Connecticut Department of Social Services

Making a Difference

Amendment to the Katie Beckett Medicaid Waiver
Testimony before the Appropriations and Human Services Committees
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Good morning, Senators Harp and Musto, Representatives Walker and Tercyak and members of the Appropriations and Human Services Committees. My name is Kathy Bruni and I am program manager in the Department of Social Services' Medical Care Administration. I am here before you today to discuss the renewal of the Katie Beckett waiver, which expires on December 31, 2011.

In the renewal, we have proposed three changes:

- Added chronic disease hospital level of care to reflect the actual needs of waiver participants
- Added an age cap of 22 to the waiver
- Added reserve capacity to the waiver for Money Follows the Person participants transitioning to the waiver.

We are proposing to add six slots to the waiver to accommodate the reserve capacity. We recognize the need for a legislative change to 17b-283 in order to accomplish this change and have written the renewal to reflect the need for this change.

PROGRAM DESCRIPTION

The Katie Beckett waiver has operated since 1993, targeting persons in need of an institutional level of care, and provides case management services that enable them to remain in the community. Case management services assist participants in gaining access to medical, social, educational and other services, as needed. The average annual Medicaid cost for participants is $29,000 per year. However, there is a wide range of costs for program participants. While there are some care plans with very high costs of care, they are offset by care plans with much lower costs, allowing us to achieve cost neutrality overall in the program.

PROGRAM ELIGIBILITY

To be eligible for the waiver, participants must:

- meet the program's income and asset guidelines and other applicable Medicaid eligibility criteria:
    - Gross income: up to $2,022 per month
    - Asset limit: countable assets may not exceed $1,600; and
- be at risk of institutionalization at Nursing Facility, Intermediate Care Facilities for the Mentally Retarded (ICF/MR) or Chronic Disease Hospital level of care.
- have a physical disability that may or may not be co-occurring with a developmental disability.

Currently, this waiver program is at full capacity, providing services to 200 participants, as prescribed by CGS 17b-283. Because DSS will exceed the cap of 200 participants due to the addition of six slots to accommodate transitions under Money Follows the Person, a statutory change is required. As part of the legislative process, we will submit a legislative proposal to OPM for their consideration to effect this change.

RENEWAL

Today, the department is proposing to renew the waiver with the changes outlined above. We believe this will enhance the operation of the waiver and target the population it is intended to serve.

We believe that capping the age at 22 for this waiver is in keeping with the intent of the waiver, which is to serve children and prevent them from being institutionalized and separated from their families. Those on the waiting list who are over the age of 22 would not be eligible to participate in the waiver and will be assisted in accessing other services. Those on the waiver who are over age 22 as of December 31, 2011, will have the option to remain on the waiver. Currently we have persons participating in the waiver who are at chronic disease hospital level of care. However, that level of care has never formally been included in the waiver. This is primarily a technical correction and has no operational impact on the waiver.

Thank you for the opportunity to testify today and I would be happy to answer any questions from the committees.