program administration, including staffing, budgeting, and reporting to the legislature; use of the SSI appeal process; and referral of CAMAD recipients to social services.

Lack of Definition

"Permanent" and "short term." The CAMAD program was intended to serve "permanently and totally disabled" persons having "an impairment of body or mind, other than alcoholism or drug addiction, which is short term and which prevents the performance of duties of gainful employment or homemaking." As noted in Chapter II, the phrases "short term" and "permanent" appear to be contradictory.

DSS is unable to identify categories of disabilities which are both "permanent" and "short term." The Medical Review Team has attempted unsuccessfully to resolve definitional problems with the DSS Policy Chief. Since the CAMAD statute does not define the phrase "short term," the Department attempted to define it as "up to one year," but was stopped pending clarification by the General Assembly.

"Disability." "Disability" under SSI means an "inability to work because of a physical or mental impairment that has lasted (or is expected to last) at least 12 months, or is expected to result in death." According to DSS, the SSI standard differs in both duration and severity from the CAMAD disability standard. In terms of duration, SSI requires a disability which has lasted or is expected to last one year or more, while the CAMAD statute refers only to a disability which is both "permanent" and "short term."

With respect to severity of the disability, SSI standards are detailed and specific. The Social Security Administration issues a handbook for physicians entitled Disability Evaluation Under Social Security, which requires, for example:

- (1) A severe impairment which "has medically demonstrable anatomical, physiological, or psychological abnormalities. Such abnormalities are medically determinable if they manifest themselves as signs or laboratory findings apart from symptoms."
- (2) The recipient must be unable to perform "any work of a nature generally performed for remuneration or profit, involving the performance of significant physical or mental duties, or a combination of both." The work standard applies even if it is less demanding or less responsible than the recipient's former work, is performed part time, or pays less than his former work.
- (3) Based upon the person's age, education, and work experience, a recipient must be unable to engage in any "other kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives, or whether a specific job vacancy exists for him, or whether he would be hired if he applied."
- (4) The physical or mental impairment must be of such severity that it results in a "lack of ability to perform significant functions as moving about, handling objects, hearing, speaking, reasoning and understanding."

The SSI disability standard clearly requires proof of a severe physical or mental impairment. DSS does not have any written evaluation criteria for determining CAMAD disability, nor does it use the strict SSI criteria described above. See Appendix V-1 for various disability definitions.

Eligibility Controls

Several problems exist in the application of eligibility standards for CAMAD. Major problem areas discussed in this section include conflicts between the CAMAD statute and DSS policy on eligibility, redetermination of eligibility, and

the high rate of administrative error in granting initial eligibility for CAMAD.

Legislation vs. policy. There are two instances in which DSS written policy for CAMAD does not agree with the law. In the first case, the DSS proposed regulations and policy appear to have closed a serious loophole in the law. In subsection (b) of the CAMAD statute, where eligibility requirements for those receiving "medical assistance only" are listed, it is specified that a recipient of CAMAD shall not be "eligible" for either Aid to Families with Dependent Children or Medicaid. However, the statute does not rule out the possibility that an applicant could be ineligible for these programs because his income or resources exceed the limits. The CAMAD statute contains no stated limit on income or resources for recipients of medical assistance only. To implement the CAMAD program, DSS has used the Medicaid income standards for the "Medically Needy" to determine income eligibility for CAMAD medical only. The CAMAD program was designed to meet the needs of medically indigent persons who are not eligible for any federal assistance programs. It was not designed to pay the medical bills for disabled persons with adequate means. It is reasonable for DSS to assume this is what the statute intended, and their policy is an appropriate interpretation of the law's vague wording.

In a second instance, however, DSS policy does not implement the obvious intent of the CAMAD legislation. The statute clearly divides eligibility requirements into two groups--those necessary to qualify for CAMAD medical assistance only, and those for financial assistance, which are more restrictive in terms of resource limits. DSS has imposed several eligibility standards for medical assistance that the statute clearly applies only to eligibility for CAMAD financial assistance. For example, under DSS policy, all CAMAD recipients would have to agree to a lien on their property and to assign all life insurance policies, although the law requires this only for recipients of financial assistance. An official at DSS claimed that "the law was defectively written," and that the General Assembly had intended the financial criteria to apply to all CAMAD recipients. As it stands, however, the law is clear, spelling out separate eligibility requirements for the two groups of recipients.

Redetermination of eligibility.¹ In February 1976 the Department of Social Services reviewed 197 randomly selected CAMAD cases (17% caseload sample) to determine which cases continued to be eligible for CAMAD and to drop those which were not. This survey revealed that 18% of the recipients sampled were receiving CAMAD in error:

- 7.1% were determined eligible for federal disability benefits;
- 6.6% were eligible for Title XIX Medicaid benefits; and
- 4.1% were ineligible for any federal or state assistance.

Based upon these findings, the Appropriations Subcommittee on Human Services urged DSS to redetermine eligibility for the entire CAMAD caseload. DSS agreed, and the project began in July 1976 with a total of 1,149 cases scheduled for review by October 1, 1976. However, the project was conducted on an overtime basis by each district office, and a review of all scheduled cases was not completed. In fact, by March 25, 1977 (nine months later), DSS had still redetermined eligibility for only 85% (982) of the cases subject to review as of July 1, 1976.²

Nevertheless, the redetermination project has proved to be the Department's most effective CAMAD cost control measure, stabilizing the program's expenditures for the entire nine month period. Over half (54%) of the cases reviewed were discontinued from the program, which experienced its first and only sustained caseload reduction (see Figure III-1, p. 11). The number of new cases increased to an average of 73 cases per month, but deletions averaged 90 cases per month, for a net caseload reduction of approximately 150 recipients over the nine month period.

¹ Redetermination of eligibility refers to the process of re-examining a recipient's income and assets to determine continuing financial eligibility as well as a medical review to determine the recipient's continuing medical disability.

² Although the CAMAD caseload totaled 1,266 in July 1976, only 1,149 were formally scheduled for redetermination, since some were discontinued in the interim and others were too new to require review.

The Legislative Program Review and Investigations Committee staff estimates that current monthly CAMAD expenditures would be over \$100,000 more than they are, had the redetermination project not been initiated. Furthermore, the cost of the redetermination project was estimated at only \$40,074 (based upon 1,149 cases (see Table V-1)).

Table V-1. Estimated cost of the CAMAD redetermination project.

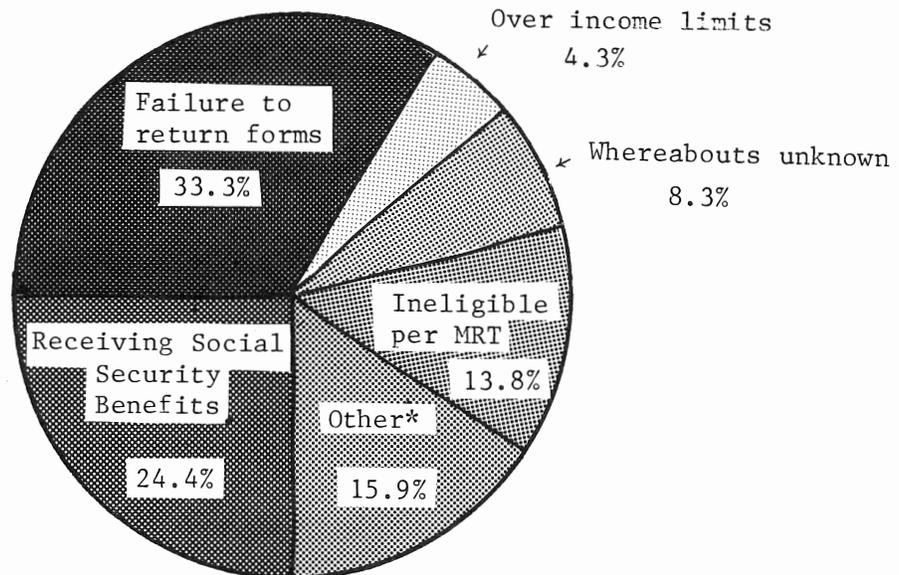
(1) Medical examinations (\$20 per exam x 1,149 cases)	\$22,980
(2) Staff costs to verify financial eligibility data (1,700 hours overtime at \$6 per hour)	10,200
(3) Medical eligibility determinations by Medical Review Team (\$6 per case)	6,894
	<hr/>
Estimated Total Cost	\$40,074
Estimated Cost per Case	\$34.88

Source: Department of Social Services.

As Figure V-1 shows, nearly one-third of the cases dropped from the program were discontinued for failure to respond to redetermination inquiries. Twenty-five percent were found to be receiving federal Social Security benefits and were therefore ineligible for CAMAD. Another 14% were found medically ineligible by the DSS Medical Review Team.

Although it has never been implemented, it is DSS policy that a redetermination of eligibility for each CAMAD recipient be done every six months by the district office. The Department has instructed "those offices that have Title XIX redetermination staff [to] incorporate CAMAD redeterminations in the unit workload." Where district office staff were unavailable, DSS authorized CAMAD redeterminations to be performed on an overtime basis beginning September 6, 1977.

Figure V-1. Redetermination project: Reasons for discontinuance



*Other reasons include transfer to Title XIX, discontinued at recipient's request, excess assets, institutionalized, deceased or working recipient, and those discontinued before review (each less than 4%).

Source: Department of Social Services, Deputy Commissioner.

The Department has received approval for additional central office staff in its Research and Statistics division to review the results of CAMAD redeterminations. Because on-going case-load redetermination provides a significant program cost control, the Legislative Program Review and Investigations Committee recommends that the CAMAD statute be amended to require the Commissioner of Social Services to complete a review of each CAMAD case at least every six months. This recommendation is intended to control CAMAD costs prior to the implementation of the Committee's major recommendation (see Chapter VI).

Administrative errors in determining eligibility. During the CAMAD redetermination project, the Central Collections Division (then in the Department of Finance and Control; now

in the Office of Policy and Management) did an in-depth study of a sample of discontinued cases. The purpose of this review was to discover whether initial eligibility had been determined correctly, whether assistance had been granted accurately and whether cases were discontinued according to DSS policy.

As of January 16, 1977, 198 cases had been discontinued because the recipient had failed to return forms, because his or her whereabouts were unknown, or because the recipient had died (additional recipients had been discontinued for other reasons; see p. 22). Central Collections selected 49 of these cases (25%) for further review. Investigators studied the case record for each recipient in the subsample, checking for information, forms and dates to indicate whether CAMAD policy was being followed. In cases where some problem was found, investigators attempted to determine whether there was agency error or possible recipient fraud.

In the words of the director of the Division of Central Collections, the results of this review "...clearly indicate that the CAMAD program has been administered in a very inefficient manner." Many of the case records were in disarray; 24% of the cases examined were missing necessary application or medical information. Dates and signatures were frequently missing. In several cases, there was no rejection notice from SSI before CAMAD benefits were granted. Eighteen percent of recipients had reported property transfers, assets or insurance claims that were not investigated by the intake worker. In at least 30 cases (61.7%), there was evidence to suggest that overpayments had been made; there were only 11 cases (22%) in which there was no evidence of possible overpayment. Agency error was apparent in at least 21 cases (43%). Two cases were still being investigated as of January 11, 1978 for possible fraud.

This audit found widespread violation of Department policy on the effective date of CAMAD benefits. According to DSS policy on CAMAD (Public Assistance Policy Manual Volume 1, Chapter IV, p. 5), "Financial and/or medical assistance are effective the date the medical determination is made or the 61st day from the date of application whichever comes first." Under this policy, benefits are not to be granted retroactive to the date of application or to the onset of the disability.

According to Legislative Program Review and Investigations Committee staff analysis, however, this policy was followed in only 16% of the cases sampled (8 out of 49 cases). Of the remaining 41 cases,

- 21 became eligible prior to the date of application;
- 10 became eligible on the date of application;
- 2 became eligible after the date of application but before 61 days or the date of MRT determination; and
- the eligibility date of 8 could not be determined because information was missing.

Assuming that average benefits were paid from the recorded date of eligibility to what would have been the correct date, these errors would have resulted in an estimated overpayment of \$22,000 in medical and financial benefits. These overpayments could have been avoided merely by DSS adherence to its own policy on the effective date of eligibility.

A review of the case records summarized by Central Collections gives a distressing impression of the variety of ways in which the CAMAD program has been implemented incorrectly.

- One case record contained no medical information of any kind (no SSI denial, no MRT determination). The person had applied in July 1976, and medical assistance was granted retroactive to September 1975, ten months before application.
- Another recipient of CAMAD medical assistance was also covered by Blue Cross, CMS and Major Medical.
- In at least one case, the recipient's only apparent disability was alcoholism, for which eligibility is specifically denied in the CAMAD statute.
- Medical benefits for one recipient appear to have been granted retroactive to a week before application solely to pay a \$10,000 hospital bill. The recipient had been hospitalized for over a month after being stabbed in a fight. There is no evidence he had ever applied to or been rejected by SSI.

Administration of CAMAD

Staffing. CAMAD is a low priority program in the eyes of the DSS administration. All other programs administered by DSS are bound by federal statute, regulations, and court orders, and failure to comply with these can result in substantial loss of federal funds.

CAMAD has no staff of its own. There is no one at DSS whose only job is to administer the CAMAD program. Responsibility is now split among the various functional area of DSS--policy and medical care administration in the central office, and income maintenance in the district offices. Other than routine payment of benefits, CAMAD casework is of very low priority. As of January 1, 1978, DSS had 132 positions vacant (8% of authorized positions) and has recently been behind in paying benefits from other larger welfare programs.

Most of the administrative errors found in the CAMAD program originate at the district office level. As already noted, the Central Collections audit found a lack of uniformity in the application of eligibility standards and widespread failure to collect information needed for case records (see pp. 23-24). Because the CAMAD caseload is now spread among all workers in district offices, and because it is a small program (70 to 370 cases per district office), workers do not receive much training or gain much experience in handling CAMAD applications.

The CAMAD budget. The presentation of the CAMAD projections within the DSS budget makes it difficult to determine the true costs of the program. In the Governor's 1978-79 Budget, funds for CAMAD medical assistance are listed in the Medicaid section within a listing of categorical assistance programs. Expenditures in all other programs in this section of the budget are reimbursed 50% by the federal government. Since CAMAD medical expenditures are not, they do not logically belong in a listing of federal categorical programs.

Funds for CAMAD maintenance payments are listed a page later in the budget, under the heading "Connecticut Assistance and Medical Aid Program for the Disabled--Payments to Other Than Local Governments." This separation of CAMAD medical and cash expenditures is confusing and makes it difficult to determine how much money is budgeted for the CAMAD program as a whole. Figure V-2 shows the CAMAD presentation in the Governor's 1978-79 Budget.

Figure V-2. CAMAD budget presentation in the Governor's 1978-79 Budget

MEDICAID Payments to Other Than Local Governments				
STATUTORY REFERENCE - Section 17-134b This program provides comprehensive medical care for the medically indigent and all persons receiving assistance under the Public Assistance and Board and Care of Children Programs.				
STATISTICS	ACTUAL 76-77	ESTIMATED 77-78	AGCY PROJECTED 78-79	GOV PROJECTED 78-79
Expenditures by Categorical Public Assistance Programs				
Old Age Assistance	\$ 4,708,196	\$ 4,394,478	\$ 4,990,210	
Aid to Blind	\$ 160,920	\$ 219,724	\$ 249,510	
Aid to Disabled	\$ 9,413,612	\$ 10,986,196	\$ 12,475,528	
CAMAD	\$ 2,070,270	\$ 2,197,239	\$ 2,495,106	
Aid to Families with Dependent Children	\$ 48,957,484	\$ 54,930,978	\$ 62,377,638	
Aid to Families with Dependent Children - Unemployed Fathers	\$ 1,830,911	\$ 1,098,620	\$ 1,247,553	
Board & Care of Children	\$ 3,171,478	\$ 3,515,582	\$ 3,992,169	
Total - Categorical Public Assistance Programs	\$ 70,312,871	\$ 77,342,817	\$ 87,827,714	
Medically Indigent	\$128,281,012	\$142,381,095	\$161,682,838	
Grand Total	\$198,593,883	\$219,723,912	\$249,510,552	\$249,647,949

Source: Governor's 1978-79 Budget, p. 265-266.

CONNECTICUT ASSISTANCE AND MEDICAL AID PROGRAM FOR THE DISABLED Payments to Other Than Local Governments				
Statutory Reference - Section 17-111*				
This is a program of financial assistance and services for residents of Connecticut between the ages of 18 and 65 who are permanently and totally disabled, who have insufficient means of support, and who do not qualify for Old Age Survivors Disability Insurance benefits or for assistance under the Federal Supplemental Security Income Program.				
STATISTICS	ACTUAL 76-77	ESTIMATED 77-78	AGCY PROJECTED 78-79	GOV PROJECTED 78-79
Average Monthly Paid Cases	985	2,045	2,117	1,622
Average Monthly Cost/Case	\$ 177.08	\$ 189.50	\$ 189.50	\$ 189.50
Yearly Expenditure	\$ 2,093,966	\$ 4,649,658	\$ 4,814,058	\$ 3,688,428
FUNDING	ACTUAL 76-77	ESTIMATED 77-78	REQUESTED 78-79	RECOMMENDED 78-79
General Fund	\$ 2,093,966	\$ 4,649,658	\$ 4,814,058	\$ 3,688,428
TOTAL Conn Assistance and Medical Aid Program for the Disabled	2,093,966	4,649,658	4,814,058	3,688,428

*LPR&IC Staff Note: The statutory reference is given incorrectly; it should be Section 17-12e.

Source: Governor's 1978-79 Budget, p. 269.

The appropriated amount for CAMAD cash assistance in FY 1978 is \$1,470,000. Expenditures will substantially exceed that amount, however, because the Waterbury Superior Court injunction (see p. 8) prevented DSS from removing CAMAD recipients who had received program benefits for twelve months or more. DSS had anticipated and budgeted for a decrease in the CAMAD caseload to about 700 paid cash assistance cases per month. Instead, the average number of paid cash assistance cases in the first six months of FY 1978 has been 1,243, or 78% higher than expected.

On December 12, 1977, the Commissioner of Social Services requested a transfer of \$700,000 to cover CAMAD expenditures for maintenance payments through March 1978, since the appropriated funds would have been exhausted by January 1, 1978. On January 4, 1978, the Finance Advisory Committee¹ approved a transfer of \$433,063 to CAMAD, to cover cash assistance expenditures through February 1978. A second transfer of \$193,028 was approved on March 1, 1978 to cover March cash assistance expenditures. An additional transfer or deficiency appropriation will be needed to carry the program through June 1978. The Finance Advisory Committee criticized the way in which CAMAD is administered, noting that the Department's failure to do routine redeterminations of eligibility has contributed to the growth of the caseload.

Using the Commissioner's assumption of a caseload increase of 35 cases per month, the Office of Policy and Management estimates that CAMAD expenditures for cash assistance may go as high as \$3 million in the current fiscal year, which would be more than double the appropriated amount. The validity of this assumption is questionable, however, since the paid cash assistance caseload actually dropped by 25 recipients from August through December 1977. Even assuming no caseload growth through the rest of this fiscal year, however, CAMAD cash assistance expenditures would be about \$2,759,000 or about 87% more than appropriated. This would be a 31.7% increase over maintenance expenditures in FY 1977, compared to a 27.6% increase in this line item between FY 1976 and FY 1977 (see p. 15).

¹ The Finance Advisory Committee is made up of the governor, lieutenant governor, treasurer, comptroller, and five members of the legislature's Appropriations Committee. They must approve all transfers from the General Fund to budgeted agencies (C.G.S. 4-93 and 4-94).

CAMAD Reporting. Limited information on CAMAD expenditures and caseload is reported by DSS to the legislative Office of Fiscal Analysis and to the Budget and Management Division of the executive Office of Policy and Management. The only data reported are the number of cases for which a cash payment is actually made in a given month, total cash payments, and total medical payments. Detailed CAMAD information is difficult to develop, partly because some of it is combined with Title XIX records, some is not tabulated from individual case records, and other information is not recorded at all. Because of the program's small size and low priority, CAMAD data have not been incorporated into an information system.

Use of the SSI Appeal Process

CAMAD was originally created to provide for those disabled people who are not eligible for federal disability coverage, especially Supplemental Security Income (SSI). Therefore, in order to receive CAMAD benefits, a person must have been rejected by SSI. CAMAD, however, was not designed to be the permanent program of last resort for disabled persons. Its intent was to provide short term assistance until such persons either recovered enough to go back to work, or were able to establish eligibility for SSI. Since SSI maintenance payments are 100% federally funded, while CAMAD is completely state funded, there is a strong incentive for the state to seek the transfer of CAMAD recipients to SSI (SSI recipients also receive necessary medical services under Medicaid for which the state pays only 50%). However, the Department of Social Services has no formal procedure to encourage CAMAD recipients to reapply for SSI or to appeal their initial rejection.

After initial rejection by SSI, a person may appeal the decision at four levels.

1. Reconsideration. At the first level of the Social Security Administration's appeals process, all evidence on the record, plus any new evidence the claimant may submit, is examined by persons at the Division of Vocational Rehabilitation who were not involved in the original decision. A reconsideration must be requested within 30 days after notice of the initial SSI rejection.
2. Hearing. The second level of the appeals process is conducted by an Administrative Law Judge. New evidence may be used and testimony may be given. The

claimant and/or his representative may appear in person at the hearing. A hearing must be requested within 30 days after an unfavorable reconsideration.

3. Appeals Council Review. A claimant may request a review of his case by the Appeals Council of the Social Security Administration in Washington, D.C. The claimant may appear or send a representative to present oral arguments, or he may file written briefs in support of his claim.
4. District Court. If a disability claim is denied at each of these lower levels, a claimant may take his case to federal district court.

Table V-3 summarizes the stages in the SSI application and appeals process, including average time for a decision at each stage and an estimate of the rates of acceptance or reversal at each level.

Table V-3. Summary of the SSI application and appeal process.

<u>Stage</u>	<u>Average Time to Decision</u>	<u>Estimated Acceptance/ Reversal Rate</u>
Initial Application	75 days ¹	43% accepted ^{2, 3}
Reconsideration	30 days ⁴	20% reversed ^{2, 5}
Hearing	170 days ⁶	30% reversed ^{2, 6}
Appeals Council Review	60 days ⁴	7% reversed ²
District Court	200 days ⁴	14% reversed ²

¹ Social Security Administration SSI Initial Claims Processing Times Report, Boston Region, October 1977.

² Social Security Administration, Connecticut and national statistics for July 1975 - May 1976, supplied in a letter from Vincent G. Gavin, Acting Regional Commissioner, June 24, 1976.

³ Social Security Administration, Bureau of Disability Insurance, Connecticut statistics in a letter from William J. Rivers, Director, to Senator Betty Hudson, November 3, 1977.

⁴ Technical Assistance Project estimate in a letter from JoAnne Miner, December 8, 1977.

⁵ Social Security Administration, Connecticut statistics for September 1977, in a letter from Paul A. Schuette to JoAnne Miner, November 15, 1977.

⁶ Social Security Administration, Connecticut area statistics in a letter from Paul A. Schuette to JoAnne Miner, December 2, 1977.

This information indicates a high success rate in appealing SSI rejections, at least through the hearing level. Not all reversals are due to an error in the initial SSI decision, however. A Social Security Administration study of reconsiderations showed that in 60% of the reversals there had been a change in the conditions affecting eligibility. In over 25% of the reversals, there had been a significant worsening of the impairment and in about 17% of the cases there had been a change in the prognosis so that it was evident that the impairment would last at least a year.

The Connecticut Legal Services Program receives almost \$1 million of Title XX¹ funds to provide legal assistance to indigent persons, and is prepared to represent CAMAD recipients in their SSI appeals. Legal Services staff believe that the success rate on appeals is even higher than the estimates in Table V-3 when a claimant is represented by counsel. DSS could encourage recipients to take advantage of this legal help.

Due to the significant potential savings to the CAMAD program which could be realized from SSI appeals, the Legislative Program Review and Investigations Committee recommends that the Commissioner of the Department of Social Services implement a procedure to assist CAMAD recipients in reapplying and appealing to SSI. This process should take advantage of the MRT's judgment on the most suitable cases for SSI appeal. This recommendation is intended to provide for a transition of program eligibility to the federally administered SSI program prior to the implementation of the Committee's major recommendation (see Chapter VI).

Referrals to Social Services

CAMAD recipients are not referred to available social services in a uniform manner. At the DSS district office, the intake worker can refer an applicant to a social worker, but this is not always done. Some CAMAD recipients rely on town welfare offices for services even though they are not receiving General Assistance.

¹ Title XX of the Social Security Act funds a range of social services to low income persons.

A large segment of the CAMAD population suffers from musculoskeletal disorders and other problems which may be amenable to therapy and rehabilitation. The Division of Vocational Rehabilitation (DVR) has a full-time counselor assigned to the DSS central office who screens cases referred by the Medical Review Team. From the medical and social information in the record, he evaluates the person's potential to benefit from vocational rehabilitation, and refers appropriate cases to the Bureau of Rehabilitation Services. However, no records are kept of the number of CAMAD recipients referred or those who actually receive such services.

At least 40% of CAMAD recipients are disabled due to mental disorders (see p. 13). There has been no collaboration between the Department of Mental Health and DSS to help these recipients. The Legislative Program Review and Investigations Committee therefore recommends that the Department of Social Services and the Department of Mental Health jointly examine the mental disorder component of the CAMAD caseload to determine how two departments can best meet the needs of this population (see Chapter VI).

Chapter Six

PHASING OUT THE CAMAD PROGRAM

General Assistance Program Description
DSS Response to CAMAD Program Alternatives
Committee Recommendation
Impact on the State Level
Impact on the Local Level

CHAPTER VI

PHASING OUT THE CAMAD PROGRAM

In light of the problems cited in Chapter V, the Legislative Program Review and Investigations Committee considered two general alternatives for the CAMAD program--retaining and strengthening CAMAD as a state program, or discontinuing CAMAD and having towns assume assistance for disabled persons under the existing General Assistance program.

Neither the Department of Health, Education, and Welfare nor DSS is aware of any other state which administers a disability program such as CAMAD. A survey conducted by the Office of Legislative Research indicated that, in eight surrounding states, disabled persons who fail to meet SSI standards are placed on General Assistance (GA).

General Assistance Program Description

In Connecticut, towns bear the costs of administering GA, but are reimbursed by the state for 90% of financial and medical assistance awarded. Although marked differences of opinion exist in Connecticut as to whether the state should increase or decrease its level of GA reimbursement, an examination of this issue was not within the scope of this study. The Committee merely sought to determine the implications of transferring the CAMAD caseload to local General Assistance programs.

Eligibility standards and a policy manual for General Assistance have been developed by DSS, and are basically similar to those used for the CAMAD program. DSS has two consultants who work with the towns in implementing the GA program. In addition, GA medical and financial records are field audited annually in all 169 towns by six Department of Social Services auditors. The auditors, however, are unable to perform any evaluation, beyond a routine fiscal audit.

Towns are responsible for day-to-day monitoring of recipient eligibility, utilization rates, and vendor claims. Under General Assistance, medical claims are submitted to and paid directly by the towns. DSS has limited information on medical disbursements, and auditors investigate town medical payments only if "wide swings" or "anything out of the ordinary" is found in a town's quarterly report.

The state appropriation for General Assistance in FY 1977 was \$18.0 million. Actual expenditures (covering 90% of local cash and medical assistance) exceeded \$19.4 million. The General Assembly has appropriated \$20.3 million for GA payments in FY 1978.

The Legislative Program Review and Investigations Committee found that the nearly 14,000 GA cases (an estimated 27,000 recipients) are not uniformly distributed throughout the state, but are concentrated in major urban areas. Six communities (Bridgeport, Hartford, New Haven, Waterbury, New Britain and Norwich) together account for 75% of the state-wide GA caseload, but only about 23% of the state's population. In FY 1976, three cities (Hartford, Bridgeport and New Haven) spent 78% of all GA expenditures. CAMAD recipients require significantly more medical services than the typical GA recipient. For example, during FY 1976 the average monthly medical expenditure per CAMAD recipient was approximately \$202. By comparison, the three largest GA cities averaged only \$48 per month in medical services for each case.

Although many persons believe GA is designed to provide only temporary relief, section 17-272 of the General Statutes specifically requires the program to provide assistance to both temporary and permanent recipients. Similarly, while GA cannot be provided to any employable person who has not registered with the state Labor Department, this provision does not apply to disabled persons. Hence, CAMAD recipients could be served by the GA program in Connecticut as they are elsewhere. However, because the GA statute does not define the term "disability," each of the 169 towns uses its own disability standard. This could mean that persons eligible for assistance in one town may be ineligible in another town.

DSS Response to CAMAD Program Alternatives

It should be noted that the Commissioner of Social Services is opposed to the retention of the Connecticut Assistance and Medical Aid Program for the Disabled. The Department has maintained that it makes no sense to have a special program for a group of people who, according to eligibility criteria, could be a part of the General Assistance caseload. As already noted, approximately 63% of the initial CAMAD caseload had been receiving General Assistance before the implementation of CAMAD in 1974. The Commissioner believes that the creation of CAMAD was "politically" motivated and designed to relieve the towns of the cost of some GA support payments.

Despite these objections, DSS has not sought legislation to repeal the CAMAD statute. Appendix I-4 contains the official agency response from Social Services Commissioner Edward W. Maher.

The Legislative Program Review and Investigations Committee has received evidence of strong opposition to the termination of the CAMAD program from municipal representatives. Several local officials and GA administrators have expressed the belief that assistance for disabled persons can be more effectively administered by the state. Municipalities are also wary of the financial implications of the elimination of CAMAD.

Committee Recommendation

Because CAMAD recipients could logically be served by local General Assistance programs; and because the CAMAD program has been plagued with inefficient and ineffective administration, in part due to vague and contradictory legislation; the Legislative Program Review and Investigations Committee recommends that the CAMAD program be phased out as follows:

- 1) No new applications for the program would be accepted after July 1, 1978;
- 2) All program benefits would cease on July 1, 1979;
- 3) The eligibility of all current and future recipients shall be redetermined periodically and at least every six months;
- 4) The Department of Social Services shall develop a process to facilitate the appeal of denied eligibility and reapplication of CAMAD recipients to the federal SSI program; and
- 5) The Department of Social Services and the Department of Mental Health shall jointly examine the mental disorder component of the CAMAD caseload to determine how the two departments can best meet the needs of this population. (See Appendix VI-1 for suggested statutory language.)

The Legislative Program Review and Investigations Committee recognizes that implementation of this recommendation

will have a financial impact on municipalities, and urges the Human Services Committee to address this problem in drafting legislation on the state's contribution to General Assistance.

Impact on the State Level

Implementation of the Committee's recommendation can be expected to have several effects on the Department of Social Services and the state:

- Redeterminations will help to ensure that only eligible persons receive CAMAD benefits for the duration of the program;
- Some current CAMAD recipients will be accepted by SSI with reapplications and the improved appeal process;
- Cooperation between DSS and DMH would improve services for needy persons with mental disorders;
- The cost of GA, including the state share, will increase as CAMAD recipients are transferred; however, the direct costs of CAMAD will be eliminated;
- No staff reductions would occur in DSS as a result of phasing out CAMAD, but existing staff should be better able to keep up with other program responsibilities. For example, the Medical Review Team will continue to review Title XIX cases.

Impact on the Local Level

Transfer of disabled persons to local welfare can be expected to have several effects on the General Assistance program and on municipalities:

- Towns will assume the administration of assistance to the needy disabled, which may increase staffing requirements, especially in the cities;
- Municipalities will pay 10% of the cost of assistance provided to indigent disabled persons under GA.
- Disabled persons requesting GA will have to meet standards as applied by local administrators.

- The addition of disabled persons to GA will result in a caseload having more long term recipients with greater medical needs than the current GA population.

Unfortunately it was not possible for the Committee to make a comparison of the quality of service to disabled persons under CAMAD and General Assistance. To do so would have required a review of the 169 local programs, which was beyond the scope of this study. It was possible to determine, however, that only minimal social services are being provided to CAMAD recipients through the Department of Social Services. Basically the same services would be available to GA recipients through referrals to the existing social service network. Additional services might be available on the local level, but the existence of resources varies widely among towns.

APPENDICES

- I-1 Request for CAMAD Program Review
 - I-2 Schedule of Staff Interviews
 - I-3 Glossary
 - I-4 Agency Response--Department of Social Services
 - II-1 The CAMAD Statute
 - II-2 History of CAMAD Regulations
 - IV-1 Medical Services Reimbursable Under CAMAD
 - V-1 Alternative Disability Definitions
 - VI-1 Suggested Statutory Language for Phase-Out
of CAMAD
-



State of Connecticut

GENERAL ASSEMBLY

STATE CAPITOL

HARTFORD, CONNECTICUT 06115

TO: Legislative Program Review and Investigations Committee
FROM: Joan R. Kemler, State Representative
DATE: August 25, 1977
SUBJ: CAMAD Proposal

I am eager to place on the agenda of the Program Review and Investigations Committee a recommendation for a study of the CAMAD Program (Connecticut Assistance and Medical Aid Program to the Disabled). This is a program wholly administered and funded (with general fund dollars) by the State Department of Social Services. Its projected FY '78 budget is approximately \$5 million and the current caseload is approximately 1380 cases.

The CAMAD Program was initiated in October 1974¹ after the Federal Government displaced a state/federal program (Aid to the Disabled) with the Supplemental Security Income Program (SSI), a federally administered and financed program for persons meeting federal disability definitions. The Connecticut CAMAD Program was intended to serve state citizens between 18 and 65 years of age, in need of financial assistance for basic needs and/or medical assistance, but who did not meet the federal disability criteria, primarily a requirement for a one year evidence of permanent disability.

Because of a lack of precision regarding eligibility criteria in the state statute and because of difficulties in promulgating regulations, there has been widespread confusion as to whom the CAMAD Program is designed to serve since its inception. Rational and consistent intake and redetermination decisions seem to suffer thereby. One indication is the fact that according to the attached memo, in March 1977, 900 out of approximately 1100 cases had been on the program for more than one year when the initial thrust of the program was to serve persons who did not meet the federal minimum one year disability requirement to be accepted on SSI.

¹ It was not until 1976 that legislation (PA 252) was passed to authorize the program (CGS-Sec. 17-12e)

APPENDIX I-1 (continued)

CAMAD Proposal
August 25, 1977
page 2

A departmental review of the CAMAD caseload at the request of the Appropriations Committee has accomplished little to clarify eligibility criteria or to establish an ongoing and adequate redetermination process by the Social Services Department. I strongly recommend therefore, that the Program Review and Investigations Committee do an indepth review and recommend legislation to improve the efficiency and effectiveness of the CAMAD Program for action in the 1978 legislative session.

Attachment (1)

APPENDIX I-2

Schedule of Staff Interviews

October 25	2 p.m.	Edward W. Maher Commissioner of Social Services
October 27	10 a.m.	Vaira Paigle Chief, Income Maintenance, Department of Social Services
November 2	1 p.m.	Caroline Packard Chief, Eligibility, De- partment of Social Services
November 9	9 a.m.	Patricia Day, Chief, Research & Statistics, Department of Social Services
November 9	10:30 a.m.	Stephen Press Director of Medical Services, Department of Social Services
November 10	10 a.m.	Charles Roark Director, Central Collections
November 10	11 a.m.	Carolyn Perry Deputy Commissioner, Depart- ment of Social Services
November 16	1:30 p.m.	Atty. JoAnne Miner, Atty. Raphael Podolsky Technical Assistance Project
November 17	10 a.m.	David Grant Assistant Director, Willimantic Social Security Administration Office
November 22	9 a.m.	Earl Freemont, Director of Case Processing, Division of Vocational Rehabilitation
November 22	3 p.m.	Ellen Jones, President, CALAGA

APPENDIX I-3

GLOSSARY

Active cases - a statistic reported monthly by DSS, reflecting the number of CAMAD cases eligible to receive benefits (see "paid cases").

AFDC - Aid to Families with Dependent Children.

Appeals Council Review - the third level of the Social Security Administration's appeal process.

CALAGA - Connecticut Association of Local Administrators of General Assistance.

CAMAD - Connecticut Assistance and Medical Aid Program for the Disabled.

DSS - Department of Social Services.

DVR - Division of Vocational Rehabilitation (of the Department of Education).

GA - General Assistance.

hearing - the second level of the Social Security Administration's appeal process.

HEW - Department of Health, Education, and Welfare.

Legal Services - a non-profit agency providing legal assistance to indigent persons.

Medicaid - a federal-state medical assistance program (also called "Title XIX").

MRT - Medical Review Team.

reconsideration - the first level of the Social Security Administration's appeal process.

redetermination - re-examination of the income, resources and medical condition of a recipient to establish continued eligibility.

State Supplement - an additional payment to some SSI recipients, administered by the state.

SSI - Supplemental Security Income.

Title XIX - medical assistance program, Medicaid.

Title XX - federally funded social service program

UAPA - Uniform Administrative Procedure Act

APPENDIX I-4

Agency Response

It is the policy of the Legislative Program Review and Investigations Committee to submit the final draft of its reports (or sections thereof) to appropriate agencies for critical comment. Accordingly, relevant sections were reviewed by appropriate personnel in the Department of Social Services.

Written or verbal comments or technical corrections were received from the agency and have been incorporated when appropriate. In addition, the Commissioner of Social Services submitted a formal agency response which is reprinted here.



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

110 BARTHOLOMEW AVENUE HARTFORD, CONNECTICUT 06115

March 27, 1978

OFFICE
OF THE
COMMISSIONER

TELEPHONE
(203) 566-2008

Mr. Paul S. Rapo, Staff Attorney
Legislative Program Review and Investigations
Committee
Room 404, State Capitol
Hartford, Connecticut 06115

Dear Mr. Rapo:

This is in response to your letter requesting comment on the Legislative Program Review and Investigations Committee report on CAMAD.

We received your letter too late for response in detail by 10 A.M. today. I would suggest that in the future agencies be given more time to prepare responses.

In this instance, however, I believe our commentary on the draft report is sufficient to present our general reaction and position as an agency. Basically, I feel that the report covered the subject sufficiently to provide the necessary legislative discussion for a recommended course of action. Furthermore, I have repeatedly indicated my own position on the major policy involved and continue to support termination of the program.

We do appreciate the spirit of cooperation that the legislative staff provided in working with the department on the study.

Sincerely yours,

A handwritten signature in cursive script that reads "Edward W. Maher".

Edward W. Maher

EWM:ba



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

110 BARTHOLOMEW AVENUE HARTFORD, CONNECTICUT 06115

OFFICE
OF THE
COMMISSIONER

TELEPHONE
(203) 566-2008

February 10, 1978

Paul S. Rappo, Staff Attorney
Legislative Program Review and Investigations Committee
Room 404, State Capitol
Hartford, Conn. 06115

Dear Attorney Rappo:

I am responding to your letter of January 30, 1978, regarding the LPR & IC report relative to the CAMAD program. After reviewing the report, my staff has identified the following areas which are in need of correction and/or clarification:

Page 4. (middle of the page) - Individuals eligible for SSI are not automatically eligible for Title XIX. They still have to meet the financial/technical eligibility requirements of the Title XIX program, which differ from SSI.

Page 17. - The P & T Group I designation, which requires no further review, is not used in the CAMAD program.

Page 18. (2nd paragraph) - CAMAD financial assistance is determined by using the State Supplement Program standards found in the Public Assistance Manual, not the G. A. Manual.

Page 31. (LPR & IC recommendation) - Currently, policy requires LLR contributions from husband/wife of a CAMAD recipient as well as children. If a child is over 21, in no program is there a requirement for parents to support such an individual. The recommendation is unclear and needs further clarification.

Page 32-34. - Conclusions drawn from the Central Collections study are questionable since the sample was not selected according to statistically valid procedures, and therefore cannot be considered representative of either discontinued cases or total cases.

In addition, the review of the cases selected was performed by persons unfamiliar with CAMAD policy, and related policy from other programs. Outcomes of reviews on individual cases are therefore suspect as well. In fact, in a memo from Mr. Roark to Rep. Kemler, dated May 16, 1977, Mr. Roark voices unhappiness with the quality of reports being submitted by Investigators regarding the CAMAD review and, in fact, recommends discontinuance of the review as the results are too negligible. Yet, the LPR & IC report quotes the Roark study as being definitive in its conclusion that the CAMAD program has been administered in a very inefficient manner.



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

110 BARTHOLOMEW AVENUE HARTFORD, CONNECTICUT 06115

OFFICE
OF THE
COMMISSIONER

TELEPHONE
(203) 566-2008

February 10, 1978

Page 42. - The first paragraph implies that DSS has not taken advantage of Legal Service's offer to represent CAMAD recipients in making SSI appeals. DSS Central Office Staff has met with Legal Services Representatives to discuss this problem and establish referral procedures.

Thank you for forwarding the preliminary draft to me.

Very truly yours,

A handwritten signature in cursive script that reads "Edward W. Maher".

Edward W. Maher
Commissioner

EWM:vpw

APPENDIX II-1

The CAMAD Statute

Sec. 17-12e. The Connecticut Assistance and Medical Aid Program for the Disabled. (a) The commissioner of social services shall be responsible for the administration of the Connecticut Assistance and Medical Aid Program for the Disabled. Said program shall be administered for disabled persons between the ages of eighteen and sixty-five, who are in need of financial assistance for basic needs or medical services, or both, and who fail to meet the eligibility standards of the federal Supplemental Security Income Program or the Title XIX Medical Assistance Program, or both. For the purposes of this section, "permanently and totally disabled" shall mean an impairment of body or mind, other than alcoholism or drug addiction, which is short term and which prevents the performance of duties of gainful employment or homemaking.

(b) Any person shall be eligible for the Connecticut Assistance and Medical Aid Program who meets all of the following conditions: (1) Has been determined by the department to be permanently and totally disabled as defined in subsection (a) of this section; (2) is a resident of this state in an established place of abode and either a citizen or an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States, provided a person on permanent status whose sponsor is unable to meet responsibility for support of such person for a five year period may be found eligible; (3) is not an inmate of a public institution or a patient in a public institution for mental illness or confined in a penal institution; (4) is not eligible for the aid to dependent children program or the Title XIX program for the medically needy categorically related to the aid to dependent children program; (5) is not receiving or is not eligible to receive medical assistance under Title XIX and (6) shall not have made within seven years prior to the date of application for assistance an assignment or transfer or deposition of real or personal property without reasonable consideration or for the purpose of qualifying for assistance.

(c) In addition to the conditions for eligibility of applicants as provided in subsection (b) of this section, an applicant for or a recipient of financial assistance under said program may be eligible if such person meets the following conditions of eligibility: (1) Shall have income not in excess of the department's standard of need; (2) shall not have any cash assets or burial reserve in excess of two hundred fifty dollars; (3) shall agree to assignment of all life insurance policies; (4) shall agree to the placement of a lien against property owned by the recipient and used as such recipient's residence, including the recipient's share of any real property owned jointly with one or more persons; (5) shall agree to liquidate equity in real estate other than home property at a price determined by the department to approximate fair market value and to grant a mortgage or quit claim deed on real estate located outside of Connecticut pending its sale and (6) shall be liable to reimburse all assistance rendered under this program.

(d) On or before July 1, 1976, the commissioner of social services shall adopt regulations in accordance with the provisions of sections 4-166 to 4-176, inclusive, to implement the purposes of this section.

(P.A. 76-252, S. 1-5.)

APPENDIX II-2

History of CAMAD Regulations

June 2, 1976	Governor signed CAMAD legislation, mandating regulations by July 1, 1976
June 22, 1976	Emergency CAMAD regulations became effective
August 31, 1976	DSS published intent to adopt permanent CAMAD regulations
September 28, 1976	DSS published notice of public hearing on permanent CAMAD regulations
October 27, 1976	Public hearing held on permanent CAMAD regulations
December, 1976	Emergency CAMAD regulations (with an extension period) expired
January 28, 1977	Appropriations subcommittee requested DSS to submit a status report on permanent CAMAD regulations
February 2, 1977	DSS submitted proposed regulations to the Regulation Review Committee
April 27, 1977	Regulation Review Committee rejected the proposed CAMAD regulations without prejudice
June 14, 1977	DSS resubmitted permanent CAMAD regulations to the Regulation Review Committee
July 28, 1977	Regulation Review Committee rejected the proposed CAMAD regulations with prejudice

APPENDIX IV-1

Medical Services Reimbursable Under CAMAD

1. Inpatient hospital services;
2. Outpatient hospital services;
3. Laboratory and x-ray services;
4. Skilled nursing facility services;
5. Intermediate care facility services;
6. Physicians' services;
7. Home health care services;
8. Private duty nursing services;
9. Clinic services;
10. Dental services;
11. Physical therapy and related services;
12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select;
13. Other diagnostic, screening, preventive, and rehabilitative services;
14. Family planning services and supplies; or
15. Medical care, or any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practices as defined by state law.

Source: LPR&IC staff analysis of Social Security Act, Title 42, Section 1396(d).

Alternative Disability Definitions

1. Present CAMAD definition (C.G.S. 17-12e(a))

"...permanently and totally disabled shall mean an impairment of body or mind other than alcoholism or drug addiction, which is short term and which prevents the performance of duties of gainful employment or homemaking."

Comment: Short term is an undefined phrase which is inconsistent with the requirement that the disability be both total and permanent.

2. Proposed CAMAD (based upon federal) definition

"disability" shall mean an inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment, other than alcoholism or drug addiction, which can be expected to last for a continuous period of less than 12 months.

Comment: Uses federal SSI definition, except that alcoholism and drug addiction are excluded as covered disabilities. Specifies that the disability is short term; i.e., less than one year, whereas federal definition requires disability of one year or more.

3. Proposed CAMAD (based upon present CAMAD legislation)

"Permanently and totally disabled" shall mean an impairment of body or mind, other than alcoholism or drug addiction, which prevents the performance of duties of gainful employment or homemaking.

Comment: Deletes internal inconsistency of definition by removing phrase "short term."

4. Proposed CAMAD (based upon present CAMAD legislation)

Disability shall mean an impairment of body or mind, other than alcoholism or drug addiction, which can be expected to last for a continuous period of less than 12 months, and which prevents the performance of gainful employment or homemaking.

Comment: This definition deletes the phrase "permanently and totally disabled." A twelve month limit on disability replaces the phrase "short term" as used in the present legislation.

5. Proposed CAMAD (based upon insurance statute, PA 76-399)

Total disability shall mean the short term inability of an applicant because of an injury or physical or mental disease (other than alcoholism or drug addiction), to perform the duties of any occupation for which he is suited by reason of education, training or experience. Short term shall mean a period not to exceed twelve months.

Comment: Uses strict insurance company standard based upon ability to work. Disability need not be permanent.

Suggested Statutory Language for Phase-Out of CAMAD

An Act Concerning the Connecticut Assistance and Medical Aid Program for the Disabled

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 17-12e of the general statutes is amended by adding the following new subsections:

Section 1. (NEW) (e) The commissioner of social services shall (1) redetermine the financial and medical eligibility of each recipient under the Connecticut Assistance and Medical Aid Program for the Disabled at least every six months; (2) and shall assist recipients under said program in establishing their eligibility for the federal Supplemental Security Income program, including, where appropriate, assuring that reapplications or appeals of denials are made.

Section 2. (NEW) (f) The Department of Social Services and the Department of Mental Health shall jointly examine the mental disorder component of the Connecticut Assistance and Medical Aid Program for the Disabled caseload for purposes of determining how the two departments can best meet the needs of this population.

Section 3. (NEW) (g) The Department of Social Services shall not accept applications for the Connecticut Assistance and Medical Aid Program for the Disabled after July 1, 1978. The Connecticut Assistance and Medical Aid Program for the Disabled shall be terminated, and all program benefits shall cease on July 1, 1979. Upon expiration, the Department of Social Services shall cease all Connecticut Assistance and Medical Aid Program for the Disabled activities; all regulations promulgated by the Department pursuant to the program shall cease to exist, and all unexpended balances of appropriations or other funds shall revert to the general fund. Termination of said program shall not affect any claim, right or cause of action by or against the Department of Social Services. Any such claim, right or cause of action pending on the date the Connecticut Assistance and Medical Aid Program for Disabled is terminated shall be prosecuted or defended in the name of the state by the attorney general.

Section 4. This act shall take effect upon passage.

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