REP. WALKER (93RD): (Gavel) Good morning everybody, good morning. We have to remember those -- those ques about time and everything and I want to thank everybody for coming today. I want to thank everybody for giving up a day I'm sure that many people are probably on vacation. Some people have already let me know that they've got a rental house somewhere along the shoreline and they're missing a day, so let's get right down to business. So I think that's important. I want to thank everybody for coming. We have the Human Services and Appropriations Committee today and we are going to be hearing about the Home and Community Based Service Waiver Application for the Acquired Brain Injury II Waiver and Amendment to the Acquired Injury Brain -- or Acquired Brain Injury Waiver ABI I. So with that, I'd like to ask my Co-Chairs, there are multiple Co-Chairs up here today. Are -- do they have anything to say? Okay, no they don't.
Thank you. [Laughing] So with that, our -- our new Commissioner, Commissioner Gifford. Good morning ma'am, good morning. And welcome, and I want to welcome you as -- this is your first official meeting as the new DSS Commissioner and I hope everybody on both Committees has a chance to sit down and talk to you as -- as I have, and several of us have done. And we are so excited to have you with us and we're excited for the things that you've experienced that you bring to this Commissioner's position. We appreciate everything that I'm sure you've experienced and hopefully those will help us in navigating some of the things that we seem to find complex here in Connecticut. So with that ma'am, go right ahead.

COMMISSIONER DEIDRE GIFFORD: Thank you very much for those kind words, Representative Walker. And Good afternoon Senators Osten, Formica, Moore, and Logan, and Representatives Walker, Lavielle, Abercrombie, and Case and honorable members of the Appropriations and Human Services Committees. As you just heard, my name is Deidre Gifford and I am the Commissioner Designee for the Department of Social Services and I am pleased to be here with my colleague Kathy Bruni, who all of you know and serves as our Director in the Community Options Unit and I'm also joined by Deputy Commissioner Kathy Brenan, Medicaid Director Kate McElvoy and --

REP. WALKER (93RD): I'm going to ask you to speak closer to the microphone because I'm -- I'm having a hard time hearing you and besides being on record, our members as you -- as you've experienced, our members are very detailed and they like to hear everything that's going on so I thank you very much. Go right ahead.
COMMISSIONER DEIDRE GIFFORD: Sure, is that better Representative Walker.

REP. WALKER (93RD): Yes, that's much better.

COMMISSIONER DEIDRE GIFFORD: Under the provisions of section 17b-8 of the Connecticut General Statutes, we are here today to seek your support to renew DSS’ Acquired Brain Injury II or ABI II Waiver and to amend the ABI I waiver. As Connecticut’s single state agency for the Medicaid program, DSS has administrative authority over these waivers.

The current ABI II waiver expires on November 30, 2019, and the Centers for Medicare and Medicaid Services as you know, requires submission of renewal applications no less than 90 days prior to the expiration of the involved waiver. Our Notice of Intent to renew the waiver was published on the Department’s website and in the Connecticut Law Journal on June 18, 2019 requesting comments for a 30-day period as required. The Department has provided the Committees with the comments that were received.

Under the ABI I and ABI II Waivers, DSS provides services to individuals who have experienced a traumatic or acquired brain injury. There are no proposed changes to eligibility requirements or payment rates. We do propose the following changes to both the ABI I and ABI II waivers:

We are adding a Board-Certified Behavioral Analyst credential to the list of authorized providers of cognitive behavioral services.
We are adding -- proposing to add an annual training requirement of six hours of continuing education for Independent Living Skills Training (ILST) providers.

We are adding Certified Adult Day Health Provider to list -- the list of provider types that may provide ABI Group Day Services. And I would note you're your information that Adult Day Health is an existing service in the waiver and is not being modified in this renewal.

We propose to remove the historical requirement that providers have either CARF or JCAHO certifications to become providers of ABI Group Day. Removing this historical requirement will allow providers without these certifications, who otherwise meet requirements, to provide the service.

And we propose to update the service name from Specialized Medical Equipment and Supplies to Assistive Technology to more accurately describe the service being provided and aligning the service limit with other Medicaid waiver programs. ABI Waiver participants typically receive technology items such as modified computers with specific software to assist with cognitive deficits, smartphones, tablets and medication reminder boxes. The new Assistive Technology Service will not permit the replacement of smartphones, tablets, or computers at the Department’s expense within a three-year period from delivery to the participant. Further, the $10,400 per person annual limit for this service in the current waiver will be replaced with a $15,000 limit over three years to align with our other Medicaid waiver programs, Money Follows the Person and Community First Choice.
Specific to the ABI II waiver, 10 reserve slots are being added for current ABI I waiver participants who are unable to self-direct their Personal Care Services and wish to transition to the ABI II waiver in order to obtain access to the agency-based PCA that are available under that waiver.

The state assures CMS in our submission that these waivers will be cost neutral. This means that the expenditures for home and community-based services under the waivers will be less than the costs of institutional care. The changes that are being proposed to these waivers do not impact the state appropriation for ABI Waiver I or II.

DSS respectfully requests that the Committees approve the request to renew the ABI II waiver for a period of five years and to amend the ABI I waiver. Kathy and I would be happy to answer any questions that you may have. Thank you.

REP. WALKER (93RD): Thank you, and thank you for that -- that summation of what we have before us today. I'm going to ask a couple of quick questions first and then I'm sure I have some several people that have a few to followup. The one that really sort of sticks out to me is the -- the certification issue. In here you say the credentials to provide ABI Group Day have been expanded to include providers beyond those with a CARF certification or JCA -- whatever. Those -- those certifications are still being required or they're no longer being required?

COMMISSIONER DEIDRE GIFFORD: They are no longer being required.
KATHY BRUNI: Yeah, so Group Day Providers who do not have those certifications will be able to participate in providing waiver services as long as they otherwise meet the credentialing requirements specified in the waiver.

REP. WALKER (93RD): And the -- the credentialing requirements for them, are they parallel, similar to the one -- the certifications that we no longer have to do or -- and they're just doing the -- explain to me; I'm confused.

KATHY BRUNI: We have had a --

REP. WALKER (93RD): Good morning. No, you're not new to this rodeo. [Laughing]

KATHY BRUNI: No, I'm not. I'm Kathy Bruni.

REP. WALKER (93RD): Thank you, ma'am.

KATHY BRUNI: I oversee the Medicaid Waiver Programs within the Community Options Unit at the department.

REP. WALKER (93RD): Thank you. I know it seems like we just have an endless meeting so you're always introducing yourself, that's okay.

KATHY BRUNI: More to come.

REP. WALKER (93RD): Yes.

KATHY BRUNI: Could you repeat the question, please.

REP. WALKER (93RD): I'm confused. You're saying that we're eliminating the -- the two certifications that are there for the adult day program but yet you are also saying that they have to have six hours of training. Are the six hours of training comparable, parallel to the old -- the certifications that we say we no longer need?
KATHY BRUNI: The six hours of training is specific to the independent living skills training service --

REP. WALKER (93RD): Okay, all right. Then I'm wrong.

KATHY BRUNI: -- that is not related to the ABI Group Day Service.

REP. WALKER (93RD): Okay.

KATHY BRUNI: The reason that we had been -- had proposed to become more lenient with the credentials for ABI Group Day --

REP. WALKER (93RD): Yes.

KATHY BRUNI: -- is that a couple of providers have approached us with really good models for a Group Day Program and have been unable to provide that service because they neither had the CARF nor JACHO certification. So in order to give other agencies an opportunity to participate as a provider, this is a decision that we made. And it will credential that will be similar to providing other ABI Waiver services.

REP. WALKER (93RD): So we're not -- we're not jeopardizing the -- the security in the Adult Day Programs by not requiring; what are we doing to maintain the security that we want for cert -- for -- the reason why we do certifications or -- or accreditations is to protect the public. So I need to know how are we protecting the people that are going to be participating in that so that we make sure that the agencies have the skills necessary to work with the clients?

KATHY BRUNI: There are credentials specific to the service --
REP. WALKER (93RD): Okay.

KATHY BRUNI: -- that will have to be met by each provider who wishes to do ABI Group Day and I will assure you that as these services get unrolled to waiver participants the department will have staff that will be out on site evaluating the efficacy of the program.

REP. WALKER (93RD): Okay. So could you send us the -- the -- or is in the packet? Is it in the packet that we have before us, the -- the -- what's required for the certification or accreditation?

KATHY BRUNI: The credentialing would be in Appendix C of the Waiver and I'll -- I'll look for the page number but it's specific to the service.

REP. WALKER (93RD): I'll look it up. I'll make sure I look it up. All right, thank you. Senator Osten followed by Representative Abercrombie followed by Senator Formica, followed by Representative Lavielle and then the list will go on. Thank you. [Laughing]

SENATOR OSTEN (19TH): Good morning. Thank you very much for coming and I have some questions that I had asked in our briefing that I am asking for a matter of the record. So there are a couple of things. One, when you talk about the Group Day or Adult Day Services, can you explain to me or sort of elaborate on what do you mean by that? Are we intending on taking someone who is a young person -- young virile person on ABI Waiver and putting them in with a group day service where -- that is more designed for elderly that may be exhibiting signs of dementia?

COMMISSIONER DEIDRE GIFFORD: Thank you for that question, Senator and I'll ask Kathy -- Kathy to
elaborate but just to -- to say initially; we have developed specialized programming in Group Day for individuals for example with cognitive impairment. And so taking a page from how we developed those specialized services, DSS Leading Age and other associations are going to collaborate to develop a model that's specific for individuals with acquired brain injury. Leading Age and the Association of Adult Daycare Centers are both strongly supportive of the Waiver Amendment around ABI Group Day Services. Do you want to add anything?

KATHY BRUNI: Just that we will be meeting with members of the Adult Day Association and they will help to identify centers that they think have the capacity to have separate areas of programming for separate populations and to help develop the model that they will provide, just as they've developed models for other populations that they've served.

SENATOR OSTEN (19TH): Right. And are they doing this -- is Leading Age in favor of this as they are seeing a decrease in the amount of funding that they have to support their elderly services programming? Is this another funding mechanism for them?

COMMISSIONER DEIDRE GIFFORD: Yes.

SENATOR OSTEN (19TH): So I just wanted to make sure that if we're helping fund Leading Age in the Adult Day Services, which I think are wonderful for the population that they serve; are we going to be able to have not only the services for those with Adult Day but the services of those patients or clients that are underneath either ABI Waiver I or ABI Waiver II?
COMMISSIONER DEIDRE GIFFORD: I'm sorry, Senator could you -- could you repeat the last part of that question? I'm not sure I understood.

SENATOR OSTEN (19TH): So if we're -- if Leading Age is looking -- or any of the Adult Day Services are looking for more funding and we allow clients from ABI Waiver I or Waiver II to expand into Adult Day Services, are they going to have the ability to increase programming to serve this population when they're already having problems serving the population that they have? So I'm curious, are we going to have an ability to service both populations within the dollars that will be available should we move this into that arena too?

COMMISSIONER DEIDRE GIFFORD: I see. You're asking about capacity of the Group Day Providers --

SENATOR OSTEN (19TH): Correct.

COMMISSIONER DEIDRE GIFFORD: -- who help developed a specialized service?

KATHY BRUNI: I don't think that's going to be a problem, Senator. I think one of the challenges of the day providers currently is that they can't necessarily depend on a daily census and some of our elders are somewhat resistant to leave the house to go to a day program. So some of them have really struggled to maintain the numbers that they need to balance with their financial needs to keep the center open. And I think some of them see this as a way to reach another population that they could serve based on their years of expertise in serving people with cognitive deficits.

SENATOR OSTEN (19TH): So -- thank you for that. And I just -- I am concerned about that moving --
moving that over so I just want to say for the record that your intention of opening up Adult Day Services for those that are in -- that are covered under the ABI Waivers I or II is not to see them have the same programming that -- that they serve -- with the elderly population that they serve?

COMMISSIONER DEIDRE GIFFORD: That's correct.

SENATOR OSTEN (19TH): Okay. I do have a question that -- thank you for that. I do have another -- couple of other questions. Another question I have is regarding the rates for ILSTs and so my understanding is that private providers get a certain dollar amount and that an agency provider gets the same dollar amount but whether or not they forward that dollar amount to providers is at question. So do you have the ability to find out what the agency providers are paying the individual workers?

COMMISSIONER DEIDRE GIFFORD: We do not currently, Senator have the ability to look inside at that level of the agency providers.

SENATOR OSTEN (19TH): So if we are providing the same dollars for -- if we are providing the same dollars for ILSTs that are private providers and for those providers that are agency providers that have ILSTs working for them -- the same dollars; why are we not able to ensure that that money is given to the workers and not kept by the agency?

COMMISSIONER DEIDRE GIFFORD: Broadly speaking, it has to do with the fact that we have provider agreements with these agency providers that don't stipulate down to the level of what they will pay their employees. They are provider agreements with
the -- with the State Medicaid Agency that has certain performance standards and expectations, but we do not have specific contracts that would allow us to -- to get that level of information with -- in fact most of the providers in the Medicaid program.

SENATOR Osten (19TH): So are we not then saying that everybody should be a private provider and not an agency provider -- work for an agency provider?

COMMISSIONER DeIDRE GIFFORD: I guess I would ask Kathy to comment on whether there are additional agency provided services for the ILST.

KATHY BRUNI: What I have been able to ascertain, Senator is that out of the nearly 600 ABI Waiver participants between Waiver I and II, there are 107 who are utilizing ILST as a self-directed service. But the agencies have told us that their -- the base payrates for their workers is more based on a blend of services that generally in a care plan it includes both companion and ILST services that are reimbursed at very different rates, but it's still the same provider doing the service so the pay rate is more of a blend of the -- the rates of those two services.

SENATOR Osten (19TH): So when you the contracts and Representative Walker and many of my colleagues that are on Appropriations have been looking at contracts and we're trying to figure out how do we get the best bang for the dollars that we're spending? So we -- I will go back to me. I would like to understand what we're putting in those contracts so we know where the dollars are going. And so flesh it out a little bit more, whether it's an ILST or a companion and I understand that they're meshing the dollars but how do we know as has -- as has been
brought to us when people were talking about restaurant workers, people seem to not know what is going on with the blended rate. How do we know what hours someone working at what? And so I would just strongly suggest that as you look at contracts that you figure out a way so that we can get the data because if we're expected to approve something, we want to make sure that the dollars are going to the workers and moving along those -- that way. So I just have -- you know, I'd like to understand that a little bit better.

So the next question I have is, are you adding PCA to ABI Waiver I?

KATHY BRUNI: Self-directed PCA is a State Plan Service under Community First Choice so that is available to anyone on Medicaid in the state who has had institutional level of care. So participants of both ABI Waiver I and II can currently access self-directed PCA services. Agency-based PCA services are currently available only under ABI Waiver II.

SENATOR Osten (19TH): Okay, thank you. And then my last question because that a lot of the other questions I have will be asked by other people. I get from many of the people that participate with both ABI Waiver I and ABI Waiver II that the agency is moving to eliminate the ABI services under one and put them all under II. Are you -- are you attempting to in any way move this into a one type of waiver and eliminating the ABI Waiver I, which has been one of the strongest waivers that we have for this population and been very successful over the number of years that it's been in force.
COMMISSIONER DEIDRE GIFFORD: No Senator, we don’t have any plans or intention of eliminating ABI Waiver I.

SENATOR OSTEN (19TH): Thank you. Thank you, Representative.

REP. WALKER (93RD): Thank you. Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Good morning, Commissioner and welcome. I just have one quick question. So in your proposal we’re changing the -- we're replacing specialized medical equipment with assistive technology. So if somebody has, say a specialized bed, which is under the durable medical equipment; how will they be able to still get those particular pieces of equipment that they need?

COMMISSIONER DIEDRE GIFFORD: Thank you, Representative. So the DME benefit will remain for those individuals so if they needed something that would otherwise under the State plan qualify as durable medical equipment they retain the ability to receive that service. The assistive technology service or benefit is an additional benefit of the ABI Waiver.

REP. ABERCROMBIE (83RD): So I just want to applaud the fact that you are moving in that direction. I think that everything that I have seen either with the elderly or this population moving in the direction of giving more assistive technology is the way to go. I think that it's cost effective. I think it's as safe as having a person in the room and I think in the long run we're going to be able to serve more people with the dollars that we are
achieving with the savings here. So I'm satisfied that by changing that language, one we are doing no harm, but we're also giving individuals more technology, which is the way of the future. So thank you. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you and let me just give the lineup so that everybody knows and if anybody's not on here, please raise your hand. Oh, there's one. Senator Formica, Representative Lavielle, Senator Mahoney, Representative Petit, Representative Wilson Pheanious, Representative Case. Oh, okay. Thank I'll go right to Representative Lavielle.

REP. LAVIELLE (143RD): Thank you, Madam Chair. Good morning, Commissioner and welcome. Just a couple of questions. I for the record just want to go over a couple fiscal aspects of this. In the briefing papers that we have, ABI average costs of $123,000, ABI II is 100 -- about $129,000, which gives us an estimated total expenditures for the year of fiscal 19, which is over that said that they're not estimated. The -- the past fiscal year was $47 million for ABI I approximately and $21 million for ABI II. Are we in the same ballpark for the coming -- for the current fiscal year and the next one?

COMMISSIONER DIEDRE GIFFORD: Yes, we are in the same ballpark, Representative.

REP. LAVIELLE (143RD): Okay. So that's roughly around $70 million give or take? Okay. And the increase -- so there -- there is no real increase represented in the budget? That the budget stays level next year with what we already saw in 19?
KATHY BRUNI: There is an increase in the budget to reflect the increase in the minimum wage that goes into effect October 1st and we've already started our analysis of -- of that and the amount that we can increase each rate to a company -- to accomplish that.

REP. LAVIELLE (143RD): So do you have sort of an estimated total for each year that that would represent; that particular increase?

KATHY BRUNI: Our fiscal department has that. It increases each year as the minimum wage increases.

REP. LAVIELLE (143RD): Right.

KATHY BRUNI: So that's built into the appropriations, yes.

REP. LAVIELLE (143RD): Okay. I was just looking for -- you know a figure for the record today. And all of that is budgeted? We're not talking today about anything that was not planned in the budget that we have before us that was passed a couple of months ago.

COMMISSIONER DIEDRE GIFFORD: Yes, you are -- you are correct.

REP. LAVIELLE (143RD): Okay. Now here's the -- the other -- the other question is regards to the ten slots for people who wish to transfer to ABI II to have access to the agency arrangement. So that -- that shift for ten people per year is budgeted; is that correct? Whether it happens or not it's budgeted?

KATHY BRUNI: It is budgeted, yes.
REP. LAVIELLE (143RD): And we went over this in the briefing but again for the record; so there are from what I understand there are currently 82 people on a waiting list who are in neither program today who would like to go on ABI II. And -- is that correct?

KATHY BRUNI: Of those 82, Representative Lavielle, four are already receiving services under ABI I.

REP. LAVIELLE (143RD): Okay.

KATHY BRUNI: And they wish to transition to ABI II.

REP. LAVIELLE (143RD): Right and that would be for the moment -- they would -- they would go under the rubric of fiscal year 20, right? They would be -- they would be transfers in the fiscal year 20, the current fiscal year.

KATHY BRUNI: Correct.

REP. LAVIELLE (143RD): Okay. And so that leaves six slots that for people, reserved for people from ABI I who might want to switch to ABI II. And so if they don't -- if no one from ABI I elects to do that do those slots remain open this year or do they go to people on the waiting list who are not in ABI I?

KATHY BRUNI: Reserved slots are only for those individuals who would have been in ABI I who choose to go to ABI II. So they would remain unfilled, but if next year there were 11 people, we would be able to use one of those six unused slots.

REP. LAVIELLE (143RD): So does the budget for those six slots -- let's say they remain empty just for hypothetical purposes. Does the budget for those six slots carry over into the next year? What -- what happens to it?
KATHY BRUNI: Those are individuals already receiving services so the money would be switched from ABI I to ABI II's budget.

REP. LAVIELLE (143RD): But there's still an increase, right? For those people.

KATHY BRUNI: Wouldn't be an increase.

REP. LAVIELLE (143RD): No?

KATHY BRUNI: No.

REP. LAVIELLE (143RD): It doesn't -- even though the average cost is higher for ABI II?

KATHY BRUNI: They would go with their current care plan and we would -- the reason they would be wanting to switch would be to access the agency-based PCA the costs are comparable for agency-based to the self-directed now.

REP. LAVIELLE (143RD): Okay. So we're not -- we are not under any circumstance looking at anything more that what we've already seen as you said in our -- in our current planned budget? Okay. Thank you very much. I appreciate your being here.

KATHY BRUNI: Thank you.

REP. WALKER (93RD): I'm going to just jump in real quick and when you say that the -- the cost -- the -- the dollar allocation in one and two are comparable, what isn't in there? Yeah.

KATHY BRUNI: If -- if you look at the expenditures for each waiver there's a total of about $70 million between the two waivers.

REP. WALKER (93RD): Okay.
KATHY BRUNI: So if people moved from Waiver I to Waiver II, essentially their money would go with them. So the expenditures between the two waivers would shift a little bit, but it would still be $70 million.

REP. WALKER (93RD): Okay, okay. I've got it.

KATHY BRUNI: Is that helpful?

REP. WALKER (93RD): Yeah, that is helpful. And then one other question. How many people -- how many member participants do we have in ILST?

KATHY BRUNI: Almost every Waiver participant has ILST as part of their care plan. I could defer to one of my staff if necessary.

REP. WALKER (93RD): So everybody?

KATHY BRUNI: Pretty much.

REP. WALKER (93RD): Okay, thank you. Next Senator Maroney followed by Representative Petit.

SENATOR MARONEY (14TH): Thank you very much. So you just mentioned that I guess the primary reason to switch from ABI Waiver I to ABI Waiver II is to access the agency PCA. Have we -- what are the reasons why we wouldn't amend the Waiver I and add the agency-based PCA to Waiver I?

KATHY BRUNI: ABI Waiver I has been closed to new participants since December of 2014 when we started ABI Waiver II. It would be pretty unusual for us to add a new service to a Waiver that's closed to intake. But what we will do is monitor the need for agency-based PCA and the demand for agency-based PCA in those in Waiver I and if we were unable to meet
that with the reserved slots we would reevaluate that position.

SENATOR MARONEY (14TH): Thank you very much. My other questions are in regards to the new continuing education requirements. Since this is a new requirement, is it being done in other states already and is there an existing curriculum that we can access or is this something that we'll have to develop from the ground up?

COMMISSIONER DIEDRE GIFFORD: So Kathy can elaborate. We do have some ongoing training already available. We are in addition to that working with our fiscal intermediary to develop some additional training options and for the agency-based providers, some of the agencies also, excuse me, also provide this training to their -- to their providers. So there are a number of options both that we're working to develop and already available in community.

SENATOR MARONEY (14TH): Okay. And for the ongoing training that's available, is some of that accessible like through online components; and then how is tracked? Do they ask them when they submit -- when they complete a course or credit hours, do they have to submit that to the agency?

KATHY BRUNI: Our expectation is that the completion of the six hours of training would be part of their personnel record so that if -- if they were being audited we could look at the personnel record and see that they had met the qualifications. Nothing beyond that. They're not reporting to us regularly.

SENATOR MARONEY (14TH): Okay. And then when -- when does this requirement go into effect?
KATHY BRUNI: The Waiver renewal beings December 1st this year.

SENATOR MARONEY (14TH): And so we would start with the continuing education right away instead of -- if we're developing the new courses still we're not going to give it a year to put that portion in -- in place or that will go in immediately?

COMMISSIONER DIEDRE GIFFORD: Well I -- there is training already available and the individual would have over the course of the full 12 months to complete the six hours, so I think we're confident that there will be plenty of options for the ILSTs to get the six hours that they need.

SENATOR MARONEY (14TH): Okay. Thank you very much.

COMMISSIONER DIEDRE GIFFORD: You're welcome.

REP. WALKER (93RD): Thank you. Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chair and I think the Senator and Representative Lavielle asked my questions about the Waiver. My only question would be about the continuing education. Will that be just initial continuing education or will that be a yearly requirement?

COMMISSIONER DIEDRE GIFFORD: That would be a yearly requirement, Representative Petit.

REP. PETIT (22ND): Thank you. All set, Madam Chair.

REP. WALKER (93RD): Thank you. Representative Wilson Pheanious.

REP. WILSON PHEANIOUS (53RD): Yes, thank you. Good morning, Commissioner.
COMMISSIONER DIEDRE GIFFORD: Good morning.

REP. WILSON PHEANIOUS (53RD): And thank you for your explanation just given regarding the movement from ABI I to II. What I'm wondering is what does - - what, if anything does a person lose by moving from ABI I to II in order to get agency PCA services; what other services would differ for them?

KATHY BRUNI: The service array in ABI II is broader than it is in ABI I so they wouldn't lose anything. The concern that we have heard is the difference in the cost cap and if we could not meet their needs under the cost cap in the Waiver then it would not be in their interest to transfer.

REP. WILSON PHEANIOUS (53RD): Okay. So ABI I would stay open for those people if the cost cap were a problem for them and they couldn't move; there's no danger to them losing services under --

KATHY BRUNI: No.

REP. WILSON PHEANIOUS (53RD): -- ABI I?

KATHY BRUNI: No.

REP. WILSON PHEANIOUS (53RD): Okay. One other question that I have is in updating and changing the name from specialized medical equipment to assisted technology you've also re-- significantly reduced the amount of money that a person is allowed by almost a half. I'm wondering if you've anticipated what difficulties, if any, that's going to occur, whether or not people generally meet -- have met their $10,000 cap per year and now we're moving it to $15,000 over three years. And I'm wondering what that's going to mean for the participants.
COMMISSIONER DIEDRE GIFFORD: Right. Thank you for that question. I think our experience, Representative is that this -- as we mentioned this aligns with our other Waiver programs and our experience has been that individuals are able to receive the technology that they need under this $15,000 limit. We also think that it's prudent on the part of the department to have this level of three-year replacement strategy because the technology should in most circumstances last for that period of time.

REP. WILSON PHEANIOUS (53RD): So people aren't -- is it your experience that people have met the $10,400-year cap?

COMMISSIONER DIEDRE GIFFORD: Right. Our experience --

REP. WILSON PHEANIOUS (53RD): Regularly?

COMMISSIONER DIEDRE GIFFORD: Pardon me.

REP. WILSON PHEANIOUS (53RD): Go ahead.

COMMISSIONER DIEDRE GIFFORD: Our experience has been that they don't utilize that full $10,400 and so we don't anticipate that this new limit will cause significant hardship to Waiver recipients.

REP. WILSON PHEANIOUS (53RD): Is there the possibility of exceptions in cases where something does in fact -- that does occur, it -- can individual exceptions be made and that kind of thing?

COMMISSIONER DIEDRE GIFFORD: Yes.

REP. WILSON PHEANIOUS (53RD): Thank you.
COMMISSIONER DIEDRE GIFFORD: There's both the --
the usual fair hearing rights that Medicaid
recipients have as well as an opportunity to -- if a
piece of equipment is for example stolen, to have
that be replaced sooner than the three years.

REP. WILSON PHEANIOUS (53RD): Okay, fine. Thank
you. Then my final question would be requiring the -
- I don't know, maybe adequacy of notice about the
changes. I notice that in the comments a number of
people indicated that they had difficulty finding
material and meeting you know -- and that there
hadn't been as far as some people seem to be
concerned, adequate consultation about the changes
in the -- in the -- you know working community. I
wonder if you would comment on that.

KATHY BRUNI: We're statutorily required to post
both a written notice and electronic notice. We --
we met both of those requirements. The written
notice is through the Connecticut Law Journal.

REP. WILSON PHEANIOUS (53RD): Right.

KATHY BRUNI: And in fact on the department's
website where we traditionally post our Waiver
documents, it was posted in more than one location,
so it should not have been difficult to find. A
search would definitely bring you there.

REP. WILSON PHEANIOUS (53RD): I just noticed that
comment in more than -- in like three of the
comments that we got, everybody seemed to be having
trouble and I wanted --

KATHY BRUNI: In addition to that, BIAC posted the
Waiver renewal information on their website and sent
a blast email to their entire provider workgroup
that they have. So we went beyond the required --
the statutorily required notice and anytime there is a notice it will be on the departments website in more than one location.

REP. WILSON PHEANIOUS (53RD): And what about the issue of consultation? It seemed as though some people seemed to feel that the changes in the education requirements and other things that while they may be intended to improve the overall you know functioning of the Waiver, they seemed to be feeling like they were left out of consultation and I just wondered; is it your usual methodology to bring people in and consult before you make these changes? Or is this -- was -- did something different occur than usually occurs? Cause I just see -- saw that comment in so many of the comments that we had, or some reference to that.

KATHY BRUNI: We didn't do anything differently. We receive ongoing feedback about the Waiver, all of our Waivers on a regular basis and that's how we identify things that we need to change. We don't normally consult -- consult with individual recipients unless they reach out to us.

REP. WILSON PHEANIOUS (53RD): Not so much the recipients, they seem to be people that are providing services and involved in one way or another that were feeling as though perhaps they -- they wished that they had been consulted so that things that they were already doing might be incorporated into the changes or there could be -- might be discussion with them about the kinds of changes that were being recommended.

KATHY BRUNI: Many providers were consulted, Representative.
REP. WILSON PHEANIOUS (53RD): Okay. Well thank you very much.

REP. WALKER (93RD): Thank you. Representative Case.

REP. CASE (63RD): Thank you, Madam Chair. Just a couple questions. Wearing two hats here on Appropriations and Human Services. Thank you for the briefing earlier. Just so -- within the budget there was an increase for the wages for these PCA workers. What -- that increase was how much throughout the budget?

KATHY BRUNI: Specific to the minimum wage, Representative Case?

REP. CASE (63RD): Correct.

KATHY BRUNI: I believe it's $1.9 million and we're in the process of doing that fiscal analysis now, procedure code by procedure code.

REP. CASE (63RD): Okay. So that effects the -- all the PCAs throughout both Waiver I and Waiver II?

KATHY BRUNI: The PCAs are -- are subject to the Collective Bargaining Agreement so that's separate from the Waiver rates.

REP. CASE (63RD): Okay. So also within the Collective Bargaining Unit, would this increased training, is that something that's negotiated in the bargaining or is that just something that comes along with the job?

KATHY BRUNI: Our expectation is part of the qualifications that you should have to provide the service to ABI participants. If it becomes a topic of Collective Bargaining we'll address it.
REP. CASE (63RD): Okay. And my only -- and so it's been spoken before there's 82 on the waiting list and you said four are taken care of; and I think looking forward on this I see $1.9 million increase in the wages but my real main concern with my Human Services hat on is to make sure that everybody has services. If you have brain injury, though we can't afford to take care of, now you're saying 78 instead of 82, although there are other services out there, we really should be concentrating on depleting that waiting list of 78; am I not correct? Through you.

COMMISSIONER DIEDRE GIFFORD: Well I certainly acknowledge your concern, Representative about the waiting list and I think we -- we work within the appropriation breach one of the Waivers and so that's the -- that's how the waiting is developed and that's how we develop the number of people that we're able to serve.

REP. WALKER (93RD): I'm sorry, Commissioner I need you to speak into the mic a little.

COMMISSIONER DIEDRE GIFFORD: Excuse me, Representative, I'm sorry.

REP. WALKER (93RD): That's okay. Say that again please so that we can all hear it.

COMMISSIONER DIEDRE GIFFORD: Right. With respect to the waiting list, I was acknowledging the Representative's concern about having individuals on the waiting list and also acknowledging that we developed that based on you know the cost for services for the individuals based on their care plan and we work within the -- the obviously with the appropriation that we have.
REP. WALKER (93RD): Thank you. Sorry, sir, go ahead.

REP. CASE (63RD): Thank you, Madam. And so we have to go to the federal government with the $1.9 increase in the wages so that we can get our reimbursement, through you Madam Chair; is that correct? Because they -- they part of that increase because it's increasing the service.

COMMISSIONER DIEDRE GIFFORD: Yes, although we as part of this, I don't think that we need specific federal approval for the wage increase under the Waiver.

REP. CASE (63RD): No. Let me clarify. That's not what I asked. We're increasing the cost of the Waiver so we have to do that. My question is, are we also asking for an increase of cost so we can cover these 78 other people who are on the waiting list or are we just right now dealing with the wage increase? Through you.

COMMISSIONER DIEDRE GIFFORD: So our -- our -- we assert in submitting the Waiver to CMS that the -- the Waiver itself will be cost neutral to the federal government, meaning if these individuals who are otherwise eligible for -- would need level of care for institutional services that we affirm to them that we are spending no more money on home and community based services than we would spend were the individual to be -- to be institutionalized. So that's the -- how the term cost neutrality works in terms of CMS.

In terms of the state budget as Kathy already explained, there's no -- beyond the wage increase
there's no additional impact of this Waiver renewal or amendment on the state budget.

REP. CASE (63RD): Thank you. And just from my closing, I just -- it's hard for me to figure $1.9 million increase but we still have 78 people on a waiting list. Thank you for all your information today. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you, sir. Next Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair and thank you, Commissioner for being here. I too have concerned echoed by Representative Wilson Pheanious about the caps of well 15,000 over three years for durable and assistive technology. As a social worker and care manager, I just want to acknowledge that the needs of these clients are dynamic. So they're going to change you know, especially as they get customized equipment or assistive technology to that level of care need, you know. And so that changes and I know firsthand these are very expensive. I mean we're talking custom wheelchairs, lift chairs, adaptive hospital beds and of course the assistive technology. And as those needs change I am very concerned that we're executively limiting the -- the allowability of -- of purchasing those equipment -- which makes so much difference in terms of people's ability to function and be independent in the community.

COMMISSIONER DIEDRE GIFFORD: Thank you, Representative and -- and I'll just -- I appreciate your concern. I will reiterate the distinction between the dura -- durable medical equipment, which remains and some of the equipment that you described in your comments would be covered that VME benefit,
which the individual would still retain access to. And this $15,000 limit is restricted to the non-DME assistive technology.

REP. HUGHES (135TH): So just the assistive technology.

COMMISSIONER DIEDRE GIFFORD: That's right.

REP. HUGHES (135TH): Okay. The other question I have through you Madam Chair, is I wonder if when people are transitioning from AB I to AB II would they have less monies and could it jeopardize their opportunity to remain in the community, which would be essentially more cost effective it seems to me especially with regards to the personal care attendance.

COMMISSIONER DIEDRE GIFFORD: So their -- their care plan as Kathy said in switching from one Waiver to the next would not change. They would gain the access to the agency-based services at their request.

REP. HUGHES (135TH): Right.

COMMISSIONER DIEDRE GIFFORD: So I don't anticipate any impact on their ability to remain in the community. In fact I think it would probably be enhanced because the -- this is an individual who feels they can be more effectively served in the community through the agency-based services.

REP. HUGHES (135TH): And again like -- through you Madam Chair, what Representative Wilson Pheanious asked, is there exceptions for folks that are not self-directed or -- or move through that area of not being able to be self-directed but then could
completely changed in terms of, can you make exceptions?

COMMISSIONER DIEDRE GIFFORD: Could you clarify, Representative, exceptions to what exactly?

REP. HUGHES (135TH): Well when you're asking about whether they could be self-directed and where their personal care attendant opportunity for self-directing who is caring and you know hiring those people rather than going to agency; could there be some dynamic plan of care that allowed for that capacity if that capacity arose. So if a client can be self-directed but they thought they would be better served by agency, you know what I'm saying?

COMMISSIONER DIEDRE GIFFORD: Could they switch back to self-directed from agency?

REP. HUGHES (135TH): Right, yes. That's my question.

KATHY BRUNI: Since self-directed is an available service, self-directed PCA is under Community First Choice under the Medicaid State Plan, they can switch at any time.

REP. HUGHES (135TH): Got it, okay. That's important. Thank you.

COMMISSIONER DIEDRE GIFFORD: You're welcome.

REP. WALKER (93RD): I just have a quick question. The -- the appeals process for assistive technology, is that going to be posted on -- on your website so that people know once we move -- make this adjustment? Because I know one of the things that we did ask earlier was is there -- is there -- is this a hard and fast $15,000 for three years or is there an appeals process? Let's say something
happens, there's a car accident and their -- their adaptive equipment gets destroyed or something like that, is there an appeals process for them to qualify?

KATHY BRUNI: The first -- the first line of appeal would be directly to the Community Actions clinical staff. Beth Kerangilo, whose the nurse that oversees the -- that works with those care plans on ABI, Amy Dumont and myself; and if the person was not satisfied with the response from the department they would follow their -- their rights to file for a fair hearing.

REP. WALKER (93RD): Is that posted anywhere? That's what --

KATHY BRUNI: We can post that. That --

REP. WALKER (93RD): Okay. I think it's important that for -- for clarity we need to have that. Representative Porter.

REP. PORTER (94TH): Thank you, Madam Chair and thank you, Commissioner and Kathy for being here this morning. And forgive me if this question has already been asked because I actually went out and came back in but I was just wondering who gives input and approval for the continuant education credit?

COMMISSIONER DIEDRE GIFFORD: Who gives input and approval? Do you mean in terms of the courses that would qualify?

REP. PORTER (94TH): Yes.

COMMISSIONER DIEDRE GIFFORD: I see.
KATHY BRUNI: I think we would consider anything that would be dealing with improving the skill set of the ILSTs in providing services to Waiver participants as something that would appropriate and meet the qualification -- the requirement that we're looking for. Whether it's deescalating challenges behaviors, identifying precipitating factors to challenging behaviors, motivational -- motivational skills to get people to want to learn and participate in the learning experience. Because the independent living skills training service, the purpose is driven to help people learn independently to meet their daily needs.

REP. PORTER (94TH): Right. And would the court -- credits be available online or would this be classroom type setting? What would be the options for obtaining the credit?

KATHY BRUNI: In addition to what the state will be offering and what BIAC traditionally offers, my understanding from the providers is that they -- they offer some themselves but also that there are courses available online that people can take.

REP. PORTER (94TH): And my last question through you Madam Chair, if there is a failure on the part of the participant to meet the credit requirements, what happens?

KATHY BRUNI: Our fiscal intermediary in their contract is required to audit 10 percent of our providers each year and as part of that audit process they will be looking at personnel records of -- of these and we would expect to see the six hours of continuing education credits in there. If they were not there, then we would expect that that
person would not be working until they complete the six hours.

REP. PORTER (94TH): Okay.

KATHY BRUNI: Or be given a timeframe to complete them.

REP. PORTER (94TH): Okay. And you're saying that they would be or you're -- is that speculative or would they be given?

KATHY BRUNI: We haven't gotten that far yet.

REP. PORTER (94TH): Gotcha. All right. Thank you and thank you, Madam Chair.

REP. WALKER (93RD): I'm sorry, Senator Osten I didn't quite get all that -- Senator Osten.

SENATOR OSTEN (19TH): Thank you very much. In response to Representative Porter's questions on the six hours of continuing education; if we don't have a list of courses that are applicable to that six hours of training, how is someone going to know that that six hours of unpaid training is going to count towards that requirement? And while some agency providers may have courses they're teaching people, without a -- a definition of what that training will be it's going to be impossible for workers to know if they are meeting that goal. So they make take six hours of training from their agency provider and think that they've covered the goal of six hours of training. And then it's submitted and they're finding out that that courses really don't qualify for that. So I -- I'm confused on the six hours of training. One, I think it should be paid for, but two, I -- I also think that we should have an exact goal of what we're working towards. So I'm a little
bit concerned about that six hours of training and I don't feel that Representative Porter's question was answered with specificity and so I'm a little bit -- I am a little bit concerned about that. So is there any way that we can come up with the courses that would fill the requirement of six hours of training? Thank you. Thank you, Madam Chair.

COMMISSIONER DIEDRE GIFFORD: Yeah, so -- so thank you for that point. So I think a couple of things. We can and will work with our fiscal intermediary and the agency to make sure that we're clear on the -- this requirement and that the types of courses that would be acceptable to meet the requirement are -- the parameters for that are made clear to the individuals who are subject to the requirement.

As we mentioned earlier, and I think it just bears repeating given your concerns; there's a lot of work underway both on the part of the state by nonprofits and by the agencies themselves to provide this type of training. So there -- there is an environment where there's a lot available but I appreciate your -- your request for a little bit more guidance for the individual subject to the requirement.

REP. WALKER (93RD): Senator Formica.

SENATOR FORMICA (20TH): Thank you, Madam Chair. Good -- good morning. So in summation of the last two questions. We're providing a requirement for additional training with a corresponding curriculum.

COMMISSIONER DIEDRE GIFFORD: So Senator, thank you. It's not at all atypical for individuals, providers in the healthcare profession to have such a requirement to maintain credentialing or licensure standards. Most -- in fact most providers do have
such educational standards and -- and because -- in order to provide flexibility and allow for flexibility for those individuals, it's not typical that a specified curriculum would be offered. And the individual and their employer need to collectively ensure that the individual is meeting those requirements since these are not licensed individuals. They don't have a public health department licensure requirement but would be between the individual and their -- either the fiscal intermediary or the agency provider to ensure that the individuals assertion that they'd met the requirement was done.

SENATOR FORMICA (20TH): But there -- there is no set requirement yet that's going to kind of -- you guys are going to figure that out as you go?

COMMISSIONER DIEDRE GIFFORD: The -- the requirement -- you're right, the requirement is for hours and not on specific topics.

KATHY BRUNI: Let me use myself as an example, Senator. Perhaps this would be helpful. I'm a Licensed Clinical Social Worker, licensed by the Department of Health. I'm required to show evidence of 15 hours of continuing education credits each year. They do set some parameters around a certain number that have to be related to cultural competence and a certain number that need to be related to working with Veterans. Other than that it's up to me as the professional to seek out training that I think will help me in my daily work and we didn't want to be more prescriptive than it should be helpful to you in your work as an ILST. What are you finding challenging? What would be helpful to learn more about?
We can certainly work more with the agencies on it, but in general it's not a prescribed curriculum. It's -- it's the ability to choose from a range of courses that the individual thinks will benefit their skillset. Or that perhaps their agency identifies they might need additional skills in.

SENATOR FORMICA (20TH): It would seem to me if you have a headache you would take specific aspirin to solve that headache. And just to have an open-ended training at a cost without knowing what your headache is going to be, you know I guess it may be nice but I'm not sure is that -- is that appropriate in a cost-saving environment that we're trying to go through? I mean it just -- I would much rather say listen, we have this problem. I think we need to solve it. Here's the curriculum we're going to put forth. Everybody's got to take who participates in this one particular vocation and let's solve the problem. But just to have continuing education for the sake of continuing education at a cost that the agencies are going to have to endure, I don't know that that -- I don't know that that makes a lot of sense to me. But I guess there's a reason.

Could you tell me what a pre-vocational service is, please?

KATHY BRUNI: The pre-vocational service is one of the services in the Waiver that works with people to develop basic skills to prepare them to go into a workplace.

SENATOR FORMICA (20TH): And so are those services provided in group day settings or are they provided in other ways? Is this -- does this Waiver amendment alter any way that those services are provided?
KATHY BRUNI: This Waiver does not alter anything regarding pre-vocational services. Pre-vocational services are required to be an individualized service.

SENATOR FORMICA (20TH): But certain providers are only allowed to do that now? Or all providers allowed to do that now?

KATHY BRUNI: Providers who meet the credentials specified in the Waiver are able to provide pre-vocational services.

SENATOR FORMICA (20TH): And has that been reduced, eliminated or stayed the same in this particular --

KATHY BRUNI: We have not changed anything regarding pre-vocational services in the Waiver.

SENATOR FORMICA (20TH): And there's no cost implication with regard to the group day services and the pre-vocational services provided by those agencies or providers who can provide that service? There's no change; this is what you're telling me?

You know I guess I'll just leave it at that. Thank you. It's all rather confusing to me because I'm getting multiple input that's completely opposite to what you're saying. So thank you.

REP. WALKER (93RD): I just -- just quickly as a -- as a social worker or as a teacher we have certain CEUs that we have to get in order to maintain our certification. Where is it identified what DC -- the question I think we're having is where is it identified, and the reason why I say that is because as you stated earlier, you said that if you go through people's files and you see that they don't have the six hour certification or training that you
can shut them down. But if I don't know where these courses are or what they are that gives you the power over me to determine whether you're going to accept my -- my training or not. So if we don't have enough clear, defined area for providers to go to get this certification it then gives you the power of control. And I think that's what I think we're all hearing in this discussion. And I understand about CUs but they're posted. When I take my CEUs for my social work I get -- I -- it's posted and I know where to go to get them. I know what school or whatever and I know what website and then I get an acknowledgement that I put in my file that I give to my certification. So where does that happen?

COMMISSIONER DIEDRE GIFFORD: Right. I appreciate the -- the concern. As I mentioned earlier the state is working on several different levels to make sure that these trainings are available. And -- and we can provide assurances that both through the fiscal intermediary for the self-directed and with the agencies for those agency employed ILSTs that we will ensure that all of those entities have a full appreciation of the trainings that are available as Kathy mentioned. Many of the agencies themselves are providing the trainings for the ILSTs and the state is working with a provider to develop a training curriculum that we will make sure both the fiscal intermediary and the agencies are aware of so that the ILSTs know where they can go to get these courses.

REP. WALKER (93RD): Okay. So -- so -- so let's just say, let's just say hypothetically this passes. When is that requirement for six-month training going to begin?
COMMISSIONER DIEDRE GIFFORD: It's six hours per year and it begins with the renewal of the Waiver, so December 1 of 2019. So they have 'till November of 2020 to complete their six hours of training.

REP. WALKER (93RD): So the requirement goes into effect December 1 and those people that are going to be, not grandfathered in, but have the opportunity to get them, they have until when? November?

COMMISSIONER DIEDRE GIFFORD: Correct.

REP. WALKER (93RD): 30th of 2020?

COMMISSIONER DIEDRE GIFFORD: The requirement is for six hours per year so they could do it all in December of this year or they could wait 'till November 29th of 2019.


REP. WALKER (93RD): So the requirement goes into effect as of December and they have one full year to complete that and by that time before that requirement is out, you will have posted on your website where these -- these -- these hours can be acquired so that I as a provider will be able to go to your website and say, oh I've got to get my six hours and you've notified me that I'm going to get my six hours and I can go to your website and get that information, correct?

KATHY BRUNI: Our fiscal intermediary has in their contract for years offered training for ABI providers and we will continue to make sure that that's available and that we can post it on the website. They send it out to the providers but I don't want to limit it to just what we can offer.
REP. WALKER (93RD): Okay. But -- but it -- but that -- what I'm saying is, it's going to be posted on your website for -- for -- for me to go to wherever or it can be discussed or how that process is -- is going to take place is going to be posted. That's all I want to know so that I make sure that people have the information that they need.

KATHY BRUNI: We can absolutely do that.

REP. WALKER (93RD): That's all I'm asking. Thank you, thank you very much. Representative Abercrombie followed -- for the second time, followed by Representative Wilson Pheanious for the second time.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Just to continue this -- this conversation. You know, I think it's important that the reason why I think that the -- the continuing education is important because in any healthcare field things are changing and I would want -- if I was a parent of a child that brain injury and I had somebody that was giving them the ILST services, no offense folks, I would want to make sure that they had the most current practices in front of them. And how do you get those practices? By requiring people to do continuous education. That's why we do it in the medical field, right? Because we want to make sure that people aren't becoming complacent and continuing to do the same thing.

I do agree that we have to make sure that there's guidance on the website, but I will say is, I don't believe that we want to become too stringent in what those requirements are because at the end of the day if I'm working with an individual and that individual has a specific need, I want to make sure
that I can go and get the training to help that individual. And I want to make sure that it's covered under my continuing education. So I understand my -- the concerns of my colleagues, but I also want to make sure that this is for the betterment of the individuals that we are working with. We want to make sure that people that are working with this population have the best skills. So I don't want us to get so caught up on what it looks like.

I also want to say that we have a Brain Injury Alliance of Connecticut And Julie Peters who is here is going to be testifying. They do a lot of this training. We used to have a really lucrative contract with them which helped us as a state and through budget cuts we no longer have it to the amount that we did. Maybe that's something we start to look at again so that we have a singular place for training. But you know, I have to say that I need -- I -- I would like us to tread lightly when we talk about how this looks like in the future. Thank you, Madam Chair.

REP. WILSON PHEANIOUS (53RD): Thank you, Madam Chair. And along the same lines, I actually appreciate the flexibility that the design you have allows for people to get what they specifically need. My question is regarding maybe the appeal or if someone has taken a course and decided that this is what they need and they've had three or four hours of whatever to improve their skillset and their employer either doesn't think it was appropriate or -- I'm trying to understand where's the like -- how does one ensure that what they've taken will meet the needs of the six required hours and who is in charge of approving that process?
COMMISSIONER DIEDRE GIFFORD: Yeah, it's a fair question and I -- we will make sure that we communicate both with the agencies and with the fiscal intermediary so that everyone's clear on the -- what's allowable under these six hours.

REP. WILSON PHEANIOUS (53RD): Okay, thank you. That would be my concern. Thank you, Madam Chair and Commissioner.


REP. WILSON (66TH): Thank you, Madam Chair and thank you for sharing with us and being patient for all of our answers today. There was an answer that you gave along the CE that really kind of didn't ring well with me and that was that you audit only 10 percent of the participants or the employees that are providing these services. And I have to say that I've been in the insurance business for 40 years and we have had continuing education that we have to do and we are not allowed to renew our license every two years if we haven't done the certification.

I'm also a registered investment advisor and securities representative and I have to do CEs to renew those or I don't get to practice my profession. So it's pretty disturbing to me when I -- when I hear that we are only looking at a sampling of 10 percent to see whose actually qualified to provide the service. That's just a comment. I mean you can reply if you like.

But my -- my other question then is, has this CE requirement been approved under the Union agreements for the PCAs?
COMMISSIONER DIEDRE GIFFORD: So, go ahead Kathy.

KATHY BRUNI: It does not apply to PCAs. It only applies to ILSTs. For agency-based PCAs who are not part of the Collective Bargaining Agreement we worked collaboratively with the Association of the Agency Providers and developed a curriculum that all agency PCAs need to take before they start working and we've had that in place for about a year.

The ILST portion of -- of the requirement for the CEUs that has not been part of the Collective Bargaining Agreement.

REP. WILSON (66TH): Thank you very much. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. Are there any other questions from our -- my membership? Thank you, and I -- I would -- I would ask that you guys stick around because we have a few people here to testify and maybe we might have some followup questions with you if possible so that we can get all these answers. Okay.

COMMISSIONER DIEDRE GIFFORD: Thank you, Representative Walker.

REP. WALKER (93RD): Thank you. Thank you all for your testimony. Okay. This concludes the -- the agency -- the agency portion. Now we move on to the public portion of the public hearing and first Julie Peters. Good -- good morn -- good morning.

JULIE PETERS: Good morning Chairpersons and Members of the Appropriations Committee. My name is Julie Peters, Executive Director at the Brain Injury Alliance of Connecticut. I am submitting this testimony regarding the renewal application for the
Acquired Brain Injury II Waiver and the amendment to the ABI Waiver I.

BIAC supports the amendments to Waivers I and II because we believe that these changes are positive and will serve to enhance the overall service provision and outcomes to waiver participants. Specifically for Waiver II. You've talked a lot about the mandatory annual training for independent Livings Skills Training -- Trainers of 6 hours.

BIAC supports this requirement. This is the minimum we should expect from those who are working with individuals with brain injuries. Most professions as you've noted, have CEU requirements for credentialing, and it is not unreasonable to expect that all professionals maintain ongoing education and professional development on an annual basis. Every day we learn more about brain injuries and it is imperative for all providers to stay current on the most up to date and best practice models.

I -- while BIAC is one option for providing training, it's only one of many and it doesn't have to be cost prohibitive. There are wonderful, online programs I do myself with -- to maintain my CBIS credential. So there's all kinds of ways to obtain the certification and the -- the counsel -- the continuing education and it's -- this is minimal. This is six hours in a year and it can be done at any time. So whether someone chooses as I would prefer that they do it in person because I think you get a lot more out of it, we don't want this to be entirely prescriptive as we've indicated. So I think it's really important that it -- that it does stay broad so that people can get that kind of education that will help them.
We also support the addition of the new provider credential of Certified Adult Day Health Provider to be added to the list of providers of ABI Group Day Services. This will expand those who can provide this service. Allowing for more approved credentialed provider entities is a benefit to waiver participants. It is our understanding that DSS has had difficulty attracting providers to develop and implement this Waiver service, and this change will make the service available to more people. We believe that ABI Group Day is an important and viable option for many waiver participants, and we support any change that will facilitate greater utilization of this service. Having a greater pool of authorized vendors from which to choose is also in direct alignment with CMS and CT -- and Connecticut DSS mandates for person-centered choice.

Changing the name of Specialized Medical Equipment & Supplies to a new name of Assistive Technology, we also support this. It better reflects the scope of service and coverage that is currently available to waiver participants and nothing is being taken away from people. Individuals will still have access to medically-necessary equipment under the Medicaid state plan -- plan.

We also support the proposed amendment to add 10 reserve slots for current ABI Waiver I participants so that they can secure agency-based services. Again, no one is being required to do this. This is for those who are not able to manage their own PCA services. There's no force. This will also allow for greater choice.
But our biggest concern regarding ABI Waiver II is not addressed in these proposed amendments. There continues to be a significant waitlist for Waiver II, with over 85 people currently waiting for an available slot, and the average wait time is over two years. This is almost double the number who were on the waitlist when ABI Waiver II was enacted in 2014. This is unacceptable. Ever since the Olmstead Act was passed in 1999 the State of Connecticut has recognized that individuals with disabilities have a right to live in their own homes with appropriate services. We also know that Connecticut's long-term care facilities are unable to serve individuals with brain injury appropriately. In many instances individuals have no other option than to go into institutions to access the Waiver through MFP. I strongly ask the legislator -- legislature to continue to consider adding additional slots to Waiver II so that more people can safely remain in the community. Everyone deserves the right to live in the community with appropriate support. Please approve the ABI Waiver II renewal with amendments to ABI Waiver I and increase the number of slots so this can be a reality for more Connecticut citizens. Thank you.

REP. WALKER (93RD): Thank you. And thank you for your testimony. And I -- I apologize, I didn't specify -- I didn't say -- I didn't remind everybody that on the public hearing that you have three minutes so I please ask everybody to be conscious of the -- of the time. I didn't hear the bell but I saw the wave, so I will -- I will let you know at three minutes.

JULIE PETERS: I apologize.
REP. WALKER (93RD): That's -- that's okay. That was my fault. I need to go back to training. [Laughing] So I want to thank you for your -- for your -- so your concern -- most concern is the wait list?

JULIE PETERS: Yes.

REP. WALKER (93RD): Okay. And I think we talked about that and I think that -- I hope that the DSS heard our concerns and we will ask them to provide us with how they're going to remedy that, so that will be important. Are there any other questions from the -- yes, Senator Moore?

SENATOR MOORE (22ND): Thank you, Julie for your testimony. So you've heard all the questions from the different legislators regarding the Waiver and I know you had written testimony. Is there anything that you heard that brings concern that you may know about that we didn't hear?

JULIE PETERS: The only concern I have is kind of -- as Representative Abercrombie shared, the concern about the -- the CEUs and being too prescriptive. I think it -- it's a challenge here but anyone who works in a profession that requires CEUs understands that there's generally a wide variety of ways that you can get those and we're just trying to require a minimum of six hours of -- of what someone would think would be helpful to their practice and I think that that's important so. But I would want them -- I mean I do also think that -- that there's a balance there because it needs to be something that's going to be helpful to people and their practice.
REP. WALKER (93RD): Thank you. Are there any other questions? I'm sorry, Senator -- Senator Osten.

SENATOR OSTEN (19TH): Thank you very much and thank you very much for coming. I want to go back to the training timeframe, the six hours of training timeframe for a second. And you said whatever they would choose to be appropriate would be okay. Does that mean whatever the workers chose to be appropriate would be okay for the six hours of training to meet that goal?

JULIE PETERS: Again I think we don't want to be too prescriptive and I think -- but there also has to be a balance, so agree that posting the variety of options that there are available for CEUs you know. But yeah, again, you -- to say oh yeah, you know I'm going to go home and you know my friend is going to tell me a little bit about brain injury and then I'm going to use that as my CEUs is not appropriate so there has to be a balance there.

SENATOR OSTEN (19TH): In regards to the unpaid portion of this are you saying that workers should take unpaid time? Most of these are minimum wage workers.

JULIE PETERS: ILFT has a fairly high paying -- this is only for ILFT so -- so no. And again, most of us have to do this and -- and the idea that you could do it if necessary, you could do it in the evenings, you can do it via a webinar. There are lots of options and I don't think six hours is too much to require of somebody at this level.

SENATOR OSTEN (19TH): So are agency ILSTs paid what private provider ILSTs are paid?
JULIE PETERS: I would -- would not know but I do think that there are -- there are reasons people for an agency other than just the pay. I think there's other benefits that they get which is probably why they do that.

SENATOR OSTEN (19TH): Thank you. So if I could go back to that pay differential; you don't know what that pay differential is --

JULIE PETERS: No.

SENATOR OSTEN (19TH): -- so you can't make a statement that they're high paid. If they're not paid -- if agency ILSTs are paid $15 an hour, which my understanding is some are; then that's not a high paid position. And -- and I would just --

JULIE PETERS: That is not my understanding, so.

SENATOR OSTEN (19TH): Okay. But you don't have direct knowledge of that.

JULIE PETERS: No.

SENATOR OSTEN (19TH): So -- so that -- I mean I would just hate you to say that that's a fact when we're getting conflicting up here reports on what ILSTs are paid and we have no way of checking out the contracts for agency providers for the workers that are paid under those -- to -- by those agency providers, correct?

JULIE PETERS: Correct.

SENATOR OSTEN (19TH): Okay. So I just -- you know I just want to be careful that we're supposing that you know or -- it's not a really a guess but we have no documentation on what they're being paid right now and we have no ability to find out from an
agency provider and I recognize the value of having an agency provider, but I also know that in some cases in other arenas the directors of agencies are high paid and their workers are low paid. So I just would hate to say that all ILSTs are paid very highly if that -- that is not the case, and nobody here today has been able to provide me with the knowledge -- codified knowledge with some piece of documentation on the pay rate of ILSTs in agency providers. So I just am concerned about that and I do -- you know I think that if we're going to make a requirement that people have CEUs we would like to know what the pay rate is for those people and if it's that they're making $35 an hour [coughing], excuse me, that's something that I -- I would consider but I just think we need to be careful about putting that out there and saying that that's true because it does not appear to be true from the documentation that I have seen. So thank you very much, Madam Chair.

REP. WALKER (93RD): Thank you. Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chair. Thank you Mrs. Peters. I wonder if you can just comment in general as to whether there's national standards for continuing education; if there's any one or several organizations that maintain a repository of courses or collection of continuing education credits.

JULIE PETERS: It's generally based on profession, but for instance my credential is a Certified Brain Injury Specialist and that's through the Academy of Certified Brain Injury Specialists. It's a national credential. And so again with that, I have to
submit the number of hours that I -- I'm required, I think it's eight a year -- per year, and they don't prescribe where I get them but they -- but most -- most training has to be CEU approved, right? So for instance when we provide our training for Social Workers, for Psychologists, for all the different professions, we have to get approval of that continuing education so that -- that it's gone through some kind of thing like that. So there's that -- so there is that. But because it's a lot of different professions that serve people with brain injury you don't have one specific overall body doing that. The closest one would be this -- this Brain Injury Specialist credential.

REP. PETIT (22ND): And does your organization or any other keep track of who in this field does continuing education and if you don't track that, do you have a perception of whether a small portion, some of the people or most of the people actually do any continuing education?

JULIE PETERS: For -- not specific to ILSTs, I don't have that information.

REP. PETIT (22ND): Thank you. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. Representative Lavielle.

REP. LAVIELLE (143RD): Thank you, Madam Chair. Thanks for being here with us. Good morning still. Just a couple of short questions to go back to the -- the folks who work for agencies. No one is ever obliged to work for an agency, are they? I mean they choose if they're going to work for an agency, correct?
JULIE PETERS: Correct.

REP. LAVIELLE (143RD): Okay. And when the agencies charge rates for their employees, do they -- are they uniform from agency to agency?

JULIE PETERS: I do not know that.

REP. LAVIELLE (143RD): I don't mean what they pay the people who work for them. I mean like you hire an agency to send people to work for you. Are the agencies across the board charging uniform rates or not?

JULIE PETERS: I would not know that.

REP. LAVIELLE (143RD): Okay. And they are private companies, right?

JULIE PETERS: Correct.

REP. LAVIELLE (143RD): Okay. So it's really their business what they pay their employees.

JULIE PETERS: I would say.

REP. LAVIELLE (143RD): And finally, are the various courses that are available, whatever -- whatever they happen to be, are the prices for those courses uniform or do they vary?

JULIE PETERS: They vary. Many of them are free.

REP. LAVIELLE (143RD): So you can really choose to take what you want?

JULIE PETERS: Correct.

REP. LAVIELLE (143RD): Okay. That seems reasonable. Thank you very much.

REP. WALKER (93RD): Thank you. Are there any other questions?
REP. WILSON (66TH): Thank you, Madam Chair and thank you Julie for being here. Question on the waiting list of 85 people. Any idea of -- of nationally where that puts us as far as percentage of people waiting on the waiting list? And again, just a general feel, not a specific number.

JULIE PETERS: Every state is very different in terms of how they serve people with brain injuries. So it's difficult to compare state-to-state. I just know that I've been here 17 years and you know; it's only gotten worse. It's only -- you know we thought -- we were so hopeful with ABI Waiver II that you know we'd be able to really cut down that -- that wait list. It was 49 people in 2014 and as we said, it's 82 people now. So -- but again this has to come you know, respectfully it has to come from you. DSS has never said we don't want to serve more people. It has to come through Appropriations. That's -- that's the only way it's going to happen.

REP. WILSON (66TH): All right. Thank you. It reminds me of the list, or it's reminiscent of the list of those with intellectual and developmental disabilities. I think it's at 2000, which is not right. Anyway, thank you and thank you, Madam Chair.

REP. WALKER (93RD): Thank you, and I want to thank you for your testimony. I just want to make sure that we are all on the same page that -- that DSS is going to post on their website where the certificate -- I mean the credentialing can be obtained and if it doesn't then they can contact you if they want to have some alternative way that would be accepted and that way it will be very clear. It's not random. It's going to be out there for them no matter which
way they want to go. So we're all nodding our heads. I just want to -- I'll keep saying it until the end of the day so that we make sure that we're all on the same page. Thank you and thank you for your testimony. Next we have Dominick Cotton and after him Elaine Burns and then after Elaine, Lesley -- Lesley Bennett, and then after Lesley, Lisa Martin, correct? Right, okay. Good morning, good morning. Remind you, three minutes and please state your name, sir.

DOMINICK COTTON: Sure. My name is Dominick Cotton. I'm an Advocate Conservator for a person with brain injury as well as an agency provider.

REP. WALKER (93RD): Could you speak into the microphone because I can't hear you, sir.

DOMINICK COTTON: Sure. My name is Dominick Cotton. I'm an Advocate and agency provider and also a conservator to a person with brain injury. I'm here to discuss three main items, the continuing education credits. Something that hasn't been discussed about the changes from ABI Waiver I to ABI Waiver II which is the cost neutrality and the unintended effects that it might have on ABI Waiver I as well as the medical equipment.

Plain and simple, as far as the training goes, people -- the Department of Social Services can come back and amend these Waivers at any point in time. I think it would behoove us to have a system set up in place that everybody agrees upon before it's enacted so that it's clear what is exactly expected. I also want to point out that the majority of ILSTs get their training from a neuropsychologist or cognitive behaviorist. That's the way the program was initially set up because everybody with a brain
injury is different. Everybody needs specific training on how to work with that individual person. So the majority of their training usually comes through team meetings or individual meetings. I know I as an ILST meet up at least once every other month with a cognitive behaviorist and we discuss issues about what's going on with that person and they -- we discuss plans of action along with that person to be able to help implement plans and goals together. So I think that's the critical component as far as training goes.

I think anything that would be done on top of that obviously would be personally beneficial to everybody. But to have a system in place ahead of time instead of backfilling this and possibly disenrolling what they haven't talked about as private providers because somebody would have to oversee that they were doing these credentials as well. So I'd rather have a system in place and then if you feel that people weren't utilizing it, make the amendment but it can be done at a later date.

As far as cost neutrality and changing people from different Waivers. These programs -- I know somebody is going to have to ask me a question, right?

REP. WALKER (93RD): Go ahead, sum up, go ahead.

DOMINICK COTTON: Okay. As far as these programs go, essentially you have four different levels of participants. You have a person whose coming out of a hospital level at some, I don't know, $300-400,000 a year. Their services might only take up $200,000 of that $400,000. The rest that's left over is for the people at lower levels, which help maintain the aggregate or the cost neutrality. That's how you
can have people be able to get 150 percent of like -- of their services or their -- their alternative cost of care cap. So if somebody is in a nursing home, which only costs $70,000 on ABI Waiver I, they can have up to $105,000 worth of services on ABI Waiver -- sorry, that's ABI Waiver II. On ABI Waiver I they can have up to $140,000.

If you start removing some of the people who are at hospital level of care, they no longer will be able to offset those people who are at lower levels of care and are exceeding their cost of institutional care. So you can potentially destabilize the ABI Waiver II by moving these people across. I don't have the specifics of what numbers they have as far as hospital versus the other like three levels of care that are available, but my suggestion is to just amend the ABI Waiver I to allow for -- for agency PCA. The reason there are two Waivers were because we objected to some of the services that they were putting on when they were trying to do one Waiver all together. But I don't see an objection to this one. I don't think anybody would object to them adding agency personal care attendants to ABI Waiver I.

But as you guys will remember six years ago part of the ABI Waiver II was a guarantee that was written into law about making sure that if the ABI Waiver did become non-cost neutral, that the legislature was going to be on hand to be able to pick up the federal part of this program because we were -- that's what I believe is in the law from what I remember the negotiations. So I mean I think it's prudent for us to make sure that we don't destabilize a program and then we're on the hook to pay for it because the federal government is no
longer picking up those funds. That would be a big, huge deal and that would be a serious problem.

As far as the medical equipment goes, pretty plain and simple, I have ordered a lot of this stuff with people so things like medical beds; in order for the durable medical equipment to be able to be utilized. If a person has Medicare as well as Medicaid, Medicare has to say that they're not going to cover a certain service or program and then the Title 19 can pick it up. If that equipment is not on the Medicaid -- Medicare list then those things won't be covered. So I -- I've had people order specialized hospital beds where they have controls in the sides of them so -- because they were vision problems and they were able to utilize those things. So we -- we got that adaptive equipment because of the way that the situation is set up now.

Similarly if somebody has a wheelchair and they're learning how to walk the state won't pay for them to get a walker cause you can either have a wheelchair or a walker. Under this program, it does pay for a walker. That's how they can get some of these specialized equipment that might not be specifically technologically driven. But those were my three items.

REP. WALKER (93RD): Thank you. Just very quickly. One thing that you did say. We do the amendments. If they're going to do an amendment to the Waiver, they have to come before us so --

DOMINICK COTTON: Yes.

REP. WALKER (93RD): They cannot do it in the coconut so I just wanted to let you know that one. [Laughing] They --
DOMINICK COTTON: I know -- I'm saying that they can bring it to you if there was a -- if they wanted to make an amendment.

REP. WALKER (93RD): Oh sure.

DOMINICK COTTON: And they can do that at any point in time. That's why I say, let's get a system in place.

REP. WALKER (93RD): We do -- but the way we do it is the way we're doing it now.

DOMINICK COTTON: Yes.

REP. WALKER (93RD): They have to -- they have to post. There's a system there and you become aware of it and you communicate to us and to them. So that process is -- is -- is already in place and we follow that very, very carefully and very diligently to make sure that you as a consumer are aware, but also that we have the opportunity to do it. So -- so I just wanted to clarify, they can't do an amendment without having us do that. Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Just about the medical equipment. So you're absolutely right. If someone is Medicare/Medicaid, Medicare is the first payer but durable medical equipment is covered under Medicaid, so all of these recipients will still have the ability to get their -- their medical equipment. So I just want to make sure cause it was kind of unclear the way you were describing it, but people will still be able to get their durable medical equipment under Medicaid. So I don't want us to muck that water there.
DOMINICK COTTON: I don't want to muddy it any, but I know like for hospital beds, Medicare will cover for rental of a hospital bed and if you ever see the rentals that they have avail -- available to them, quite often they don't meet the needs of somebody whose visually impaired or if there's a challenge. That's why we've gone ahead and we've utilized this program to order a specialized Hill-Rom bed that had the features to be able to utilize for a specific person that wouldn't have normally been covered because Medicare will only pay for a rental bed. So that's a specific example of something that I'm concerned about.

REP. ABERCROMBIE (83RD): Right. But you can't circumvent the process, which is Medicare, either way you look at it; if somebody is dual eligible Medicare/Medicaid, Medicare is still the first payer. So what you're saying is, is that they're not including Medicare and they're going right to Medicaid. You can't do that. Under audit we would all get into trouble. So it's not clear on what you're saying.

DOMINICK COTTON: Only if they have Medicaid, yes.

REP. ABERCROMBIE (83RD): Right. So Medicaid, right. And they still get that under this because all of the people on there have Medicaid.

DOMINICK COTTON: I guess the thing that I would be looking at is if you weren't able to get some of these things, that they be able to do this through the Waiver program. So if they got denied or whatever happened within the system, those things are still available so that the person can get something that they might need as far as equipment.
If they weren't able to get it through other avenues.

REP. ABERCROMBIE (83RD): Okay. So I think it's still unclear. They still get it because they're Medicaid. So either way they're going to get it. Thank you.

DOMINICK COTTON: It's complicated, yes.

REP. WALKER (93RD): Yeah. And I -- just -- just one other one. The -- I don't know if we can make any adjustments to ABI I because it's been closed. I don't think CMS is probably going to allow us -- they will allow us to make adjustments to ABI II, but since ABI I has been closed for five years we can't make adjustments to that. We have to use ABI II as our vehicle for making those adjustments in this -- in this process.

DOMINICK COTTON: I'll be honest with you and tell you that that would be beyond my scope of knowledge.


REP. COOK (65TH): Thank you, Madam Chairman and hi Dominick. Nice to see you.

DOMINICK COTTON: Good to see you too.

REP. COOK (65TH): I just had a really quick question for clarification. You had mentioned the wheelchair versus walker conversation, not Representative Walker.

DOMINICK COTTON: Yes. [Laughing]

REP. COOK (65TH): Could you please explain to me a little bit more in detail? So you're saying that
you cannot have both or they will not cover both? I'd like a little bit more clarification.

DOMINICK COTTON: They won't cover both. If -- if you have a wheelchair, it's anticipated that you're wheelchair bound. They won't pay for a walker if you are -- if they believe that you're wheelchair bound whereas sometimes people are relearning how to be able to walk and so they might need like a walker. And so in the past when it's not been covered under the medical equipment, people have been able to access these funds through the ABI Waiver in order to get a walker. Even though it's cheap, I know. But it is one of the issues.

REP. COOK (65TH): And so there is no way as Representative Abercrombie was discussing, the two payment systems, the Medicare and the Medicaid; is there any way to navigate through system? Although I understand it is complicated to be able to have coverage for the walker in case you did need that as you're trying to progress your therapy and -- or not?

DOMINICK COTTON: In my experience, which I can't speak to specific rules, I have found that they won't cover the walker through straight Title 19. And that's why we usually access the adaptive equipment funds out of the ABI Waiver in order to cover something like that.

REP. COOK (65TH): And are you talking to specifically purchase or rental, or both?

DOMINICK COTTON: Purchase, purchase. They don't -- they don't rent these kind of equipment. They -- they do like the hospital bed through Medicare, is a rental. They won't do a purchase and that's one of
REP. COOK (65TH): Thank you. I mean personally I think that if we just purchase something as opposed to a long-term rental, this makes more sense given the fact that, where does it go after finishing? But thank you, and thank you for all your advocation. Thank you, Representative.

REP. WALKER (93RD): Thank you. Yes, Representative Hughes.

REP. HUGHES (135TH): Through you, Madam Chair. Thanks Dominick. Can you say a little bit more about the concern about destabilization because of the aggregate of the money that we're getting from both the federal and what the state appropriates?

DOMINICK COTTON: Sure. So there are four levels of -- of care on this Waiver program. You have a nursing home level of care, and I'm giving out approximates; these aren't exact. There are about like $70,000 a year.

REP. HUGHES (135TH): Right.

DOMINICK COTTON: You have a brain injury nursing home level of care which includes people who had a mental illness prior to them having a brain injury, which is usually about $130,000 a year. You have people who are intermediate care facilities, which are people who have had a brain injury before the age of 22 and have hands-on physical needs.

REP. HUGHES (135TH): Right.

DOMINICK COTTON: I think that's equivalent to like what they paid for Southbury Training School, somewhere in the range of about $300,000. And then
you have people who are like hospital for special care or Connecticut Valley Hospital, which are upwards of $450,000 plus for their annual care.

So the way that the aggregate works is you have a mix of different people all together. So somebody who has hospital level of care, their care for the institution might be $450,000. Their care in the community might only be $200,000. So there's a $250,000 cost savings which allows the person whose at the nursing home level of care to go beyond the $70,000 that they might have as a cost cap. But what it is does is for Centers for Medicaid Services, is all of them together have to be less than what the alternative cost of care. So what you save on one person allows somebody else to have extra services.

And so if you don't have that mix of high-end people to offset the low-end people then what's going to happen is you're very quickly, your aggregate will get changed and it will be a lot lower. So my main concern is that if you're switching people from the ABI Waiver I and they're hospital level of care then all of the sudden all of those dollars that have offset the nursing home level of care people are -- are going to be gone and we might have a problem in the future. I can't tell you the specifics of how many people are hospital level of care, intermediate care facilities, nursing home. Those are numbers that DSS has. But I can tell you if you don't have enough of those people to be able to offset the lower level of cares then you're going to have to lower people's service plans in order to make sure that they're cost neutral.
That's what I'm really concerned about. I know as a conservator to somebody whose on ABI Waiver I, one of the things that I do is I help them with those personal care attendant services and helping them work with them to be able to self-direct. But I also go and help them do like a lot of the interviews and a lot of times that's what an Independent Living Skills Trainer would do for somebody is to be able to help them hire their own people. So I guess my concern is shifting certain people from one program to the other that we make sure the state isn't on the hook because it's no long cost neutral or we have to reduce -- start reducing people's services in order to make it cost neutral. It's complicated, I know.

REP. WALKER (93RD): Okay.

REP. HUGHES (135TH): Yeah, I guess I'm -- for the Committee and also for the public to understand that the funding streams are really tied to the aggregate, not to the individual person.

DOMINICK COTTON: Correct.

REP. HUGHES (135TH): Sort of like money follows the person model is and that’s a really important distinction as we -- as we try to obviously move people to more independent, less dependent services of course we want that for everybody and to save the intensive nursing home dollars that don't need to be spent on that level of skilled nursing care or hospital care, intensive hospital care. And we want to figure out how to serve all the rest of the people that are sitting out there waiting for services. So we need those funding streams to be you know, secure I suppose.
DOMINICK COTTON: Yes.

REP. HUGHES (135TH): So, this is interesting.

REP. WALKER (93RD): Thank you, thank you, thank you. I just want to quickly clarify. You can't go from the hospital to the service. Don't you have to go back to the community to get to the services; isn't that true?

DOMINICK COTTON: I'm talking about people's level of care. So when they're hospital level of care --

REP. WALKER (93RD): Right.

DOMINICK COTTON: -- they're either severely behaviorally compromised to the point that they should be in a hospital but they're in a community or they come out of either Connecticut Valley Hospital or a hospital for special care in order to qualify for that level of care.

REP. WALKER (93RD): But in order to get on the Waiver don't they have to be out of the hospital in order to do this?

DOMINICK COTTON: There are people that are on ABI Waiver I that went through the hospital or they had severe behavior impairments --

REP. WALKER (93RD): Okay.

DOMINICK COTTON: -- and have been in the community but their alternative level that they would need to go back into if they were institutionalized would be a hospital.

REP. WALKER (93RD): Right. But -- but they're in the community.
DOMINICK COTTON: They are in the community, correct.

REP. WALKER (93RD): That's -- that -- I -- cause I got very confused when you said that and they have to go to the community before they can get -- okay. I just want to make sure I -- I'm on the -- Representative Johnson and then we move on to the next person. Representative Johnson.

REP. JOHNSON (49TH): Thank you, Madam Chair and thank you for your testimony today. Just a clarification on the durable medical equipment issue. Do you serve people who are dually eligible and also people who are just straight Medicaid?

DOMINICK COTTON: Most people are with -- are -- are dually eligible. I mean they've usually been on Social Security Disability for a period of time and so they qualify for Medicare, so I don't think I've worked on any -- with anybody who is straight Medicaid ever.

REP. JOHNSON (49TH): Okay. Then perhaps this -- this might be a question that I could ask you but I'll ask it anyway. [Laughing] When you have someone who needs durable medical equipment and you're in a circumstance where the Medicare program denies coverage for that durable medical equipment, but this person -- the doctor's ordered it and the person needs it, do you have to appeal it before you can access the Medicaid payment?

DOMINICK COTTON: So usually the pharmacy does that for you so if Medicare won't cover it, then it falls down to Medicaid because Medicaid is the payer of last resort.

REP. JOHNSON (49TH): Right.
DOMINICK COTTON: Yes.

REP. JOHNSON (49TH): So -- so do you have a period of time where the person must wait because of that problem with the coordination of benefit?

DOMINICK COTTON: Usually it's done with the pharmacy. I mean it takes time for anything.

REP. JOHNSON (49TH): Yeah.

DOMINICK COTTON: So they have to file it with the insurance companies in my experience, so it's dependent.

REP. JOHNSON (49TH): But there is -- there can be a delay?

DOMINICK COTTON: Yes.

REP. JOHNSON (49TH): Thank you and thank you, Madam Chair.

REP. WALKER (93RD): Thank you. And thank you, Dominick for your testimony. Thank you. Next we have Elaine Burns and then we have Lesley Brent and then we have Lisa Martin. I ask the members please don't stray too far please because we do want to vote. Thank you. Good -- good afternoon now.

ELAINE BURNS: Thank you so much. My name is Elaine Burns. I --

REP. WALKER (93RD): I'm sorry. Could you -- could you speak a little louder? The people in here are loud. Go right ahead. Go ahead -- go -- go right ahead, ma'am.

ELAINE BURNS: I'm Elaine Burns. I'm President of the Connecticut Brain Injury Support Network. I am also the mother of Ryan Cornell who is one of the
very first participants on the ABI Waiver almost 20 years ago now. So I have probably dealt with the ABI Waiver and all the issues as an Advocate or as a parent or helping other families for close to 20 years.

So my concerns, I agree with the comments from many of the legislators about the continuing ed. I have seen and experienced DSS putting into place requirements without giving us full information. I'm not going to say they don't disclose it but without having something clearly set up that has caused significant issues in the past. So that is my concern. Continuing ed is not a concern. I love having people learn about brain injury. It is very, very complex.

I can tell you from my own experience, my guy is at a very high level of care. He's very difficult to care for and this program has saved his life and it has also saved the state of Connecticut about, in my estimation $8-$9 million just on him alone in the years that he's been in this program. I feel it's very successful. I am very concerned that we just don't have protocols and curriculum in place for those continuing ed. There is a method in the current ABI Waiver for continual training with cognitive behavioral providers and agencies and ILSTs because brain injury survivors are an ongoing changing person. And so strategies and things that we implemented last year suddenly don't work anymore. So it is really a living, breathing organism. I don't want you to think there isn't training going on because there always is.

My second concern is the switch from the ABI Waiver I, taking people off of that Waiver who are clearly
cost saving participants. They have to be cost savings or they couldn't be moved from a Waiver with a 200 percent cap to a Waiver with 150 percent cap. So we know they're cost savings. And if they're cost savings, are they going to negatively impact ABI Waiver I when they are taken off. That's a very big concern. I don't know that we can't add agency PCA services to ABI Waiver I.

REP. WALKER (93RD): Go ahead and sum up.

ELAINE BURNS: Okay. So I don't know that is the case. I believe I heard Kathy Bruni say it would be unusual. I did not hear her say that it couldn't be done, and in my opinion, if it can be done we should not be moving cost-saving participants from Waiver I to Waiver II because they -- the idea of the state of Connecticut being on the hook for greater funding coming directly from the state instead of the federal government is enormous and we should all be concerned about that.

I quickly want to touch on the approval for these new providers. I did do my research. I looked online. They are very clearly providing daycare services for the elderly and that's pretty much all they're doing right now. That's how they market themselves. When I looked at the ABI Waiver, the criteria that DSS has put in there for these new providers only says they have to be peer certified by other providers of the same -- who are providing their same services. I don't see any language in there about being trained as ILSTs. I don't see any language in there about being CARF certified. The other agencies that provide that service either have to have ILSTs as staff, which we all know is at least a two-year requirement of experience, or they
have to be CARF certified. So to say that they can easily fit into this role of providing these services for brain injury survivors, I think DSS is jumping the gun. They haven't been trained. They haven't been set up to provide appropriate services.

It sounds to me like there's a funding issue for those agencies and I do not want my son going to those programs very frankly. He's a 40-year-old very viable energetic young man. He thinks he's a young man. And putting him into these daycare programs for the elderly, it's not going to work. That's all I can tell you. And it will result in significant behavioral and other issues for him and other people like him. They said that the elderly don't want to go to these programs. I'm going to tell you, neither will brain injury survivors.

REP. WALKER (93RD): Thank you. Are there any questions? Yes, Representative Gonzalez.

REP. GONZALEZ (3RD): Thank you, Representative Walker. I've got a question about the six-hour training. What is your opinion about the six-hour training?

ELAINE BURNS: I really embrace training. I do. Brain injury is very, very complex and I honestly learn -- for 20 years I've been doing this with my own son and he's a moving, changing human being so we are constantly learning about him. I don't think you could honestly ever learn it all but I don't see that we actually have something in place. And I also didn't hear discussed what the private providers were going to do for training. They kept talking about agencies will set up their own training, but private providers are not overseen by agencies. They are overseen by the fiscal
intermediary which is Allied. But we -- Allied has a lot of programs on their plate and I just haven't -- I want to know more. I want something in place.

REP. GONZALEZ (3RD): Okay. And with your experience, do you think that six-hour training will work for a person that is autistic versus a person that is blind? Do you think that because they have different needs -- so do you think it's going to work the same or do you think that -- that a person that is blind needs maybe more than six hours?

ELAINE BURNS: We're talking about -- this is for the staff.

REP. GONZALEZ (3RD): Right, for the staff. So they need to know and they have to work with them.

ELAINE BURNS: I'm not aware of -- I'm aware of clients who are blind. I'm not aware of the staff ILSTs being blind.

REP. GONZALEZ (3RD): Yeah, but I'm saying you know, hypothetically they have different needs. So you never have -- maybe let's two patients with the same need. Let's say they're autistic, maybe --

ELAINE BURNS: Oh, I see what you're saying. So should it be different criteria --

REP. GONZALEZ (3RD): Right.

ELAINE BURNS: -- for different clients? Yes, and cover different subjects you know. But set something up is my request, to set something up. Give them parameters. I'm also a real estate agent so I have to take continuing ed classes every two years. There's a curriculum. I know where to go to get the credits. You know it's -- you need to have something in place.
REP. GONZALEZ (3RD): Okay. Thank you.

REP. WALKER (93RD): Thank you. And I just want to clarify though. These are -- we're talking about six-hour training for ILSTs, correct?

ELAINE BURNS: Yes.

REP. WALKER (93RD): And ILST -- in order to be an ILST you've already got professional training or certification of some sort in order to be an ILST?

ELAINE BURNS: The way it's -- you can almost -- you can almost not qualify. It's very difficult to qualify as an ILST if you -- unless you actually work directly in this program.

REP. WALKER (93RD): Right.

ELAINE BURNS: So you can start as a PCA and do that for a couple of years working in a program with a cognitive behavioral provider and then make an application for an ILST or have your bachelor's degree and work in a community program for one year.

REP. WALKER (93RD): I just wanted to make sure we're not having people that are blind going in and just getting six hours training. They've got -- they've got certification, yeah.

ELAINE BURNS: Oh no.

REP. WALKER (93RD): I just wanted to --

ELAINE BURNS: No, no, no. No, this is in addition to.

REP. WALKER (93RD): Are there any other questions? Thank you very much. Oh, I said are there any questions. [Laughing] Excuse me. Senator Osten. Now she's slow. Normally she's all over everybody.
SENATOR OSTEN (19TH): I don't know what she means by that. [Laughing] Elaine, thank you very much for coming up today. It was a pleasure meeting with you the other day on ABI Waiver I and/or II. So in regards to the continuing education pieces of things, you would not be opposed to this if they had a strategy for people to complete the continuing education and a list of general topics that should be apportioned out for the six hours of training.

ELAINE BURNS: Yes.

SENATOR OSTEN (19TH): Okay. In regards to using Leading Age or any of the other adult day services generally used for the elderly, without specific programming and different avenues of training you are opposed to combining ABI Waiver individuals with senior programming; would that be true?

ELAINE BURNS: Unfortunately I'm very opposed to it. I will say that my own son does live in a housing that people are disabled and people are elderly and overwhelming the elderly live there and I can assure you, he is very much aware that he is the only young adult in a housing situation where all of his neighbors are elderly, using walkers, you know have services. Honestly unless they change what they're doing and set up something appropriate and DSS has to add that language ABI Waiver about what kind of staff they have and how -- what the training requirements are. Until they set up a separate program, then I am very much opposed to that.

SENATOR OSTEN (19TH): And you are in favor of adding into the ABI Waiver I PCA services?

ELAINE BURNS: Absolutely. The agency. We already have PCA but we don't have agency.
SENATOR OSTEN (19TH): Okay. And then lastly, my last question is more along the lines of the Waiver Amendment. Seems to me that you have some concerns that the agency makes changes that impact the delivery of services under ABI Waiver I and that you're concerned about any impact to a successful Waiver program; would that be true?

ELAINE BURNS: Absolutely, always.

SENATOR OSTEN (19TH): Thank you. Thank you very much, Madam Chair.

REP. WALKER (93RD): Thank you. Are there any other questions? If not, thank you very much.

ELAINE BURNS: Thank you.

REP. WALKER (93RD): Next we have Lesley Bent -- Bennett and then after Lesley Bennett is Lisa Martin here? Lisa? Okay, great. Good afternoon, ma'am. Nope, you -- press the button again. There you go. Go ahead, right ahead.

LESLEY BENNETT: Can you hear me?

REP. WALKER (93RD): Just speak into the microphone as close as possible. Thank you.

LESLEY BENNETT: My name is Lesley Bennett. I am the National Organization of Rare Diseases, a Connecticut based nonprofit. I'm their State Ambassador and I was asked to come here by the Rare Disease Community. A few of our members do have brain injuries. Our concerns are with the Waiver, the waiting list of the Waiver. We want to see if there's more that can be done to lower the number that are on that list.
The second concern concerns the continuing education. I should preference everything by saying that I am a retired medical professional and for a number of years have had to take continuing education credits. But those are usually through organizations that -- the licensing organization or one of the certification organizations and they're very set but I have flexibility in what I have to take. There are a number of courses and everything else. Our concern is that -- it's my understanding that the LSTs are not licensed or certified. They take a two-year program and then they can start working as this, but they don't have a certification process. So there's no agency or organization that's in charge of this. And we're worried about the CEUs. We -- we honestly believe that everybody should be taking continuing education. It's wonderful to have everybody up to date on things.

But we worry about what's going to be offered, how it's going to be offered, and we felt that the Department of Social Services should have had a more -- better idea of what the program was going to be like. What they would count as CEUs. So that patients and caregivers can take a look at what their -- their practitioners are given -- you know have been exposed to. So those are our concerns and we're just hoping that the Department of Social Services can have something that's more planned. And if they can't do that shortly within the next month, we think that they should slowly move into the CEU program to give everybody a little bit better chance to do this. So maybe instead of going directly to six within the first year we'd go to three or four. We think that anything is going to
help, but we'd just like to see it better planned out in advance. Thank you.

REP. WALKER (93RD): Thank You. And thank you for your testimony. Are there any questions? Thank you, thank you very much. Lesley Martin. I'm sorry, I meant to say Lisa Martin. Good afternoon.

LISA MARTIN: Good afternoon. Is it on? Yes, good. Hi, I'm Lisa Martin from the --

REP. WALKER (93RD): Speak closer to the mic though.

LISA MARTIN: I'm Lisa Martin from Independent Living Solutions. I'm the Executive Director. It's a private agency and I know a lot of you have had some questions about the pay rates and so forth. I'm here to -- I have some questions about the CEUs as well as everybody else. You know, I would like that to be a little more defined.

Back in February, actually in the fall I was contacted by the Department of Social Services to be part of a workforce that was going to be formed to help devise part of a training program for -- I was hopeful anyway for all staff, not just ILSTs but we also have Companion Services, the PCAs and we also have the Recovery Assistants as well.

Currently through the ABI Waiver II there's a Recovery Assistant Training Program through DMHAS. That program is offered once a month at the Connecticut Valley Hospital and it's supposed to be an eight-hour training. I suppose there is a curriculum for that and I have been through that training. It was done in four hours, very basic stuff.
For all of the -- the providers, the agency providers as well as private providers have to go through what's called an Introductory Session. It used to be called Basic Training. And it's a DVD that they watch. It takes about 2-1/2 to 3 hours. It's probably, I don't know five to eight years old at this point. It does need updating. But I was hopeful that you know, I like the CEUs but I'd like to see a better training program overall besides having the ILSTs credentials just be that they've put in two years. That could be two years as a per diem, that could be two years as a fulltime person. And also we need to take into account the -- the individuality of every person that we serve on this program. They are all so extremely different you know. It could be a blind person, it could be a deaf individual, you don't know. So these programs are available and we know they're available for free but the overall monitoring of it; who's going to decide what that training is going to look like? The professionals, the neurobehaviors need to be a part of that. The families and the consumers themselves have a say-so in what they would like their staff to be more trained in.

Money is always a consideration. You -- there were some questions about how much the -- the agency providers are paying their staff and it varies. [Ringing]

REP. WALKER (93RD): Go ahead.

LIS MARTIN: It varies I'm sure from agency to agency and I can only speak for my agency. For ILSTs we pay an average of $15 to $18 an hour but there's benefit included in that that the people that are the private ILSTs don't get. So there's a
lot of considerations. And the cost of being an employer has been driven up by all the benefits that we have to provide now. And that needs to be taken into consideration as well when we're talking about money, and it always come down to money unfortunately. I do thank you for your time very much. If you have any questions.

REP. WALKER (93RD): Thank you. Are there any questions? Thank you. Thank you for your testimony. That concludes the -- the people that have signed up. Is there anybody else here that has not spoken? Come right up sir. You, yeah. You're the only one with your hand up. [Laughing] Please when you speak -- speak into the mic clearly so that we can hear you and you have three minutes and make sure that you state your name first, sir. Thank you.

ALAN KOSBERG: My name is Alan Kosberg. My sister has been in the ABI Program virtually since its inception. My com -- I didn't actually come with a prepared testimony but my comments dove tail with what's been offered before. In the first case I want to clarify or perhaps add some color to what Dominick and some others have said about destabilizing ABI Waiver I. That's a huge concern. The people who are most likely to go from ABI Waiver I to ABI Waiver II are the people who are in need of a lot of services and therefore benefit more directly from an agency provider because to staff that many hours privately is very hard to do. So the people most likely to transfer from an ABI Waiver I to ABI Waiver II are the highest costs in ABI Waiver I therefore shifting them to ABI Waiver II creates flexibility for two, but destabilizes the cost neutrality of ABI Waiver I. That's a problem.
A lot of testimony has been offered about let's not get caught up in what this looks like, let's tread light on what the CEUs look like. It sort of doesn't make sense to me to sort of impose a requirement without understanding of how that's going to be implemented.

The analogies have been brought forth with insurance, with licensed clinical psychology work or licensed clinical social workers are all apples to oranges. Those are recognized fields with recognized certifying bodies with recognized curriculums throughout some universities and in their private organizations. There is no such thing for ILSTs. ILSTs if you truly want to address an issue, no one is going to argue against CEUs but let's see what it looks like. There's no reason DSS can't come back to you once they've developed a curriculum and said this is what we'll do. Does this make sense? Right now you don't know. You're voting a black hole. And I think that's really all I have to say.

REP. WALKER (93RD): Thank you. And could you state your name again, please? I just want to make sure they got it on the record.

ALAN KOSBERG: Alan Kosberg.

REP. WALKER (93RD): Alan?

ALAN KOSBERG: Yes. And by the way, I can comment on as well the difference between agency and private providers and why we choose one or the other cause I've experienced both.

REP. WALKER (93RD): Okay.
ALAN KOSBERG: Oh, you'd like me to do that? [Laughing]

ALAN KOSBERG: Agency -- we -- agency providers have the benefit of being able to put a body in when you can't find one. If your staffing 24-hour case there's a benefit to that because you draw from a larger employee pool. However, there's a continuity of care difference cause agency providers can put anyone in there and at $15 to $18 an hour or for PCAs $12 to $13 an hour, those are steppingstones to other jobs. Those aren't end jobs in themselves and the turnover is ridiculously high for agencies. That's why most people try to go private, especially when they have -- to the extent they can because they can secure continuity of care, longer term caregivers who will stay on longer and people who are not at $13 and $14 and hour and don't aspire to more. So, in our experience we use agency providers only when we have to but our preference is wholly on doing it privately even if that takes more time for us and more management skill.

REP. WALKER (93RD): Thank you, sir. Thank you for your testimony. Any questions? Thank you and thank you for speaking up. Thank you. Are there anybody else who would -- yes, sir? Is there anybody else besides this gentleman that wants to speak? Speak now or forever hold your peace.

HENRY MARTOCCHIO: Hello, Henry Martocchio --

REP. WALKER (93RD): You've got to speak into the mic, please.

HENRY MARTOCCHIO: Hello, Henry Martocchio parent and advocate of the disabled. M-A-R-T-O-C-C-H-I-O. I wasn't but now I am going to speak. I found a
couple things myself strange. Even though the fact of the six-hour mandate training, I have issue with that too because I see a broad spectrum of disabilities in my life. I think it should be more tailored to the person that they're serving and it isn't hard to come up with these credits cause obviously, but I think the bigger problem is like Representative - he's not -- yes, Wilson said. There's no license to back it to.

We heard again, testimony again on the $12, $13 an hour turnover. My child has been working with paras that are licensed, which thank God we went years ago and got that put in place. But the point is, these guys are going to be learning for the rest of their life and if we're using technology -- Google just came out with a great article the other day. I believe they're investing $169 million just to stroke victims. And I got that off marketing website. This is again for auditorily processing training so they use technology. I'm arguing the same is with autistic kids. It's similar and the same ladies and gentleman but where the problem is, 90 percent of the data on these providers are going to be people on substandard living. Somebody who is trying to make something better of their life instead of taking care of the person whose in front of them and saying, let's do what's best for this person today.

I've also got other problems too. I heard earlier, oh once the problem is identified. Wait a minute. Why isn't DSS doing self-evaluations? Isn't that mandated on the Title 2 policies and procedures of the federal government of a federally-funded program? This is insane. How are we sitting today that again, 50 or more employees, 28 staff are
35.107; where is the designated responsible employee to ensure the policies and procedures? I don't get what's going on in this legislative office and how we cannot have mandated directive from this person to end the discrimination against a class of citizens that are supposed to be in our community; not institutionalized. We shouldn't be hearing from more institutionalized providers versus private providers.

My, myself I self-hire. I've got issues today with the way that the whole DVS system is set up. Why am I going to pay somebody to go take my son into the community and have to flip her bill or his bill the whole way; meaning if they go to Six Flags or they go to the park or if they -- why would I do that and not enjoy myself with my own child? So I'm taking the choice to say, listen, I have a budget. I don't care. I can't implement it. It's not fully helping me benefit my child into community inclusion. I just had an emergency PPT with school last week in regards to technology. I'm still screaming. The only thing that system has taught my child is how to get on YouTube, Disney, Playhouse, YouTube. That's no different than Ritalin, ladies and gentleman. This is insane what we're doing today. I have over a thousand apps on his iPad that I purchased myself at home. The rich town of South Windsor, are you kidding me? We outsource everybody. We segregate everything that has a disability.

I don't know. I know my time is up ladies and gentleman but I think this -- this bill is a great way to go but there's some stuff that's got to be hammered out in a better way. Why do our first responders get 32 hours a year of training to work with the disabled? Why do -- why do the police
officer — we just amended the police department bill that we passed two years ago that said free, the word free training. Is this another classification that's going to be free training only? Is it going to be provided for these people? I don't think that's a good idea. I think these people are on the clock. They're taking it seriously as a career. Give them a license. Give them the training on the clock. Give them the tools they need to ensure the most vulnerable people in our community are no longer abused and as of now --

REP. WALKER (93RD): Thank you.

HENRY MARTOCCHIO: -- if we're looking at the 30th year of the ADA this year and this is insane that we're not --

REP. WALKER (93RD): Thank you, sir.

HENRY MARTOCCHIO: -- community inclusion.

REP. WALKER (93RD): So -- so as far as the ABI Waiver, you're okay with this?

HENRY MARTOCCHIO: With the theory ma'am, I am. But I think Title 2 --

REP. WALKER (93RD): Okay. That's --

HENRY MARTOCCHIO: Wait, wait, can I explain something?

REP. WALKER (93RD): Sure.

HENRY MARTOCCHIO: Everybody is talking about this tier 1, tier 2, no. I believe the ADA, American Disability Act reads, modifications to policies and procedures to avoid discrimination. Those are some real basic words that have a lot of meaning and yet we're still sitting here as given you know, the head
of directors of certain departments that authority to modification upon once identifying discrimination -- defend it right there. So I feel, like the gentleman that spoke earlier about the wheelchair versus a walker.

REP. WALKER (93RD): Right.

HENRY MARTOCCHIO: We all know -- how is a person ever going to become independent if they're not allowed the opportunity to get out of that wheelchair. That's insane that we're not buying that person a walker to go along with the wheelchair.

REP. WALKER (93RD): Thank you, thank you. Your -- your -- thank you and thank you for your testimony. Thank you very much.

HENRY MARTOCCHIO: I thank you. Any other questions?

REP. WALKER (93RD): No.

HENRY MARTOCCHIO: Let's go home then. It's summertime. [Laughing]

REP. WALKER (93RD): No, we haven't finished work. [Laughing] We've still got more to go. Thank you. I'll try it one more time. I better not see any hands. [Laughing] Does anybody else want to testify? [Laughing] With that I conclude the public hearing and the public speakers.