

Spend down Revisited

By Kristina Zallinger

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It's time once again to regurgitate the Medicaid Spend down issue and bring this unfair practice to the forefront. The Legislature is back in session, hopefully to wrestle with this disturbing health conundrum that effects thousands of people in Connecticut. Our Mental Health Advocacy Group from Fellowship Place in New Haven is trying to encourage the passing of legislation to raise the income level for eligibility in the Medicaid program administered by the State. As it stands now, what an individual makes above the \$506.22 monthly cap is called "excess income". The Department of Social Services then does some sort of "hocus pocus" with the difference and comes up with what they call a Spend down. Mine is \$2000.00. This means that I would have to "spend down" that much money in paid Doctor bills to be qualified for Medicaid benefits again. This process happens every six months. It is difficult, if not impossible, to get off the "hamster wheel".

As a result many lower income people in Connecticut do not have health insurance. The Spend down is confusing and senseless. I receive about \$13,000 in Social Security Disability benefits per year for Bipolar disorder. I guess that makes me among the "rich", and that I could afford to pay for medical care out of pocket.

Why not the Charter Oak Plan, you might ask? Mental Health services are excluded, which glaringly exhibits the lack of Parity in Connecticut. The Federal Government passed it, but why not the State? Who, when on a fixed income, can afford to pay a \$75.00 monthly premium even if they did qualify?

There are questions to be asked and solutions to be made. I urge the Legislature to look very closely at these issues. Hopefully, citizens of Connecticut will see the light at the end of the proverbial tunnel.