

**NEW HAVEN LEGAL ASSISTANCE ASSOCIATION, INC.**

205 ORANGE STREET  
NEW HAVEN, CONNECTICUT 06510  
TELEPHONE: (203) 946-4811  
FAX (203) 498-9271  
stoubman@nhlegal.org

**Testimony of Sheldon Toubman before the Human Services Committee  
in Support of SB 956 and HB 6560, and in Support of a Substitute for SB 980**

March 11, 2021

Senator Moore, Representative Abercrombie and other Members of the Human Services Committee:

My name is Sheldon Toubman and I am an attorney in the benefits and elder law units of New Haven Legal Assistance Association. I am submitting this testimony in support of three bills, although one of them needs to be substantially revised to accomplish a meaningful change in access to healthcare, as intended.

First, we **support SB 956**, which will expand HUSKY to include CT residents regardless of immigration status, at least on an appropriation-limited basis. It is long past time to cover these individuals who otherwise meet all other eligibility requirements for the HUSKY program. In addition to alleviating personal crises when these individuals develop medical issues but have no means to obtain payment for treatment, it will also address the public health concerns when an individual goes untreated with a communicable disease due to lack of insurance, as the COVID-19 pandemic has illuminated.

Second, we **support HB 6560**, an attempt to address the severe ongoing problems with PCAs not getting their paychecks out of DSS' Medicaid fiscal contractor, Allied. We have many elderly and disabled clients who have contacted us concerned that their PCAs will stop providing services to them because of long delays in getting paid by Allied, and the unresponsiveness of that state contractor in addressing the problems. This has gone on for far too long with DSS failing to take serious action; legislative relief is now needed.

We also **support SB 980 as a general concept but it is an unnecessary solution for a non-problem of access to Medicaid. We propose substituted language which addresses a real Medicaid access problem for low income residents.**

**SB 980** removes all income and asset limits from the MedConnect program for working disabled people, which already has quite generous income and asset limits, but does **nothing** to address the far lower income and asset limits for HUSKY C covering the many more elderly and disabled people who are not able to work. It needs to be significantly amended to address the

extremely low income limits for HUSKY C, which are far below the income limits for either HUSKY A or D.

MedConnect, otherwise known as the “working persons with disabilities program,” is an important Medicaid program which, for people who meet the SSA definition of “disabled” AND are able to regularly work every week some reasonable number of hours, provides full Medicaid coverage under income limits far higher than any other Medicaid program and asset limits far about HUSKY C. Specifically, under MedConnect, the income limit is **\$75,000/year**, a spouse’s income does not count for eligibility, and asset limits are \$10,000 for a single person and \$15,000 for a couple, with any money in a retirement account of the individual or spouse not counted in any way.

Contrast that with the terribly low limits for HUSKY C for people who are elderly or disabled and NOT able to regularly work. The income limit for a single person on HUSKY C, applying the applicable unearned income disregards, is approximately:

**\$10,620/year** in most parts of the state (\$11,900/year in Fairfield County)

For most of the state, this is about **83%** of the Federal Poverty Level, contrasted with the income limit of **138%** of the Federal Poverty Level for HUSKY D and **160%** of the Poverty Level for HUSKY A adults.

And the asset limits for HUSKY C are: \$1,600 for one, \$2,400 for a couple

So the proposal to increase further the eligibility for MedConnect by taking away even the high income and asset limits for that program, while well-meaning, is misplaced-- the people who are able to work regularly really don’t need the relief. It is the people on HUSKY C, with income limits 1/7, and asset limits 1/6, that of MedConnect, who *can’t* regularly work, who really need the relief.

It is reasonable to ask that, rather than adjust MedConnect in a way that almost nobody needs, HUSKY C Income Limits be raised to match at least the income limits for HUSKY D set at 138% of the federal poverty level (versus HUSKY A, which is set higher), currently \$17,616/year. That would still be only about 23% of the current \$75,000 income limit under MedConnect.

If this increase was made, many people who can’t qualify now for HUSKY C, except by “spending down” excess income, would newly have access to Medicaid and avoid having ailments unaddressed. This includes people who are on Medicare, which does not cover dental, vision, hearing aids, most home care services, medical transportation, etc.

We very much appreciate the suggestion to make MedConnect even more generous, but the real need is to address at least the income eligibility of the HUSKY C program with its shockingly low income limits. The money should go there instead and we urge the committee to amend SB 980 accordingly. We would be happy to provide alternative bill language to accomplish this.