



*Amendment to the Katie Beckett Medicaid Waiver
Testimony before the Appropriations and Human Services Committees
Kathy Bruni
Medical Care Administration Program Manager
September 27, 2011*

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.



*Testimony before the Appropriations and Human Services Committees
Pam Giannini
Director of Bureau of Aging, Community & Social Work Services
September 27, 2011*

Good morning, Senators Harp and Musto, and Representatives Tercyak, and Walker, and members of the Human Services and Appropriations Committees. My name is Pam Giannini and I am the Director of the Bureau of Aging, Community & Social Work Services. With me today is Dorian Long, program manager for the Social Work Services Unit. I am here before you today to seek your approval of a renewal application to the federal Centers for Medicare and Medicaid Services (CMS), for the Acquired Brain Injury (ABI) Medicaid Waiver.

The current application, as authorized under section 1915(c) of the Social Security Act, expires on December 31, 2011; therefore, a renewal must be submitted. The goal of this renewal is to continue to support program participants who receive needed services to live in the community. The ABI waiver is currently at capacity and, therefore, proposed changes to the ABI Waiver include an increase in the number of slots allowed under the ABI Waiver to accommodate transitions from Money Follows the Person. We are also seeking to modify the ABI Waiver service package to support service flexibility in group supports.

Since 1999, Connecticut's ABI Waiver has been providing supports to individuals with brain injury in the community. Without these services, these participants would otherwise be at risk of institutionalization.

I'd like to take this opportunity to provide you with a brief overview of the ABI Waiver.

Program Description

The ABI Waiver provides services and supports to persons who have experienced an accident or health event that resulted in damage to the brain. Eligible clients are either at risk of institutionalization or currently living in an institution. Participants must have monthly income that does not exceed \$2,022 per month and assets less than \$1,600.

The waiver employs the principles of person-centered planning to build an adequate and appropriate plan of care for the support and care in the community. Supports include Medicaid State Plan services, as well as those targeted to persons with brain injury such as independent living skills training and cognitive behavioral interventions.

A fact sheet that provides greater detail about the program is attached.

Proposed Changes

MFP Transitions

The proposed changes in this renewal would increase and reserve the number of slots available by 30 to accommodate consumers transitioning from the legislatively approved Money Follows the Person (MFP) program to the ABI Waiver, during 2012. This capacity expansion was assured to CMS with the submission of Connecticut's MFP Demonstration Operating Protocol. Connecticut has been successful in its efforts to provide community living opportunities to persons affected by brain injury. MFP has exceeded its projections for the ABI Waiver population and with other target populations as well.

ABI Group Day Supports

Service participants receive individualized supports, but have reported a desire to have access to skill acquisition in more flexible ways. This includes more group-oriented activities. Group Day Support services is a proposed new service designed to lead to the acquisition, improvement and/or retention of skills and abilities to prepare an individual for work and/or community participation, or support meaningful socialization, leisure and retirement activities. This service is provided by a qualified provider in a community-based setting. This provides an opportunity to deliver a more cost-effective service while supporting the program flexibility desired by participants.

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

**State of Connecticut
Department of Social Services
Acquired Brain Injury Medicaid Waiver
Information Sheet**

Statutory Reference

CGS Sec. 17b-260a. Medicaid-financed home and community-based program for individuals with acquired brain injury. The Commissioner of Social Services shall seek a waiver from federal law to establish a Medicaid-financed, home and community-based program for individuals with acquired brain injury. Such waiver shall be submitted no later than October 1, 1995.

Program Eligibility

The ABI Waiver serves persons:

- ages 18 through 64, inclusive
- brain injury that is not the result of a developmental or degenerative condition
- dysfunction is not primarily the result of a mental illness
- would otherwise be institutionalized without waiver services
- expressed desire to remain in or return to a community setting
- meet the program's income, 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 for a single individual. For married couples, a certain amount of assets over \$1,600 may be protected if he or she lives in the community.

Number Served

- Current Number of Clients Served: 404
- Total Number of Waiver Slots: 404
- Current Number of Clients on Waitlist 62

(Implemented May 2008)

Program Description

The CT ABI waiver is a (1915c Medicaid Waiver) disability waiver designed to support persons who have acquired brain injuries. The waiver employs the principles of person-

centered planning to build an adequate and appropriate plan of care for the support of persons in the community who would otherwise be institutionalized without waiver services

Services Provided

- Personal Care Assistance
- Homemaker Services
- Environmental Accessibility Adaptations
- Chore Services
- Case-Management
- Respite Care
- Pre-Vocational Services
- Supported Employment
- Vehicle Modification Services
- Independent Living Skill Training
- Transportation
- Specialized Medical Equipment & Supplies
- Personal Emergency Response Systems
- Companion Services
- Cognitive/Behavioral Programs
- Home Delivered Meals
- Community Living Support Systems
- Substance Abuse Programs

Program Costs

The ABI program is intended to enable individuals with acquired brain injury to receive services in the community at an aggregate cost of 75% of alternative institutional costs. Individual care plan spending, however, can be up to 200% of the identified level of care, as long as the overall spending limit remains at or below the alternative institutional costs. The levels of care costs are as follows:

LEVEL OF CARE	COST
Level I (NF)	\$61,296
Level II (ABI/NF)	\$117,600
Level III (ICF/MR)	\$150,552
Level IV (CDH)	\$343,200

Program Contact

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