

PA 14-161

HB5442

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H - 1183

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2014**

**VOL.57
PART 3
685 - 1026**

Total number voting	145
Necessary for passage	73
Those voting Yea	144
Those voting Nay	1
Those absent and not voting	4

DEPUTY SPEAKER MILLER:

The bill passes.

Will the Clerk please call Calendar Number 213.

THE CLERK:

Also on page 14, Calendar 213, favorable report of the Joint Standing Committee on Human Services, Substitute House Bill 4 -- excuse me -- 5442, AN ACT CONCERNING THE STATE-ADMINISTERED GENERAL ASSISTANCE PROGRAM.

DEPUTY SPEAKER MILLER:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Good morning, Madam Speaker, thank you. Madam Speaker, I move for acceptance of the Joint Committee's favorable report and passage of the bill.

DEPUTY SPEAKER MILLER:

The question before the Chamber is acceptance on the Joint Committee's favorable report and passage of the bill.

Representative Abercrombie, you have the floor,
madam.

REP. ABERCROMBIE (83rd):

Thank you, Madam Speaker.

Madam Speaker, this bill makes changes to the
SAGA program to reflect transfer of families to
traditional assistance programs. The SAGA program is
a state-administered program that does cash
assistance. I move adoption.

DEPUTY SPEAKER MILLER:

Will you remark further on this bill? Will you
remark further on this bill?

Representative Wood of the 141st.

REP. WOOD (141st):

Thank you, Madam Speaker. I also stand in
support of this bill. It -- it also provides families
to qualify for assistance in a quicker fashion than
just the TFA program. So I do support this bill and
urge the Committee -- the group of the people here to
support it. Thank you, Madam Speaker.

DEPUTY SPEAKER MILLER:

Will you remark further on this bill? Will you
remark further on this bill?

If not, will the staff and guests please come to the well of the House, will the members please take your seats, the machine will be open.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll. Will members please return to the chamber immediately.

DEPUTY SPEAKER MILLER:

Have all members voted? Have all members voted? Will the members please check the board to determine if your vote is properly cast. If all members have voted, the machine will be locked and the Clerk will take a tally.

Will the Clerk please announce the tally.

THE CLERK:

Yes, Madam Speaker, House Bill 5442.

Total number voting 146

Necessary for passage 74

Those voting Yea 146

Those voting Nay 0

Those absent and not voting 3

DEPUTY SPEAKER MILLER:

The bill passes.

Will the Clerk please call Calendar Number 106.

pat/gbr
SENATE

267
May 7, 2014

Thank-you, Mr. President. Moving to Calendar Page 6 where there are several items, the first, Calendar 341, House Bill 5117. Move to place on the Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Also Page 6, Calendar 338, House Bill 5323, move to place on the Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Calendar 344, House Bill 5442, move to place on the Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Also, Madam President, Mr. President, Calendar 334, House Bill 5339, move to place on the Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Mr. President, and also on Calendar Page 6, Calendar 336, House Bill 5056, move to place on the Consent Calendar.

THE CHAIR:

So ordered.

pat/gbr
SENATE

288
May 7, 2014

SENATOR LOONEY:

Madam President.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. One additional item to place on the Consent Calendar at this time. It's Calendar Page 25, Calendar 562, Substitute for House Bill Number 5466. I move to place that item on the Consent Calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. Now, Madam President, if the Clerk would list the items on the Consent Calendar so we might proceed to a vote.

THE CHAIR:

Mr. Clerk.

THE CLERK:

We have items from previously adopted Senate Agendas, House Bill 5525, Senate Bill 152, House Bill 5528, House Bill 5311.

On Calendar Page 5, Calendar 327, House Bill 5099.

Also on Page 5, Calendar 330, House Bill 5441.

On Page 6, Calendar 341, House Bill 5117.

Calendar 338, House Bill 5323.

Calendar 344, House Bill 5442.

pat/gbr
SENATE

295
May 7, 2014

SENATOR LOONEY:

If we might pause for just a moment to verify a couple of additional items.

Madam President, to verify an additional item, I believe it was placed on the Consent Calendar and Calendar Page 30, on Calendar Page 30, Calendar 592, Substitute for House Bill 5476.

THE CHAIR:

It is, sir.

SENATOR LOONEY:

It is on? Okay. Thank you. Thank you, Madam President. If the Clerk would now, finally, Agenda Number 4, Madam President, Agenda Number 4 one additional item ask for suspension to place up on Agenda Number 4 and that is, ask for suspension to place on the Consent Calendar an item from Agenda Number 4.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President, and that item is Substitute House Bill Number 5566 from Senate Agenda Number 4.

Thank you, Madam President. If the Clerk would now, if we might call for a vote on the Consent Calendar.

THE CHAIR:

Mr. Clerk. Will you please call for a Roll Call Vote on the Consent Calendar. The machine will be opened.

THE CLERK:

An immediate Roll Call has been ordered in the Senate.

pat/gbr
SENATE

296
May 7, 2014

An immediate Roll Call on Consent Calendar Number 2 has been ordered in the Senate.

THE CHAIR:

If all members have voted, all members have voted, the machine will be closed. Mr. Clerk will you please call the tally.

THE CLERK:

Consent Calendar Number 2.

Total number voting	36
Necessary for adoption	19
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

The Consent Calendar passes. Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Two additional items to take up before the, our final vote on the implementer. If we might stand for just, for just a moment.

The first item to mark Go is, Calendar, to remove from the Consent Calendar, Calendar Page 22, Calendar 536, House Bill 5546. If that item might be marked Go.

And one additional item, Madam President, and that was from Calendar, or rather from Agenda Number 4, ask for suspension to take it up for purposes of marking it Go, that is House Bill, Substitute for House Bill 5417. Thank you, Madam President.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

**JOINT
STANDING
COMMITTEE
HEARINGS**

**HUMAN
SERVICES
PART 1
1 – 504**

**2014
INDEX**

1
 hc/gbr HUMAN SERVICES COMMITTEE

March 4, 2014
 11:00 A.M.

CHAIRMAN: Senator Slossberg
 Representative Abercrombie

MEMBERS PRESENT:

SENATORS: Markley, Slossberg

REPRESENTATIVES:

Abercrombie, Ackert,
 Bowles, Butter, Case,
 Cook, McGee, Miller,
 Morris, Ritter,
 Rutigliano, Santiago,
 Wood, Zupkus

SENATOR SLOSSBERG: We're going to get our hearing started. If people can either close the door or come on in and, excuse me, we'd be convening the Human Services Committee public hearing agenda.

Today's Tuesday, March 4, and our first hour is reserved for public officials and so we would ask that -- I know staff is working hard to get us all our testimony and organized and I believe that we'll get started then with Commissioner Bremby is here this morning.

Good morning Commissioner. Thank you for being here. We appreciate it.

COMMISSIONER RODERICK BREMBY: Morning Senator Slossberg, Representative Abercrombie, distinguished members of the Committee. I'm Rod Bremby. I'm the Commissioner of the Connecticut Department of Social Services.

Delighted to be here this morning to testify before you on two bills raised on behalf of the department and in addition we've submitted extensive written materials which are on today's agenda which impact the department.

HB 5325

HB 5442

SB 325 (SB 253)

SB 251 SB 250

SB 254 HB 5324

SB 177

Beginning with House Bill 5325, AN ACT ELIMINATING THE HOME CARE COST CAP, this proposal would remove the 60 percent cost cap on waiver services in the Connecticut Home Care Program for Elders. The current 100 percent cost cap on the overall service plan, both state plan and waiver, would remain in effect, as costs cannot exceed 100 percent of the net cost of institutional care.

The department proposes this change because experiences show us that the cost cap sometimes result in utilizing higher cost state plan services to supplement the waiver service array.

Having the cost cap on waiver service limits care managers' ability to develop cost-effective, person-centered care plans. Furthermore, no other Medicaid waiver administered by DSS has such a limit on waiver services.

There is no reason for the distinction between waiver and state plan services, since both qualify equally for the 50 percent federal match. This bill brings the waiver in line with the remaining 1915(c) waiver programs, but still maintains cost neutrality at or by CMS.

This waiver consistently demonstrates cost neutrality and savings to the state, as the average cost of a waiver, state plan services averages \$18,500.00 compared to 60,000 for nursing facility care.

We ask for your support for this proposal.

House Bill 5442, AN ACT CONCERNING THE STATE ADMINISTERED GENERAL ASSISTANCE PROGRAM is a technical bill. This proposal makes minor and

technical changes to remove obsolete provisions concerning statutes governing the SAGA program.

In addition, this proposal resolves ambiguity in the statute with regard to determining how married recipients are treated. While the statute currently addresses the treatment of unemployed and transitional single individuals, it does not explicitly discuss how married individuals should be treated.

In the absence of language, the department has calculated the benefit for those married couples as it would for families that have dependent children. This had led to disproportionate benefit amounts for single individuals versus married couples in certain instances.

For example, a married individual in a western region of the state would receive a significantly higher tax benefit or higher benefit -- TFA benefit than an unmarried individual receive in the same region, despite the married recipient having pooled resources at their disposal. By removing the single qualifier in this subsection it would eliminate the ambiguity, allowing for more equitable benefit awards.

The proposal also clarifies the asset limit that is already current policy for married couples.

) Lastly, the proposal seeks to clarify Section 17(b)-196 which is intended to pay benefits to a TFA family assistance unit out of State SAGA funds for the incremental difference between what the family was receiving when the child qualified as a member of the assistance unit and what the family now receives after the child's disqualification from TFA due to age.

However, it has recently come to the department's attention that as written, the existing provision and statute could be read to justify assistance at the level an individual person would receive pursuant to TFA and that the provision arguably conflicts with the standards of assistance as set forth in Section 17(b)-192.

We ask for your support for this proposal as well. There's additional written comments that have been submitted for the record.

For Senate Bill 325, AN ACT CONCERNING MEDICAID RECIPIENTS WITH COMPLEX MEDICAL NEEDS, the Department of Social Services recognizes the importance of these services and we are immensely proud of the many supports we provide our most vulnerable clients. Connecticut's Medicaid program has the most broad and expansive coverage of almost any Medicaid program in the country.

While we appreciate the intent of this legislation, the department believes the intent can be accomplished more effectively by minor adjustments to the department's draft regulations governing payment for customized wheelchairs.

The department recognizes the complex rehabilitation technology differs in many ways from other durable medical equipment, where many of the services currently are regulated. Customized wheelchairs represent greater than 90 percent of complex rehabilitation technology, which the department has long administered separately from DME.

We believe it makes more sense to incorporate the remainder of complex rehabilitation

Our next bill is House Bill 5442 and our first speaker is Jane McNichol.

JANE MCNICHOL: Good afternoon. I'm Jane McNichol. I'm the Director of the Legal Assistance Resource Center of Connecticut, the advocacy and support center for the legal services programs for in the state. We represent the interests of very low-income residents of the state.

SB251

I'm going-- I'm going to try to be very brief. The specific piece we're concerned about in 5442 is I think in Sections I and II, the elimination of the SAGA cash program for families.

The Department believes these provisions are obsolete and we don't. I mean its not I think that they want to close the program if people were benefiting from it and we know it's not used very much at the moment, but we do believe there are some categories of families with kids who don't at the moment qualify for TFA and this is their cash assistance. It's a small band of people, but more importantly, the processing time for SAGA is significantly shorter than the processing time for TFA and when DSS is operating correctly in getting people on when they should, it has been an important bridge for very needy families to have some income for a month or so before they can get on TFA. So, at some point we're going to be back in the situation where that will be an important bridge. I mean, I'm basically confused by the fact that the monthly reports of assistance units that I get show three families who are actually on this assistance program. They may be miscoded, I don't know, it's not a lot of families, but it's -- if we're only getting rid of it because it's obsolete we're just not convinced it's

obsolete. And if federal rules change, and families don't continue to be eligible for TFA we would not want them not to have SAGA available so that is our concern with 5442.

And then I was, but I don't have to now so much, going to speak about Senate Bill 251 which we believe as written is an important way of helping the system right now be more client friendly at DSS without overburdening DSS. I didn't get a chance to read the Commissioner's testimony because - I think that his concerns are not what the intent of the bill was. It wasn't to add a whole lot of more processes, but just to make it more user friendly right now but I completely agree with the people who said there are more systemic things we should be doing particularly looking at changing the redetermination default option so that people who have done what they're supposed to do and are -- should just remain eligible. They don't have to make nine phone calls to find out that in fact they really are eligible and that their documents really are in and it would move the system along faster in addition to being much better for people.

Thank you.

HB 5442 SENATOR SLOSSBERG: Thank you for your testimony. Can you -- would you be able to provide to the committee, you said you get a monthly report that shows you've got three families on this currently now. If you don't mind, obviously deidentified--

JANE MCNICHOL: It's just numbers, it's a document they put out publically.

SENATOR SLOSSBERG: We just want to make sure we're not violating anybody's confidentiality but I would be-- I think that would be useful for us

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ac/gbr HUMAN SERVICES COMMITTEE

March 4, 2014
11:00 A.M.

to see. We'll be similarly asking for the Department to produce reports that confirm that there aren't actually people on there. So, thank you very much for your testimony.

JANE MCNICHOL: Thank you.

SENATOR SLOSSBERG: Okay, moving right along. Senate Bill 253. Our first speaker is Patricia Quinn.

Good afternoon.

PATRICIA QUINN: Good afternoon. Senator Slossberg and Representative Abercrombie and distinguished Members of the Health Services Committee. I'm privileged to be here. My name is Patricia Quinn. I have been born, raised and continue to reside in Terryville, Connecticut, and I am here this afternoon to ask the Human Services Committee members to support Senate Bill Number 253 AN ACT CONCERNING TEMPORARY NURSING HOME BED REDUCTIONS.

This bill is being advanced by the Connecticut Association of Health Care Facilities of which Genesis HealthCare is a member of. Genesis HealthCare is a multi-faceted skilled nursing and rehabilitation company and we operate and manage 20 skilled nursing homes in Connecticut.

This legislation will accelerate the state's long term care rebalancing goals while improving resident care and maintaining the viability to skilled nursing facilities facing low census.

I particularly want to address those centers with low census. One of which Genesis owns and operates is Kimberly Hall South. It's located in Windsor Connecticut and it was built and opened up in 1968, and as I believe Mr. Cleary eluded to and a gentleman that --

**JOINT
STANDING
COMMITTEE
HEARINGS**

**HUMAN
SERVICES
PART 2
505 – 933**

2014

T23 000546
page 13, line 7

Legal Assistance Resource Center

□ of Connecticut, Inc. □

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(860) 278-5688 □ www.larcc.org

Testimony before the Human Services Committee on
SB 251, AAC Programs Administered by the Department of Social Services,
HB 5442, AAC the State-Administered General Assistance Program,
and HB 5324, AAC Medicaid Applications by Married Persons.

by Jane McNichol, Executive Director
March 4, 2014

I am Jane McNichol, Executive Director of the Legal Assistance Resource Center of Connecticut, the advocacy and support center for legal services programs in the state. We represent the interests of very-low income residents of the state.

I am here to speak in support of SB 251, AAC Programs Administered by the Department of Social Services. As you know, and as has been testified to today and in other forums, residents eligible for assistance through DSS face severe problems applying for and maintaining needed benefits. Problems include unreasonably long waits for service at offices and at the call centers and failure to record and process documents that are submitted to DSS in a timely manner. This failure results in improper termination of benefits and excessive waits for access to benefits for new applicants.

The changes proposed in SB 251 would make the ConneCT system easier for members of the public by ensuring that documents are accepted through any means available to an applicant for or recipient of benefits and by adding a date to the MyAccount display. The date would make it easier to identify what documents are listed on MyAccount and provide a confirmation of the date a document was received.

In addition to the solutions proposed in SB 251, I urge you to:

- a) Incorporate into this bill other proposals, including
 - continuing eligibility at renewal/redetermination until DSS has been able to make a final determination of ineligibility, rather than assuming ineligibility. Proposed language on this is at the end of my testimony;
 - requiring that a date-stamped receipt be issued whenever a document is submitted to DSS;
 - establishing ways that social service providers can efficiently contact DSS to resolve issues; and
 - other proposals advanced at this hearing.
- b) Support other bills this session that address this problem, including:
 - funding for additional staffing for DSS that is included in the proposed budget; and
 - adopting continuous eligibility in the HUSKY program, as proposed in RB 5137, AAC the Eligibility of Children Enrolled in the HUSKY Plan.

We oppose the elimination of family coverage in the SAGA (State-Administered General Assistance) program, as proposed in HB 5442, An Act Concerning the State-Administered

General Assistance Program.

I believe that this change is proposed because family coverage is supposed to have shifted entirely to the Temporary Family Assistance (TFA) program. It is true that cash assistance for families is generally provided through the TFA program.

There are two reasons why families might still need this program:

- the SAGA cash assistance program can provide needed cash more quickly than the TFA program. The required processing time for SAGA is shorter than the 45 days allowed in the TFA program. SAGA can serve as a needed bridge to the TFA program for families.
- we believe that there are still a few categories of families who are eligible for SAGA but not for TFA.

This is a very small program; it does not have any real impact on the budget. But we should not eliminate the program as obsolete when there is still a need for it in some cases. This program will become even more important when DSS is able to process SAGA cases within the required time limits.

HB 5324, AAC Medicaid Applications by Married Persons, appears to be an attempt to get information on married people on Medicaid who are accessing long-term care. However, as written, it requires the collection and reporting of information on the marital status of all people receiving health care coverage through Medicaid. **References to Medicaid in this bill should be modified to reflect that information need only be collected on married couples accessing long-term care.**

Thank you for your work on these important issues.

Draft Language To Continue Benefits Pending Redetermination (Amendment To SB 251)

(c) The Commissioner of Social Services shall ensure that the department can readily identify (1) all redetermination forms which have been received for any program it administers and are waiting to be processed, and (2) which of these forms were received by the deadline provided by the department for their submission and which were submitted after that deadline.

(d) The Commissioner shall ensure that, for all benefit programs other than Supplemental Nutritional Assistance Program, no beneficiary who has timely submitted a redetermination form by the deadline provided by the department will be terminated from their benefits until a review of the redetermination form is completed and the individual is found to no longer be eligible based on what is stated on that form or obtained from other sources.

(e) The Commissioner shall ensure that all beneficiaries of the Supplemental Nutritional Assistance Program, who submit the redetermination form by the deadline provided by the department, are afforded an opportunity for an interview sufficiently before the end of the renewal period so that the redetermination can be timely processed.



T1
page 1 line 2



SB325 SB253
SB251 SB250
SB254 HB5324
SB177

Testimony before the Human Services Committee
Roderick L. Bremby, Commissioner
March 4, 2014

Good morning, Senator Slossberg and Representative Abercrombie and distinguished members of the Human Services Committee. My name is Roderick Bremby and I am the Commissioner of the Department of Social Services. I am pleased to be before you today to testify on two bills raised on behalf of the department. In addition, I offer written remarks on several other bills on today's agenda that impact the department.

Bills Raised on Behalf of DSS:

H.B. No. 5325 (RAISED) AN ACT ELIMINATING THE HOME-CARE COST CAP.

This proposal would remove the statutory 60% cost cap on waiver services in the Connecticut Home Care Program for Elders. The current 100% cost cap on the overall service plan, both state plan and waiver, would remain in place as costs cannot exceed 100% of the net cost of institutional care.

The department proposed this change because experience has shown us that the cap on waiver services sometimes results in utilizing higher cost state plan services to supplement the waiver service array. Having the cap on waiver services limits care managers' ability to develop cost-effective, person-centered care plans. Furthermore, no other Medicaid waiver administered by DSS has such a limit on waiver services. There is no reason for the distinction between waiver and state plan services since both qualify equally for the 50% federal match.

This bill brings the waiver in line with the remainder of the 1915(c) Medicaid waiver programs but still maintains cost neutrality as required by CMS. This waiver consistently demonstrates cost neutrality and savings to the state as the average cost of waiver and state plan services averages \$18,500 per year compared to \$60,000 for nursing facility care.

We ask for your support of this proposal.

H.B. No. 5442 (RAISED) AN ACT CONCERNING THE STATE-ADMINISTERED GENERAL ASSISTANCE PROGRAM.

This proposal makes minor and technical changes to remove obsolete provisions concerning statutes governing the State Administered General Assistance (SAGA) program. In addition, this proposal resolves ambiguity in the statute with regard to determining how married recipients are treated. While the statute currently addresses the treatment of unemployable and transitional

"single" individuals, it does not explicitly discuss how married individuals should be treated. In the absence of language, the department has calculated the benefits for these married couples as it would for families that have dependent children; in other words, the standard is based on the percentage of the TFA payment standard and varies depending on the region of the state the recipient lives in. This has led to disproportionate benefit amounts for single individuals versus married couples in certain instances. For example, a married individual in the western region of the state would receive a significantly higher benefit than an unmarried individual would receive in the same region, despite the married recipient having pooled resources at their disposal. By removing the "single" qualifier in this subsection it would eliminate the ambiguity allowing for more equitable benefit awards. The proposal also clarifies the asset limit that is already current policy for married couples.

Lastly, the proposal seeks to clarify section 17b-196 which is intended to pay benefits to a TFA family assistance unit, out of state SAGA funds, for the incremental difference between what the family was receiving when the child qualified as a member of the assistance unit and what the family now receives after the child's disqualification from TFA due to age. However, it recently came to the department's attention that, as written, the existing provision in statute could be read to justify assistance at the level an individual person would receive pursuant to TFA, and that the provision arguably conflicts with the standards of assistance set forth in section 17b-191.

We ask for your support of this proposal.

Additional written remarks to be submitted for the record:

Sections 1, 2 and 3 – At one time, federal rules governing who may be included in a family assistance unit under the Temporary Assistance for Needy Families (TANF) program were fairly strict, and included narrow guidelines with respect to who was considered within the necessary degree of relationship to a child to be included in the child's family assistance unit. Thus, guardians, those applying for guardianship and certain caretaker relatives generally could not be included in the state's TANF-funded program, Temporary Family Assistance (TFA). Instead, these unusual families were captured by the entirely state-funded SAGA program.

However, TANF rules subsequently underwent a liberalization whereby most caretaker relatives, regardless of the degree to which they were related to a child, could be included in the family assistance unit. Thereafter, the U.S. Department of Health and Human Services, through the Administration for Children and Families, released a guidance opinion explaining that, if a state's law provides that a guardian or other individual fulfilling parental responsibilities stands in loco parentis to children in their care, the state may include such guardian or other individual in the child's family assistance unit under TANF law. Because Connecticut law does recognize that guardians and certain other individuals stand in loco parentis to the children in their care, DSS utilized this opinion to transfer qualifying family assistance units from SAGA to federally-funded TFA.

The net result of all of these changes is that the state no longer has families with children on the SAGA ranks. Instead, these families have been transferred to TFA. In fact, because these

families are now eligible for TFA, they are explicitly ineligible for continued assistance under SAGA. See General Statutes § 17b-191(a) "No individual shall be eligible for cash assistance under [SAGA] if eligible for cash assistance under any other state or federal cash assistance program." Accordingly, changes have been made in sections 1 and 2 of this proposed bill that would eliminate outdated references to families in SAGA.

Next, changes in section 2 resolve ambiguity that results from using the qualifier "single" in subsection (b) of section 17b-191, which establishes standards of assistance under SAGA, when describing unemployable and transitional persons without also expressly discussing how married recipients should be treated. As explained above, the agency has calculated benefits for these married recipients as it would for families that include dependent children; that is to say, the standard of assistance is based on a percentage of the TFA payment standard and varies depending on the region of the state in which the recipient lives. This has led to somewhat absurd results, however. For instance, a married couple without dependent children living in region A of the state (western Connecticut) would receive more than twice the amount of assistance that an unmarried unemployable person would receive in the same region. This is problematic because, as a general rule, DSS expects married couples to pool their resources and therefore typically affords a smaller assistance award per married recipient, not a greater award, as is the case in these instances in SAGA. Further, calculating benefits for married recipients in this manner results in the spouses' transitional/unemployable status not being taken into consideration. Thus, a married recipient will receive the same amount of benefits regardless of whether he or she is transitional and not required to pay for shelter, a status that would otherwise entitle an unmarried recipient to approximately \$50 per month, as described in subdivision (3) of subsection (b) of section 17b-191.

The department is currently in the process of drafting new regulations that will correct these problems and treat each spouse as an individual recipient for purposes of calculating benefits. DSS proposes eliminating the confusing "single" qualifier in this subsection to rectify the ambiguity described above. DSS also proposes including language that clarifies that the asset limit established in subsection (c) of this section—\$250 per person—will be \$500 per married couple. This is a rule already followed by the department.

The remaining changes in these sections are technical and conforming changes. For instance, the department proposes eliminating outdated references to town-administered general assistance still contained in subsection (b) of section 17b-191, and including a sentence at the end of subsection (b) of section 17b-191 that cross-references 17b-104, which applies an annual cost of living adjustment to the standards of assistance set forth in 17b-191(b).

Section 4 - Changes to this section are merely intended to remove outdated provisions that were in place when towns continued to administer a general assistance program prior to the state takeover now known as SAGA.

Section 5 – The purpose of section 17b-196 is to ensure that families receiving assistance pursuant to TFA will continue to receive that assistance at the same level after a child who remains in high school is disqualified for continued assistance under federal rules due to attaining the age of 18. In other words, section 17b-196 is intended to pay benefits to a TFA

family assistance unit, out of state SAGA funds, for the incremental difference between what the family was receiving when the child qualified as a member of the assistance unit and what the family now receives after the child's disqualification from TFA due to age. However, it recently came to the department's attention that, as written, the existing provision in statute could be read to justify assistance at the level an individual person would receive pursuant to TFA, and that the provision arguably conflicts with the standards of assistance set forth in section 17b-191. DSS is recommending minor clarifying changes that it believes will eliminate this ambiguity and more clearly reflect the intent of the provision.

S.B. No. 325 (RAISED) AN ACT CONCERNING MEDICAID RECIPIENTS WITH COMPLEX MEDICAL NEEDS.

The Department of Social Services recognizes the importance of these services and we are immensely proud of the many supports we provide our most vulnerable clients. Connecticut's Medicaid program has the most broad and expansive coverage of almost Medicaid program in the country.

While we appreciate the intent of this legislation, the Department believes it can be accomplished more effectively by minor adjustments to the Department's draft regulations governing payment for customized wheelchairs. The Department recognizes that complex rehabilitation technology differs in many ways from other durable medical equipment (DME) where many of these services currently are regulated. Customized wheelchairs represent greater than 90% of complex rehabilitation technology, which the Department has long administered separately from DME. We believe it makes more sense to incorporate the remainder of complex rehabilitation services into the customized wheelchair regulation. Further, the Department is convening a working group made up of industry representatives and consumers to assist us in implementing this regulation; a minor expansion of this working group should serve both purposes.

Nevertheless, DSS must oppose Senate Bill 325 in its current form because it: (1) conflicts with existing requirements, including federal law, recently adopted state law, and Department regulations; (2) will have a substantial increased fiscal impact and (3) is overly prescriptive and impinges on the Department's ability to administer the Medicaid program. The testimony below outlines in detail the specific reasons why the Department must oppose this legislation.

This legislation is in conflict with the Department's draft regulations governing payment for customized wheelchairs. The draft regulations implement state statute (Conn. Gen. Stat. § 17b-278i) and update the existing customized wheelchair regulations to adapt to changes in clinical practice and technology. These regulations were publicly posted on January 31, 2014, public notice was published on February 11, 2014, and there will be a public hearing on the regulations on March 31, 2014. The public comment period for the regulations is open through March 13, 2014. We welcome comments to improve those regulations, including broadening the scope of applicable regulations to include all complex rehabilitation technology.

Finally, the Department is interested in developing a separate and distinct fee schedule and payment methodology to govern these products, recognizing that they are frequently custom manufactured and not 'off the shelf' products. The Department opposes the payment