



April 11, 2016

Appropriations & Human Services Committees Public Hearing

ABI and ABI II Waiver Amendment

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Good morning Chairpersons and Committee members. Thank you for the opportunity to provide testimony in regard to the DSS proposal to amend the ABI Waivers for the purpose of changing the case management service currently provided by department social workers to independent, contracted entities.

I am Julie Peters, Executive Director of the Brain Injury Alliance of Connecticut. For over 30 years, BIAC has advocated for and served individuals with brain injuries, their families and caregivers, working to assure that services are available to those who sustain a brain injury. BIAC is also contracted by the Department of Social Services as an independent advocate for individuals wishing to access the Waiver.

BIAC is in support of the amendment as written. We do not believe that the current system of providing case management services within the Department under the domain of the DSS social worker, is most beneficial to the waiver participant nor is it effective. Due to lack of ability to adequately respond secondary to split roles and competing priorities and lack of accountability, department social workers are unable to effectively regularly review, monitor and oversee the service plan.

In December, I came to you in support of the amendment, generally, but with the stipulation that there be additions to the language to include specific language requiring brain injury training and experience for the designated case management staff, not solely experience in case management by the agency providing the case management. I am pleased that in response to our concern, DSS has added language to require that, in addition to a mandatory comprehensive one-day initial training, care managers will also be required to complete at least two additional brain injury specific trainings throughout the course of the first year of contracted services. In addition, as BIAC requested, this amendment includes language to widen the potential case management applicant pool to include those with masters in social work, rehabilitation counseling, counseling, or human services.

The care manager plays a pivotal role in the person centered process. It is essential that the care manager has the ability to fully commit his/her time and attention necessary for full oversight of the plan. This all equates to optimizing individual's overall positive outcomes, satisfaction levels and health/safety within the community.

It is also BIAC's understanding that waiver participants will have increased access to care managers via the required 24/7 on call system inclusive within this proposed model of service. This is essential for health/safety and quality assurance standards.

Most importantly, we support the proposed change for case management because satisfaction survey results specific to the Danbury Pilot Project indicated that 93% of the participants surveyed indicated overall satisfaction with operations as excellent or good. In a truly person-centered process, participant satisfaction must be of utmost importance.

In a perfect world, with appropriate funding, DSS social workers would have the time, experience and the resources to effectively provide care management to all individuals under the ABI Waiver program. However, recognizing the extreme limits on the DSS budget, BIAC believes that contracting case management services, including appropriate evaluation and assessment of those services, will better serve those under the Waiver.

I would like to recognize DSS for their progress towards increasing oversight, accountability, and transparency in all aspects of waiver management to assure that waiver participants have the supports and services they need and want to live in the community of their choice. I urge the committees to amend the ABI Waivers to provide independent conflict-free case management.