



*Testimony before the Human Services Committee
Roderick L. Bremby, Commissioner
March 3, 2016*

Good afternoon Senator Moore, 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 appear before you to offer remarks on several of the bills on today's agenda.

S.B. No. 274 (RAISED) AN ACT CONCERNING A STUDY OF STREAMLINING WHEELCHAIR REPAIRS FOR RECIPIENTS OF MEDICAL ASSISTANCE

This bill would require the Department of Social Services (DSS) to study the process by which the Department approves and completes wheelchair repairs for Medicaid recipients and to identify methods to streamline this process.

The Department appreciates the legislature's interest on this topic and would like to begin by explaining the current process and procedure for wheelchair repairs under Medicaid.

The Department does not require prior authorization for the vast majority of wheelchair repair requests. However, wheelchair repairs with an estimated cost of \$4,000 or more do require prior authorization. For perspective, last year the Department only received one request for a wheelchair repair with a cost of \$4,000 or more. This \$4,000 threshold for prior authorization was set as a standard in order to give the Department the ability to determine whether a replacement wheelchair would be more fiscally advantageous than repairing an old wheelchair that may be prone to additional repairs in the future. For wheelchair repairs that do require authorization, the Department is required, through regulations, to complete such reviews within 14 days.

Because prior authorization is not needed for most of the wheelchair repairs completed under Medicaid, the Department is made aware of the majority of requests only after the work is completed and the claim is submitted to Medicaid from the wheelchair vendor. The wheelchair vendor is responsible for providing recipients with any additional temporary items they may need while the repair work is completed.

Related to the Department's complaint process for recipients requesting wheelchair repairs, the Department's medical Administrative Services Organization (ASO), Community Health Network of Connecticut (CHNCT), tracks and follows up on all complaints regarding medical

services from Medicaid recipients. Last year, CHNCT received 10 wheelchair related complaints.

In addition, in 2015, the Department convened a work group comprised of durable medical equipment provider representatives, therapists, and DSS representatives, to review and revise the Wheeled Mobility Device Policy that is now in place. This group met several times over the past year, and unanimously agreed on changes to the authorization process.

The Department is willing to share any requested information related to wheelchair repair, and is happy to facilitate discussions with wheelchair vendors to provide any additional information the Department may not have available. However in this difficult fiscal climate, the Department is unable to stretch its limited staff resources to support the required study outlined in this bill, and therefore must oppose.

S.B. No. 275 (RAISED) AN ACT CONCERNING WORK INCENTIVES FOR PERSONS WHO RECEIVE TEMPORARY FAMILY ASSISTANCE

The language of this bill appears to increase the eligibility level for working families receiving Temporary Family Assistance (TFA) from 100 percent of the federal poverty level (FPL) to 150 percent of FPL.

In addition, this bill would also require the Department, within available appropriations, to pay a one-time benefit of \$1,000 to any TFA recipient who has secured employment within twelve months of exhausting their TFA benefits.

The Department greatly appreciates the bill's goal to extend opportunities for families to remain on TFA while receiving earnings. However, the bill as written is unclear. The Department is specifically unsure about the intent of the new language added in section 1 subsection (e), as it is imprecise on how and when the TFA benefit would increase for families.

Regardless, increasing the income guidelines to 150 percent of FPL for working TFA families will result in a substantial increase in monthly TFA expenditures.

Additionally, a new one-time incentive payment for recipients that have secured employment within twelve months of exhausting TFA will also create an additional new expenditure on the TFA account.

While the Department understands the goals of this legislation, until we have the information necessary to determine whether measures like these will actually result in increased employability, we cannot support this bill at this time. We are happy to meet with the proponents of this bill however to discuss ways to address this issue.

S.B. No. 276 (RAISED) AN ACT REQUIRING ADVANCE LEGISLATIVE NOTICE OF GUIDELINES AND BULLETINS RELATING TO POLICIES AND REGULATIONS OF THE DEPARTMENT OF SOCIAL SERVICES

This bill would require DSS to provide all guidelines and bulletins related to any Department programs, to the Human Services Committee 60 days prior to distributing such information.

The Department has numerous concerns with this legislation.

First, the Department believes this legislation is overly broad and is unsure what type of communication the language is requiring the Human Services Committee to review. The Department issues numerous bulletins, guidelines and communications in general to staff, program partners, providers, and the general public on a regular basis. The Department is proud of the ongoing communication with all of our partners and our staff. We believe sharing information and guidance leads to a better understanding of the programs the Department administers and ensures the highest quality of customer service.

Requiring the Department to send all bulletins and guidelines to the legislature 60 days prior to distribution will make it impossible for the Department to efficiently communicate time sensitive and important information with staff and the public. Many of the bulletins and guidelines the Department issues have to do with guidance received from our federal partners on program process. These updates must be communicated in a timely manner, as the Department would potentially be out of federal compliance if not communicated and implemented immediately.

Additionally, the Department maintains an agency public website, www.ct.gov/dss, that is updated regularly with important information regarding program changes and latest news postings for service partners. The Department also hosts a second website, www.ctdssmap.com, specifically for Medicaid providers. On this website, one can find every provider bulletin issued to Medicaid providers since the year 2000, along with provider newsletters, provider enrollment information, fee schedules, etc. On both sites, contact information for DSS staff is also provided, giving the public yet another option to request any information that they may not be able to find on our public websites.

The Department also meets regularly with numerous legislative oversight committees, including, for example, the Council on Medical Assistance Program Oversight and the Behavioral Health Partnership Oversight Council, to advise DSS on program process and monitor program implementation.

The Department believes the General Assembly and the committee of cognizance already exercise substantial oversight of DSS. Of course, the legislature also can request any additional information that it requires, that is not currently reported in accordance with law or immediately available on our websites. The Department believes this bill is unnecessary and is in opposition for the reasons noted above.

S.B. No. 277 (RAISED) AN ACT REQUIRING ABLE-BODIED ADULTS WITHOUT DEPENDENTS TO MEET WORK REQUIREMENTS TO RECEIVE BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

This bill requires all able-bodied adults without dependents (ABAWDs) to meet federal work requirements in order to receive the Supplemental Nutrition Assistance Program (SNAP) benefits for longer than three months. The Department already requires this, and therefore this bill is unnecessary.

Beginning January 1, 2016, DSS implemented the ABAWD work requirements, pursuant to 7 CFR 273.24, for individuals age 18 to age 50 receiving SNAP. This federal regulation requires that ABAWDs meet the following special work requirements, to be eligible for SNAP benefits for more than 3 months during a 36-month period:

- Working at least 80 hours a month; or
- Participating in a work program at least 80 hours a month; or
- Working and participating in a work program for a combination of at least 80 hours a month; or
- Participating in a workfare program.

Federal law also includes exceptions from the time limit and work requirement. These include living in a household with a child under the age of 18, being pregnant, being physically or mentally unfit for employment.

In addition, the Department also applied and was approved for an ABAWD waiver at 7 CFR 273.24 for calendar year 2016. This waiver allows the state to exempt a total of 82 towns from the ABAWD requirements and time limits based on high unemployment rates and low labor markets. The other 87 towns in the state must abide by the ABAWD work requirements to receive SNAP benefits for longer than 3 months.

As the Department is already implementing the ABAWD work requirements per federal law, the Department believes this legislation is unnecessary.

S.B. No. 279 (RAISED) AN ACT WAIVING ASSET LIMITS FOR WORKING PERSONS WITH DISABILITIES TO RECEIVE MEDICAL ASSISTANCE

This bill would remove the asset limit for the Medicaid program for working persons with disabilities.

The Medicaid coverage group for working persons with disabilities is a subset of HUSKY C, called Med-Connect. Currently, the program allows recipients to earn up to \$75,000 per year and qualify for full Medicaid coverage. Some recipients, however, may have to pay a monthly premium to receive such coverage, depending on their income level. Currently, the program has a \$10,000 liquid asset limit for individuals and a \$15,000 liquid asset limit for married couples.

In addition a recipient may also own home property, certain retirement accounts and accounts maintained for the purpose of increasing employability.

Removing this already generous asset limit would allow those who possess significant financial resources, over \$10,000, to become eligible for Medicaid when they have the financial means to purchase a qualified health plan through Access Health CT. The Med-Connect program already has the highest income and asset limits for all Medicaid programs in the state. This legislation would result in a significant increase in eligible applicants and result in an adverse fiscal impact on the state. For these reasons the Department is unable to support this legislation.

H.B. No. 5436 (RAISED) AN ACT IMPLEMENTING RECOMMENDATIONS OF THE TASK FORCE TO STUDY METHODS FOR IMPROVING THE COLLECTION OF PAST DUE CHILD SUPPORT

This bill implements the recommendations of the Task Force to study methods for improving the collection of past due child support.

The Department would like express its gratitude toward the Committee for hearing a bill related to improving the collection of past due child support.

The Department, however, would like to focus its testimony on section 4. As written, the Department has significant concerns with this section. This section would preclude any DSS employee or Judicial Support Enforcement Services employees, from contacting an employer of an individual who has been identified, in a sworn affidavit, to be the putative father of a child in connection with efforts to collect child support until a court has determined that such individual is in fact, the father of the child.

If adopted, this section would negatively impact both the Department's and the Judicial branch's ability to collect child support payments in a timely and effective manner.

The current process permits a DSS child support investigator to gather both the location of the obligor and the financial information simultaneously. To mandate us to wait until the paternity matter is resolved would greatly extend the time to establish a support order. Employer information is critical in assisting staff with the location of noncustodial parents as well as establishment of financial orders. Information such as addresses, Social Security numbers and wage information are all frequently obtained from an individual's employer. This provision would tend to have the following impact:

- Many putative fathers would not be located, which would prevent the establishment of legal paternity as well as support for children.
- Families would wait longer to receive child support.
- Federal Performance Measures would be reduced, resulting in a loss of federal incentive money.
- Unpaid arrearages would increase, from the outset of the order, if eventually entered.

Additionally, section 5 of this bill establishes a new task force to study technological and other initiatives that could be implemented to maximize the collection of child support.

The Department is already working towards a study to develop a new child support system. We have received nominal funding for the purpose of issuing a Request for Proposals and securing a contractor to conduct a child support system feasibility study. This feasibility study is a mandatory requirement of the Federal Office of Child Support Enforcement (OCSE) as the first step toward new system development. The Department has recently completed an Advanced Planning document to OCSE for review and approval. Per federal guidance, the planning document describes the Department's plan to manage the system project, establishes system design and program goals, and also secures 66% federal match for the entire project.

As the Department has already begun the process to study and eventually implement a new child support system a task force to study child support technology would be duplicative and an unnecessary effort at this time.

The Department is willing to work with the proponents of the bill to discuss any such concerns further. However the Department is unable to support this bill as written.

H.B. No. 5437 (RAISED) AN ACT CONCERNING NONEMERGENCY MEDICAL TRANSPORTATION FOR MEDICAID RECIPIENTS

This bill will study the cost effectiveness and service delivery of nonemergency medical transportation (NEMT) services provided to Medicaid beneficiaries.

The Department appreciates the intent of this legislation. We share similar concerns related to the delivery of NEMT services and in conjunction with Mercer Consulting Group, are evaluating how the service can be improved. As part of this study, the Department is also reviewing other state NEMT models and prioritizing the transportation needs of Medicaid beneficiaries to determine successful solutions.

The Department intends to complete this study by the end of June 2016 and would be willing to share our findings and recommendations with both the Human Services Committee and the Council on Medical Assistance Program Oversight when completed.

As the Department is already moving forward with this study, we believe this legislation is unnecessary.

H.B. No. 5439 (RAISED) AN ACT CONCERNING THE ELIMINATION OF ASSET LIMITS IN CERTAIN PUBLIC ASSISTANCE PROGRAMS

This bill would eliminate the asset test for determining eligibility for State Administered General Assistance (SAGA) program, the Temporary Family Assistance (TFA) program, and the State Supplement cash assistance program administered through the Department.

Currently each program discussed in this bill has a set asset limit that the Department review's when an individual submits an application for eligibility of such program. TFA has an asset limit of \$3,000, SAGA has a limit of \$250 and State Supplement has a limit of \$1600. The asset limit for each program generally applies to liquid assets such as bank accounts. Applicants may also own a home, which is not counted toward the limit. Applicants also may be able to own a vehicle depending on the program they are applying for and the cost of such vehicle. For TFA a car valued up to \$9,500 is excluded from the asset test. For SAGA a car valued up to \$4,500 is excluded. For State Supplement, a car can be excluded all together if it is used for certain purposes, otherwise the value of the car up to \$4,500 is excluded.

The Department appreciates the intention to expand opportunities for individuals to access certain public assistance programs. However, the elimination of asset limits will expand the number of individuals and families in Connecticut that will be eligible for these programs. Additionally, since eligibility for State Supplement confers eligibility for Medicaid, eliminating the asset test would increase Medicaid enrollment and expenditures. In this difficult economic climate, the Department does not have the fiscal means to support such an expansion. For this reason, the Department must oppose this bill.

H.B. No. 5440 (RAISED) AN ACT CONCERNING MEDICAID REIMBURSEMENT FOR DIABETES PREVENTION AND SELF-MANAGEMENT

This legislation would require DSS to submit an application for a Medicaid waiver (under the 1115 demonstration waivers of the Social Security Act) for the purpose of providing diabetes prevention services. This bill also requires DSS to amend the Medicaid state plan for the purpose of providing Medicaid reimbursement for diabetes self-management training.

Connecticut Medicaid enrollees currently have access to diabetes self-management services by utilizing any of the following providers:

- Federally qualified health centers as an encounter visit;
- Outpatient hospitals as part of a medical clinic visit; and
- Physician office setting as part of an evaluation and management visit.

Additionally, the Department's medical administrative services organization, Community Health Network of Connecticut (CHNCT), offers an extensive array of services for Medicaid beneficiaries with diabetes.

These services include:

- Intensive care management for beneficiaries identified as 1) high risk for diabetes; 2) having gaps in care; or 3) having emergency department visits or inpatient stays related to diabetes.
- Direct contact with beneficiaries by registered dietitians, community health workers and non-clinical outreach staff to address diabetic needs and provide ongoing coaching support.

- Assistance from registered dietitians with case review and providing beneficiaries with guidance in choosing healthy nutritional options.
- Wellness calls to beneficiaries and automated wellness reminders to ensure that beneficiaries with diabetes are getting the care they need to keep them healthy.

In this difficult economic climate, the Department is unable to support expanding diabetes prevention services and diabetes self-management training to the levels proposed in this legislation because of budgetary limitations and the potential of staff resources being overextended. In this new economic reality, the Department must stay committed to focusing on existing services.

For these reasons, the Department is unable to support this bill.

H.B. No. 5441 (RAISED) AN ACT CONCERNING CONVEYANCES OF PROPERTY BY RECIPIENTS OF PUBLIC ASSISTANCE

This bill removes the requirement for recipients of financial and/or medical assistance, and their legally liable relatives, to obtain consent from DSS prior to transferring, selling or disposing property.

The Department's regulations define a countable asset as cash or other liquid assets or any real or personal property that an applicant (or legally liable relative) owns and can convert to cash to be used for his or her support and maintenance. If the applicant has the right, authority or power to liquidate the asset it is countable towards the Medicaid and cash assistance asset limits.

Federal regulations define procedures for reporting all changes by recipients. Currently, DSS requires all recipients of financial and medical assistance to report changes within ten days. This is to ensure that recipients timely and accurately report to DSS any changes that may affect an individual's eligibility. DSS, as required by federal regulation, promptly redetermines eligibility when notified of any changes and sends each recipient written notice based on any actions affecting eligibility.

Removing the requirement that recipients and legally liable relatives obtain DSS consent to dispose, transfer, or sell property timely, reduces the incentive for individuals and their legally liable relatives to inform the Department of changes that may affect eligibility. This limits the Department's recourse when an asset is disposed of improperly.

The Department does not support this proposed bill because it will have a negative fiscal impact and result in increased Medicaid expenditures.

H.B. No. 5257 (RAISED) AN ACT CONCERNING MEDICAID PROVIDER AUDITS

This bill requires the Department to report on the percentage of providers subject to extrapolation under a Medicaid audit, the amount of overpayments discovered and any increase or reductions

in the use of extrapolation and overpayments from July 1, 2015 to June 30, 2016 in comparison to the year before.

The Department believes this additional reporting requirement would be challenging, as it would require the Department to stretch our already limited staff resources. For this reason the Department opposes this bill.