Testimony before the Human Services Committee
Roderick L. Bremby, Commissioner
March 7, 2017

Good morning Senator Moore, Senator Markley, Representative Abercrombie and distinguished members of the Human Services Committee. The Department of Social Services (DSS) offers the following written testimony on several bills that impact the agency and our programs.

HB 7189 AN ACT CONCERNING A STUDY MEDICAID-FUNDED PROGRAMS

This bill requires the Commissioner of DSS to conduct a study of Medicaid programs to assess factors pertinent to quality of care, gaps in care, and necessary actions to comply with the Affordable Care Act (ACA).

The DSS Division of Health Services is already charged with these functions on a standing basis, regularly reporting to the Commissioner on quality of care (through such means as annual reports on HEDIS measures, measures of the effectiveness of Intensive Care Management, and consumer and provider satisfaction), access (through such means as geo-access analysis and mystery shopper surveys) and necessary actions to comply with the ACA. The Department maintained an ACA compliance tracking tool and has fulfilled 100% of ACA provisions mandated to date.

The Department also provides detailed monthly reports (see this link for our posted materials https://www.cga.ct.gov/med/mh.asp) to the Medical Assistance Program Oversight Council (MAPOC), which is charged under statute with a broad range of oversight activities that encompass the goals of HB 7189.

Consistent with 2013 legislation, MAPOC convened an ad hoc Medicaid Network Access Committee that ultimately produced a detailed report, incorporating DSS material, on access to care as well as other factors relevant to provider participation (e.g., ACA Ordering, Prescribing and Referring requirement) - see this link for the posted report: http://www.cga.ct.gov/med/council/2014/0314/20140312ATTACH_Network%20Adequacy%20Report.pdf.

2014 legislation (Public Act 14-206) also expanded MAPOC membership and created a new standing committee to focus on "evidence-based best practices concerning Medicaid cost savings."

While the Department does not oppose the general concept of this bill, we respectfully suggest that the legislation is duplicative and unnecessary and would divert resources the Department needs to focus on the provision of services.

HB 7190 AN ACT CONCERNING A STUDY OF PROGRAMS ADMINISTERED BY THE DEPARTMENT OF SOCIAL SERVICES

This bill requires the Department to conduct a study of DSS programs to include: (1) the responsiveness of department programs to recipients of services, (2) identification of problems, if any, that exist within such programs, and (3) whether staff is allocated in a manner to meet the need for services within such programs.

The Department of Social Services supports the basic needs of children, families, elders and older adults, including persons with disabilities, through economic aid, health services, social work services, child support, energy aid, elderly protective services and many others. We currently serve over one million individuals (28% of the population of Connecticut) through the numerous programs administered by the agency.

The Department is proud of the extent to which the agency is technology and data driven. We strive toward timely access to services through eligibility process improvements, integration with Access Health CT, and our Eligibility Management System replacement.

The Department is also pleased with the current data regarding timeliness and accuracy of the programs we administer. As of September 2016, the Supplemental Nutrition Assistance Program (SNAP) had a timeliness rate of 99.92%. This means almost 100% of applications submitted for SNAP were processed within the required timeframe. Medicaid timeliness (non-long-term services and supports) has remained above 92% since August of 2015.

The Connecticut Child Support program, administered by the Office of Child Support Services, established or acknowledged paternity for almost 13,200 children in FFY 2016 and collected a total of $301.6 million in child support collections.

Customer service is one of the uppermost priorities for the Department. As we continually work toward the goal of providing the highest quality of services to the public, the Department would like to highlight a few of our activities. In January of 2017, our field offices saw over 25,500 people. Our benefit centers answered over 52,000 calls. Our service centers received almost 385,000 documents and processed over 405,000 work items.

The Department continues to internally evaluate program efficiency and staffing, while also maintaining significant oversight from external entities.

The Department would like to illustrate a more specific example of this process by focusing on the perspective of our Medicaid program.

Connecticut Medicaid and CHIP are already accountable to both internally generated and externally required performance metrics that relate to beneficiary health outcomes and care satisfaction, access to care, provider satisfaction, and financial performance. The Division of Health Services (DHS) stewards oversight of performance-based contracts with the four

administrative services organizations (ASOs) that respectively manage Medicaid medical, behavioral health, dental and non-emergency medical transportation benefits, as well as the contract with HPE that encompasses provider enrollment and engagement, claims processing and reporting of claims data. The Department withholds an identified percentage of administrative payments from each of the ASOs pending evaluation of whether benchmarks on identified health, satisfaction and financial outcomes have been achieved. Simply put, the ASOs must earn back these withholds through successful performance. The ASOs also report to DHS on a wide range of health measures (HEDIS and other indicators), conduct mystery shopper surveys to test beneficiary experience in accessing services, conduct geo-access analyses of provider availability, and evaluate special projects (e.g., the Person-Centered Medical Home initiative) based on a range of additional metrics.

Further, the DSS Division of Finance regularly analyzes and reports upon both point in time and trends in expenditures. This financial information is reported to the Centers for Medicare and Medicaid Services, DSS leadership, leadership of the committees of cognizance and the Medical Assistance Program Oversight Council (MAPOC). DHS also presents detailed monthly reports on all aspects of program performance to MAPOC, and its associated committees regularly engage with the Department for review and comment on proposed policy changes, as well as current program operations.

Speaking specifically to this bill, the Department has a number of concerns. First, the scope of the study is not defined. It is unclear if the intent of the bill is for the Department to study all programs administered by the agency, which would be extensive, or if there are specific programs in particular that the report should focus on. This bill also requires the Department to report on "How responsive such department programs are to recipients . . .", however this may be difficult to ascertain. First, the definition of "responsive" is going to differ depending on who is interpreting the language. Second, a follow-up study of this magnitude would most likely have to be contracted out as we do not have the resources to dedicate to this.

Lastly, it is important to reiterate that the Department of Social Services is already actively involved in an array of internal program evaluation activities and are currently accountable to many external entities that support continuing program review and integrity maintenance.

For these reasons the Department believes this bill is unnecessary and would divert resources the Department needs to focus on the provision of services.

HB 7191 AN ACT CONCERNING FEDERAL MEDICAID WAIVERS AND STATE PLAN AMENDMENTS.

The bill requires DSS to conduct a study to determine the need for any state waivers from federal Medicaid requirements or changes in the Medicaid state plan for the period of 7/1/17 through 6/30/2022.

This bill would require DSS to study existing waivers, innovative waivers in other states, and whether Medicaid State Plan Amendments are necessary to provide permanent services consistent with successful waivers.

First, the timeframe for this study is too far into the future to provide meaningful recommendations, as there are too many unknowns in the landscape of health care on the federal level and Medicaid waivers in particular, as well as state budget changes, to predict several years into the future. It is particularly challenging to anticipate which waiver programs might potentially make sense as permanent programs through amendments to the Medicaid State Plan, particularly because federal requirements and guidance change over time.

The Department is always investigating Medicaid programs in other states to determine potential new innovations, including through organizations such as the National Association of Medicaid Directors, and the National Governors Association.

Federal regulations regarding Medicaid State Plan Amendments already provide that amendments to the Medicaid State Plan must be submitted "whenever necessary to reflect--(i) Changes in Federal law, regulations, policy interpretations, or court decisions; or (ii) Material changes in State law, organization, or policy, or in the State's operation of the Medicaid program…." 42 C.F.R. § 430.12(c)(1). Therefore, federal requirements already require amendments to the Medicaid State Plan in each of those circumstances, which makes this study unnecessary.

Finally, the Department regularly engages with legislators and other stakeholders to discuss existing programs and potential changes within the Medicaid program, including through a variety of councils and committees, especially the Medical Assistance Program Oversight Council (MAPOC).

For these reasons the Department believes this legislation is unnecessary and unworkable in its current form.

HB 7192 AN ACT CONCERNING LONG-TERM CARE & HB 7193 AN ACT CONCERNING NURSING HOMES

DSS commends the Human Services Committee for its attention to the need for strategic planning for Medicaid long-term care services. This is a critical need given the strong preferences of older adults and individuals with disabilities to live in home and community-based settings, the state's interest in controlling escalating costs, and support for town-level tailoring of strategies to meet local needs. DSS respectfully suggests to the Committee, however, that the studies that are being proposed in HB 7192 and HB 7193 are not needed and would divert resources the Department needs to focus on the provision of services.

In keeping with the legislation enacted by the General Assembly, Governor Malloy, the Office of Policy and Management, and DSS released the Strategic Plan to Rebalance Long-Term Services and Supports, which already captures the data and planning strategies that are contemplated by

these bills. Also, section 17b-337, CGS, requires the Connecticut Long-Term Care Planning Committee to prepare a long-term care plan every three years based on the fundamental principle that individuals with long-term care needs have the option to choose and receive long-term care and support in the least restrictive, appropriate setting. The most recent plan, entitled CT Sustainability Plan: Home and Community-Based Services Strategies and Tactics was published January of 2016.

The plans can be accessed at www.ct.gov/dss/rebal and http://www.ct.gov/dss/lib/dss/CTSustainabilityPlan_AppendixA43015.pdf