

## **ABI and ABI II Waiver Amendment Re-submittal and Hearing- April 11, 2016 (Privatization of Case Management)**

Submitted By: Heather Marquis, Director of Residential Services, Goodwill of Western and Northern CT

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Members of the Appropriations and Human Services Committees, my name is Heather Marquis and I am writing you on behalf of my organization, Goodwill of Western and Northern CT. Goodwill has had the privilege of providing services through the ABI waiver since its inception in 1999. We currently serve over 70 individuals who are brain injury survivors. We also provide statewide services to individuals with developmental disabilities through Connecticut's waivers. Goodwill's community impact extends to over 22,734 Connecticut residents with over a million hours of services in 2015 alone.

The majority of services we provide are done through Connecticut's Medicaid waivers, in particular the ABI waiver. We are thrilled to have the opportunity to be part of our participants' incredible journeys towards further independence. Goodwill, as part of the nonprofit community, remains committed to providing high quality services for our participants.

Over the last several years we have noticed a decline in the overall effectiveness of DSS case management services. Specifically, we have had issues with: the timely return of communication, an average rate of 65% expired services plans, mathematical service plan errors and lastly, service plan changes that are made without a team process or made retrospectively (meaning service plans are changed months after the services were already provided but are back dated, causing claim denials). We have several examples of math errors on the part of DSS staff that have continued for months, and at times, years. Cumulatively this has resulted in tens of thousands of dollars of lost billing for services that were provided by Goodwill. We understand that this is due in large part to the extended hiring freeze and the unmanageable workloads created in the wake of it.

These losses have also had an impact on agencies' budgetary decisions affecting training and the ability to provide wage increases for staff in a program that has raised rates twice in approximately 17 years. These impacts ultimately influence the quality of care provided to our survivors.

This is not a unique challenge to Goodwill. This is a challenge that many of the nonprofit providers face under this waiver. The majority of seasoned providers, including Goodwill, are operating their ABI waiver programs in a deficit, relying on other sources of revenue to subsidize this vital program. Some providers are can no longer afford to take on lower paying services, or subsidize this program leaving survivors with fewer options of providers.

Since the initiation of ABI waiver 2 we have noticed a renewed sense of partnership with DSS which has been encouraging for the provider community. Both Kathy Bruni and George Chamberlain have been instrumental in reaching out to providers and hearing our concerns. DSS has acknowledged the majority of these shortcomings mentioned earlier both to the provider community as well as in CMS reports. In

an effort to improve communication, Kathy and George have regularly participated in BIACT's providers' council, held informational forums and invited providers to Central Office to discuss services.

Goodwill supports DSS' amendment to privatize case management services under the current RFP. We believe that change is needed to move away from the currently challenged practice of case management under DSS. We believe that this change has the potential of addressing our earlier concerns of quality. We also believe that this move to privatization should not be done with the intent of cost savings. The focus should be on improving and retaining quality case management staffing and promoting excellent services for the betterment of Connecticut's brain injury survivors.

Thank you for your time and consideration.

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