

# Connecticut General Assembly



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December 17, 2015

## Amendment to Acquired Brain Injury (ABI) Waiver I and II December 2015

### What does the amendment do?

Answer: The amendment transitions case management services currently provided by social workers in the Department of Social Services (DSS), to contracted entities to be selected based on a competitive procurement process.

Case Management Services include: a comprehensive initial assessment of the participant's needs, verification or modification of DSS's level of care determination, service plan development and implementation, and service coordination (this includes monitoring, reassessment, modifications based on needs, and assistance with entitlements and accessing community resources).

### Why is the waiver being amended?

Answer: Based on guidance from the Centers for Medicare and Medicaid Services (CMS), DSS is seeking to identify Conflict-free Care Management. This means the staff designated to provide case management services (also known as a Care Manager), is independent and provides *only* case management services (and no other ABI waiver services). Case management currently under the waiver is provided by DSS social workers (who have additional responsibilities unrelated to ABI), as well as agencies who provide a range of other waiver services.

In addition, a recent quality review report to CMS identified a delay in the timeliness of reassessments (approximately 40% of reassessments were not completed on time). DSS identified competitive procurement to solicit bids for case management services as a way to remediate concerns about such staffing issues.

**Does this have a fiscal impact?**

Answer: Yes, establishing new contracts for case management services will result in a cost to the state since this service is currently supported by DSS social workers who will continue to work on other areas. Based on the RFP guidelines, using a maximum per member per month cost of \$250 could result in gross Medicaid costs of up to \$400,000 in FY 16 and \$1.7 million in FY 17, of which the state would be responsible for \$200,000 in FY 16 and \$850,000 in FY 17.

**How do these changes affect recipients?**

Answer: Waiver participants will have a new Care Manager in lieu of the DSS social worker who currently provides those services. The DSS Home and Community Based Services (HCBS) Unit (which administers the waivers) will work closely with the new Care Managers to assist with the transition, including providing case history, the most recent reassessment, service plan and neuro psychological evaluation.

**When will this change take place?**

Answer: DSS is currently awaiting responses to the Request for Proposals (RFP), which closes at 2pm on January 7, 2016. DSS is anticipating multiple contracts, one to serve each region of the state. The contracts will be effective April 1, 2016 through December 31, 2018, with the option for up to two one-year extensions.

**Background: ABI Waiver I and II Summary**

The Acquired Brain Injury (ABI) waivers use person-centered planning to provide a range of non-medical, home and community based services. The goal is to maintain adults who have an acquired brain injury (not a developmental or degenerative disorder) in the community. Without these services, these individuals would otherwise require placement in one of four types of institutional settings: Nursing Facility (NF), ABI Nursing Facility (ABI/NF), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or Chronic Disease Hospital (CDH). Both waivers are considered 1915(c) waivers, which allow for the provision of long term care services in home and community based settings under the Medicaid Program.

For additional information on ABI Waivers, and other waivers the Department of Social Services administers please visit:

[http://www.ct.gov/dss/lib/dss/pdfs/overview\\_of\\_connecticut\\_medicaid\\_waiver\\_programs\\_2\\_6\\_15.pdf](http://www.ct.gov/dss/lib/dss/pdfs/overview_of_connecticut_medicaid_waiver_programs_2_6_15.pdf)