

What is the Department proposing to do?

- Contract care management services that are currently provided under serious staffing constraints by Department social workers to competitively selected entities that meet qualifications for serving individuals with Acquired Brain Injury (ABI).

Why?

- To ensure that people who are currently participating in ABI waivers get timely and effective support.
- To enable the Department to serve new individuals from the waitlist.
- Consistent with federal requirements, to ensure that the entities paid to provide direct services do not also develop care plans.

What about the concerns raised by participants and legislators?

- Some fear the care manager will interfere with the care plan or make cuts to their services, but **effective care management ensures** each individual will receive:
 - an individualized care plan
 - the appropriate level of services
 - 24/7 access to supportRecipients' grievance and fair hearing rights remain unchanged.
- Some recipients suggest private care management will not be effective. The Department has successfully used this model for over thirty years in other waivers, and surveys of participants within the current Danbury pilot are ***overwhelmingly positive***.
- Legislators asked the Department to conduct a cost-effectiveness evaluation. The Department completed the evaluation and OPM approved it.

- DSS serves **tens of thousands** of individuals on **11 Medicaid waivers**. Waivers enable **choice and independence for older adults and people with disabilities**.
- DSS is responsible for ensuring the **health and safety** of all individuals served by waivers, and for **meeting all federal requirements**.
- DSS **cannot currently adequately meet the needs** of individuals receiving services under the Acquired Brain Injury (ABI) waivers, or serve those who are waitlisted because of serious **staffing constraints**. DSS has no other option for staffing.

By the Numbers . . .

- Currently, ABI I serves **454** individuals and ABI II serves **50** individuals.
- ABI I is closed to new participants. **34** are currently waitlisted for ABI II.
- Dependent on budget availability and upon approval of the above contracting plan and implementation of the case management contract, DSS proposes to service one new individual per month on ABI waiver II for the remaining months of 2016.
- The **average** individual ABI I care plan costs **\$93,817** per year (waiver year 1/1/13 – 12/13/13). This exceeds the average Medicaid cost of nursing home coverage (**\$69,816**), is the second highest average of all Connecticut waivers, and is generous when compared to other states.

