

## Written Testimony of Dominic M. Cotton MHA

I am vehemently opposed to ABI Waiver II. After a thorough review, there are many areas of significant concern, including the inappropriate cost derivation neutrality of the current ABI Waiver. The new proposal fails to address the wait list; forces people to languish in nursing homes and is a mental health support model instead of a brain injury rehabilitative model. The implementation of ABI Waiver II will lead to significant harm, serious crisis and put the health and safety of brain injury survivors in Ct at great risk.

### **1. Two different formula's are being utilized to establish cost Neutrality:**

In ABI waiver I the formula for estimating cost neutrality for alternative intuitional care cost for participants at the Chronic Disease Hospital Level is only based on a 1/2 year of service. This is a derivation based on a global populations average stay instead of a specific model for our Brain Injury population that may have multiple year stays in a Chronic Disease Hospital. In the ABI Waiver II they have chosen this derivation. DSS has failed to investigate from CMS if they could have changed their Model to fix the technical glitch on ABI waiver I at which point they would be able to accommodate all of the participants on to ABI Waiver I and forego the need for ABI Waiver II.

### **2. The Negative Impact of a 150% Individual Cost Cap Over the Current 200% Individual Cost Cap**

At the current individual cost cap of 200% ALL ABI Waiver participants can get the services they require to live in the community of their choice and continue to make rehabilitative improvements. In The information we received from DSS they clearly outlines in 2011 19% of Skilled Nursing Facility Participants require an individual cost cap over the 150% margin on the ABI Waiver II.

When the individual cap is reduced to 150% for all participants, there is a bias towards lower needs survivors who will either have to live with family members or congregate situations in order to get out of nursing homes or they will get out of a nursing home under Money Follows the Person which has a lower cost cap by having a family member provide some of the services and as family members pass or are physically unable to care for their loved ones, survivors will be forced back into an institution.

On the current ABIWaiver most, if not all, of the highest-level service participants have lower cost services than 100%, whereas many participants coming out of nursing homes have greater need for the higher cap.

### **3. Jumping the Three Year Wait List**

ABI Waiver II has reserved the vast majority of spots normally available on a new Waiver; these spots are reserved for current DMHAS ABI survivors and Money Follows the Person participants. DSS has confirmed that there are 49 people currently on the ABI Waiver wait list. DSS has confirmed that ABI waiver I will be capped from further participants. DSS has confirmed that the 13 slots made

available to the general public are the same number that is being lost on the ABI waiver I due to attrition. DSS has confirmed via analysis of the waitlist that 21 waitlist member are in the community requiring family members to provide all services at an extreme burden, and 4 of the intuitional level wait list participants will not qualify for Money Follows the Person funds because their services exceed the MFP individual caps. Together they make up 25 participants of which only 13 general slots will be made available so 12 participant will be jumped over by DMHAS ABI waiver participants that are either at the end of the wait list or are in institutions waiting to be identified.

19 of the DMHAS ABI participants scheduled to be placed on the Waiver are already in the community. Their plans are fully funded by the state, placing them on a Waiver will allow the state to save money due to the 50% federal reimbursement. Expanding the current ABI Waiver to accommodate these participants would also save the state 50% due to federal reimbursement. Money Follows the Person program is intended to bring long-term populations from institutional settings to community based settings. This has a 100% cap, which means higher service needs Nursing Home survivors will never have the opportunity to move into the community, as the current ABIWaiver is capped, there will be no vehicle left for these survivors who would require 24 hour services to come out of nursing homes.

#### **4. Rehabilitative Model vs. Maintenance Model**

The current ABIWaiver receives so much passionate support from families and brain injury survivors because it places an emphasis on rehabilitation of skills.

Brain Injury survivors

know what their lives were like before brain injury. They and their families know that many reduced abilities can return or be improved with a rehabilitative model of services.

Families and survivors embrace the current ABIWaiver because many of them were given no hope, and yet have found a way back to life and independence through the current ABI Waiver.

The service descriptions and mental health bias of ABI Waiver II are taken from the current Mental Health Waiver and are inappropriate for Brain Injury Survivors. Mental Health Waiver services are supportive/maintenance models with rehabilitative components of services provided by staff at local Mental Health Associations.

The current ABI Waiver rehabilitative supports are designed to be community based because of the challenges people with brain injuries face in transferring skills from one setting to the next.

**The Solution as presented to the Commissioner of DSS and The Lt Governor Nancy Wyman:**

1. - Our first and best suggestion would be to expand the current ABI Waiver to accommodate the 50 DMHAS clients, MFP clients and address the issues of jumping over the waiting list with ABI Waiver II. In order to accomplish this, based on the numbers DSS provided, the cost neutrality formula would be changed to the same formula used for ABI Waiver II as the new formula for factor G will allow the 50 DMHAS clients to come onto the new Waiver without negatively impacting cost neutrality.

Expansion of the current Waiver:

- Clear the wait list
- Create reserve capacity for 50 DMHAS clients for the first year - the wait list must be cleared first or at the same time.
- Create reserve capacity for 54 MFP in the second year for the length of the Waiver.
- Create reserve capacity for 8 DMHAS clients in the second year for the length of the Waiver.

2. Second option:

- Keep ABI Waiver I open, expand it to clear the current wait list and put reserved slots in each year for 54 MFP clients, this keep services in place for the almost 20% of people at the nursing home level of care who need the 200% cap to live in the community and will ensure cost neutrality of ABI Waiver I as the MFP clients are never over a 100% individual cap.
- Put ABI Waiver II in place for DMHAS clients, with reserved capacity for 50 DMHAS clients the first year, and 8 DMHAS clients the following years, just as Waiver II application is currently proposed for these clients.

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I would support some of the service additions from ABI Waiver II to the current ABI Waiver, including: Adult DayCare, Agency PCA and Consultant Services. We would request the positions of Community Integration Assistant in place of Recovery Assistant, but at the same rate and available through Agency and Private Providers. The Community Integration Assistant position would be required to re-enforce skills taught by Independent Living Skills staff.

I would support the position of a Safety and Support Assistant in place of the Recovery Assistant II position, at the same rate and available through Agency and Private Providers, for participants who require more intensive overnight supports.

Sincerely Dominic M. Cotton

## Estimated Cost Avoidance for Individual Cost Cap of 125% and 150%

ABI Waiver Recipients DOS CY 2011 with waiver auth dates of 365 days in CY 2011

| ABI Waiver - NF level of care (pro-rated for full year recipients) | # of Recipients | Percentage | Cost in Excess of the Cost Cap |
|--|-----------------|------------|--------------------------------|
| Less than 125% Avg Institutional Cost                              | 157             | 69%        |                                |
| 125% or Above Recipients   | 71              | 31%        | \$ 2,946,352                   |
| Less than 150% Avg Institutional Cost                              | 186             | 81%        |                                |
| 150% of Above Recipients   | 42              | 19%        | \$ 1,937,878                   |

| ABI Waiver - ABI/NF level of care (pro-rated for full year recipients) | # of Recipients | Percentage | Cost in Excess of the Cost Cap |
|--|-----------------|------------|--------------------------------|
| Less than 125% Avg Institutional Cost                                  | 31              | 67%        |                                |
| 125% or Above Recipients   | 16              | 33%        | \$ 325,895                     |
| Less than 150% Avg Institutional Cost                                  | 46              | 98%        |                                |
| 150% of Above Recipients   | 1               | 2%         | \$ 27,240                      |

| CY 2011 | Cost per Day (MAR 372T) | Avg. LOS (MAR 372S) | Avg. Cost per Recipient | Recipients | Recipient Percentage |
|---------|-------------------------|---------------------|-------------------------|------------|----------------------|
| SNF     | \$ 198.15               | 349                 | \$ 69,155               | 228        | 57%                  |
| ICF/IID | \$ 797.62               | 365                 | \$ 291,132              | 17         | 4%                   |
| ABI/NF  | \$ 353.28               | 365                 | \$ 128,947              | 47         | 12%                  |
| CDH     | \$ 1,005.02             | 355                 | \$ 356,782              | 110        | 27%                  |

| ABI Waiver                       |  |               |
|----------------------------------|--|---------------|
| CY 2011 expenditure              |  | \$ 38,628,810 |
| Total in excess of cost cap 125% |  | \$ 3,272,247  |
| Total in excess of cost cap 150% |  | \$ 1,965,118  |

8.5%

5.1%

### Notes:

Source: Data Warehouse query

ABI Waiver recipients having paid claims greater than \$0 for dates of service 1/1/2011 - 12/31/2011

Source: Estimated number of recipients 372 Lag Report for CY 2011

| WL # | Current Setting | DMHAS | Notes                          |
|------|-----------------|-------|--------------------------------|
| 1    | Institution     | Yes   | In a facility                  |
| 2    | Community       | No    | Family providing 100% service  |
| 3    | Community       | No    | " "                            |
| 4    | Institution     | No    | In a facility non DMHAS        |
| 5    | Community       | Yes   | Services provided by DMHAS     |
| 6    | Community       | Yes   | " "                            |
| 7    | Institution     | No    | In a facility non DMHAS        |
| 8    | Community       | Yes   | Services provided by DMHAS     |
| 9    | Community       | No    | Family provided 100% service   |
| 10   | Community       | Yes   | Services provided by DMHAS     |
| 11   | Institution     | No    | Exceeded MFP Cost Cap          |
| 12   | Institution     | No    | Exceeded MFP Cost Cap          |
| 13   | Community       | Yes   | Services provided by DMHAS     |
| 14   | Community       | Yes   | " "                            |
| 15   | Community       | No    | Family providing 100% services |
| 16   | Institution     | No    | Exceeded MFP Cost Cap          |
| 17   | Community       | No    | Family providing 100% services |
| 18   | Community       | No    | Family providing 100% services |
| 19   | Community       | Yes   | Services provided by DMHAS     |
| 20   | Institution     | No    | In a facility non DMHAS        |
| 21   | Community       | Yes   | Services provided by DMHAS     |
| 22   | Community       | No    | Family providing 100% services |
| 23   | Institution     | No    | In a facility non DMHAS        |
| 24   | Community       | No    | Family providing 100% services |
| 25   | Community       | No    | " "                            |
| 26   | Community       | No    | " "                            |
| 27   | Community       | No    | " "                            |
| 28   | Institution     | No    | Referred to MFP                |
| 29   | Community       | No    | Family providing 100% services |
| 30   | Community       | No    | " "                            |
| 31   | Institution     | No    | Referred to MFP                |
| 32   | Community       | No    | Family providing 100% services |
| 33   | Community       | No    | " "                            |
| 34   | Community       | No    | " "                            |
| 35   | Community       | No    | " "                            |
| 36   | Community       | Yes   | DMHAS provided services        |
| 37   | Institution     | No    | Exceeded MFP Cost Cap          |
| 38   | Institution     | Yes   | DMHAS institution              |
| 39   | Institution     | Yes   | Referred to MFP                |

10/20/2017

| WL # | Current Setting | DMHAS | Notes                          |
|------|-----------------|-------|--------------------------------|
| 40   | Community       | Yes   | DMHAS providing services       |
| 41   | Community       | No    | family providing 100% services |
| 42   | Community       | Yes   | DMHAS providing services       |
| 43   | Community       | Yes   | DMHAS providing services       |
| 44   | Community       | Yes   | DMHAS providing services       |
| 45   | Community       | No    | family providing 100%          |
| 46   | Community       | Yes   | DMHAS providing services       |
| 47   | Community       | Yes   | DMHAS providing services       |
| 48   | Community       | No    | family providing 100%          |
| 49   | Institution     | Yes   | DMHAS institution              |