



STATE OF CONNECTICUT
GOVERNOR
M. JODI RELL

DEPARTMENT OF SOCIAL SERVICES
Commissioner Michael P. Starkowski

DEPARTMENT OF DEVELOPMENTAL SERVICES
Commissioner Peter H. O'Meara

TESTIMONY OF THE
DEPARTMENTS OF SOCIAL SERVICES AND DEVELOPMENTAL SERVICES
TO THE
APPROPRIATIONS AND HUMAN SERVICES COMMITTEES
June 24, 2008

Good afternoon, Senators Harp and Harris, Representatives Merrill and Villano and members of the Appropriations and Human Services Committees. On behalf of Commissioner Michael P. Starkowski, I am David Parella, Director of Medical Care Administration for the Department of Social Services (DSS). I am pleased to be here this afternoon with Peter O'Meara, Commissioner of the Department of Developmental Services (DDS).

Under the provisions of Section 17b-8 of our general statutes, both DSS and DDS seek your support for the renewal application for the DDS Comprehensive Home and Community Based Services (HCBS) Waiver and the amendment to the DDS Individual and Family Support (IFS) Waiver.

The existing Comprehensive Waiver, which expires on September 30, 2008, was an initial application approved by the Centers for Medicare and Medicaid Services (CMS) for three years. The existing IFS waiver was renewed on February 1, 2008 for a period of five years. CMS requires a minimum of 90 days for their review of waiver applications, renewals, and amendments. Therefore it is crucial that these two applications are submitted to CMS by June 30, 2008. On this point, we are grateful to the committee leadership for scheduling this public hearing and committee meeting in recognition of these deadlines.

These waiver applications include two new services, Live-in Caregiver and Healthcare Coordination. These services were added to these applications as a result of input from waiver participants and qualified providers. In addition, the Independent Mortality Review Board and the Fatality Review Board have identified the need for better coordination of healthcare for individuals with complex medical conditions who are living in their own homes.

These applications represent our departments' common goals and vision. I am pleased to introduce Commissioner O'Meara to provide an overview of the renewal and amendment features.

Healthcare Coordination:

- Individuals who want to receive Healthcare Coordination must live in their own home and have specific complex medical conditions which they are unable to manage without additional support.
- This service must be provided by a Registered Nurse who will complete a comprehensive nursing assessment on the participant and will develop an integrated healthcare management plan for the participant and his/her support staff to implement.
- The Healthcare Coordinator will ensure that there is communication between primary care physicians, medical specialists, and behavioral health practitioners.
- This service will provide a resource person to communicate to direct support staff and consumers and train them to follow through on medical recommendations.
- Healthcare coordination services provided under the waiver will be more comprehensive than what can reasonably be provided by the primary care physician.
- The level of technical coordination related to interpretation and monitoring of health issues requires clinical expertise that cannot be provided by the case manager.
- The goal of this service is to improve health outcomes, reduce hospital admissions and prevent placement into licensed group homes or nursing facilities.

Live-in Caregiver:

- This service is provided by a person who is not related to the participant by blood or marriage. The service provider agrees to live with the waiver participant to provide companionship or to provide support in the event of an emergency that the waiver participant was not able to handle independently.
- The live-in caregiver is not expected to provide personal support to the waiver participant. Personal Support is a separate service available in both waivers.
- Payment is made to the waiver participant only for reimbursement for the additional cost of rent and food that can reasonably be attributed to the caregiver who resides in the same household as the participant. (approximately \$500/month)
- The service is only provided to waiver participants who live in their own homes.
- Recipients of this service may also receive additional in home waiver supports such as Personal Support if those services are identified as a need in the Individual Plan. The Live-in Caregiver may be hired by the waiver participant to provide these additional supports under a separate employment agreement

Individuals who are newly enrolled in either of the waivers will be required to use their budget allocation to purchase all of their supports including either of these new services. Participants who are already enrolled in the waivers and whose Individual Plans identify the need for either of these services will be required to a) amend their existing service package to include the new services while staying within their budget allocation, or b) submit a request for additional funding to the regional Planning and Resource Allocation Team (PRAT). If the additional funds are granted by PRAT, the additional costs will be covered through the use of recycled existing funding. This ensures that there will be no additional cost to the state for these new services.

The cost caps for Environmental and Vehicle Modifications have been increased to cover the increased cost of those services as well as the five-year timeframe for waiver renewals versus the three-year timeframe for new waiver applications. These additional costs will enable individuals to remain in their own or family homes rather than requiring placement in a group home. The increased costs will be covered by DDS through the use of cash savings due to natural delays in placements or through the use of recycled existing funding.

Other changes include the separation of services previously listed as Consultant into two services: Clinical Behavioral Supports and Nutrition. The requirements for the Behavior Specialist under Clinical Behavioral Support has been changed to allow individuals with Masters Degrees in fields related to psychology or special education to become qualified providers. In addition, the qualifications now permit individuals with a Bachelors Degree and additional training to become qualified to provide services following review and approval by a clinical review panel. These changes to the qualifications are modeled after what is required in Massachusetts and were necessary to ensure that there are a sufficient number of qualified providers to deliver the service.

We again thank you for this opportunity to submit testimony and we would be happy to answer any questions that you may have.