STATE OF CONNECTICUT
GOVERNOR
Dannel P. Malloy

DEPARTMENT OF SOCIAL SERVICES
Commissioner Roderick L. Bremby

DEPARTMENT OF DEVELOPMENTAL SERVICES
Commissioner Terrence W. Macy, Ph.D.

April 28, 2011

Good Afternoon Senators Harp and Musto, Representatives Walker and Tercyak, and members of the Appropriations and Human Services Committees. My name is Roderick L. Bremby, Commissioner of the Department of Social Services (DSS). I am pleased to be here this afternoon with my colleague Terrence W. Macy, Ph.D., Commissioner of the Department of Developmental Services (DDS).

Under the provisions of Section 17b-8 of our general statutes, Commissioner Macy and I seek your support for three ***Medicaid Home and Community-Based Services (HCBS) waivers for People diagnosed with an Autism Spectrum Disorder who do not otherwise have a diagnosis of mental retardation***. These three applications include the necessary services to support children and adults diagnosed with autism spectrum disorder (ASD). These waivers cover a population not currently eligible for any other waiver operated in Connecticut. These new waivers will provide services to consumers from DDS, the Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and Families (DCF).

Under the waivers, individuals **currently** receiving services and funding from DCF in the Voluntary Services Program (VSP) will transfer and receive services from DDS. Individuals **currently** receiving services and funding from the DDS Autism Division will continue to be served by DDS. Individuals **currently** receiving services from DMHAS will continue with DMHAS. With the approval of the waivers, Connecticut will be able to seek federal reimbursement for 50% of the costs of these services under the Home and Community Based Services (HCBS) waiver program.

The purpose of these new waivers is to formalize Connecticut's initiative to increase supports to individuals with an autism spectrum disorder and to maximize federal revenue by allowing Medicaid coverage for services on behalf of individuals with an autism spectrum disorder that had previously been provided by three state agencies at 100% state expense. Because this was designed as a revenue maximization initiative, we anticipate minimal cost to the state to provide these waiver services as many of the individuals are already receiving state funded services or will in the future be funded through the state budget process.

It is anticipated that by the end of year three, the annualized federal reimbursement will be approximately $5.1 million. Funding for these services has been included in the budget for fiscal years 2012 and 2013, and the revenue has already been included in revenue estimates for the biennium.

I thank you in advance for your continued support of DSS, DDS, DMHAS and DCF in our efforts to advance best practices in the delivery and management of services on behalf of our citizens with autism.

At this time, I am pleased to introduce Commissioner Macy who will provide additional background on the waivers and review their main features.

Good afternoon and thank you for this opportunity to appear with Commissioner Bremby in support of our waiver requests. We have provided a summary of the key features of the new waivers which I am happy to summarize for you at this time.

Eligibility

- Medicaid eligibility
- Legal residency in the State of Connecticut
- A primary diagnosis of an Autism Spectrum Disorder
- Impairment prior to age 22 years
- Impairment expected to continue indefinitely
- Cognitive and adaptive functioning above the level of mental retardation (i.e. IQ equal to or greater than 70)
- Waiver 1 and 2 will serve individuals age 3 and above; Waiver 3 will initiate supports at age 8
- For children ages 3-7 a valid IQ cannot be determined. Eligibility for these children will be based upon a diagnosis of ASD and developmental delays. Once a child receives a valid IQ, and if their IQ is below 70, they will dis-enrolled from this waiver and placed on another DDS waiver if capacity allows.

Benefits

- These waivers include traditional service delivery and participant-directed options and establish the "Connecticut Level of Need Assessment and Risk Screening Tool" as the method to determine that an individual meets the Level of Care criterion for enrollment on one of the waivers.
- The maximum annual funding allocation and dedicated slots requested for individuals in these waivers is as follows:

  Waiver 1 Funding level up to $35,000; 108 slots in year one; up to 127 slots by year three.

  Waiver 2 Funding level $35,000-$80,000; 41 slots in year one; up to 64 slots by year three.

  Waiver 3 Funding level $80,000 and above; 15 slots in year one; up to 21 slots by year three.

- In summary, the waivers will include a total of up to 212 participants by the end of year three.

Service options include:

1. **Community Companion Homes**
2. **Live-in Companion**
3. **Respite**
4. **Supported Employment**
5. **Adaptive Technology**
6. **Clinical Behavioral Support Services**
7. **Community Transition Services**
8. **Interpreter**
9. **Job Coaching**
10. **Life Skills Coach**
11. **Non-Medical Transportation**
12. **Other Goods and Services**
13. **Personal Emergency Response System**
14. **Personal Supports**
15. **Short Term Crisis Stabilization**
16. **Social Skills Groups**
17. **Specialized Driving Assessment**
18. **Specialized Evaluation and Consultation**
19. **Continuous Residential Supports for waiver 3 only**

Administration & Operation of Waiver

DSS is the single state Medicaid agency responsible for oversight of the DDS waivers. DDS will be the operating authority through an executed Memorandum of Understanding (MOU) between the two state departments. DDS will operate the waivers as a state operated system with state employees delivering targeted case management services and operational functions carried out through the DDS central office. Services are delivered through private service providers (contract or fee-for-service), state operated facilities (DMHAS only), or by consumer direction. DDS and DMHAS will utilize a fiscal intermediary organization to support participants. DMHAS will use both state and private case management services.

The proposed start date for these waivers as published was August 1, 2011. However, the agencies are making adjustments to Appendix I, the financial appendix, to better reflect payment and federal claiming methodologies across three state departments. These adjustments will delay the start date by approximately 30 to 60 days.

Thank you for the opportunity to explain these three autism waivers. We would be happy to answer any questions that you have.