



*Testimony before the Appropriations and Human Services Committees  
Department of Social Services  
Kathleen M. Brennan, Deputy Commissioner  
December 17, 2015*

Good morning Senators Bye and Moore, Representatives Walker and Abercrombie and distinguished members of the Appropriations and Human Services Committees. My name is Kathleen Brennan and I am the Deputy Commissioner of the Department of Social Services. Under the provisions of Section 17b-8 of the Connecticut General Statutes, I am here to seek your support to amend the Acquired Brain Injury I (ABI I) and Acquired Brain Injury II (ABI II) waivers.

The Department would like to begin by emphasizing our commitment to individuals served by the ABI waivers, as well as their family members and identified representatives, in ensuring access to high quality and cost effective services, with a specific focus on person-centered planning and the provision of conflict-free case management.

The amendment that the Department is presenting today was identified for modification with these specific reasons in mind.

At this time **the Department is seeking to amend the ABI I and ABI II Medicaid waivers to transition the case management service, currently provided by department Social Workers, to contracted entities that will be selected based on a competitive procurement.** The selected contractors will address all participants' case management needs. This transition will also address concerns that we have repeatedly heard from the provider community that includes the protracted amount of time to get confirmation of changes to service plans and ongoing issues with payment as well as lack of availability of case managers on a 24/7 basis.

This amendment will ensure compliance with 42 CFR 441.301(c)(1)(vi) through the designation of an independent agent responsible for the evaluation, assessment and plan of care functions. Case management will be an administrative service and will not be included in the calculation of the waiver participant's service plan cost.

Per statute, the Department posted the Notice of Intent to amend the ABI I and ABI II Medicaid waivers in the Connecticut Law Journal on October 20, 2015 and on the Department's website on October 27, 2015. The Notice also detailed the statutory requirement for the Department to accept written comments on the proposed amendments for 30 days from the publication of such notice. The Department did not receive any public comments on this amendment.

Currently, case management services for ABI waiver participants are completed by the Department's Social Work staff. In addition to their responsibilities to ABI waiver participants, DSS Social Workers are also responsible for the direct delivery of services to clients through the

Conservator of Person and Estate Program; Community Based Services Program; Family and Individual Services Program, Emergency Housing Program and the Protective Services for the Elderly Program which, in particular, has seen a significant increase in referrals over the past two years. These critical competing program priorities coupled with staffing levels impacted by retirements and an inability to refill positions, have made it extremely difficult to not only fully comply with quality measures in the waiver but to provide quality case management services to our ABI participants.

The Department submits a comprehensive report to CMS outlining its compliance with the quality performance measures in the waiver once each waiver cycle. In response to the Department's most recent quality report on the ABI waiver, CMS specifically noted the Department's deficiency in the timely performance of annual reassessments. While the CMS threshold is eighty-six percent, the Department's quality performance measure report documented that only sixty percent of annual reassessments for ABI participants were completed timely. On October 2, 2015 the Department acknowledged this significant finding and explained in its written response to CMS that the Department was initiating a Request for Proposals through which a qualified contractor or contractors would be selected to perform the requisite and necessary case management services. CMS approved the Department's responses to this quality report, including the RFP solution on October 13, 2015.

In addition to an improved service level for ABI participants, through this amendment we are improving the Department's compliance with the Centers for Medicare and Medicaid Services (CMS) Balancing Incentive Program (BIP). BIP, which provides financial incentives to states to increase access to non-institutional long-term services and supports, requires the Department to implement and provide conflict-free case management by ensuring that proper firewalls and mitigation strategies are in place to enable clients' access to quality long-term services and supports. Conflict-free case management provides a client with the assurance that the individual or organization providing their case management services is not employed by, working for or receiving financial incentives or reimbursements from the agency or agencies that will or are providing the client with the waiver services. Currently, the Department's ABI I and ABI II waiver structure does not mandate conflict-free case management, placing the agency in a non-compliance status with our federal partners. The Department has specifically advised CMS that the Department's solicitation for a case management contractor would clearly state and require that the sole responsibility of the selected contractor or contractors will be limited to providing ABI case management services.

To ensure the Department's transparency, specifically related to the case management service transition, the Department has been particularly vigilant in communicating with and notifying the individuals on the ABI I and ABI II waivers and their families, of the Department's intention to begin this process. Specifically,

- March 19, 2015- The Department issued a memorandum to all ABI waiver applicants, participants, family members and service providers regarding the status of the ABI waivers. The memorandum:
  - Detailed the Department's commitment to continued reevaluation of the process and procedures under the ABI waivers, with the goal of providing the highest quality services to all participants;

- Specifically detailed the Department's interest in exploring the possibility of developing a Request for Proposal to competitively procure the provision of the care management services to waiver participants for both ABI I and ABI II waivers; and
  - Explained the CMS requirement and also mentioned that any change to the waiver would require that notice be published, public comment would be solicited and a hearing with the committees of cognizance would be held.
- September 10, 2015- At the ABI II Advisory Committee meeting the Department announced its intention to move forward with transitioning care management services from the Department's Social Work division to contracted entities.
    - Response from the public included questions regarding the process, and the need to have concerns addressed before the Request for Proposals (RFP) from such entities begins.
  - October 1, 2015- The Department held a forum for participants and their families to receive guidance on the transition process, and have the opportunity to have staff experts from the Department address their concerns.
    - Notification of the forum was posted in advance on the Department's website, and sent through local ABI advocacy networks.
    - The PowerPoint presented at this forum was also made available via email to an advocacy network and others who were in attendance.
    - Direct staff names and contact information was shared for any additional questions or concerns.
  - November 12, 2015- The Department discussed the transition process with providers at an ABI provider training.

The Department is keenly aware that a critical piece to the success of transitioning from DSS Social Work to a new case management entity is not only the knowledge and understanding of the needs and wants of individual ABI waiver participants but the accurate, timely, and complete transition of the ABI participant's case history. The Department will ensure that complete case histories are provided to new Case Managers, including paper records with the most recent reassessment, service plans, and neuropsychological evaluation and will provide access to the Department's web-based waiver case management database. The team concept, currently used in service planning with ABI participants will stay intact. All team members associated with the development, implementation and assessment of a participant's service plan, including the new case managers and service providers will remain active participants in this process. The Department has also made a public commitment to work closely with new Case Managers, provide ongoing training and keep all parties, including individuals on the ABI waivers and their families informed as we move forward with this significant development.

The Department truly believes that the specific requirements set forth in the RFP for the future contractor, including the 24/7 availability, higher level of licensure and future quality assurance measures will address ongoing concerns we have heard from waiver participants, their families and providers. These concerns include the inability to reach their social worker in emergent situations, lack of timely response to needed care plan changes, difficulty getting plan changes

authorized and implemented and getting the providers reimbursed timely when there are plan changes.

This amendment will provide a timely process for the provider network and will greatly improve the quality of case management services to ABI waiver participants in a true conflict-free case management setting that utilizes person-centeredness as its core value.

Thank you for the opportunity to testify today. We would be happy to answer any questions that you may have.