

To: The General Assembly Human Services Committee

RE: Raised Bill No. 980 An Act Eliminating Income and Asset Limits for the Med-Connect Program for People with Disabilities

Dear Madam Co-Chairs Catherine F. Abercrombie and Marilyn V. Moore and members of the Human Services Committee

My name is Susan Salters and I come to speak to you today regarding Raised Bill No. 980 from two perspectives. I am in agreement with the bill because it further increases the ability of people with disabilities who are working to create a life in the community like everyone else. But I also want to recommend changes to Husky C eligibility requirements to give others a chance at the same life.

First, I am a mom of a son with a disability who has been disabled from birth. With Med-Connect he works, lives in his own apartment, drives his own car and has a social calendar that keeps him very busy. Secondly, I am a disability advocate at Independence Unlimited, a Center for Independent Living in Hartford, CT where I have been employed for nearly 14 years. I reside east of the river in Manchester, CT.

My son with I/DD is on Med-Connect. The generous income and asset limits allow him to maintain a 20 hour a week position working for the State of CT Department of Developmental Services as a Self-Advocate Coordinator. This job offers him a chance to help others like himself on a daily basis, allows him to live independently and have the life espoused by DDS to its individuals. Med-Connect works well for him giving him the ability to have eye exams/glasses, dental procedures and other items that only Medicaid covers. This coverage is essential to his health and well-being because he gets no health benefits through his job nor could he afford a plan from Access Health. He does pay \$80.00 a month for the privilege of having this coverage on Med-Connect. Still, I am so grateful for this program but if his disability gets worse and he can't work his house of cards collapses and he will become eligible for regular Husky C like the individuals I work with.

A significant part of my job responsibilities is to assist my consumers with managing their benefits and entitlements so they can stay living in the community and not have to move into institutions. This task is like putting together pieces of a puzzle getting all the benefits, entitlements and programs to work together to create a safety net for people to have a reasonable life in the community. Programs developed by government entities are created in response to the needs of the majority of the population singled out for assistance but there will always be the needs of some individuals who fall through the cracks. But the crack is widening.

Several of my consumers at the CIL having given up their Medicaid Husky C for the Aged, Blind and Disabled because it doesn't meet their needs and there is no alternative. I have often complained that having a program that isn't working for the vulnerable in our society should be examined as to how to make it better. I am here to explain to the Human Services Committee why Husky C needs an increase in income and asset levels and that the spenddown requirement be eliminated so that the people who have to be on it get to utilize all its benefits.

For my folks on SSI, where the monthly benefit is capped at \$ 794 dollars a month Husky C works well along with their Medicare coverage. But if you are a person that was, at some point in your life, employed before becoming totally and permanently disabled, SSDI benefits are calculated on your previous working income so some of my folks get \$1000-\$1300 dollars a month from Social Security. With this income it is still incredibly difficult to manage a rent, utilities, food, transportation and other expenses. The way Husky C is set up anyone with a monthly income over \$885 a month in the Hartford area has to go on a spenddown.

The spenddown amount, as it was explained to me, is the amount of their monthly income minus the current Husky C income limit for the region and multiplied by 6 for the number of months Medicaid coverage is active after meeting the spenddown amount. For example, someone who gets \$1200 a month from SSDI when you subtract the \$885 income limit (a recent increase) that is \$315, multiple that amount by 6 and their spenddown is \$1890 which has to be covered either out of the person's pocket or through coverable medical bills in order to become active on Husky C. In reality these individuals have to spend a month and a half worth of income for 6 months of coverage. Is that possible for anyone? Then the person who gets \$1200 a month or \$14400 a year to live on has to come up with \$3780 for a year of Husky C medical coverage.

My thinking is that the spenddown process assumed someone on Husky C would have enough medical bills to quickly take care of the spenddown since the aged, blind and disabled portion of our population are the greatest users of healthcare. But, usually if they are also on Medicare A,B,D LIS and a Medicare Savings Program a good portion of their medical expenses are covered and there are no medical bills. Then suppose you have age related eye conditions like Macular Degeneration, are blind or have hearing issues. There will be no way to see your doctor because you can't afford the spenddown to become active on Medicaid and you don't have the discretionary funds to be able to pay out of pocket for these services. So, these individuals make the decision to go without glasses, eye exams, hearing tests and dental care. They find other ways to get to the doctor's office or simply don't go. They aren't then eligible for Medicaid waivers like CHCPE and don't get help at home. This decision doesn't come easily but they don't see a reason to renew their Husky C coverage because they simply can't

afford the spenddown or cover these necessary health concerns out of their own pockets.

It doesn't seem fair that individuals on Husky D, Medicaid for Low Income Adults without Children have no asset limit and a monthly income limit of \$1482 (almost twice the Husky C limit) and no spenddown. It seems more likely a person unincumbered by family responsibilities could more readily find employment than someone who has the obstacles of blindness, age and other disabilities to overcome to even think about employment and we all know the percentage of people with disabilities who are employed is very low.

I am here to recommend that all Medicaid programs be evaluated to be sure they are meeting the needs of everyone they possibly can because needing Medicaid assistance already means you are a member of a vulnerable population. I do not advocate or suggest reducing Medicaid eligibility limits for anyone. My most immediate concern is that the asset and income limits of Husky C increase to better meet the spirit in which federal Medicaid dollars are supposed to be used to alleviate poverty not put people deeper into the abyss.

If you have any questions, I can be reached at home (our office is working remotely) at (860) 965-0522.