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**DEPARTMENT OF MENTAL HEALTH AND
ADDICTION SERVICES**

Testimony before the Appropriations and Human Services Committees

December 16, 2011

Good afternoon, 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 the Social Services Medical Care Administration Program Manager at the Department of Social Services. I am pleased to be here this afternoon with Megan Goodfield, Program Manager with the Department of Mental Health and Addiction Services to discuss the renewal of the Mental Health Home and Community-Based Services Medicaid waiver which expires on March 31, 2012. In the renewal, we have proposed the addition of Assisted Living, Community Living Support Services and Brief Episode Stabilization as new waiver services. We are also proposing to add Personal Emergency Response Systems as a waiver service. Personal Emergency Response Systems had been provided using the existing waiver service of Specialized Medical Equipment, but in an effort to have uniformity across all waivers, this service will be offered as a stand-alone service.

Another proposed change is discontinuing Assertive Community Treatment (ACT). The proposed new services of Assisted Living or Community Living Support Services or a combination of Community Support Program and Recovery Assistant Services will provide the same level of supports more effectively; both clinically and fiscally.

Our goal in making these changes is to offer a wider range of service options, to increase consumer choice and offer greater flexibility in choice of services to our waiver participants. The Department sees these changes as a major effort toward its rebalancing goal.

PROGRAM DESCRIPTION

The Mental Health Waiver began on April 1, 2009. The target population is adults with serious mental illness who are being discharged or diverted from nursing home care. This waiver provides participants with the medical and psychiatric services and supports necessary to live independently in the community.

Waiver services are provided face to face, in the participant's home or in other community settings (non-office based). Individualized assessment, recovery plan development and service delivery focus on participant strengths and assets, utilization of natural supports and community integration. In other words, service delivery emphasizes wellness and recovery from the disabling effects of psychiatric disorders, with attention to both psychiatric and medical needs. Services complement and/or supplement

services available to participants through the Medicaid state plan and other federal, state and local public programs as well as natural supports that families and communities provide.

By 2017, the waiver will serve 553 individuals who were or currently are in nursing facilities or who are at risk for this level of care. The average annual Medicaid cost for participants is approximately \$42,000 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 the state to achieve cost neutrality overall in the program. The waiver is operated by the Department of Mental Health and Addiction Services with administrative oversight by the Department of Social Services.

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;
- meet criteria for nursing home level of care;
- have a diagnosis of serious mental illness as defined by State of Connecticut pre-admission screening and resident review (PASRR) policy;
- be an adult, 22 years of age or older.

RENEWAL

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

The increase in capacity will incorporate the planned expansion of the Money Follows the Person (MFP) program as well as increasing capacity for individuals currently transitioning out of nursing homes to less restrictive settings or who are being diverted from admission to these facilities. The expanded service package will more fully respond to the psychiatric and medical needs of these individuals while maintaining cost neutrality.

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