



***Testimony before the Appropriations and Human Services Committees  
Department of Social Services  
Kathleen M. Brennan, Deputy Commissioner  
Monday, April 11, 2016***

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 refresh our request to amend the ABI I and ABI II Medicaid waivers to transition the care management service that is currently provided by the Department's social work staff to contracted entities that will be selected based on a competitive procurement. I respectfully request your support for this amendment.

The Department is seeking to contract for care management for the ABI waivers for two reasons:

1. To ensure sufficient care management capacity and capability to fulfill quality standards established by the Centers for Medicare and Medicaid Services (CMS); and
2. To fulfill the Department's responsibility under the applicable federal regulations and the federal Balancing Incentive Program (BIP) to ensure that waiver care management is provided on a conflict-free basis.

In seeking this amendment, the Department is using the best and only means that is currently feasible to fulfill its accountability to CMS, this body, and the individuals served by the ABI waivers, as well as their family members and identified representatives. The Department is accountable to ensure that participants of the waiver have access to high quality, person-centered and cost-effective services, while also fulfilling federal mandates that care management be provided on a conflict-free basis. It is regrettable that changes like these inevitably cause anxiety, but we will demonstrate today the means through which private care management will actually fulfill the needs of ABI waiver participants much more effectively than is the case with the present Department structure.

The Department's current means of providing care management is not adequate to fulfill quality standards and does not ensure that care management is provided on a conflict-free basis.

With respect to fulfilling quality standards: As the single state Medicaid agency for the state of Connecticut, the Department is responsible for ensuring the health and safety of all participants of Medicaid waivers, including the ABI waivers. To this end, CMS has established specific quality standards that the Department must fulfill. Currently, the Department lacks sufficient social work staff to provide the timely support and response that ABI waiver participants need and deserve from professional care management services. Despite best efforts, Department staff

have been unable to maintain timely contact with participants for such vital functions as annual reviews of the adequacy of their care plans. This situation is directly attributable to the fact that the involved Department social workers, who are responsible for multiple distinct care management responsibilities, have seen extensive attrition in their ranks without capacity to replace staff, even while other work demands have exponentially increased. Specifically, referrals to the Protective Services for the Elderly (PSE) Program, for which the social workers are also responsible, have increased by 62% since 2011, while the total number of social workers has declined by 8.4%. It is also important to note that the Department's social work division is statutorily mandated, per 17b-450, to investigate each PSE referral. For referrals related to suspected abuse, neglect or exploitation of an elder, social work staff are required to conduct a face-to-face home visit.

As is well known to this body, the current hiring freeze and other budget constraints have made it impossible for the Department to hire any new staff. Even if the Department were to fill social worker positions, it would take over a year for the new staff to be fully trained and able to absorb a full caseload and, in the meantime, the Department would be out of compliance with CMS' quality requirements. Having reviewed all available options, the Department's only practical option is to contract out care management services. This decision, however, should not be viewed negatively, as private care management has been used successfully in the Department's waiver programs.

With respect to ensuring that care management is provided on a conflict-free basis: Under its agreement with CMS to participate in the federal long-term services and supports Balancing Incentive Program (BIP), through which CMS has granted over \$77 million to the state, Connecticut has agreed to ensure that waiver care management services are provided in a conflict-free manner. This conflict-free care management requirement has since been incorporated into the federal regulations that apply to all home and community-based waivers. Conflict-free care management assures that the individual or organization providing care management services is not employed by, working for, or receiving financial incentives or reimbursements from the agency or agencies that provide direct services (for example, cognitive behavioral therapy) to waiver participants. Currently, care management under the ABI waivers is not conflict-free, meaning that, in many cases, the same entities that provide direct service also create and manage care plans. The Department's only available means of fulfilling the BIP requirement of conflict-free care management is to contract out care management services.

The Department has listened carefully to concerns expressed by survivors, families and legislators, both in context of the previous hearing, and via informal and formal public comment periods. I would now like to detail the considerable work that we have done to respond to and to satisfy those concerns.

***The Department has the capacity to effectively oversee and ensure quality and timeliness of contracted care management services.***

- Since 1987, the Department has successfully overseen contracts for care management in our Connecticut Home Care Program for Elders (CHCPE) waiver. Contract terms related to staff credentials, training, staff ratios, care management standards and pathways for

complaints and grievances have ensured high quality care management services for decades to the approximately 15,000 participants of CHCPE. Under these contracts, care management entities have rigorous reporting requirements and must adhere to contractually established standards of quality and timeliness. Also, regular surveys of client satisfaction are conducted and reflect an extremely high level of satisfaction among participants with respect to timeliness, person-centeredness and support. Finally, the Department has for years maintained an electronic system, called Ascend, through which all functions related to waiver paperwork, approvals and data tracking and evaluation have been automated. Use of Ascend will significantly improve the historical practice of a primarily paper-based system in the ABI waivers.

The Department recognizes that brain injury survivors have needs that are different and distinct from older adults, and that the experience in the CHCPE waiver may not be analogous. To this end, in April of 2015 the Department responded to particularly severe social work staffing shortages in the Danbury area by launching a private care management pilot for ABI participants. In November 2015, the contracted care management agency conducted a care experience survey with the participants in this pilot. Out of the 37 individuals surveyed, 33 responded and completed the survey. Seven of the survey questions focused on assessment of care managers, staff interaction and workers providing service in the home. Out of these seven questions: 1) four of the survey questions received a 100% favorable response; 2) two questions received a 96.8% favorable response; and 3) one question (regarding telephone interactions) received a 93.5% favorable response. Further, when asked to write in comments, participants and their family members offered very positive responses about the care management services, including ease of communication with the care manager, the advocacy for the participant by the care manager, and the knowledge and attentiveness of the care manager. Also significant is that no negative comments were received. Please note that you have been copied on the entire set of results from this survey.

***Robust credentials and experience with brain injury survivors will be required of any private care management agency that is selected.***

- In response to concerns expressed by ABI advocates and providers related to the qualifications that were originally included within the Department's Request for Proposals (RFP) for Care Management in the ABI Waiver program, the Department amended the Minimum Qualifications of Respondents section of the RFP to include four additional elements. The amendments made by the Department, which have been supported by the Brain Injury Alliance of Connecticut (BIAC) are indicated in bold text below:

Minimum Qualifications of Respondents: To submit a response to the ABI waiver program RFP, a Respondent shall have the following minimum qualifications:

1. A minimum of five (5) years of demonstrated experience **in the provision of Care Management in a home and community based setting**, providing Care Management services, as described on page one (1) of the RFP;

2. The Staff designated to provide Care Management Services must have no less than a Master's Degree in Social Work and be a Licensed Master Social Worker (LMSW) or a Licensed Clinical Social Worker (LCSW), **or possess a Master's degree in Human Services, Counseling or Rehabilitation Counseling**, or have a Bachelor's Degree in Nursing;
3. The Staff designated to provide Care Management Services must have **at least two (2) years of Care Management experience in health care or human services settings** and the ability to serve multicultural, multilingual populations; and
4. The skill set to lead and facilitate the Care Team that includes the participant's team of providers and supporters, and reach consensus on the Service Plan.

***ABI waiver participants will retain all existing rights and benefits of participation under private care management.***

- The Department assures participants, their representatives and this body that ABI waiver participants will retain all present rights and benefits of participation, including, but not limited to, right of fair hearing and right to make complaints and grievances directly to the Department.

***There has been much discussion related to the ABI II waitlist.***

- The Department's charge as a human services agency is to serve Connecticut citizens. That said, we cannot do so in a vacuum and must ensure that we do so in a manner that effectively supports their needs while adhering to all federal and state requirements for service. Connecticut has for years maintained extraordinarily extensive Medicaid-funded services for brain injury survivors, as compared to other states. It is important to note that the majority of ABI waiver participants receive care plans that are higher in value than the average cost of services in a nursing facility. To responsibly serve additional individuals from the waitlist, the Department must resolve its current constraints through approval of the requested amendment.

***The Department has completed a cost-effectiveness analysis for contracting out ABI care management service.***

- Pursuant to section 4e-16(p) of the Connecticut General Statutes, the Department used an established Office of Policy and Management (OPM) template to complete a cost-effectiveness analysis of contracting out care management for both ABI waivers. The cost-effectiveness analysis was then reviewed and approved by OPM, and the Department forwarded the analysis to the committees of cognizance. Lines 148 through 155 of the document under the Forms tab summarizes the comparison of costs, as between hiring additional Department social workers and contracting for care management services. In summary, **the analysis projects that it will cost approximately \$787,400 less in year 1, \$1,067,900 less in year 2, and \$1,162,800 less**

**in year 3 to contract out for care management, as compared to hiring the 17 additional social work staff that would be needed.** As we have previously noted, this comparison is somewhat academic in that the Department does not anticipate any authority to hire new staff over the upcoming biennium. Please note that contracting out for care management will not affect the employment status of any of the current Department social workers. They will continue to focus on the array of other programs for which they are responsible, including Protective Services for the Elderly (PSE). Because of the significant increase in referrals, these responsibilities will occupy them full time.

*The Department has complied with all the procedures for the requested amendment.*

- To this end, the Department posted an updated Notice of Intent to amend the ABI I and ABI II waivers, including a request for public comments, on the DSS website beginning on February 2, 2016, and in the Connecticut Law Journal on February 9, 2016. In accordance with CGS 17b-8, the Department accepted public comments on this proposed amendment for 30 days, closing on March 10, 2016. During this time, the Department received two comments. One of the comments, received by the Brain Injury Alliance of Connecticut (BIAC), supports the amendment as written, and details that BIAC does not believe the current system of providing care management services is the most beneficial or effective for the waiver participant. The second comment, received by ABI waiver provider (Life Skills Unlimited, LLC.) Dominic Cotton, focuses on concerns about retention of fair hearing rights, the independence of contracted case managers, and means of communicating with survivors and their families when the Department proposes changes to the ABI and ABI II Waivers.

The Department respectfully requests that the committees of cognizance approve the requested amendment. Approving the amendment is the best and only means of ensuring high quality, person-centered, conflict-free services that keep brain injury survivors at the center, and also adhere to all standards mandated by CMS.

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