



***Testimony before the Appropriations and Human Services Committees
Amendment to the Connecticut Home Care Program for Elders Waiver
Kathleen Brennan, Deputy Commissioner of Administration
September 12, 2013***

Good afternoon Senators Harp and Slossberg, Representatives Abercrombie and Walker and members of the Appropriations and Human Services Committees. My name is Kathy Brennan and I am the Deputy Commissioner of Administration at the Department of Social Services. I am joined by Kathy Bruni, program manager in the Alternate Care Unit. We are here today to seek your approval of the proposed amendment to the Connecticut Home Care Program for Elders (CHCPE) waiver program.

The amendment proposes a number of changes to the CHCPE waiver, including redefining certain functions that had previously been handled by the Access Agencies.

Since the inception of the waiver, the Department has contracted with a regional Access Agency to perform certain functions for the CHCPE program within the designated catchment area. Each of the contracted Access Agencies provided care management services, enrolled and credentialed providers and served as the billing entity for the direct care providers of home and community-based services within their regions. The Access Agencies would submit the provider claims through the Medicaid Management Information System (MMIS) and then pay the providers accordingly.

Over the years, this structure raised concerns, including the risk of duplicate payments and the existence of inconsistent standards for provider credentialing and enrollment across regions and waivers. Furthermore, providers that provided services in multiple regions were required to separately enroll with the appropriate Access Agencies for each region served by the provider.

In December of 2010, at the request of the Department, Mercer completed an evaluation of Connecticut's home and community-based services waiver programs. The Mercer report recommended standardizing and streamlining waiver functions particularly around the areas of provider qualifications and billing protocols. They also suggested that the state explore the consolidation of contracts and the creation of a care plan authorization interface with the MMIS, the claims payment system.

In anticipation of the June 30, 2013 expiration date for the Access Agency contracts, a Request for Proposals was issued in December 2012. The RFP sought proposals for the administration of the Connecticut Home Care Program for Elders but removed the credentialing and claims processing functions as recommended in the Mercer analysis. Following the procurement process, new contracts were issued to four (4) Access

Agencies to provide care management services effective July 1, 2013. The credentialing and claims processing functions, formerly performed by the Access Agencies, have been incorporated into an existing contract with Allied Community Resources who, as a fiscal intermediary, is already performing these functions for other Medicaid waiver programs.

In addition to these changes, this waiver amendment adds performance incentive payments to care management providers who demonstrate positive outcomes for program participants. The year 1 performance incentives are associated with client satisfaction and length of program participation. The first incentive will be for maintaining or improving the baseline level of client satisfaction, using the results of the client satisfaction survey for state fiscal year 2013 as the baseline. The second incentive will be for the longest average length of stay on the program. Performance incentives for subsequent years will include four measures that will be derived from the CMS Participant Experience survey regarding the participant's perceptions of access to care, choice and control over the assistance received, being treated with respect and dignity and sense of being included in the community.

Lastly, this waiver amendment adds reserve capacity to the waiver to accommodate participants transitioning from Money Follows the Person (MFP), the Personal Care Assistance (PCA) waiver and the 1915i Home and Community-Based Services State Plan.

The streamlining of waiver functions will result in a projected savings of \$1.5 million over the next two years.

Thank you for the opportunity to present today. I would be happy to answer any questions.