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DEPARTMENT OF SOCIAL SERVICES*

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DEPARTMENT OF DEVELOPMENTAL SERVICES*

*Testimony Before the Appropriations and Human Services Committees  
October 22, 2014*

Good afternoon, Senators Bye and Slossberg, Representatives Walker and Abercrombie and members of the Appropriations and Human Services Committees. My name is Kathy Brennan and I am the Deputy Commissioner of Administration at the Department of Social Services. Commissioner Terrence W. Macy, Ph.D. from the Department of Developmental Services (DDS) is here testifying with me today. Under the provisions of Section 17b-8 of our general statutes, I am here to seek your support for the renewal of the Personal Care Assistance (PCA) waiver and proposed amendments to the Elder Care and Acquired Brain Injury (ABI) waivers, as well as proposed amendments to the Department of Developmental Services Comprehensive waiver, Individual and Family Support (IFS) waiver and Employment and Day Supports waiver. These changes are primarily precipitated by the collective bargaining agreement that necessitated an update in the rate methodology for self-directed care and services, as well as a modification to the waiver cost caps. The department also updated each of the waivers to address the new CMS Home and Community-Based Services (HCBS) Settings Final Rule that became effective on March 17, 2014. The Settings Rule defines the person-centered qualities that must be present for individuals supported on a Medicaid waiver, as well as identifies settings that exclude individuals from the community and would not be eligible for inclusion in a waiver. This new definition of "community" represents a major shift in direction from the federal Centers for Medicare and Medicaid Services (CMS), which helps fund our waiver services. A transition plan was added to each waiver to outline the assessment of the current settings, remediation strategies and plans to ensure ongoing compliance with the requirements of the new Settings Rule.

The department seeks to make the following changes to the programs to support waiver participants:

**DSS PCA Waiver Renewal:**

1. Transfers responsibility for program assessments and reassessments from the department's Social Work Services Unit to the program's existing provider in light of a

substantial increase in census and to establish alignment with current programs and rebalancing efforts. This will augment our existing staff by providing additional resources and assure that the annual care plan reassessments are in compliance with waiver requirements.

2. Add an Independent Support Broker who provides support and consultation to individuals and/or their families to assist them in directing their own services.
3. Modify rate methodology and overall cost cap from 100 percent to 115 percent.

**DSS Elder Care Waiver Amendment:**

1. Update rate methodology to accommodate changes due to the PCA collective bargaining agreement.
2. Increase cost cap from 100 percent to 115 percent.

**DSS ABI I Waiver Amendment:**

1. Update rate methodology to accommodate changes due to the PCA collective bargaining agreement.
2. Explicitly state that cognitive behavioral services must be provided in person. This will clarify what has always been the department's expectation.
3. Update Independent Living Skills Training (ILST) so that it reflects a self-directed service and eliminates the self-employed status. This change accommodates the Department of Labor (DOL) interpretation that ILST providers are not self-employed and eliminates any ambiguity in unemployment compensation claims.

**DDS Comprehensive Supports Waiver Amendment:**

1. Amend Appendix I rate methodology (DDS administrative costs will be billed by DSS).
2. Amend Appendix I to update the rate methodology to accommodate the changes implemented due to the PCA collective bargaining agreement.
3. Add Health and Welfare Assurances to reflect the modifications outlined by CMS' "Improvements in 1915c Waiver Quality requirements" issued in February 2014. This CMS guidance outlined changes in the assurances and sub-assurances that the states use to measure and report on performance to CMS.
4. Increase waiver participant slots in year 2 by 150, year 3 by 150, year 4 by 150, year 5 by 150.
5. Add Prevocational as a waiver service.
6. Add Assistive Technology as a waiver service.
7. Add Shared Living as a waiver service.
8. Add Peer Support as a waiver service.
9. Add Informal Caregiver as a waiver service.

**DDS Individual and Family Supports Waiver Amendment:**

1. Amend Appendix I rate methodology (DDS administrative costs will be billed by DSS).
2. Amend Appendix I to update the rate methodology to accommodate the changes implemented due to the PCA collective bargaining agreement.
3. Add Health and Welfare Assurances to reflect the modifications outlined by CMS.
4. Increase waiver participant slots in year 3 by 150, year 4 by 150, year 5 by 150.
5. Add Assistive Technology as a waiver service.
6. Add Shared Living as a waiver service.
7. Add Peer Support as a waiver service.
8. Add Informal Caregiver as a waiver service.

**DDS Employment and Day Supports Waiver Amendment:**

1. Amend Appendix I rate methodology.
2. Add Health and Welfare Assurances to reflect the modifications outlined by CMS.
3. Increase waiver participant slots in year 5 by 200.
4. Add Assistive Technology as a waiver service.
5. Add Peer Support as a waiver service.

DSS received very few comments regarding the transition plans but did receive both positive and negative comments regarding the in person, face-to-face requirement in the Acquired Brain Injury waiver. As a result of the comments, the department's rate setting unit is reviewing the current rate methodology, service utilization and service definitions and may be proposing some alternatives to be included in a future amendment. DSS intends to engage in a dialogue with providers of cognitive behavioral services to come to consensus on best practices.

DDS received comments primarily related to its business operations and the operations of its Medicaid waivers, which were not specific to the added services. The comments will be considered as DDS continues outreach to the public on the CMS' Settings Rule.

Thank you for the opportunity to testify today. We would be happy to answer any questions that you may have.