



## ABI Waiver II Advisory Committee

### MEETING MINUTES

Thursday, December 11, 2014

10:00 AM in Room 1C of the LOB

The meeting was called to order at 10:00 by Chairman, Rep. Abercrombie C. 083.

The following committee members were present:

Representative Catherine Abercrombie; Representative Craig Miner; Kathy Bruni; Heather Marquis; Doreen Scolnic; Elaine Burns; Wary Waitt; Bill Eller; Julie Peters; Barbara Nadeau; Billye Simmers; and Diane Whipple (representing Barbara Geller)

Absent were: Barbara Geller; Sarah Raskin; Virginia Kerensky

Representative Abercrombie welcomed everyone to the meeting and introductions of members were made. She explained that since Kathy Bruni of DSS would have to leave the meeting by 11:10 AM that her presentation would be first.

Kathy Bruni announced that the ABI Waiver II had been approved by CMS on November 26, 2014 with an effective date of December 1, 2014. DSS has already begun working on the DMHAS participants who will be enrolled under reserve capacity. Eight have been enrolled, and 10 others are in various stages of their Medicaid process. Once those 10 have their Medicaid approved they will go directly onto the waiver.

Julie Peters stated that she understands that there are 50 slots for reserve capacity under DHMAS but asked when the 18 people on the ABI wait list will move onto Waiver II.

Kathy Bruni explained that until Waiver I is amended to stop intake, people will go to Waiver I first. There is no way to when the current amendment will be approved and DSS can resubmit another amendment to freeze intake on ABI Waiver I. Waiver II had to be approved prior to beginning the CMS process to close Waiver I

Responding to a question from Elaine Burns, Kathy Bruni explained that until the Waiver I is closed, people will still be processed onto that Waiver or be given the option to go to Waiver II. These cases will be taken on an individual basis.

Bill Eller asked for a recap of the differences between the two waivers, and an explanation as to how people are moved on to each waiver. He also asked for the total number of slots between both waivers.

Doreen Scolnic expressed concern over the choices that clients will face while both waivers are open. Kathy Bruni explained that people need to just be placed on the waiting list, and as slots become open, DSS will let them know what slots are open and available to them.

Heather Marquis asked if there would be any DSS training for providers to understand the new training requirements. Kathy explained that credentials and training requirements would remain the same. With regards to Recovery Assistants, Dianne Whipple said that Recovery Assistance would need to go through the Allied training for ABI.

Rep. Miner asked how, with the closure of intake to Waiver I, slots due to attrition for Waiver I would be handled so that the number of people being served would not decrease. Kathy Bruni explained that there is an average attrition of 12 slots per year that were added to Waiver II, plus an additional 18 slots beyond that. These are on top of the DMHAS and MFP slots on Waiver II.

Rep. Miner also asked if a savings was budgeted into this fiscal year for attrition off of Waiver I at a 200% cap and people coming on to Waiver II at a 150% cap. Kathy Bruni stated that there would theoretically be a savings if the people coming off Waiver I were all above 150% and that it would be budgeted for.

As to the time frame for moving people off of the waiting list, Kathy Bruni said that once the DMHAS people that are currently on the waiting list are moved onto Waiver II, they will have to examine the waiting list and that they will ensure that people are processed and ready to move onto the waiver.

There was much discussion over how people are moved from the waiting list onto the waivers. It was explained that when people go onto the waiting list, they will have to have a neuropsychological assessment, have a care plan, and be determined eligible for Medicaid under the Waiver in order to move onto Waiver I or II, or just Waiver II once intake on Waiver one is frozen.

In answer to a question from Rep. Miner, Kathy Bruni asserted that DSS moves people off of the wait list and onto Waiver II as quickly as possible.

Diane Whipple added that people on the waiting list for Waiver I used to wait 2 to 5 years to move onto the Waiver. Now, with the opening of Waiver II, that wait time should go down to 2-5 months.

It was discussed that as long as intake has not been frozen for Waiver I, people can still be processed onto Waiver I and Waiver II as slots become available.

In an answer to a question from Elaine Burns, Kathy Bruni explained that the open slots on Waiver II are the 50 DMHAS, plus the 12 from the average annual attrition, plus 15 additional slots, equaling a total of 77. It was also noted that MFP is a separate program with a cost cap of 100% under the demonstration program and that DSS has no control over that cap.

Bill Eller asked how many people were on the wait list, to which Kathy Bruni answered that currently there are between 43 and 45. He asked if all of the people on the waitlist had been assessed for a care plan. She explained that they would have to get the neuropsychological exam first, and then the care plan and Medicaid eligibility, but that that assessment does not take place until there is a reasonable expectation that there will be an opening coming up within a reasonable time.

Billye Simmers talked about how the intake process once worked, stating that the assessment, care plan and eligibility were all done in order to get on the wait list, but as the wait list grew, the assessment and care plan were often delayed until the person was closer to a potential opening on the Waiver.

Diane Whipple described the process of application, assessment, testing, care plan, followed by up to 6-8 weeks to hire staff, and occasionally some tweaking of the plan. She explained that the process is the same for DMHAS and non-DMHAS clients.

Kathy Bruni explained that some of the DMHAS clients that will be moved into Waiver II are on the waitlist and some are not. The number of people on the waitlist is a very fluid number, according to Diane Whipple.

Kathy Bruni explained that there are 18 that are ready to go off the waitlist and onto a Waiver. They will continue to take group after group as they move down the list. Until Waiver I is frozen, people may have the option to go onto Waiver II, or wait for a slot on Waiver I.

Diane Whipple discussed the fiscal piece of the process of moving money over to DSS. For FY 15, DSS will invoice DMHAS. For FY 16 and 17, there will be a fiscal appropriation to DSS for the DMHAS population that is moving over to ABI Waiver II.

Billye Simmers noted that as some people with brain injury age, they may experience a mental health component and asked how those will be processed. Diane Whipple explained that they will be processed for the DMHAS slots on Waiver II.

Rep. Miner expressed concern that we guard against redeveloping a 100% expense population in DMHAS if we have this Waiver to serve them. Diane Whipple explained that not all of their brain injured clients require the waiver, and that they are served in many different capacities. Not all DMHAS money will be moved, and they will continue to serve those not in need of the Waiver program.

In answer to a question from Elaine Burns, Diane Whipple stated that the maximum number of people served on the transition program in a given year was 35. Currently, there are 18 that DMHAS is straight funding.

Billye Simmers stated that the success of serving the clients in the DHMAS transition program was due in large part to the quality of services by people trained to work with clients with both the brain injury and mental health components.

Heather Marquis said that she felt that a forum to help families, survivors, providers, etc. be informed about how things are working and how the transition is happening. She was interested in seeing a communication system created for this purpose.

Rep. Abercrombie agreed that Heather's idea was great. She asked Heather to send an email to everyone about what she sees that system looking like, noting that there is a great amount of talent in the room to draw from to help put that together.

Kathy Bruni explained that the time it takes to get any particular person of the waitlist and onto a Waiver varies widely due to a great variety of factors. She felt that perhaps by March we would be able to take a look at how people are moving onto the new Waiver.

Rep. Miner stressed that he felt that making this transition occur as smoothly and expeditiously as possible is of highest importance.

Billye Simmers said that there was once a timeline for accomplishing each step of the process of being ready to move onto a waiver, but were "taken to task" by advocacy groups if the timeline for those steps were missed. She felt this type of timeline may be useful.

Rep. Abercrombie stated that we have an eligibility timeline for some Waivers, and asked if we have one for this Waiver.

Julie Peters said that she thought that the number on the wait list was small enough to be able to breakdown how those on the list relate to reserve capacity and other slots.

Rep. Abercrombie asked the group what types of parameters can be used to monitor how people are being served on Waiver I vs. Waiver II.

Billye Simmers stated that we should know how many are being served under MFP, and how many are unable to come out on Waiver II on 100%.

Julie Peters had asked Julie Robison from UCONN who collects information on MFP how many people are waiting to come out on MFP, who has come out on MFP. She said she would send it to Kristen, the clerk.

Rep. Abercrombie asked Julie Peters if the cap of 100% was a state level cap or a federal level cap. Julie responded that it was a requirement of the demonstration project. Julie said that it has been frustrating because the people being served at the lowest level of nursing home care have a much harder time being able to be served in the community at the 100% cap.

Heather Marquis mentioned that we need to examine the appropriateness of the 150% cost cap of Waiver II in serving people in the community. As such, perhaps looking at re-institutionalization rates may be useful in understanding how the new cost cap is working compared to the Waiver I 200% cost cap.

Rep. Miner asked whether we should have a motion with regard to the request for information that we will be sending to ensure that the request is recognized as coming from the Committee in effort to monitor the impact of Waiver II.

Julie Peters stated that we should know how many people are being served on ABI Waiver I who would not be able to get the same services under Waiver II because of the 150% (those between 150% and 200%). It is important to know how the cap in Waiver II would have affected those people.

Representative Abercrombie thought that the legislature may have gotten those numbers during the previous legislative session. She planned to call Kathy Bruni, who had to leave the meeting early, to try to get those numbers.

Elaine Burns said that we do have those numbers. She said that 19% at the nursing home level of care would not be able to qualify (44 people). Only 1 person at the higher level of care would have been affected.

Bill Eller said that he thought that we should give committee members some time to come up with the questions they feel should be answered before sending the request in to DSS for information.

It was decided that members would send their questions to the clerk via email. The clerk will then put them together into a request to DSS no later than mid-January.

Rep. Miner stated his belief that the greatest amount of information that can be given to people in the shortest amount of time would be the most beneficial, and the agency should be able to give us that information within a week of being asked for it.

Rep. Abercrombie stated that she thought the group asked for a bit of time to come up with questions beyond what was discussed and this meeting, and asked for clarification.

Elaine Burns stated that all the information that her group had requested from DSS earlier in the year came from 2011, other than a current waitlist.

Heather Marquis and Billye Simmers mentioned that we may be asking for data that is not collected, but create the expectation that certain data should be collected and be available.

Julie Peters added that we should recognize that the Holiday season could cause some delay in the response being available by the end of the year, and that perhaps we should give them more time.

Elaine Burns stated that we should decide whether we want the most current data, which may take longer, or if we would be satisfied with data that is a bit older.

Julie Peters made a motion that the clerk write up a list of questions to send to DSS and ask for a response by mid-January. The motion was seconded by Rep. Miner.

As to when to schedule the next meeting, Rep. Miner thought it best not to schedule something at this meeting, but to look to mid to late February to a possible next meeting.

Julie Peters asked if we may be able to use a meeting wizard to schedule meetings. Rep. Abercrombie said that we had a harder time working around legislative and DSS schedules. We will do the best we can.

Bill Eller said that he was disappointed to hear Kathy Bruni say that she wasn't geared up for intake on the new waiver. He felt that staff may have been a problem. He felt it worth noting that there is a cost to the state to not have people on the waiver and maybe staff from DMHAS could be used to help move people onto Waiver II. Diane

Whipple clarified that DMHAS has assisted DSS workers as they move people on to the Waiver.

Rep. Miner said that he was more concerned about staffing moving forward. He felt that it would be cost effective for the state to move people onto Waiver II.

Julie Peters noted that many people are at home without services, or whose families are doing what they can with their own means. While moving them onto the waiver is not a savings to the state, the state has an obligation to provide these services.

Kathy Johnson, mother of a brain injury survivor, spoke as a member of the people. She thanked Rep. Miner for leadership in the meeting. She said it was important to keep in mind that these waivers impact survivors and families.

Rep. Miner replied that everyone on the committee is committed, collectively, to trying to do the right thing for survivors and families.

Rep. Miner asked if anyone from the public or any staff had anything to say. He then made a motion to adjourn which was seconded by Rep. Abercrombie.

A motion was duly made and seconded to adjourn the meeting.

The meeting was adjourned at 12:05 PM.

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Kristen Traini  
Committee Clerk