CHAIRPERSON: Senator Catherine Osten

SENATORS: Formica, Logan, Maroney, Moore,


SENATOR OSTEN (19TH): [Audio begins here] Start right now, it's 1 o'clock. So, I'm gonna convene the joint hearing. (I tried to join two words -- didn't work well.) And first up is Dr. Deirdre Gifford, commissioner of the Department of Social Services. Just let us know if you have any written testimony, and then we also have on the list Kathy Bruni, director, Community Options Unit, Department of Social Services, and Jordan Scheff, commissioner, Department of Developmental Services. So, whomever wants to start first, you may start.

DR. DEIDRE GIFFORD: Thank you, Senator. Good afternoon, Senators Osten and Moore, and Representatives Walker and Abercrombie, and honorable members of the Appropriations and Human Services Committee. I'm Deidre Gifford, the commissioner of the Department of Social Services.

SENATOR OSTEN (19TH): Just so you know, Commissioner, these microphones are awful, so you
almost have to speak directly into it for us to hear you up here. Thank you.

DR. DEIDRE GIFFORD: Thank you, Senator. Is that better?

SENATOR OSTEN (19TH): Yes.

DR. DEIDRE GIFFORD: Okay. I am pleased to be here with my colleague, Kathy Bruni, as you mentioned, the DSS director of community options, and my colleague, Commissioner Jordan Scheff, from the Department of Developmental Services. We have already submitted our testimony in writing for this afternoon's hearing.

Under the provisions of 17b-8 of the Connecticut General Statutes, we are here today to seek your support to amend the following three applications for waivers to be effective January 1, 2020: the Medicaid Waiver for Individual and Family Support, the Medicaid Waiver for Employment and Day Supports, and the Medicaid Waiver for Comprehensive Supports.

As Connecticut's single state agency for Medicaid, DSS has the administrative authority over the three above-referenced waivers, while our colleagues at DDS function as the operating agencies for these waivers. Each of these waivers is designed to assist individuals with intellectual disabilities by providing services that allow them to continue to live in the community. DSS and DDS are proposing the following changes:

Adding vehicle leases as a service to all three waivers. This service will provide waiver participants with a less expensive transportation
alternative for a customized vehicle to enhance an individual's ability [mispronounced] -- excuse me -- ability to remain in their own home while continuing to participate in employment opportunities and community outings.

Adding remote supports as a service to all waivers. This service will promote independent living through an off-site direct service provider who will monitor and respond to a person's health and safety needs by utilizing real-time two-way communication. This service also may include assistance from a local provider who will provide backup staffing in cases where direct assistance may be needed.

Adding eligibility coordination as a service to all waivers. This service will provide education and training on methods to obtain and maintain eligibility for Medicaid waiver services.

Increasing the assistive technology limit per waiver participant from $5,000 to $15,000 dollars over a five-year period and adding an assistive technology support cost to the assistive technology service array on all waivers. These changes will enhance and improve functional capabilities for waiver participants.

Adding vehicle modification as a waiver service to the employment and day supports waiver and increasing the vehicle modification limit per waiver participant from $10,000 to $15,000 dollars over the term of each of the three waivers. Vehicle modifications allow participants to make necessary alterations to their vehicle to promote independence
and community inclusion -- sorry about that, inadvertently turned off my microphone.

Adding environmental modification as a waiver service to the employment and day supports waiver and increasing the environmental modification limit per waiver participant from $15,000 to $25,000 dollars over the term of each of the three waivers. Environmental modifications, again, allow participants to make physical adaptations to their private residence to ensure the health and safety of the individual while promoting greater independence in the home.

Finally, adding personal emergency response systems to a -- as a service to the employment and day supports waiver. This service will promote general safety and provides an emergency alert option for waiver participants.

DSS and DDS are proposing to align performance measures and implement technical and administrative clarifications requested by CMS, the Center for Medicare and Medicaid Services, across all three waivers. No current waiver participants will be negatively impacted by the proposed changes. In addition, these amendments are projected to be cost neutral and will result in enhanced quality of life, especially as the remote supports and assistive technology will permit greater independence by the waiver participants and allow DDS to further examine who needs to live in a group home setting.

Along with these new services, which provide a less costly support alternative, DDS also has built-in safeguards for expenditures within its operation of
the three waivers. Individuals participating in one of the three waivers are provided with a budget based on their individualized needs. DDS then approves each service within an individual's budgeted allotment. This process provides DDS with comprehensive oversight of all waiver expenditures. Pursuant to 17b-8, a Notice of Intent for the amendments in the individual and family support, the employment and day supports, and comprehensive supports waivers was posted for public review and comment in the Connecticut Law Journal as well as on both departments' websites beginning July 2nd of this year for a period of 30 days. There were no comments submitted in response to the Notice of Intent.

A letter notifying the Committees of Cognizance of the departments' intent to amend the waivers was transmitted on August 30, 2019. The departments respectfully request that the committees approve the request to amend these three waivers, and DSS and DDS will be happy to answer any questions. Thank you very much.

SENATOR OSTEN (19TH): Thank you. Commissioner, would you like to make any comments?

JORDAN SCHEFF: Yeah just encouraging your support, as Commissioner Gifford had requested for these amendments. We think that, overall, what we're asking for is a cost neutral opportunity to expand the menu of services and do our best to provide supports to as many as possible in a cost effective and efficient method as possible, and we encourage you to support these amendments.
SENATOR OSTEN (19TH): Are there any questions for either one of the commissioners? Senator Formica.

SENATOR FORMICA (20TH): Thank you very much, Madam Chair. Good afternoon. Good afternoon, Commissioners. One of the comments that I have written from somewhere said DDS does not have a waiting list for waivers but has a waiting list for services. How do these changes improve the waiting list for services?

JORDAN SCHEFF: Thank you for the question, Senator Formica.

SENATOR OSTEN (19TH): So, Commissioner, I'm gonna ask you the same thing I asked -- thank you, 'cause these mics are really bad --

JORDAN SCHEFF: I'll try.

SENATOR OSTEN (19TH): -- and they don't pick up a voice unless it's almost right on top of it.

JORDAN SCHEFF: All right. I'll do my best. Is that better? I can't tell if it is or not. Thank you for the question, Senator Formica. The notion behind a number of these amendments, not all of them, is to allow us the opportunity to serve people in a different manner than perhaps we have in the past in that we're not asking for an additional appropriation or in an effort to keep this budget neutral. How might this address the needs of people on the wait list was your question. If we are currently poised at looking at placing somebody in a group home without a less expensive alternative, an average cost, let's say, for a group home placement in the private sector would be roughly $110,000
dollars. If the barrier -- if the event that leads to their out-placement from home is the inability to access the community because there aren't means to provide a lift vehicle currently within our waiver -- a lift vehicle would be a one-time cost over a five-year period of, let's say, $50,000 dollars. If I place the person in a group home, that same five-year period, the state would spend $550,000 dollars on that one person instead of $50,000 dollars on that one person. That means that I can use the other $500,000 dollars that might've gone to service provision for that one individual who had restricted access to the community, because no vehicle available to transport them, and allows me to spend those dollars on people who might be looking for other types of service.

That's just one example, and you can let your imagination run wild when you talk about the home improvement and home modification that we haven't invested in in the past that allows somebody to be supported differently in a current environment that's low cost. It allows us to reconsider individuals who might be placed in our community companion homes and how very low cost, high value service might be provided to people who traditionally haven't been considered for that, and the permutations are pretty endless when you get into assistive technology.

SENATOR FORMICA (20TH): Thank you. Thank you very much, Commissioner. I appreciate that. Will there be staff added as a result of the eligibility coordination as a service or any of these other additions?
JORDAN SCHEFF: There would be no public staff increases to any of these, and there's -- there's not a request for an additional appropriation for any of these amended services. The line, in particular, that you mentioned is one that serves currently largely as a placeholder. One of the issues that has affected the state is the complicated nature of Medicaid eligibility and Social Security eligibility. When families and those we support are not fluent in how those things can be managed over someone's lifetime, they risk the chance of falling off the waiver or falling off of Medicaid. When that happens, the state loses the opportunity to capture the 50 cents on the dollar we get for most services. If we're able to move forward and utilize that service, while there may be an expenditure, we think there's a net gain to the state in our ability to maximize federal reimbursement.

SENATOR FORMICA (20TH): All right. Thank you. And my final question would be, the vehicle leases adding as a service, what is happening now that -- that this changes? We buy them vehicles? They buy vehicles, or is there a --?

JORDAN SCHEFF: So, this service is intended to be used potentially in a number of ways. So, as an example, in an in-home situation, there are times where a family isn't able to provide an accessible vehicle for someone over their lifetime, and that's the only barrier to them continuing living at home. So what we get are requests for those people to be placed in a group home that has a lift vehicle that can support them. So then you're paying for a group home placement for someone who could otherwise live
differently. That's one example where we might use that leased vehicle. The notion around that is for us to be smart about our expenses. When we do a cost-benefit analysis, why are we moving this person? What will it cost to move them there, and what might we try alternatively to better effectively support them and more efficiently support them with taxpayer dollars? This is an avenue where there may be instances where that is a better solution, both economically and for the individual.

To be clear, the intent is not anybody eligible for a waiver can now get a vehicle through DDS. That is not at all the intent. It's specific to modified vehicles for lift purposes, and where we can create -- limit isolation, create integration, and be cost effective in our service delivery system.

SENATOR FORMICA (20TH): So, thank you. It goes back to your first comment to the question that I asked initially was the efficiency of service providing.

JORDAN SCHEFF: Right.

SENATOR FORMICA (20TH): I didn't know if there was a different program for vehicles at this point that you're adding now leasing certain programs from what I understand, so that's --

JORDAN SCHEFF: DDS has been able -- I'm sorry, sir.

SENATOR FORMICA (20TH): No, no, that's fine. It seems like you answered the question okay for me. So, I appreciate that. Thank you, Madam Chair.
SENATOR OSTEN (19TH): Are there any other questions or comments? Representative Petit -- Dr. Petit -- whatever title you would like me to use.

REP. PETIT (22ND): Thank you, Madam Chair. Two quick questions. One is just on the eligibility coordination. Does that mean if you're -- you're gonna have one application, and you can be eligible for several waiver? If you're Medicaid eligible, then be -- have one application and be eligible for two waivers if that's possible?

JORDAN SCHEFF: So, the last part of your question, you can only be on one waiver at a time. You can't be on multiple waivers is my understanding, and my colleague can correct me if I'm wrong -- and I may be. So, the first part of your question, no, it isn't. While I think everyone would like a single point of entry and a single process, this is more around -- the state already has some services around eligibility redeterminations. DSS has staff who work in their impact centers that assist family with eligibility. Other benefits -- the Department of Rehab Services has benefit counselors that provide some information around this. Again, this is an effort -- this would be an effort to help families better understand what things are available to them in terms of asset limitations, trusts, how money can be preserved for an individual, how someone can maintain -- actively participate in the waiver in their community but actively maintain their eligibility, and it would allow us to claim federal revenue to support families around that issue and how we educate and support families to maintain their waiver and Medicaid eligibility.
This -- because we're amending the waivers now, we've added that. We don't have a -- we don't have a proposal as to how we might yet proliferate that service, but we wanted to put the placeholder in the waiver while we're amending it because amending the waiver is complex. So, at a later date, we'll have a better idea of how we might utilize that service more broadly. Right now, it serves largely for me as a placeholder with an idea that we can maximize revenue to the state and provide families a value-added service.

REP. PETIT (22ND): Thank you, and a general question, since I haven't had to do this personally with a patient or a family member. The different -- the assistive technology, vehicle modification, environmental modifications -- you get those once in a lifetime, or if you get an assistive technology, three years later the technology changes, can you get a $15,000 dollar grant for assistive technology if it's -- if it's improved or changed?

JORDAN SCHEFF: Okay, so there are cost standards around the uses of type of purchases that DDS allows families to make, and useful life can depend on the type of technology. So, an environmental modification might be installing a ramp or a doorway -- expanding the size of a doorway. You know, the doorway is not gonna shrink, so that would be a lifetime, we would hope, that that doorway would stay that wide forever, but the ramp may need repair over a period of time, and there are cost standards that we would have to make -- ensure are in place so that we're not buying things as one-offs.
The use of technology, we are in the process of working across -- with our sister agencies, including DSS but not limited to DSS, around the types of equipment and how access to that equipment would be granted and whether it's evaluated, so that it isn't simply a recommendation -- hey, I'd really like that gizmo, and I want the state to pay for it. There are certain items that would need to be vetted as to whether it was appropriate equipment and being deployed properly, how it would be maintained. It would be part of a person-centered plan. And so, there's a -- the breadth of technology that's available is huge -- from very, very low tech to super high tech and everything in the middle. So there isn't a standard answer for that, but we're conscious of the fact that we would want to make sound investment when we're demonstrating the utility of that equipment and technology.

REP. PETIT (22ND): Thank you. And those -- those decisions, the different technologies that proliferate every day, is that -- is that a federal decision that then you have to enforce, or can Connecticut say, hey, we really like this technology, nobody federally is using this, but we think it's a great technology, we should use it. So, can you make a unilateral decision without the federal government being involved?

JORDAN SCHEFF: We would not need the federal government to be involved.

SENATOR OSTEN (19TH): Thank you. Are there any other questions? Representative Kokoruda.
REP. KOKORUDA (101ST): Thank you, Madam Chair. It's good to see you today. I'm gonna ask you just a general -- actually, not a question, a request for you to look into 'cause I've got you here. [Laughing] It really is about -- I was talking to a mother in my community who has a child that gets services and is in one of the programs. This young woman's best friend does get Medicaid. She fits under -- she's under the asset test and all, and she gets Medicaid. Because Connecticut has chosen to interpret the federal law with the word individualized or individual, I'm not really sure, in a different way than some other states -- because this woman lived in another state before -- but anyway, this woman's daughter -- the daughter -- her best friend is under guidelines of this individualized, that one-on-one, and it has limited them doing things together. And is there anything that you and your departments can look into to find that we would be a little more like some other states that really open that opportunity up for this community, this group of people?

JORDAN SCHEFF: Thank you for the question. I have some brief answers to that. The answer is evolving because we're working on that. So you speak to several issues. The original interpretation, or the way our service provision was defined, led providers and others and including our own employees to interpret that as a one-to-one only support. It doesn't have to be that way, and we're working to reeducate individuals, families, providers, our staff as to how that interpretation could look differently. But, beyond that, prior to the current set of waiver definitions around individually -- individual supports -- we had what we called
clustered supports, where you could serve a number of people at the same time and have a way to do that so it didn't all have to be one-to-one. It would allow for more efficient use of dollars. You know, instead of taking three people one at a time to Stop and Shop, you could take three people to Stop and Shop if you had enough trunk space and you brought your reusable bags. You could do that all in that vehicle and just have the service dollars paid once instead of three time, and then people could use those other service dollars for other things.

So, we have a committee that's looking both at a -- we've rolled out clustered overnight supports, and we're in the process of working with a group of stakeholders around clustered daily living support. So, we hope to have better news on that and more clarity on that, but there is some -- there is some wiggle room, and I encourage that family to reach out to DDS and see if we can help them better understand that.

REP. KOKORUDA (101ST): Thank you for that. And I think this is really important. Obviously, in the days of the dollars being so limited, it certainly impacts a change there. A modification would certainly impact that. And then, the whole idea of community, of these people being together with other people, versus that one-on-one is so important. So, I hope we do hear some more because I think the service providers need better guidance on how that could be interpreted.

JORDAN SCHEFF: Thank you, Representative. One of the notions around technology is that potentially people would be more isolated. We actually believe
quite the opposite, and Ohio has demonstrated the opposite. When people can use technology in their homes as opposed to using direct staff resources in their homes, they then have an opportunity to use direct staff outside of the home for community integration and inclusion. And so, they'll get -- we hope it'll actually stretch the dollars allocated to them to provide more services and across more settings, more independence, and allow for some of the other things that our current system limits.

SENATOR OSTEN (19TH): Are there any further comments or questions? Seeing none. Thank you both very much. Director Bruni, did you have anything to add to this?

KATHY BRUNI: Nothing. Thank you, Senator.

SENATOR OSTEN (19TH): Okay. Next up is Stan Soby from Oak Hill. ["Thank you" in background] Come on up, Stan.

STAN SOBY: Good afternoon, Senator Osten, Representative Walker, Senator Formica, Representative Lavielle, Senator Moore, Representative Abercrombie, Senator Maroney, Senator Logan, and Senator Wilson Pheanious, distinguished members of the Appropriations and Human Services Committee. I'm Stan Soby from Oak Hill. I'm vice president for public policy and external affairs. For 125 years, Oak Hill's been a leader in providing community-based services to people with disabilities. Among our 20 distinct programs is the New England Assistive Technology Center, known as NEAT, and part of that is its Smart Home on Wheels, known as the SHOW, which together have helped
thousands of people here in Connecticut and across the country access technology from sophisticated -- from simple to sophisticated to be more independent in their daily lives. We appreciate the opportunity through a recent grant from the Department of Developmental Services to leverage our experience and expertise in assistive technology in outfitting a DDS-licensed program that we operate to install appropriate technology and help folks who are living in the area do so more independently and potentially with less staff dependence.

On behalf of Oak Hill, I'm here to testify in support of the amendments to the 1915c Medicaid waivers proposed by the departments. They're much needed, both for the people being supported to increase independence, enhance employability, and support fuller participation in community life as well as on the systems level as Connecticut seeks to become a technology-first state. Some time ago, I had the opportunity to sit on a panel with two members of the President's Committee for People with Intellectual Disabilities. They were parents, and their focus was on the ability of their adult children to control as much as possible in their everyday lives from a device, whether that was communication, whether it was controlling their environment through thermostat, you know, a doorbell that had video, whatever the technology was to be as independent as possible and to be -- to seek support staff assistance only when absolutely necessary. And it helped me frame the need for technology to be as ubiquitous for people with disabilities as it is for all of us.
When we look at technology, you know, technology typically gets better, faster, and cheaper, but some things are highly specialized and have a significant cost. And some people need a lot of different pieces of technology and the costs add up. Moving the limits up as requested in the waivers are gonna be really helpful. An example I've provided in testimony is someone we've supported for a very long time has very limited physical capabilities but certainly has the ability to communicate with the right assistive technology. Through a careful and extensive evaluation by a speech and language pathologist, her failing device was recommended to be replaced with one which cost $17,000 dollars. It was what she needed in order to be able to communicate because it had the ability for significant storage of different screens and icons for her to eye gaze and use a head switch to choose to communicate, and it needed to last all day as she went through her daily activities. Without it, she couldn't communicate to caregivers. She can't communicate to parents and other family members. Are there assistive devices to aid in communication that cost far less, yes, but she wouldn't have been able to access it? So, that's the importance of looking at appropriate limits for the technology.

With respect to all of the additions and modifications around vehicle leasing and vehicle modifications, there are significant challenges to people with disabilities in terms of transportation, in terms of the availability of accessible public transportation, the availability of any public transportation, and a number of people who have talked about being caught between places where they wanna go -- being in two different regional
transportation districts and not being able to bridge that divide. This helps give them more independence, and maybe some families won't have to engage in Go Fund Me campaigns in order to be able to get a vehicle that they can use for their family member to get into their community.

The waiver additions for remote supports and personal emergency systems can be employed to either augment or reduce staff support, depending on the needs of the participant, which results in greater satisfaction and greater independence. The two-way video audio technology, which can be controlled by the individual and used as much or as little as needed, whether it's just in emergency or different types of situations, is a real breakthrough in terms of people being able to live more independently. Think about, you know, how many questions you get via text messages -- a little piece of advice or a little question, can you provide me some guidance from a family member. It's the same kind of situation, just with a different type of technology.

With respect to assistive technology, we would certainly invite all of you to come visit the NEAT Center to visit the Smart Home on Wheels. If it could be arranged, we'd be happy to bring -- the Smart Home on Wheels is a tiny home, and it's been specially outfitted with the latest technology and a different variety of, you know, platforms, all of it modular, so as things change can be, you know, one taken out, one plugged in. And I'm not doing this as a sales pitch. This is educational for you folks and for anybody who is interested to understand the importance of this technology and the need to support it through these waiver amendments but to
really see what's available to people to help them live more fulfilled lives. Thank you.

SENATOR OSTEN (19TH): Thank you very much, Stan. Are there any comments or questions? Seeing none. Thank you so much. Friday afternoon. [Laughing] Is there anybody else that would like to testify? Seeing nobody. Then I'm going to adjourn the joint hearing.