

Human Services Committee

MEETING MINUTES

Thursday, January 21, 2016

11:00 AM in Room 2A of the LOB

The meeting was called to order by Chairman, Rep. Abercrombie C. 083.

The following committee members were present: Julie Peters, Barbara Nadeau, Bill Eller, Elaine Burns, George Chamberlain, Kate McEvoy, Erin Levitt-Smith, Mary Waitt, Heather Marquis, Billye Simmers.

It was noted that Rep. Miner would be unable to attend as he was out of state, and that Kathy Bruni of DSS had a conflict and would be unable to attend, as well. However, Kate McEvoy was in attendance from DSS.

When members were asked if there were questions or comments on the previous meeting's minutes, Bill Eller asked that a change be made. He would like them to reflect that he stated that people who choose to manage their own services are charged with paying for their own workman's compensation, whereas, if they are served by an agency, worker's compensation is part of the agency fee. He feels there should be a mechanism that can be put into place to fund, or at least subsidize this cost.

The minutes were accepted as amended.

Kate McEvoy gave an update on the status of care management.

The Department is renewing its request to contract these services through a competitive Request for Proposal (RFP) process. She noted that a hearing was scheduled to have the amendment approved by the legislature for submission to CMS. Reasons for procurement of contracted care management include the staffing issues associated with an increase in Protective Services for the Elderly (PSE) cases and hiring freezes. PSE is a mandated program with mandated timeframes for response and intervention.

Information available to the public will include the Department of Social Services (DSS) cost analysis for procurement, the amended RFP, and the Notice of Intent (NOI). Amendments to the RFP are listed at the top of the document and are highlighted within the document.

Additionally, the Department will present testimony detailing the reasons that they are seeking the RFP. More detail will be given in testimony as to the structure of the RFP and how it has translated into contracts for other waivers. Information on how the

contracts will ensure proper oversight, quality and timeliness of service delivery will also be presented in testimony.

It was agreed that all information being addressed at the hearing would be made available to advisory committee members and the public via the DSS website.

In the discussion, it was explained that DSS social workers handle a diverse case load and are responsible for a range of programs.

An initial care experience survey in Danbury provides overwhelmingly positive data and reflects responses from individuals on the waiver, as well as their families. It was noted that provider responses were not included in this survey data, but such input would be important. Thirty-eight individuals were being served in Danbury at the time of the survey. Of those, 33 responded and the response was overwhelmingly positive. Some members stated that input from providers is essential.

Elaine Burns noted that privatization has been experienced with Allied as a contracted fiduciary. There are significant challenges. The company is in distress and disorganized and very difficult to deal with. Were there a survey of Allied participants, Ms. Burns feels there would be a negative response

In a CMS survey conducted to measure the effectiveness of a national waiver survey tool, three members of the committee stated that they did not allow family members receiving services participate. There was concern over the quality of answers to the survey that could be provided by those being served on the waiver. DSS values the input of people being served, as well as their families, in this person-centered program.

George Chamberlain explained that the Department went to various providers, including prevocational services providers, ABI provider owned and controlled homes and Residential Care Homes and found that some were meeting all Center for Medicare and Medicaid (CMS) requirements well. Others were found to be doing the best they can with what they have. The information they are collecting is being used to improve those types of services.

Two examples of difficulties that Goodwill has faced as a provider were shared with the group. One case has not been resolved in three years, and in the other case, an \$11,000 billing discrepancy has still not been corrected. In that case, the person is still waiting to be transitioned into the community. The financial piece is important because it affects the ability to serve people. Many plans are operating in a deficit.

Ms. McEvoy said that while the Connecticut Home Care Program for Elders (CHCPE) and the Acquired Brain Injury (ABI) populations are not alike, contracting for services has worked in the CHCPE program and will help address issues like the ones in the examples given.

She also explained that the PCA waiver is privatized. Case management is privatized by the same entity doing the pilot for Danbury, CCCI. Surveys are being conducted regarding this company. She expressed concern that the feedback of the survey is for CCCI, who may or may not be awarded the contract.

Ms. McEvoy explained that the procurement can be designed around standards that increase the likelihood of success. Qualifications are described in the RFP in great detail. These expectations will be translated into the contract document and are the

accountabilities for the providers who are selected. They include quality standards, timeliness, responsiveness, outcomes for care experience, expectations for training and expectations for credentialing of staff. There was interest in the pilot, and that is why it's been shared.

At one time, social workers could be more specialized. However, due to scarce resources, hiring freezes and statutorily mandated programs, they have had to become more generalist. There is a fluctuation in the work load across programs. Contracted case management services will be focused strictly on ABI.

The Brain Injury Alliance of Connecticut (BIAC) will be doing training on acquired Brain Injury. The first RFP had an initial one-day training for providers. The new RFP includes 2 additional training days within the first year to provide on-going training on Brain Injury.

Hewlett Packard and the Home and Community Based Services (HCBS) Unit will be doing the training on the Ascend system.

With regard to waiver slots, it was clarified that concern was over the treatment of people for reserve slots vs. those eligible for open slots. DSS strictly adheres to CMS requirements for waitlists in that they take people in the order in which they applied without exceptions. They also have to adhere to commitments made to reserve slots (individuals transitioning through MFP and those served by DMHAS). These slots are an important part of long-term services and supports rebalancing in the state. They allow us to prioritize people who have historically been in an institutional setting and support the choice of those wanting to be served in the community at a lower cost than in an institution. Half of the Medicaid budget goes to long-term services and supports. Only about 95,000 people use those services. Medicaid serves over 750,000.

As of January 15th, there were 24 people on the waitlist for ABI Waiver II. As of January 1, 27 of the DMHAS Reserve slots were being used and 22 people were in process of going onto reserve slots. Seven MFP reserve slots were also used. The amended version of the Waiver had 180 total slots in year two. Eighty-one of those were reserved for MFP, 58 for DMHAS, and 41 for other than MFP or DMHAS. In waiver year one, 28 of those 41 slots were filled. That leaves 13 slots available for waiver year two. Assumptions made in waiver projections are based on historical attrition. Filling those 13 slots is dependent on having funding of the state's share of funds for those slots. This is not unique to the ABI Waiver. Additionally, we are challenged with not having the staff to handle new work and to provide care management services in a conflict free manner.

It was noted that recently an individual moved from Waiver I to Waiver II because the needs of the individual were not being met under the Waiver I service array.

It was asked if an error was made by DSS in budgeting for attrition moving forward. The response was that projections are just projections, and they were based on history. The only waiver program not currently waitlisted is CHCPE.

Rep. Abercrombie explained that when the budget is done, it is a projection of what the state will have to work with and it is a moving target.

It was further explained by Kate McEvoy that the Medicaid budget is a gross figure in the state budget. Within that, the Office of Policy and Management (OPM) gives specific appropriations for each program. DSS has no discretion. When there is a shortfall, DSS will try to gain efficiency or will request deficiency appropriations. The DSS caseload projection has been consistently on target.

It was asked if money is in the budget for reserve slots. The answer was that yes, there are assumptions of savings in the rebalancing that support the reserve slots.

Elaine Burns stated that there were 27 reserve slots last year, and one was used, then an additional 54 were added in year 2. It is expected that 30 will be used this year, leaving 50 slots that DSS has no expectation of filling. Additionally, in each of the years 3, 4, and 5, there will be 54 new slots added. She asked why, if we have the budget for these reserve slots, we don't have the budget for the other 13.

Ms. Burns also noted that 3 DSS social workers processed 60-70 people within only 6 months. Now, in year 2, DSS is saying that their social workers cannot process more than 8 slots. The answer from Ms. McEvoy was that the effort to process new people onto the waiver did not account for service of current individuals on the waiver.

Mr. Eller asked if there was a process to open the reserve slots.

Kate McEvoy explained that reserve slots are accounted for in the budget. What is not used is not carried forward. She feels that this would be a good item for a future agenda. There are a very large number of people in some stage of MFP process, and it is very difficult to predict which waivers they will use.

Julie Peters stated that the MFP slots are not costing the state money. They are currently being paid for by the state in a more expensive setting. When they move to a waiver, it is a savings. There is not money waiting for MFP people to use.

Elaine Burns said that people are upset that we are picking winners and losers based on who saves the state money.

Heather Marquis suggested that the group be used to advocate for any money that can be obtained. She noted that not all legislators hear the stories and struggles.

Rep. Abercrombie thanked Ms. Marquis for her comment, adding that there are about 20 legislators on Human Services, and about 50 on Appropriations, but there are about 180 legislators that ultimately vote on these things. She encouraged all members of this community to sit down and talk with their legislators. The Department's hands are tied, as the appropriation for specific programs within the Medicaid budget comes from OPM. She encouraged members to schedule meetings with OPM and let them know what is going on.

In the public comment portion of the meeting, the first to speak was Mr. Craig Sears, who is a brain injury survivor. He receives services from the ABI Waiver. He discussed an issue with certain DSS personnel, and was encouraged to make a complaint to the Commissioner of DSS. He does not feel that the Department is taking survivors' comments into account and came to the meeting to help people understand what survivors go through. He believes that some waiver participants have lost some of their

cognitive behavioral services. He wants DSS to fill the slots on ABI Waiver II. He feels that the participants' teams should be making decisions on services.

Carol Albert, mother of a 23 year old brain injury survivor was the next to speak. She asked if there was federal money being received by the state for the 13 slots on Waiver II. The answer from the Department was that federal money is only received for individuals being served, and not for the unfilled slots. Ms. Albert's daughter has a ABI Waiver plan signed by the central office of DSS dated for November 1, 2015 (the date she was supposed to begin receiving services). She has been told that services have not begun because contracted case management services have not been approved by the legislature. She has been told there is not sufficient staff to open new waiver slots. Ms. Alberts states that all of the hard work has already been done by her case manager. She fears that institutionalization may be her only option, as her daughter's needs continue to increase. She has contacted Rep. Abercrombie's office, Kate McEvoy, and Senators Osten and Bye. She does not understand how her daughter's plan can be signed, approved and sent to Allied, and yet she is still on the wait list.

Rep. Abercrombie agreed that the dated plan should not have been signed off if her daughter was not coming off the wait list.

Kate McEvoy stated that it is a budgetary issue, as well, and that the Department doesn't have the funding to support the 13 slots. The person must be number one on the waitlist, and the budget must be available to support her plan.

Elaine burns said she would like for the committee to discuss all of those slots that aren't being used but are budgeted for and ask DSS to do an addendum to reduce the reserve slots, if only by the 13.

Rep. Abercrombie said that we have to look at what the budget is for this year. The money has to be there in order to backfill. She noted that it appears there will be another huge deficit across the board. She reiterated that families must talk to their legislators to let them know that the Human Services budget means people.

Mr. Eller asked if the budget was set at this point.

Rep. Abercrombie replied that we will have a pretty good idea of revenues by the May 12th meeting.

Mr. Eller asked if DSS will have an opportunity to adjust their estimates of attrition to make it more accurate.

Rep. Abercrombie explained that it doesn't work that way, stating that there is a certain amount of money, within which they are allowed to do certain things. There are statutory requirements they have to follow. If there is a shortfall in one area, and a surplus in another, they have to come before a special committee to ask that funds be transferred. She noted that all Medicaid programs are underwater.

Elaine Burns said that the group was told that the 13 slots were in the budget.

Julie Peters again noted that there is not money there for MFP or DMHAS. The people on MFP are currently costing a certain amount of money in an institution.

As some members had other meetings to attend, the meeting was ended on time.

The next meeting will be held on Thursday, May 12, 2016 at 11:00 AM in Room 2D of the LOB.

Kristen Traini
Committee Clerk