SENATOR MOORE (22ND): So we're gonna call to get --
call to order Human Service Committee meeting public
hearing. Any comments from my --
UNKNOWN: I think Representative Case does.
SENATOR MOORE (22ND): Representative Case?
REP. CASE (63RD): Yes, thank you, Madam Chair. We
have a lot of meetings going on but I just wanted to
make note it's been almost two-and-a-half weeks now
Rep Wood is on the mend from the flu-ish type
sickness but she will not be here today. I just
wanted to make note of that. She's hoping to get
back here. She's watching, so -- oh, we're not on
live, see.
SENATOR MOORE (22ND): So noted, thank you.
Representative --
UNKNOWN: No.
SENATOR MOORE (22ND): All right. So we'll begin
the public hearing. We have two people signed up as
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officials and then we'll -- for the first hour we'll do that and after that we'll start taking other members and alternate between the two.

So first up is Kathleen Brennan, DSS. Good morning.

[Laughing]

KATHLEEN BRENNAN: So you have to wake up every morning, Representative, you know. Special. My mother used to tell me that all the time.

So good morning, Senator Moore, Representative Abercrombie and distinguished members of the Human Services Committee.

My name is Kathy Brennan and I am a Deputy Commissioner at the Department of Social Services and I'm pleased to appear here before you to offer testimony on today's bills on the agenda.

Senate Bill 895, AN ACT CONCERNING MEDICAID COVERAGE OF IN-HOME COUNSELING PROVIDED BY A HOME HEALTH CARE AGENCY. This bill requires DSS to add rates on the home health agency fee schedule for behavioral health counseling provided by a licensed social worker.

Although we support improving access to behavioral health services in community-based settings, DSS is unable to support this bill because it's inconsistent with federal law. Federal Medicaid law would increase costs and it is unnecessary.

The bill is inconsistent with federal Medicaid law because the federal home health benefit category does not include behavioral health counseling services. Specifically the federal Medicaid regulation that defines the home health benefit
category includes only the following category of services -- nursing services, home health aide services, medical supplies, equipment and appliances, physical therapy, occupational therapy, speech pathology and audiology -- audio -- well, audio -- what was the other one? Hearing testing, thank you, Doctor Zawistowski for that aid there. There you go, okay. [Laughing]

Well, I got the pharmacogenomics down like that. [Laughing] This is one, it's -- you know, I can still say it. Pharmacogenomics. I named my cat that. I thought that was comfortable.

[Inaudible background conversation]

I think it's Monday in my brain. Anyhoo, behavioral health counseling services cannot be included in the Federal Medicaid Home Health Benefit category.

This bill would also increase costs because it would add coverage for a new group of services, funding for this additional category is not included in the Governor's budget. Even if additional funding were available to expand in-home access to behavioral health services, it is much more appropriate to develop a comprehensive approach to including access to quality behavioral health services in home and community-based settings. This bill, however, would limit the additional coverage only to home health agencies.

Finally, the bill is unnecessary because the Medicaid program already covers mental health counseling services provided in the home. Under the Medicaid state plan, licensed behavioral health clinicians enrolled in Medicaid as an individual or group practice -- such as licensed psychologists,
clinical social workers, marital and family therapists, professional counselors and licensed alcohol and drug counselors -- already receive Medicaid payment for providing behavioral health counseling services to Medicaid members in any setting, including their homes.

Those clinicians can already provide and be paid for providing those services in the home. There's no need to pay home health agencies for services provided by the clinicians who can already directly enroll with Medicaid.

Similarly, in the Connecticut Home Care Program for Elders waiver currently and in the renewal of the personal care attendant waiver that's being developed, mental health counseling provided by a licensed social worker or professional counselor is a covered waivered service. This service may be and currently is being provided by both individual practitioners as well as agencies.

The need for the service and subsequent authorization is based on a need identified through the comprehensive functional assessment of persons applying -- applying for or actively participating in the waiver. The service would need to be authorized by the care manager and included in the comprehensive waiver service plan. For all of these reasons, we are unable to support Senate Bill 895.

Senate Bill 896, AN ACT ESTABLISHING RATIONAL HOSPITAL PRICING. This bill would establish an all-player statewide hospital payment system to improve the quality, efficiency and cost effectiveness of hospital services for all Connecticut residents.
DSS believes that much more detail, analysis and dialog are necessary to develop the necessary program elements and bill language to establish a successful all-payer initiative.

Some of this analysis could include exploring the features of similar types of programs in other states, especially Maryland which has an all-payer payment system for hospital services. It is also essential that the program be carefully designed to protect the state from potential increased costs.

If carefully designed, a proposal to implement an all-payer hospital payment system could align with several of the departments' priority health reform areas including improving community-based primary and preventive care, quality cost containment and consistency.

DSS welcomes the opportunity to participate in dialog with legislators, sister state agencies and various stakeholders to discuss the details of a potential proposal to establish an all-payer hospital payment system including analyzing applicable program elements and developing statutory language.

Senate Bill 897, AN ACT CONCERNING A MEDICAID RECIPIENT'S RIGHT TO SELECT A CAREGIVER. This bill would require that the Commissioner ensure that any participant in the Community First Choice program, CFC, or any home community-based services program is able to choose a qualified caregiver to provide services and support necessary to allow such participant to live independently longer at home.

Under existing program guidelines, participants in CFC or any of the home and community-based services
program have the ability to choose their own caregiver. Therefore, it is not clear what issue this bill is attempting to address.

Under the Connecticut Home Care Program for Elders and acquired brain injury waivers, participants have the option of selecting an agency personal care attendant. The department is currently reviewing the option of including agency-based PCA services and the renewal of the PCA waiver.

CFC is a self-directed model which requires the participant to be the employer. Under CFC, a participant may choose to hire any qualified provider including a provider who is employed by an agency. The only limitation to a participant hiring a provider who works for an agency is based on the terms and conditions of that agency's employment agreement.

For example, if the agency does not permit the employee to have a second job, then the employee could not seek employment with a CFC participant. CFC does not preclude a participant from working with the home health aides as part of their plan. It also does not preclude a participant otherwise covered under a waiver from receiving agency-based services as part of their plan as long as those agency-based services are a covered service under the waiver.

DSS, through a contracted fiscal intermediary maintains a registry of providers who are interested in working as personal care attendants. Personal care attendants is a broad classification in CFC and includes any of the qualified caregivers defined in the bill.
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In addition, DSS provides funds for the participant to hire someone who can assist in finding qualified caregivers as well as funds to post an open position electronically or through paper-based communication tools such as newspapers.

Lastly, DSS has training support for how to find and hire caregivers on the myplacect.org website. If the intent of this legislation is to permit a participant in CFC or any of the home and community-based waivers to select a caregiver under their self-directed hiring authority who is also employed by an agency, the department would support this enhanced opportunity for consumer choice.

The department is willing to discuss what the proponents of the bill are seeking to achieve to determine whether changes are required to give program participants additional opportunities to select their caregivers.

House Bill 7167, AN ACT AUTHORIZING THE USE OF MILLER TRUSTS TO OBTAIN MEDICAID ELIGIBILITY. This bill proposes that the Department amend the Medicaid state plan to allow Medicaid applicants to utilize a Miller Trust to transfer excess income for the purposes of reducing income to a level that allows the applicant to become Medicaid eligible.

This bill would be in conflict of federal law for the reasons -- for the following reasons. A Miller Trust is a trust that is funded by an assignment of a pension, social security or other income of an applicant for assistance to a trust.

It is named after the court case that recognized its legitimacy as a method of establishing Medicaid eligibility in the state of Colorado. Miller v.
Ibarra is employed to reduce the countable income of an applicant for assistance to a level that is within the category -- categorically needy income level for assistance.

The results of the Miller case were subsequently codified by Congress in an amendment to the Medicaid act which provides that the transfer of resource rules, which would otherwise disqualify applicants who make uncompensated transfers, do not apply if income is assigned to a trust provided that the state does not allow nursing facility residents to establish Medicaid eligibility under the medically needy option.

Under the terms of 42 U.S.C. 1396, the assignment of future income to a trust does not result in a period of ineligibility if the trust is composed only of the income of the individual including accumulated undistributed income.

The state is entitled to receive all of the amounts remaining in the trust up to the amount of the expenditures as medical assistance on behalf of the recipient on the individual's demise and the state does not allow Medicaid eligibility to be granted for nursing facilities, facility residents pursuant to the medically needy option.

All of the foregoing requirements must be met. Section 1902A of the Social Security Act codified 42 U.S.C. 1396 as the medically needy option which allows Medicaid eligibility to be established by individuals whose incomes are too high to qualify as categorically needy but who may qualify as a result of the consideration of incurred medical expenses.
In accordance with the terms of the statute, transfers of income without fair value to Miller Trust may not be disregarded in determining eligibility if Medicaid eligibility could be established under the medically needy option.

Assignments of income to a Miller Trust may only be made without penalty if the state does not allow Medicaid eligibility to be established for nursing facility residents as medically needy based upon consideration of incurred medical expenses. Connecticut does allow basic Medicaid eligibility to be established for medically needy based on consideration of medical expenses including medical expenses of nursing facility residents.

Many facility patients routinely qualify for Medicaid in Connecticut as medically needy. The federal transfer of resource rules are mandatory and must be applied. Therefore, in accordance with these terms, a transfer of income to a Miller Trust may not be disregarded in determining the eligibility of the applicant.

Connecticut allows nursing resident facilities to establish eligibility under the medically needy options. Clients with excess gross income may qualify for nursing facility services or other qualified Medicaid services by spending down to the applicable medical needy income limit.

As such the department is concerned that assignments of income to a Miller Trust may conflict with federal transfer or resources statutes and therefore we must oppose the bill.
House Bill 7169, AN ACT CONCERNING RENEWAL APPLICATIONS FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM.

This bill seeks to limit the requirement to conduct a telephone or in-person interview to renew eligibility for the Supplemental Nutrition Assistance Program, SNAP, to no more than once annually. Further, the bill seeks to prevent the department from terminating the SNAP benefits of a recipient who has waited on the telephone for an interview for at least 60 minutes without reaching the department staff.

The Department opposes this bill for several reasons. First, the Department only requires a telephone or in-person interview of a SNAP recipient at the time of their renewal which occurs annually. This complies with federal law which requires eligibility to be established and verified prior to the issuance of benefits past the renewal period for the federal funded SNAP program.

While some states require in-person SNAP interviews, Connecticut offers clients multiple methods for completing the mandatory interview requirement. SNAP benefits must be -- SNAP benefits must be terminated if eligibility is not reviewed and verified at the time of renewal and the interview is a mandatory element of reviewing eligibility.

SNAP benefits are fully funded and failure to comply with federal laws could result in sanctions and penalties to the Department and the state in the middle of -- and millions of dollars.

The Department takes certain proactive steps to ensure that SNAP recipients are able to complete
their eligibility renewal in a timely manner. Renewal materials are sent to recipients 40 to 45 days before the benefit period is set to end. Recipients may submit their renewals online, by mail or by visiting a DSS office.

Recipients that visit an office complete the interview and renewal process at that visit. For those submitting the renewal online or through the mail, the Department workers proactively attempt to contact the SNAP recipient by telephone to conduct the interview. If after two attempts we are unable to reach the recipient, the Department sends them a notice to contact the benefit centers or to come in for an interview.

Over the past decade, the Department has worked to minimize the frequency of client contact to the extent permissible under federal law, instituting simplified reporting as well as extending the renewal period from six months to one year for most households.

The Department has also attained the waiver from FNS to waive the interview requirement and extend the SNAP certification period from one year to two years for over 50,000 households where all adult recipients are over the age of 60 or have disabilities and are not working.

We certainly understand no one likes to wait in line. However, through the efforts of the Department leadership and staff at the benefit centers, we have seen a steady and sustained decrease in wait times over the last year.

In March of 2018, wait times averaged an estimated 107 minutes per call. Since then, the average wait
time has dropped steadily. In November of 2018, December 2018 and January 2019, wait times were 32 minutes, 35 minutes and 28 minutes respectively, demonstrating continued downward trend.

To this date, February 2019 data shows another decline in wait times. For these reasons, the Department cannot support this bill.

Thank you very much, I'm happy to answer any questions and I have a whole load of people that can help me out. [Laughing]

SENATOR MOORE (22ND): Thank you. Representative Abercrombie, any questions?

REP. ABERCROMBIE (83RD): Sure, I'll start. Thank you for being here, Deputy Commissioner, I appreciate it. I actually only have one question and it's on Senate Bill 895 which is AN ACT CONCERNING MEDICAID COVERAGE OF IN-HOME COUNSELING PROVIDED BY A HOME HEALTH CARE AGENCY.

Do you know, is this service covered under Medicare currently?

KATHLEEN BRENNAN: It is not part of the Medicare definition.

REP. ABERCROMBIE (83RD): Okay and then in testimony that we were given from the Home Care Association, they had made a comment that in some of the waivers -- and it's very limited -- there is a code that's being used in the Connecticut Home Care Program for this service.

So is it that when we did the waiver we included it but we don't feel it's something that we could do across the board under Medicaid at this point.
KATHLEEN BRENNAN: Yes. [Laughing]

REP. ABERCROMBIE (83RD): So let's drill down a little bit here. So if it's a --

KATHLEEN BRENNAN: I'm gonna call Kate.

REP. ABERCROMBIE (83RD): Might be easier.

KATHLEEN BRENNAN: She's got the detail.

REP. ABERCROMBIE (83RD): I know. That's why we love our Kate.

KATHLEEN BRENNAN: Absolutely.

KATE MCEVOY: Thank you, I apologize for testifying from the floor.

REP. ABERCROMBIE (83RD): No, that's okay. That's how we do it.

KATE MCEVOY: Kate McEvoy, Director of Division of Health Services at DSS.

REP. ABERCROMBIE (83RD): So we -- so we currently cover this service in limited scope under the Connecticut Home Care program. So why would we not want to expand it under a Medicaid service across the board?

KATE MCEVOY: So this service, and I'm just scrolling through the testimony to make sure that I'm absolutely correct in how we characterize the coverage under the waiver.

But this was actually an expansion of the waiver services that Kathy Brennan argued for based on observation that it was often a gap that hadn't been properly addressed historically.
I think there have been, unfortunately, some paternalistic assumptions of older adults in terms of behavioral health and we really felt that it would be useful to round that out from a standpoint of the -- kind of complement the other interventions that we do in homes by the waiver.

This is part of the latitude we have with the waivers is you can have a more expansive service array, as you know, and there's examples across the waiver of interventions that we found that would be on target for people being served.

I think what Kathy testified for is the standards under the state plans are distinct, as you know from the coverage under the waivers, and the state plan definition of home health is pretty prescribed. And that's included in the testimony in terms of what that's intended to cover.

To the best of my working knowledge, that parallels the Medicare definition so it is the nursing services and the associated therapies.

Separately, as you know, we cover a very broad range of behavioral health supports in Medicaid and we have enabled independent practitioners to perform home-based visits. So what we're seeing, essentially, in that part of the testimony is it's not only the case of the definition of home health in federal law isn't expansive enough to cover the service but distinctly under the state plan, we do enable practitioners to provide that service in-home and to bill for it.

So we're seeing this as unnecessary to actually cover it under the home health benefit.
REP. ABERCROMBIE (83RD): Okay, thank you for that. Thank you, Madam Chair.

REP. CASE (63RD): Thank you, Madam Chair. Good morning. Um, 7169. I think the -- in reading through and talking with the proponent of the bill, the reasoning for it was attorneys are having trouble who have power of attorney. They can't do the online -- they have to do it via phone because they have to talk to somebody and their wait times are an hour to an hour-and-a-half. And attorney times are costing the clients a lot of money which is costing the state.

They're wondering how they can streamline for people who are powers of attorney to renew their compliance benefits.

KATHLEEN BRENNAN: Dan? I'll bring Dan Giacomi, he's the manager of our SNAP program, he does a great job and can probably give you a little bit more detail than I can.

DAN GIACOMI: Good morning. As she said, Dan Giacomi, SNAP Director, DSS. In regards to that specific question, I think it needs to be clarified as well that for many of our elderly and disabled clients, as the Deputy Commissioner mentioned, there is no interview requirement for these individuals if they do not have earnings.

And as she stated in her testimony, if they are over the age of 60 and/or disabled with no earning, we put them on a two-year certification period instead of a one-year and we waive the telephone interview for these individuals.
So for those other individuals, we can point to the testimony as well that although approximately a year ago we were looking at an hour to an hour-and-a-half, our wait times have dramatically decreased most recently. Unfortunately, however, for our federal rules, we are unable to waive the interview for -- for our individuals other than those in the specific waiver that I mentioned previously. Everyone else does have to complete an interview to be able to do this.

And that's why we kind of proactively make the phone calls out to the individual first prior to sending them a list to say, "Okay, you can call us anytime between the hours of 8:00 and 4:00 or 8:00 and 4:30 and be able to get someone on the telephone."

REP. CASE (63RD): So if I'm understanding correctly, I understand it's a federal -- but basically we're trying to save the DSS dollars for an attorney who's taking care of a client.

And you say you -- it's a two-year process rather than a one but still the attorney who is power of attorney for somebody who might be elderly, somebody who might have income but they have power of attorney for one reason or another, they still have to do the phone interview, there's no way -- is there a way that they can do the -- because they're not the specific person, I'm being told that they cannot do the online because they're not the person doing it.

DAN GIACOMI: So to clarify that as well, the online is not the interview portion. The online is just the submittal of the renewal itself. And any individual can sign up to have what's called the My Account to be able to submit it.
We do offer as well, community partner access, which would allow an individual through working with the agency to be able to submit applications and renewals for a number of individuals and not specify just to their person.

So the interview itself is not done online. It is either done through the telephone or in person.

REP. CASE (63RD): And I'll close up with this so basically there is no other avenue than the attorney calling in. What we've been trying to get at is the attorneys -- it's far and few but there are quite a few, if that makes any sense -- that it's DSS that's actually paying the attorney to sit on the phone to talk to DSS for the interview.

Is there a way that we can get a direct connect for attorneys who have power of attorney to streamline that? I think we can' look at it in the future but that's the elements of why this bill's here.

DAN GIACOMI: Sure, just to offer one more piece of clarification as well, when you do submit an application of renewal, we do ask if there's a preferred time and date that you would like us to call you to conduct the interview.

If the attorneys or any individual would like to put that down and say, "Okay, I know that I will be free between this day and this time", they can do so in which case one of our staff members will make a call out to them in which case there would be no wait for them because they would be able to get it right away and conduct that interview right away.

REP. CASE (63RD): And that was one of the things that we did discuss and those calls never end up
coming back to the attorney. So I'd like to get some data on that. I will ask Rep Pavalock to give me that data because she has tried that and the call hasn't come back to her on the requested time.

Honestly, we're just trying to save DSS money so maybe we can work out a collaborative way we can talk more about it but -- I don't know how many people are on -- have power of attorneys that are on benefits. So all right, we'll continue it on. Thank you. Thank you, Madam Chair.

REP. MASTROFRANCESCO (80TH): Yes, thank you very much. I had a question. Come back, come back. [Laughing] Just a follow up on Representative Case, what he said and he makes an excellent point.

I know there's many times when you call, whether it be the phone company or the public utilities, there's a long wait. And you would hit a button and they would say, "We'll call you back within 30 minutes." Is -- what is -- is something like that, could that be done? What is the exact process? I mean is the attorney on hold for like literally a half hour? Can that be done?

DAN GIACOMI: Absolutely. And I'll leave it to our field staff to better answer that question but we are instituting, if we have not already? Not yet. But we are in the process of instituting the callback feature as we speak of it, where it's a virtual hold. You basically select the option, it'll call you back when you're up on the next in queue and then you pick up and then somebody will be on the line.
REP. MASTROFRANCESCO (80TH): Do you know how long that will take to be in effect? Is this something that's almost -- almost done?

DAN GIACOMI: This is outside of my purview.

REP. MASTROFRANCESCO (80TH): Okay.

DAN GIACOMI: Yeah, it's -- there's a contractor, we're working with them to get it all implemented.

REP. MASTROFRANCESCO (80TH): Okay. Thank you very much, appreciate it.

KATHLEEN BRENNAN: I think what would be -- with that mentioned -- if we can make sure that they take advantage of putting on the application, these are the preferred times to call. That and then going back to what Representative Case said, we'll do some double checking to see if there have been cases where that's occurred and they haven't called back. We'll renew that instruction with our field staff. We want to make sure at least that's a step towards it.

REP. MASTROFRANCESCO (80TH): It is. You know, with attorneys, there are -- things come up.

KATHLEEN BRENNAN: Absolutely.

REP. MASTROFRANCESCO (80TH): You know, they say, "Okay, I'm gonna be available this day and we do it here." I say, "Okay, I'm available to meet with somebody at this time", and then all of a sudden something comes up and they miss it.

KATHLEEN BRENNAN: Right.

REP. MASTROFRANCESCO (80TH): I think the safer way would be to assure that this is the time they're
calling and they know it's within an hour they're gonna get a call back. It would certainly save DSS money.

KATHLEEN BRENNAN: Absolutely.

REP. MASTROFRANCESCO (80TH): Thank you.

KATHLEEN BRENNAN: Thanks, Dan.

REP. ABERCROMBIE (82RD): Representative Case, you have a --

REP. CASE (63RD): Yep, just a follow up. I was just reading through these three pieces of testimony. If you wanna take a look, they get more specific on this and their attorneys and the people who I will reach out to.

KATHLEEN BRENNAN: Oh, okay.

REP. CASE (63RD): Other than Representative Pavalock who put this forward, other people have written in on it.

KATHLEEN BRENNAN: Okay, I'll take a look at their testimony.

REP. CASE (63RD): Thank you.

KATHLEEN BRENNAN: Thank you.

REP. CASE (63RD): Thank you, Madam Chair.

SENATOR MOORE (22ND): I'd just like to do a follow-up also on that. So the process for applying -- redetermination -- you call them first to let them know the package is coming.

KATHLEEN BRENNAN: No, the package goes out in the mail 40 or 45 days beforehand.
SENATOR MOORE (22ND): And then?

KATHLEEN BRENNAN: When they send it, if they send it in by mail then that's when we reach out on at least two occasions to try to schedule an interview.

SENATOR MOORE (22ND): So

I know the wait times two years ago were really long. So have you improved? Do you have documentation to show that you improved the wait times for the calls?

DAN GIACOMI: Yes, absolutely. We did in our testimony today. I can tell you as well that preliminarily speaking, February looks even better than what we've testified to today as well. So we are seeing a continued downward trend in our wait times.

SENATOR MOORE (22ND): And do you know that people have -- do you know the number of people who might have been knocked off of their benefits because of long wait times or not getting back to you?

DAN GIACOMI: It's hard to narrow it down just to the long wait times as you speak of. I can tell you that when we do send out our renewal packages, about a third to a fourth of the renewals go off for one reason or another. It could be that they were unable to complete the telephone interview, it could be that we requested additional documentation and they did not return it. It could be that they never returned the renewal package that was sent to them or it could be that they returned everything, did the interview and they were deemed ineligible because of change in circumstance.
SENATOR MOORE (22ND): So is there any -- well, of course there's a possibility -- but for the most part, is there closure to make sure that you've made some kind of contact with the person before they're taking off of their benefits?

DAN GIACOMI: Yes. So the actual process that we go through right now is that we send out the initial packet. Once the packet is received by a worker, they make their two phone calls. If they're unable to reach the individual, they would then send out an interview letter with a date 12 days out to say we'd like you to call in by this date.

If they do not call in by that date, we actually send them a secondary letter that's called a Notice of Missed Interview to say that we asked you to call or come in by this date and you have not done so. Failure to come in by the end of the benefit period will result in your closure.

And then ten days prior to the closure itself, we send out a third letter that says, "We still haven't heard from you, your benefits will be closed at the end of this month."

SENATOR MOORE (22ND): And so then the final -- just for the sake of clarity -- most of the attorneys who have power of attorney are being paid hourly?

KATHLEEN BRENNAN: I would assume, yeah. I'm not sure.

SENATOR MOORE (22ND): All right. I don't have any other questions, anyone else?

UNKNOWN: One quick question. Has the Department ever explored having a line that is just dedicated to those that have attorneys?
KATHLEEN BRENNAN: I don't think we -- we have not done that. I think the hard part, to be honest, Representative, is that when you do that, you're moving -- it's -- it's very difficult. Nobody likes to wait on line, we get it. I think we make a lot of attempts to facilitate it as quickly as possible. But no, I think to do that would just start kind of -- [crosstalk] -- and that's what we're trying to get away from.

UNKNOWN: I can understand that. It would, it's just that ordinarily when attorneys are calling, they've got their paperwork and their issues in a line and the calls are probably somewhat more --

KATHLEEN BRENNAN: Well, it'd be interesting to see -- I'll take a look at their testimony to see the volume that we're talking about. Absolutely.Thanks.

SENATOR MOORE (22ND): Any other questions? Thank you so much, both of you. Appreciate it.

KATHLEEN BRENNAN: Thank you.

SENATOR MOORE (22ND): I don't see Senator Looney in the room so I'm going to call Representative Pavalock-D'Amato. [Inaudible background conversation]

That's it for elected officials, we'll go to the public now, okay? Kathleen Flaherty?

KATHLEEN FLAHERTY: Good morning, Senator Moore, Representative Abercrombie and members of the Human Services Committee.

My name is Kathy Flaherty, I'm the Executive Director of Connecticut Legal Rights Project and
also the co-chair of Keep the Promise Coalition. And I'm here to offer testimony in support of three bills on today's agenda.

You do have my written testimony and I just also -- so I'm not gonna read it but I just wanna let you know that offering this in support of S.B. 895 concerning the Medicaid coverage of in-home counseling, 897 and H.B. 7169.

I was able to hear the Deputy Commissioner's testimony and it's actually really helpful to hear the efforts that the Department has already been making in terms of lowering the need, especially for people who are older and people with disabilities to do the constant re-certifications when their information is not really changing.

So to hear that they actually have already streamlined the process for those folks is really helpful but I think hearing what Representative Case and some other folks mentioned is people who have conservators who are court appointed really, you're right. One part of the system is paying somebody else because if the person is low-income and they are provided that probate conservator by the probate court, then that's getting paid out of probate court's budget. So it's like one part of the state paying another to wait on the phone.

So if there is a way to address that and actually for our little -- our few clients who have conservators who maybe manage to have a little bit of money, that's coming out of their pocket. And they're low-income folks and if there is a way to make the system work better for everybody, especially the people who are most vulnerable and
need it. And need those food stamps to feed themselves, I think we should do everything we can.

I did hear the testimony about federal law blocking the ability to cover the in-home behavioral health services but that's a little confusing to me because it's such an air of mental health parody to say that one kind of service could be covered but a but a behavioral health service can't be, it makes me wonder how much conflict there is within existing laws and if there is another way to address that.

And you know, Community First Choice is all about people's choice in employment. So offering people more choices in terms of the people they employ would be good.

But that's all I have unless anybody has any questions for me.

SENATOR MOORE (22ND): Questions?

KATHLEEN FLAHERTY: Thank you for the opportunity.

SENATOR MOORE (22ND): Thank you. Tracy Wodatch?

REP. ABERCROMBIE (83RD): No, you can. You go.

TRACY WODATCH: Good morning, Senator Moore, Representative Abercrombie and members of the Human Services. My name is Tracy Wodatch, I'm the Vice President of Clinical and Regulatory Services at the Connecticut Association for Health Care at Home.

We are the member organization that supports the licensed home health and hospice providers in the state.
I did submit my testimony but I wanna go right to the comments that Deputy Commissioner Brennan presented already.

I do have up in front of me our regulations, both federal and state and under our code of federal regulations, a medical social worker is recognized. It's considered a dependent service meaning that you can't have a social worker in on a case unless either nursing or therapy is involved in that case for a -- for a medical plan of care.

We're not talking about non-licensed, we're talking about the licensed entities within the state. And in the state regulations, it's also recognized as a service that we must provide.

What we do provide, and I can -- I'm trying to go back and forth to make sure that we're including everything -- the functions of the social worker are not just focused on the behavioral health counseling and I know that's the way that this bill reads but we're asking for that to be considered for amendment. We're really looking for the full services that a social worker, the skills that a social worker has within home health that they are capable of providing for those patients that are already under care.

So it's not a separate -- we want to have a counseling code. We want to have a code that can reimburse the social worker for all of the -- to address all of the impediments that a patient may be experiencing during their medical episode of care.

We're looking not just at behavioral health, we're looking at post-acute situations. We're looking at pediatrics, fragile pediatric care patients.
Palliative care patients. Really trying to look at the — the social determinate impacts, the financial concerns, transportation and housing. All those pieces and counseling needs that would support that person's plan of care in being able to get them to more of a level of independence.

So social workers do comprehensive evaluation of psychosocial status as related to the patient's illness and environment. Social determinants. Participation in development of the patient's total plan of care. Participation in case conferences with the health care team. It's a skill that only a social worker brings to the table unlike the clinical aspect that a nurse or a therapist would do.

Identification of patient and family needs for other home health services and referral for the same when appropriate and then referral of a patient or a family to appropriate community resources.

We all know that there have been cuts to the budget. We all know that the budget situation is not in a good -- isn't in good shape. We need to consider this reimbursement. It's a small portion that we're asking for that ultimately can help reduce long-term complications and can help that person get on their feet and avoid more hospitalizations, more institutionalization.

These are more the acutely, post-acutely ill patients that we're addressing that do have long-term impact and considerations that if our social workers don't step in, then we're not able to assist them.
There does exist that code that you asked about, 1247. And it is very specific for the waiver programs under the home care program and has to be approved through the access agencies and it is specific for counseling needs.

So it's really not what we're looking for. We're looking for counseling and -- we're looking for above and beyond what a social worker truly can do. And those that are part of the home health care agencies have that innate ability and skill to go into the home and really recognize the issues that impact.

We have someone that will testify next who is a social worker and has years' experience doing this and she can explain what it is that she does that makes a difference. That's really what we're asking for versus a behavioral health counseling piece.

And as far as Medicare paying for it, it is part of our bundled rate. Medicare is not a fee-for-service, it's an expectation within our regulations that if social work is needed in on a case, we must put social work in on a case.

So same thing with our state regulations. How we pay for it is another situation. Medicare gives us the bundled rate so we have to consider those costs within our bundled rate. Medicaid does not reimburse us. So it essentially is free care.

We still have to put the social worker in because our state regulations require that. But essentially if we are doing that, our members, our home health provider members are doing it and offering it as free care.
I do ask you to reconsider looking at the language for this bill and to consider possibly finding a way to fund it. Thank you.

REP. ABERCROMBIE (83RD): Thank you. Thank you, Tracy. Thank you for your testimony and thank you for bringing this to our attention.

So -- so do you believe that if we redid the language and took out just the behavioral health, right, and expanded on the services to be covered -- do you believe that under nursing services, which is what the Deputy Commissioner testified, this could be a covered service. Do you believe that it's the behavioral health portion of it that's making it impossible for us to just cover this service?

TRACY WODATCH: Behavioral health isn't really addressed in the federal -- in our federal regulations or in our state regulations. We -- it is addressed as psychosocial status. What impediments those psychosocial emotional socially that impact the plan of care so I would -- counseling is part of what they do. But I would prefer that -- and I think it's better that behavioral health is not part of it and that it's a more general term incorporated within all the skills that a social worker can provide.

You know, the cuts at DSS with cuts in staff as well and we have already talked about the call waiting times. It used to be that case workers were individually assigned to all the patients -- all the clients -- but for us they're patients because ours are -- our clients are actually patients of ours, they're sick. And we're trying to help them get better.
But the call waiting times and the fact that they can't get in touch with their caseworker. A caseworker used to be a social worker, too, and we're not seeing that any more. So we really need that skill on our side to help us get our patients better so then they can stay in the home and live where they wanna be and also be able to exhibit the cost savings that we're looking for for our Medicaid population.

REP. ABERCROMBIE (83RD): Can you send us the language so that we could have another conversation with DSS, how you would tweak it compared to what we currently have in front of us, that would be helpful. Thank you, Madam Chair.

TRACY WODATCH: Thank you.

SENATOR MOORE (22ND): Anyone else? I just have a question. So it would have some fiscal impact, though. Yes or no.

TRACY WODATCH: It would have a fiscal impact out of the gate, yes, but long term, I think we're really looking at cost savings on the other side of helping reduce the ED visits, the hospitalizations, the institutionalization piece. Getting people back to nursing homes when hopefully we can keep them at home.

SENATOR MOORE (22ND): Thank you. Anyone else? Thank you for your testimony.

Representative Pavalock-D'Amato.

REP. PAVALOCK-D'AMATO (77TH): Good morning. My name is Cara Pavalock-D'Amato and I'm here to testify in support of House Bill 7169 and I just want to thank Chairwoman Moore and Abercrombie,
ranking member Case and the distinguished members of the Human Service Committee also for raising this bill. Or having -- sorry -- having it for a public hearing.

This bill came to me from a local -- from an individual, an attorney in my office who is a probate court-appointed conservator. And the issue he is having is that with some of his individuals who receive SNAP benefits, he has to call for the verification every year. And of course with the current wait times with DSS, what's happening is he, of course, has many clients that he has to handle and with the wait times of an hour, sometimes more, he's not able to stay on the phone. And it's happened more than once where some of his clients have been cut off from their SNAP benefits. And of course as the other woman testified, this is a great concern when somebody who is elderly is not taking, you know, is unable to take care of themselves and the most basic benefits that they have are cut off.

So we are hoping to kinda streamline that -- I think the individual who's making the call -- what the issue this attorney conveyed to me was that they're actually reading through the entire application and going over information that's already given. Whereas when I looked at the statute and I did provide written testimony, I'm not sure if it's been posted yet but -- okay and I did provide the statute there. And at least on the second page of my testimony, it says, "The interviewer must not simply review the information that appears on the application but must explore and resolve with the household unclear and incomplete information."
So from my perspective, I think going through an entire application is what's taking up a lot of time. I know they have thousands of people to go through but if we could look for a streamlined resolution to this, again, of course the goal is to not have anybody lose their SNAP benefits and allow people who actually do this to take care of other people — it's not, they're not a big money maker. Attorneys do this out of the goodness of their heart because they wanna help people and of course they want to be able to do the best job that they can.

So if there's any questions, I would be happy to answer them or get information to answer those questions.

REP. ABERCROMBIE (83RD): I'll wait, Madam Chair, if you want. Good morning, thank you for being here and thank you for bringing this to our attention.

So you talked about your — your colleagues in your office who do this work and I — I don't think you were here when DSS had testified on this but one of the options they said was that they do have a service where you can set up an appointment time. And they will call back at that particular time. Has your office utilized that?

REP. PAVALOCK-D'AMATO (77TH): I have to ask him and see. I know that he has — I think the problem that he's run into is that when they have called back and if he misses it. And sometimes when you're in court, that's -- you know, you don't always have that choice and I don't -- I think it was the initial callback that wasn't necessarily a set-up — that set up a specific time.
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So I can see if he has utilized that and not --
still not found success or if, you know, if he has
maybe just not -- just missed the call. I'll have
to clarify with him and [crosstalk].

REP. ABERCROMBIE (83RD): Yeah, I think that --
yeah, I think that there might be missed -- some
disconnect between what DSS is saying and what the
attorneys are saying. And maybe we can find a happy
ground there to do this process better.

Do you -- DSS also said that under federal law,
right, we have to do this part of the process. Do
you agree with that?

REP. PAVALOCK-D'AMA (77TH): The verification I
agree. I mean you want to make sure and reduce
fraud as much as possible. I think that's very
important but the -- right now he's doing it, I
believe, twice a year. And we wanted to reduce that
to once a year.

So I'll have to check with him because I know -- we
had asked, sent something to OLR to clarify and they
said that specifically in their response that we
could craft a bill to state that telephone renewal
interviews should not be required more than once
annually. So --

REP. AMBERCROMBIE (83RD): And we'll get that from
OLR, thank you for bringing that to our attention so
we can take a look at that.

Thank you. Thank you for your testimony.

SENATOR MOORE (22ND): Representative Dathan?
REP. DATHAN (142ND): Thank you very much, Madam Chair. Thank you, Representative Pavalock-D'Amato, for your Bill. I think it's really interesting.

Coming out of the technology space, I kind of see that there's a lot more efficient ways to verify things than an in-person or over the telephone review. Are you aware of any other states that maybe have much more of an automated process where they could streamline this, upload documents and to do the verification more systematically?

REP. PAVALOCK-D'AMATO (77TH): Not necessarily other states, although I can look into that. Other industries, of course. Insurance, mortgage, the mortgage industry, they've all found ways to do e- verifications and still been able to, you know, if more for me, I do a lot of modifications and things with mortgage companies and they are very strict when it comes to making sure they're dealing with the right person. So I feel confident that if a mortgage company is able to do that, then I think we would be able to do that and still have the security of -- that it is the correct person and of course, again, to reduce any chance of fraud.

REP. DATHAN (142ND): Great, I fully agree with you. Thank you.

REP. PAVALOCK-D'AMATO (77TH): Thank you.

SENATOR MOORE (22ND): Representative Case.

REP. CASE (63RD): Thank you, Madam Chair. Thank you, Cara, for coming down. I know you were in screening so that sorta pulled you out.

But I guess when we had discussion there was a little bit of talk on, you know, the possibility
because when an attorney is appointed by the Probate Court, somebody's paying for it. The times on the phone. And if we could have a streamline to where, you know, court appointed attorneys who are renewing these. If we had some sort of either hotline or a way of doing it because obviously it's costing the state, if I'm correct, costing the state dollars by the attorney being on the phone.

So to try to streamline and make this one-stop shop so the attorney can get on the phone, get off and complete it.

REP. PAVALOCK-D'AMATO (77TH): Right. And I know it's a federal law. It's -- it requires the verification so I do -- I wanna go through the statute again and see because in general, with an attorney, the upside of that is that you appoint them for a reason. And when I say that I assign something, when I say that I submit something and I put my bar number there, it is assumed to be truthful so there is no question. That is the whole point of us, you know, taking the bar and taking the oath.

So I think there could be some -- especially in the case of a conservator -- the assurance that they are looking out for their client and abiding by those rules. And so I'd love to submit some alternatives that, at least for the conservators, would give the assurances. But again, allow them to take care of their clients at the lowest cost possible.

REP. CASE (63RD): Well, I just want to thank you for putting it forward. I think you have the ears of the chairs and the ears of DSS because this not only can help clients but also save some dollars and streamline something if we can come to a conclusion.
But it might take some time but whatever you can do to supply us some information, that would be great.

Thank you, Madam Chair.

REP. AMBERCROMBIE (83RD): [Laughing] Are you tired today, Madam Chair? You just look like you're like out of it today.

SENATOR MOORE (22ND): Thursday.

REP. AMBERCROMBIE (83RD): Have you -- has your office had a conversation with DSS about this? To try and find some --

REP. PAVALOCK-D'AMATO (77TH): What I try to do is I try to search the -- I know when there is a change and what they do, they have to publish a notice. But all the notices that are in the Connecticut Law Journal are posted by date. They're -- from what I could find, it wasn't by subject. So I'm -- I would be happy to reach out to them and see. I just couldn't find where their directives and since it's -- they're dealing with employees, I almost then assumed that it wasn't necessarily going to be published. How they train their employees or what they tell them exactly to do. So I would be happy to do that.

REP. AMBERCROMBIE (83RD): So let's make an introduction. Representative, Deputy Commissioner Brennan is right there.

REP. PAVALOCK-D'AMATO (77TH): Perfect.

REP. AMBERCROMBIE (83RD): If you would like to have a conversation with her I think, you know, you've got all of DSS in that corner. I think it's a great opportunity. No, I'm being serious, right --
REP. PAVALOCK-D'AMATO (77TH): Yeah, I appreciate it.

REP. AMBERCROMBIE (83RD): -- because whatever you send us, we still have to clear it with them to make sure that we're in compliance with federal law. So let's make this introduction and think of is there a way that we can do this in a more efficient way. I agree with my colleague, you know, but we also -- we also have to remember that at the same time -- and you know this is an attorney -- we have to be in compliance with federal law and it seems like the process that we have in place, even though it isn't the most efficient is the way we have to do it at this time.

So I would love for you to have a conversation with them and the Coordinator for SNAP is sitting right next to the Deputy Commissioner so let's see if we can bridge you two together.

Thank you, Madam Chair.

REP. PAVALOCK-D'AMATO (77TH): Appreciate it.

SENATOR MOORE (22ND): Thank you. I'm not sure if you heard but they did mention that the telephone system they're putting in -- I don't know when but it's on the agenda, they have a contract, looking at a contract -- that there's a callback. So someone wouldn't have to stay on the phone but they would get the callback.

REP. PAVALOCK-D'AMATO (77TH): All right, that would be nice.

SENATOR MOORE (22ND): Thank you for your testimony.

REP. PAVALOCK-D'AMATO (77TH): Thank you.
SENATOR MOORE (22ND): Sue Henry? I apologize, I have to be at another committee meeting at 11:00 so I won't be here for your testimony but I have it in my -- thank you. Representative?

SUSAN HENRY: Can you hear me?

UNKNOWN: Yeah.

SUSAN HENRY: Okay. Good morning, Senator Moore, Representative Abercrombie and members of the Human Services Committee and thank you, Representative Cook for bringing this extremely important issue forth.

My name is Susan Henry and I'm the Supervisor of Social Work Services at VNS of Connecticut. I've been employed at VNS as a homecare social worker for the last 20 years and I cannot stress how important S.B. 895 is.

Many Medicaid beneficiaries receiving home health services have complex needs over and above their medical and health needs and Medicaid does not cover social work visits in the home.

Last year VNS provided 520 free social work visits to 186 patients at a cost of $116,022 dollars. Unfortunately, as a not-for-profit agency without Medicaid coverage for these visits, our agency cannot afford to continue to provide this free care.

Generally lower socioeconomic status, Medicaid clients face major obstacles to maintaining their health. Examples -- poverty, inadequate money for basic needs; food, clothing, shelter, transportation, inadequate or unsafe housing, heating and electric shutoff, bug and pest infestations, unsafe neighborhoods, lack of adequate
support systems, lack of knowledge or access to community resources, higher levels of stress and mental health issues.

Home care social workers have the unique advantage of being able to not only hear about but also to observe up close the circumstances and variables that positively are negatively affecting a patient's functioning and ability to take care of themselves in the community.

And I think that sets us apart from our social work counterparts in other settings -- office settings, care managers, telephonically. It's also different than CHWs, social workers in home care are -- have their Masters. Most have their license or are working towards their license. They've been trained not to just to provide case management services and help with linkage to resources, they're also trained extensively to provide counseling and therapy and help people cope with the stressors of illness and caregiving.

Home care social workers work within, you know, a person and environment perspective. We see how patients live, the conditions they live under, we experience what others -- what might otherwise go unnoticed. We notice who comes in and out of the home, who calls the patient. We see if they have their basic needs met, if there's broken pipes, roof leaking, mold accumulating, working outlets, broken windows and so on.

I think through this, patients learn very quickly that we're interested in all facets of their life -- who they are, how they live, what circumstances make things challenging for them to take care of themselves.
And this enables us to quickly develop trust, a rapport and it's what puts home care social workers in an excellent position to improve social determinants and prevent the more costly outcomes of emergency room and hospital admissions.

VNS's patients have been very fortunate to have benefitted from free social work services for many years but due to the financial challenges and being one of the few agencies that care for the Medicaid population, they've reduced the free care in half. This is going to dramatically affect our social work outreach to come of our most vulnerable patients.

I wish I had time to provide you with stories that really demonstrate how home care social workers can be instrumental in eliminating the many barriers to health. I have included a couple examples in my testimony and I would like to urge you, on behalf of Visiting Nurse Services and the other agencies who serve Medicaid clients to pass this bill.

REP. ABERCROMBIE (83RD): Thank you. Thank you for your testimony. So do you believe that there's a way to tweak this language so that it could become a covered service if we took out maybe the definition of behavioral?

SUSAN HENRY: Absolutely. I think to include all the social work to help with the psychosocial barriers, counseling. It could include behavioral health but I would take that language out.

REP. ABERCROMBIE (83RD): And you do believe, because if you heard the Commissioner's testimony, it can't be a covered service currently under Medicaid. So you do believe if we change the
definition from just behavioral that it could be a covered service.

SUSAN HENRY: Absolutely.

REP. ABERCROMBIE (83RD): Okay, thank you for your testimony. Questions? Representative Hughes followed by Representative Case.

REP. HUGHES (135TH): Hi, thank you for your testimony. As a social worker in the field, I feel ya. [Laughter]

I think that our Medicaid and Medicare system is woefully outdated in terms of the actual needs of our aging folks in the field and that we are realizing that community-based, home-based services is far more cost effective and far more care effective in terms of delaying people's institutionalization or hospitalizations longer.

And most of our clients are dually diagnosed with often -- not most but a lot -- have multiple -- multiple diagnoses and multiple needs which is really important for a social worker to be there.

I know that the state of Connecticut asks for a lot of settings to have licensed Master Social Workers and we are -- we do have a title protection bill going through to really make it clear that these are -- that this would cover very qualified credentials and accredited individuals that are licensed by the, you know, the NASW and the Connecticut NASW.

So I just wanted to add that little caveat. We're talking about a high level of professionalism.

REP. CASE (63RD): Thank you, Madam Chair. So when we see social workers or even anybody going into the
home, it's not only just for the visit that they're doing, it's to help the person to be in there.

My question is a social worker that would be in the home, are they a mandated reporter if they see a problem within the home?

SUSAN HENRY: Absolutely.

REP. CASE (63RD): So them being a mandated reporter but it's a free service. I find that hard that they're not being covered, myself. Because you're talking about elderly meals and all that stuff. I consider those people somewhat, quote, you know, "social workers". Because anybody that has a touch to somebody that's in their home, sees something, they usually say something.

But I was curious in having a social worker in there, they can report back that this is happening in such-and-such a home and it can actually save the person and save the -- keep the person within their home instead of going out. Is that a fair assumption?

SUSAN HENRY: Absolutely. And you know, I have to tell you, I've been involved in many cases where Protective Services is calling the agency and saying, "Please get your social worker in there." And we're one of the few agencies that I know that can do it because we offer some free care. Because if it's a Medicaid recipient, we really can't go in but the -- Social Services is often looking for our help to help them remove some of the obstacles and barriers.

REP. CASE (63RD): But when you're putting a CNA in there, you're putting a nurse staff in there,
they're not necessarily certified in the social work aspect for the psychological part of what's going on with the person which could really alleviate some of the care that they're getting.

So like it was spoken before by Tracy, that we could alleviate some costs by having this take precedence over other things along with [crosstalk].

SUSAN HENRY: Absolutely, as we -- you know, as we remove all the barriers and all the obstacles to health care. And help relieve some of those stressors that these people are under.

REP. CASE (63RD): So sometimes just talking with the person can alleviate some medical things that are going on. That's what I'm getting at. [Crosstalk] So we need to work towards the solution to changing language so we can get some sort of service like this covered.

SUSAN HENRY: I agree.

REP. CASE (63RD): Thank you for coming forward and testifying. Thank you, Madam Chair.

REP. ABERCROMBIE (83RD): You're welcome. Thank you for your testimony, we do appreciate it. And thank you for your work, we appreciate it.

SUSAN HENRY: Thank you.

REP. ABERCROMBIE (83RD): Heidi and it's -- is it Puglese or Pugliese? Sorry. Pugliese.

HEIDI PUGLIESE: Good morning. My name is Heidi Pugliese. I want to thank Representative Abercrombie and the members of the Human Services Committee for allowing us to testify this morning. We thank you for the opportunity to provide you with
some more information about the budget. Sure. This one? Is that better? You're welcome.

Okay, so my name is Heidi Pugliese. I am the Vice President of Behavioral Health Services for Elara Caring, New England Home Care here in Cromwell, Connecticut.

I am a master degreed prepared registered nurse with about 28 years of clinical and management experience, a lot of it in the home care arena.

I specialize in behavioral health and I've worked with the various state agencies in Connecticut with children, adults and families throughout various levels including home health.

Just to provide some background on this subject, which I'm sure everybody knows, in 2018 the Connecticut Home Care industry serviced approximately 19,582 Medicaid eligible individuals in their homes or congregate settings.

Approximately 6,000 of these individuals were diagnosed with serious persistent behavioral health issues.

With five regionally based offices and two satellite offices, New England Home Care currently provides multidisciplinary home care services including social work throughout Connecticut to over 5,200 individuals on an average daily basis.

We provide behavioral health services as well to over half of Connecticut's Medicaid recipients who are currently receiving behavioral home health in Connecticut as we service about 3,000 of these individuals.
When thinking about these issues and supporting this bill, I wanted to outline three key factors to support 485, THE ACT CONCERNING MEDICAID COVERAGE OF IN-HOME COUNSELING PROVIDED BY A HOME HEALTH AGENCY.

The first area I wanted to talk about was comorbid and co-occurring conditions, as we all know, impact recovery, increase utilization and overall costs to those in Connecticut.

Many Medicaid recipients experience both medical and behavioral health issues, resulting in complex comorbidity in addition to many struggling with complicating substance abuse disorders.

Approximately 22 percent of Connecticut's Medicaid recipients are diagnosed with both a medical and a behavioral health condition and about 13 percent experience a co-occurring behavioral health and substance use disorder.

Six-point-five (6.5) percent of Medicaid population also struggle with an opioid use disorder. Data includes those struggling with an opioid disorder have a higher prevalence of medical conditions and an increased emergency department and increased utilization rate. This results in overall higher Medicaid spending.

According to the National Institute of Health and the current CDC data, there were about 70,237 drug overdose deaths in the United States and about -- over 1,000 -- 1,038, to be precise, fatal drug overdoses in Connecticut in 2017.

The misuse of opiates is a national crisis that affects public health as well as social and economic welfare. The reason I bring this up is because home
care and the home care providers, especially social work, can play a key role in supporting recover for these individuals along with continuous care by meeting them were they are and providing a mobile integrated treatment model for medical, behavioral and substance use disorder.

Along with the full spectrum of behavioral health nursing interventions including clinical assessments, evidence-based screening, medication management including MAT management, the addition of a licensed social worker to provide behavioral health counseling is imperative to not only fill a much needed gap in the health care delivery system in Connecticut but will serve to promote true individualized and sustainable recovery.

With the addition of a licensed social worker, this can create a true integrated model of care which follows members throughout the continuum on a consistent recover team and an integrated model that can provide real time insight and interventions and addresses the multifactorial variables that influence health decisions, wellness and the prevention of negative outcomes.

The second area I wanted to highlight was the socioeconomic --

REP. ABERCROMBIE (83RD): Can I -- and I don't mean to interrupt you but the buzzer went off, you're only allowed the three minutes so I --

HEIDI PUGLIESE: Oh, that was three minutes already?

REP. ABERCROMBIE (83RD): -- been trying -- yeah, so I've been trying to give you the opportunity but if you could wrap up, that'd be great, thank you.
HEIDI PUGLIESE: Sure. So just to wrap up, I think there's -- to outline, the socioeconomic challenge and social determinants that we all know influence the ability of an individual's -- an individual's ability to maintain treatment. I think social workers and having licensed social workers to be able to provide behavioral health counseling in the home's imperative to sustain recovery in the community and address these various socioeconomic challenges and the various social determinants that affect care.

The third issue I just wanted to highlight where if we do approve our licensed social workers providing behavioral health counseling in the home, they can address the various community resources as we all know are at capacity. And the community clinics and providers require this community support with clients experiencing higher clinical acuity.

The clinics are certainly at capacity related to constricted caseloads and restricted time constraints and I think this is an area where licensed social workers can absolutely provide that continuum care and fill the gap in the community as patients discharge from the ED, from inpatient units and from various detox and rehab facilities.

I think adding the social work to the already existing nursing services, PT services, is exactly what Connecticut needs at this time to provide a full array of the continue of care and cost effective.

REP. ABERCROMBIE (83RD): Thank you. Thank you for your testimony.

HEIDI PUGLIESE: Thank you.
REP. ABERCROMBIE (83RD): Questions?

REP. DATHAN (142ND): Thank you very much for your testimony and thank you, Madam Chair. I just wanted to talk about the cost and in your experience, do you find that this is actually a cost savings and can you give me some examples of how in service that you've maybe seen in your personal experience could -- would highlight some of the cost savings that maybe we could see in Medicare as a result of in-care home services.

Particularly I'd like to talk about like addiction and some fees and things you talked about for that.

HEIDI PUGLIESE: Well, certainly I think home care overall is a lower cost than providing care, as we all know, on an outpatient basis or an inpatient basis or even ambulatory intermediate care such as PHP or IOP. It is the lowest cost of health care delivery that Connecticut can offer.

And certainly if we provide the addition of social workers at the rate that is suggested, that is certainly a lower cost than what an individual would have if they were to even routinely go to an outpatient clinic. The rates are much lower, the social workers are certainly licensed in the same discipline providing CBT and DBT therapy and they can certainly address the addiction components of individuals.

And I think the benefit of this is not only the lower cost but certainly that it's providing therapeutic responses in the person's own environment and that is where the licensed social workers can address various social determinants.
which I don't think a social worker or any licensed therapist would see in an office setting.

REP DATHAN (142ND): Okay, so just to follow up, so you see it as cost effective. Do you see it also as effective on the patient and do you get the same sort of long-term benefits?

You know, particularly I'd worry about people with an opioid addiction, you know, if they are not taken out of their environment, you know, is there a sense that they will kind of regress and not be as successful?

HEIDI PUGLIESE: I think that's -- I think you hit on a great point and I think that's exactly why having a licensed social worker in the home to address all those various influences that can lead someone to use again or fall back into their own old behavioral pattern, this is why a social worker in the home can help that person navigate those influences, those various determinants that they wouldn't be able to do so if they were taken out of their environment.

They needed, you know, these folks need to learn to be able to function in their community and in their home and with the natural supports around them in the family that they love and with the help of somebody in the home -- a licensed social worker who can provide that -- work with the family in addition to the other folks around them, I think that's where this model really is so beneficial. And really is the gap that's missing in Connecticut right now.

REP. DATHAN (142ND): Okay, great. Thank you so much for your testimony. Thank you, Madam Chair.
REP. ABERCROMBIE (83RD): You're welcome. Representative Case? You're all set, too?

Thank you so much for your testimony and thank you for your work, we do appreciate it.

HEIDI PUGLIESE: I appreciate it, thank you.

REP. ABERCROMBIE (83RD): That concludes everyone that has signed up for the public hearing for today. Is there anyone that did not sign up that would like the opportunity to speak at this point? Seeing none, that concludes this public hearing for today. Thank you everyone and we'll see you on Thursday.