

Proposed Connecticut Budgets Reductions for 2010 -2011 To Services That Keep Connecticut Residents Healthy & Independent

- **Imposing Co-pays for Services in Medicaid**
- **Imposing Co-pay for prescription drugs for people eligible for both Medicaid & Medicare**
- **Eliminating coverage of over the counter medications for people receiving Medicaid and SAGA**
- **Eliminating Medicaid coverage for all adult dental services other than emergency dental**
- **Eliminating coverage of eyeglasses for adults under Medicaid**
- **Restricting access to all categories of health services by changing the Medicaid definition of medical necessity**
- **Establishing a ConnPACE Asset Test thereby greatly reducing number eligible for prescription drug assistance.**
- **Eliminating coverage of drugs not covered by Medicare Part D Plans**
- **Restricting access to psychiatric medications by subjecting mental health related drugs to prior authorization**
- **Limiting temporary supplies for prescriptions not on Preferred Drug List.**
- **Adding High Cost Drugs to Preferred Drug List thereby subjecting them to prior authorization**
- **Establishing a ConnPACE open enrollment period, cost of living increase & enrollment fee, and requiring benchmark plans**
- **Reducing HUSKY Outreach**
- **Eliminating HUSKY Performance Monitoring**
- **Eliminating funding for Pre-Natal Care at Community Health Centers**
- **Increasing premiums for HUSKY B recipients with incomes over 235% of federal poverty level and adds premiums for those between 185% and 235%.**
- **Capping the State Funded Connecticut Home Care Program for Elders & increasing cost sharing.**
- **Capping Community Based Services for people 18-64 & reducing services to current enrollees (recent program cutback).**
- **Restricting access to Respite Care Programs that assist informal caregivers (recent program cutback).**
- **Delay implementation of HIV/AIDS Waiver for people living with symptomatic HIV or AIDS.**
- **Creating Integrated Care Initiative for people eligible for Medicaid or Medicare through private capitated "special needs" plans.**
- **Managing services for Aged, Blind & Disabled through Administrative Services Organization.**
- **Reducing state supplement benefits by taking back the federal SSI cost of living increase**
- **Eliminating Medicaid coverage for legal immigrants**
- **Eliminating plan to add medical interpreters as a Medicaid covered service**
- **Eliminating the municipal matching grant program for Dial-a Ride Services in 141 Towns**
- **Increasing bus fares by 40%.**
- **Suspending planned expansion of grants to develop "Integrated Transportation Networks."**
- **Eliminating the 40 year practice of providing affordable housing support to municipalities that host state-financed public housing & tax abatement grants for non-profit affordable housing. Because these properties are subject to local property taxes, costs will be passed onto to tenants through higher rents.**
- **Pullback of funding for 150 units of permanent supportive housing.**
- **Suspending funding for Resident Services Coordinators In Rental Housing for the Elderly and People with Disabilities**
- **Reducing funding for Congregate Housing for the Elderly.**

Reductions to Programs Supporting, Protecting, &/or Advocating For Children and Adults With Health & Long Term Care Needs.

- **Cutting Offices of the Healthcare Advocate & Child Advocate**
- **Reducing funding for long-term care ombudsman**
- **Cutting various legislative commissions planning and advocating for adults and children**
- **Block granting certain “non-entitlement funding” thereby reducing overall spending & possibly eliminating certain programs**
- **Capping the DCF voluntary program at current levels**
- **Eliminating COLA increases for private providers**
- **In some cases, reducing private provider programs and/or private provider rates.**
- **Eliminating or reducing funding for certain private associations planning and advocating for vulnerable populations**