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Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

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MEMORANDUM

To ABI Waiver Applicants, Participants, Family Members and Service Providers

From: Roderick L. Bremby, Commissioner

Date: March 19, 2015

Re: Status of ABI Waivers

The department continues to reevaluate its processes and procedures with the goal of providing the highest quality of services to our ABI waiver participants. We are committed to providing ongoing, timely communications to ensure that all interested parties including applicants, participants, family members and those serving persons with brain injuries are informed of the department's current and future direction regarding the operation of the two ABI Waiver programs.

ABI II Pilot

Effective 3/20/15, (3) three DSS Social Workers will transfer into the Home and Community Based Services Unit in Central Office to work with applicants on the waitlist for the ABI II Waiver. The HCBS Social Workers will support applicants through the transition from the waitlist to the Waiver. It is estimated that this pilot program will last for (9) months, in which we expect to fill all of the available slots on the ABI II Waiver. The goal is to have Social Workers, ABI Waiver applicants and the team to develop a service plan for the applicant to begin receiving needed services as soon as possible. Having three workers dedicated solely to ABI II applications and clients will facilitate training, familiarity with the new waiver requirements and services, assist with the need to assess provider owned and controlled homes as required by CMS and ensure a consistent approach for all waiver participants. The Department will assess and monitor the pilot for effectiveness on an ongoing basis. The social workers will report directly to Gayle Paquin, Manager in the HCBS unit.

ABI I/ ABI I Danbury

Beginning 4/1/15, DSS will initiate the transitioning of case management support for all ABI I participants served in the Danbury Regional Office to the CCCI Access Agency. The Danbury area has an extraordinarily high concentration of ABI waiver participants and the Danbury office is currently short staffed in the social work unit. When transition is complete, the DSS Social Workers in the Danbury region will no

longer be the point of contact for ABI I waiver participants. All other DSS ABI I participants will remain served in their current regions and will see no changes in service coordination at this time. This is a pilot project and will be evaluated on an ongoing basis for effectiveness, efficiency and impact on waiver participants.

Future ABI I and ABI II

The Department is exploring the possibility of developing a Request for Proposal to competitively procure the provision of the care management service to waiver participants for both the ABI I and ABI II Waivers. The Centers for Medicare and Medicaid Services (CMS) requires that the care management service be free of conflict of interest ensuring that the individual who provides that service is not employed by or working for an agency that provides other services to waiver participants. The current waiver structure does not mandate this and must be changed accordingly. At this time, it is the Department's position that this may be the most effective way to provide services to applicants and current waiver participants. It is the Department's goal to ensure clients will have access to quality and cost effective services. If the department seeks a competitive procurement for care management services, a waiver amendment would be needed requiring that notice be published, public comment be solicited and a hearing be held by the legislative Committees of Cognizance.

DSS Social Workers Role: The roles and responsibilities of DSS social workers vary widely. As such, if the department seeks a contractor to provide care management for the ABI waivers, there will be no reduction in the current staffing of social workers in the field offices. It is anticipated that other programs will continue that will require the ongoing availability of social work staff.

DSS Surveys of ABI waiver participants: The department has been engaged in two surveys of ABI waiver participants, the Participant Experience Survey (PES) and the settings questionnaire related to the CMS final rules effective 3/19/14. The Testing, Experience and Functional Tools (TEFT) grant, received by the department from CMS, required the department to test the PES. CMS specifically requested that the department include the ABI waiver population in the PES. The sole objective of the PES is to test the instrument's use as a quality assurance tool across all of its waiver programs. The second survey is a settings questionnaire that is necessary to comply with the new settings requirements outlined in the CMS final rules. Specifically the rule requires that all home and community-based settings meet certain qualifications that include:

- The setting is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and who provides them.

The final rule also includes additional requirements for provider-owned or controlled home and community-based residential settings. These requirements include:

- The individual has a lease or other legally enforceable agreement providing similar protections
- The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
- The individual controls his/her own schedule including access to food at any time;
- The individual can have visitors at any time; and
- The setting is physically accessible.

CMS required each state to evaluate its compliance with the final rules and submit a transition plan for CMS review and approval. The transition plan specifically stated that department social workers would survey ABI waiver participants regarding compliance with the requirements regarding provider owned or controlled settings. It is critically important that this data is collected to be able to evaluate our compliance with the CMS rules. The sole purpose of this survey is to identify whether our settings are fully compliant with the CMS rules and whether changes might be needed to bring us into full compliance. In order to continue to provide waiver services in provider owned or controlled settings, we must be able to demonstrate compliance.

Waiver Amendments and Community First Choice: Community First Choice (CFC) is a Medicaid program that was created through the Affordable Care Act (ACA) to make it easier for states to offer home- and community-based services to Medicaid beneficiaries. (The ACA added the CFC program to the Social Security Act, under Section 1915(k).) States that choose to operate CFC programs will get increased federal matching funds to provide personal care attendants (PCAs) and other supports to Medicaid beneficiaries who would otherwise need to be institutionalized.

The CFC program requires states to allow Medicaid beneficiaries to direct their own care as much as possible. Under CFC, the Medicaid beneficiary will have the authority to hire, train and fire their caregivers. Under this state plan option, the state receives an enhanced match of 6% from the Centers for Medicare/Medicaid Services (CMS).

Connecticut's application for CFC includes the following services: Personal Care Assistant (PCA), Transitional Services, Home Delivered Meals, Environmental Accessibility Modifications, Personal Emergency Response System (PERS) , Independent Support Broker and Assistive Technology.

We have requested an implementation date of April 1, 2015.

CMS does not permit states to include a service in the waiver if it is available under the Medicaid State Plan. Consequently, all waiver programs that include PCA as a service must be amended to remove services covered under CFC. This impacts both ABI waivers, the Home Care Program for Elders and most significantly the PCA Waiver.

ABI Waivers: Self-directed PCA will be removed from both waivers.

While individuals have expressed concern about this change on ABI waiver participants, it should be transparent. The waiver participants' care manager or

social worker will continue to do the development of the service plan. PCA services as well as the other services under CFC will be included in the service plan. The state plan services will continue to be included in the individual cost cap and will be included in the cost neutrality analysis for each waiver. The services will be administered by the same fiscal intermediary that is already providing the service to the waiver participant.