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Connecticut's HCBS waiver programs provide opportunities for participants to self-direct their services and supports. All waivers extend coverage to the Special Income Eligibility Group and the TWWIIA Basic Coverage Group. The Special Income Group currently provides coverage for persons whose income does not exceed \$2022 per month and whose assets do not exceed \$1600. Alternatively, the TWWIIA Basic Coverage Group provides coverage for persons whose income does not exceed \$75,000 per year and whose assets do not exceed \$10,000.

Below is a brief description of the waivers:

Personal Care Assistant (PCA) Waiver

The PCA Waiver program provides personal care assistance services included in a care plan to maintain adults with chronic, severe, and permanent disabilities in the community. Without these services, the adult would otherwise require institutionalization. The care plan is developed by a department social worker in partnership with the adult. Adults must be age 18-64 to apply, must have significant need for hands on assistance with at least two activities of daily living (eating, bathing, dressing, transferring, toileting), must lack family and community supports to meet the need, and must meet all technical, procedural and financial requirements of the applicable Medicaid coverage groups. Eligible adults must be able to direct their own care and supervise private household employees, or have a Conservator to do so. Participants hire and manage their own PCA staff with a fiscal intermediary who administers the PCA's payroll; the consumer establishes salary within budget caps. An adult deemed eligible for the PCA Waiver is eligible for all Medicaid covered services. Services covered under this waiver are personal care assistant, assistive technology and personal emergency response systems.

❖ **Current enrollment: 805**

Acquired Brain Injury (ABI) Waiver

- A Medicaid Waiver program, that employs the principles of person-centered planning to provide a range of non-medical, home and community based services, to maintain adults who have an acquired brain injury (not a developmental or degenerative disorder) in the community. Without these services, the adult would otherwise require placement in one of four types of institutional settings. Adults must be age 18-64 to apply, must be able to participate in the development of a service plan in partnership with a department social worker (or have a Conservator to do so), must meet all technical, procedural and financial requirements of the Medicaid applicable coverage group. Participants or their conservators hire and manage their own PCA staff, just as the participants do in the PCA program. Participants are responsible for managing up to 20 additional home and community supports, depending upon their level of need. Services are determined with the individual, a neuropsychologist, social worker and consumer-designated circle of support. An adult deemed eligible for the ABI Waiver is eligible for all Medicaid covered services. The waiver offers a wide range of services including independent skills training, vocational and prevocational training, supported employment and

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mental health services. The waiver targets individuals at four different levels of care: Nursing Facility, ABI-Nursing Facility, ICF/MR and Chronic Disease Hospital

❖ **Current enrollment: 369**

Connecticut Home Care Program for Elders (CHCPE)

To be eligible for the CT Home Care Program for Elders (CHCPE), individuals must be 65 years of age or older, be a CT resident, be at risk of nursing home placement and meet the program's financial eligibility criteria. Being at risk of nursing home placement means that the applicant needs assistance with critical needs, such as bathing, dressing, eating, transferring, toileting, taking medications and preparing meals. The CHCPE helps eligible clients continue living at home instead of going to a nursing home. The elder participant undergoes a comprehensive, multidimensional assessment conducted by a professional to identify unmet needs and recommend supports. Whenever possible, the elder is regarded as "self directed" and is empowered to make adjustments in the frequency, duration and intensity of their services without prior approval. Connecticut also offers elders the option of self-directing personal care assistance which mirrors the PCA and ABI Waivers.

Services may include:

Care Management Services
Adult Day Health Services
Companion Services
Home Delivered Meals
Homemaker Services
Assisted Living Services
Personal Care Attendant Services
Chore Services
Respite
Assistive Technology
Chore
Environmental Accessibility Adaptations
Mental health Counseling
Personal Emergency Response System
Transportation

- **Current enrollment 10,400**

DDS/ Medicaid HCBS Waivers

In order to expand options for supports and services, the Connecticut Department of Developmental Services (DDS) operates two Medicaid Home and Community Based Service (HCBS) Waivers specifically designed to assist individuals with intellectual disabilities. Waivers permit consumers to hire people directly for many services, such

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as supported living and employment, respite, personal care, etc. Participants are provided with a fiscal limit within which they may choose services in their customized package. DDS does not limit participant's service types or amounts, as long as service costs remain within the budget limit and basic health and welfare needs are met.

DDS operates two HCBS Waivers, the Comprehensive Waiver and the Individual and Family Support Waiver. The services provided under each waiver are similar, but there are some differences. A third waiver, the Employment and Day Supports Waiver was approved by CMS and is effective April 1, 2011.

- The COMPREHENSIVE WAIVER is used to provide services to individuals who live in licensed Community Living Arrangements, Community Training Homes, or in Assisted Living Facilities. It can also be used to provide services to individuals who live in their own homes or in their family homes, and who are in need of a comprehensive level of support, usually because of significant physical, behavioral or medical support needs.
❖ **Current enrollment: 4,636**
- The INDIVIDUAL AND FAMILY SUPPORT WAIVER is designed to support individuals who live in their own homes or in their family homes, and who receive less extensive supports that typically cost less than \$50,000.
❖ **Current enrollment: 3,968**
- THE EMPLOYMENT AND DAY SUPPORTS WAIVER is designed to support young adults transitioning out of the school environment into a work environment. It offers a similar service package as the other waivers but it also offers less extensive supports that typically cost less than \$28,000 per year.

Katie Beckett Waiver Program

A program which offers full Medicaid eligibility, case management, and home health services primarily to children with disabilities who would normally only qualify for Medicaid in an institution. This is a model waiver and enrollment is capped at 200.

- ❖ **Current enrollment: 200**

Mental Health Waiver

This waiver program for individuals age 22 and over with serious mental illness encompasses the recovery orientation adopted by the Department of Mental Health and Addiction Services (DMHAS), but also signals new directions in the community treatment of people with serious psychiatric disabilities because of its emphasis on:

- Intensive psychiatric rehabilitation provided in the participant's home, and in other community setting;
- Attention to both psychiatric and medical needs;

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- Emphasis on wellness and recovery;
- Person-Centered Planning leading to development of an Individualized Recovery Plan; and
- Use of peer supports provided by people trained and certified in rehabilitative care, who know from first-hand experience about recovery from mental illness.

The waiver program permits the State to furnish an array of home and community-based services that assist Medicaid beneficiaries who would require nursing facility level of care to live in the community and avoid institutional care. The State has developed a broad array of recovery focused services to address the unique needs of this population. Waiver services complement and/or supplement services available to participants through the Medicaid State Plan and other federal, state and local public programs, as well as natural supports that families and communities provide.

The Waiver serves individuals who are currently in nursing facilities or who are at risk for this level of care. The Waiver is operated by the DMHAS with oversight by the Department of Social Services (DSS). The waiver began on April 1, 2009 and is capped at 216 participants. The waiver renewal is currently in the development process and there is consideration to broaden the target population to include persons with co-occurring substance abuse and serious mental illness.

❖ **Current enrollment: 37**

Money Follows the Person Demonstration

The Money Follows the Person Demonstration (the Demonstration) is a systems change initiative designed to assist with rebalancing Connecticut's long-term care system, including waivers. A 'rebalanced' system provides people with a choice about where they receive their long-term care supports and services. To achieve a 'rebalanced' system, states are required to address the historical systemic bias towards institutional care and provide equal access to home and community based services. As a result, demand for waivers is expected to increase significantly as a result of Demonstration initiatives while demand for institutional care is expected to decrease. In addition, the Demonstration is required to advance person-centered planning and self-direction including individual budgeting within the long-term care service system.

Guided by a Steering Committee comprised of 25 diverse stakeholders and 6 stakeholder workgroups, the Demonstration focuses on activities aligned with six benchmarks established to measure progress towards rebalancing. Benchmarks include:

- Transition 5200 people from institutions to the community;
- Increase the supply of home and community based services;
- Increase hospital discharges to the community rather than to institutions;
- Increase an individual's probability of returning to the community within first 6 months of admission to an institution;
- Increase the percentage of long-term care participants served in the community compared to institutions;
- Ensure that procedures are in place to provide quality assurance and continuous quality improvement of home and community based services (HCBS).

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Funding for the Demonstration is primarily driven by transitioning persons from institutions to the community and providing home and community based services for a year. After the Demonstration year, persons migrate to similar home and community based services within the Medicaid long-term care system. The Demonstration operation provides an overarching infrastructure across the existing waiver system and is intended to identify gaps in services, identify and address challenges and barriers to transition, demonstrate new home and community based services and delivery systems, and identify and address fragmentation and inconsistencies across waivers and other home and community based Medicaid services. Research is conducted by the University of Connecticut, Center on Aging on all aspects of the Demonstration.

Persons otherwise eligible for the aforementioned waivers or who are eligible for other home and community based Medicaid services and who are living in institutions are eligible for the Demonstration. In addition to any service otherwise provided by the waivers, the Demonstration provides transitional case management, housing search assistance, transportation for persons to view apartments, housing subsidies, security deposits, apartment start up funds, 24 – 7 emergency back-up support in the community and assistive technology and support.

Transitional case management is a key service within the demonstration. Persons served by the Demonstration have not been successful in returning to the community with assistance from traditional case management due to barriers ranging from lack of housing to lack of motivation. Responsibilities of transitional case management include the following:

- 1). Establish relationships with local community providers, local access agencies, local DSS social workers, DDS, DMHAS, LMHAs and other organizations;
- 2). Serve as a liaison between the providers, access agencies, DSS social workers, other community based organizations and the State's Demonstration;
- 3). Engage in outreach activities at nursing facilities to inform residents and staff about the transition program;
- 4). Establish relationships with key staff within nursing homes who may assist with identification of individuals who are interesting in transitioning;
- 5). Conduct initial interview and complete intake paperwork with persons in nursing homes and/or ICF/MR;
- 6). Assist each participant with the development and implementation of a transition plan;
- 7). Advocate on behalf of the participant;
- 8). Coordinate plans and make referrals to appropriate community resources;
- 9). Maintain and keep current records; completes and submits reports on time;
- 10). Obtain picture ID for all transitioning consumers;

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- 11). Secure entitlements (including food stamps, state supplement, SSI) for all consumers.
- 12). Obtain birth certificates and/or other consumer identification for all transitioning consumers.
- 13). Organize and facilitate all transitioning meeting held in nursing homes for all consumers.
- 14). Secure physician appointments and make transportation arrangements assuring
- 15). Assure participant leaves the institution with supply of medication sufficient to cover days preceding first physician appointment.
- 16). Assure accessibility modifications are made to the proposed home and that DME is delivered on the day of discharge.
- 17). Assure furniture and other apartment start up items are delivered prior to discharge.
- 18). Assist the MFP participant with setting up the new home.
- 19). Follow up with visits at 3 days, 30 days, 60 days, and 90 days post discharge and as needed for the remaining year.