

April 11, 2016
Appropriations & Human Services Committees Public Hearing
ABI and ABI II Waiver Amendment
Bonnie Meyers, Director of Programs & Services
Brain Injury Alliance of Connecticut

Good Day Chairpersons and Committee members. My name is Bonnie Meyers, and I am the Director of Programs & Services at the Brain Injury Alliance of CT. Thank you for the opportunity to provide written testimony in regards to DSS' proposal to amend both ABI Waiver I and ABI Waiver II for the purpose of moving the case management service currently provided by Department social workers to independent, contracted entities, based on competitive procurement. The proposed change would also remove CM as a discrete waiver service and move it to an administrative service, with no attached costs within the participant's waiver budget.

My decision to support this proposed change is based on several factors, including the fact that clearly the current system is not working effectively, nor is it working to the advantage of the waiver participant. Due to lack of ability to adequately respond secondary to split roles and competing priorities and lack of accountability, the DSS social workers are unable to effectively regularly review, monitor and oversee the individual's service plan. My support is also based on a review of summary data of current satisfaction surveys from waiver participants and families who are currently receiving case management services under the Danbury Pilot Project with the same CM model of service. All indications from these surveys clearly reflect strong positive satisfactions and outcomes from such a model. The new model also mandates greater access to case managers via the required 24/7 on call system. This is essential for health/safety and quality assurance standards. Lastly, I support this amendment because it will better allow the state to ensure compliance with The Balancing Incentive Program under the federal Affordable Care Act which has a requirement for conflict free case management services for recipients of Medicaid funded programs and services. I believe that moving the CM services to an independent, contracted entity will minimize potential for agency bias and conflict.

While I had also supported this amendment back in January during the first legislative hearing, I had a few concerns around the lack of mandate for specific brain injury experience and training for designated case management staff. The amendment before you now includes increased required training for case managers, and it has also widened the applicant pool to additional areas of professional education and credentialing.

I urge you to please consider the proposal before you, and vote to pass this amendment.

Respectfully Submitted,

Bonnie Meyers CRC CBIST
Director of Programs & Services