



Human Services Committee

MEETING MINUTES

Thursday, November 19, 2015

11:00 AM in Room 2B of the LOB

The following committee members were present:

Kathy Bruni, Elaine Burns, Mary Waitt, Sara Raskin, Billye Simmers, Barbara Nadeau, Julie Peters, Bill Eller, Rep. Abercrombie, Rep. Miner, Dorene Scolnic, Erin Leavitt-Smith, and Virginia Kerensky.

Kate McEvoy, George Chamberlain and Diane Whipple attended as invited guests.

Rep. Abercrombie opened the meeting, welcoming the group. She then asked if there were any comments or questions about the meeting minutes from the previous meeting, and there were none. She then asked for a motion to accept them. A motion was made by Billye Simmers and seconded by Julie Peters. The minutes were accepted by voice vote.

Introductions were made around the room and all were reminded to use their microphones and be aware that they may be broadcast on CT-N.

Moving to the first agenda item, Kathy Bruni explained that Allied is the fiscal intermediary for the Department of Social Services. For the ABI Waivers, they credential providers, and process claims for providers. She explained that those on ABI Waiver I self-direct their personal care, and, as such, are responsible for the hiring, firing, scheduling, and assignment of tasks, etc. for providers.

She went on to explain that Allied maintains a directory of providers for the participant to use, should they choose to. The directory is organized by town. If a participant chooses a provider from the list, a background check will be done. Credentialing includes ensuring that the minimum requirements to provide a service have been met by the provider.

Waiver II uses agency selection of PCAs. If a provider is not showing up, the agency will send another. Agency based PCAs are only available on Waiver II, Waiver I utilizes self-directed care, and the participant hires the PCA.

Rep. Miner clarified that the involvement of Allied for self-directed participants includes criminal background checks, credentialing, and the fiscal responsibilities such as payment of providers, processing of claims, taxes, issuing of federal ID #s, and year end forms. There is no work product involvement.

Concerns that were brought up regarding the Allied directory of providers:

- Providers are not removed from the list for poor performance or attendance.
 - It is up to the participant to check references when hiring a provider
 - The participant can terminate providers for unsatisfactory service
 - There is a critical incident report system through the case manager or social worker through which participants can log complaints and discuss options
 - Abusive providers should be reported directly to Kathy Bruni
- The safety of the participant may be at risk if a provider does not show up
- There is confusion that providers work for Allied
- Participants may believe that the providers on the directory are vetted and recommended by DSS
- Providers are not removed from the list until they ask to be removed
 - Re-credentialing happens when Allied asks providers to provide evidence they meet minimum requirements to provide the service every 2 years
- Participants may assume that providers on the list are vetted

In response to a question from Rep. Abercrombie, Ms. Bruni explained that when a participant expresses an interest in self-directed care, someone makes a home visit and gives the participant some manuals that explain what is involved in self-directed care. If someone is struggling with self-direction, Allied will go again to train the consumer or someone who helps the consumer with their self-direction.

Kate McEvoy stated that it is too common that conservators are not fulfilling their responsibilities and are not present enough. If that is the case, or if the conservator is not following the consumer's wishes, he or she can approach the court about it.

Some concerns brought up with regard to manuals and the responsibilities of self-direction were:

- Because the manuals are considerable, participants may be encouraged to read much of the information on their own due to limited training time
- If a participant gets a conservator later, the participant and conservator may not both have a copy of the manual
- The manual is confusing and overwhelming, but training will be given again if there are additional questions. If, after several trainings, the family is still struggling with self-direction, they may want to consider if self-direction is the best option for them
- Obtaining regular forms, such as time sheets, is a cumbersome process.

Kathy Bruni explained that it is part of the collective bargaining agreement for these people to be added to the directory. She went on to explain that for the PCA directory there are extremely minimal requirements laid out. For the ABI directory, the requirements are laid out in the regulations.

Regarding Worker's Compensation, Kathy Bruni said that under Community First Choice, state law requires that PCAs have Worker's Comp if they work more than 26 hours per week. Based on their assessment, participants have a budget that can be used for various services, including Worker's Comp.

Bill Eller noted that ILST Worker's Comp is the burden of the consumer. People who chose to manage their own services are charged with paying for their own workman's compensation, whereas, if they are served by an agency, worker's compensation is part of the agency fee. He feels that there should be a mechanism put into place to fund, or at least subsidize this cost. Kathy Bruni said that the department is aware of that and the Department is looking into it.

Kate McEvoy said that the Department is examining disparities that affect populations differently. PCAs under Community First Choice have coverage available under the State Plan Amendment.

Rep. Miner said that it may be helpful to have the list of providers under ABI Waivers as well as the PCA list, with notation of who is the employer (self-directed or Agency directed) and who is responsible for paying for unemployment and Worker's Compensation insurance. He suggested that we look at other state models which provide insurance vehicles as a future agenda item.

Ms. Waitt noted that ILSTs are not paid during their training. They must train for free or be paid for privately.

George Chamberlain went over the statistics in the Dashboard that was prepared for the group. He noted that information comes from different systems including the one used by Social Workers, the Eligibility Management System, the Ascent System and information from partners like DMHAS. The Home and Community Based Services Unit brings all of this information together. He noted that the number of referrals has gone up over the year due to a variety of factors. The waitlist has remained relatively consistent.

The number of staff has gone down and is being stretched. He discussed some of the impediments to moving people through the process, such as difficulty contacting conservators, difficulty getting multiple evaluation appointments, lack of response on requests for information, etc.

It was clarified that 17 have gone through the neuropsychological evaluation and eligibility, and the 115 are people who have applied, but their eligibility for the waiver has not been determined yet.

The home visit is not done until there is a reasonable expectation that a slot will open.

There was discussion as to how best to compare the waitlist from a year and a half ago to the wait list today. Elaine Burns asked to know what happened to the 49 people that were on the waitlist when waiver I closed and Waiver II opened.

Kathy Bruni said that the waitlist shows people who had applied in 2013, 28 of whom are now receiving services.

The process for getting on the waitlist was discussed, including application, assessments by phone, neuropsychological evaluation, and Medicaid eligibility. Home visits are not done until there is a reasonable expectation that a slot will become available for the participant in the near future.

Going back to the presentation, Mr. Chamberlain continued to go over the data in the Dashboard.

Kathy Bruni recapped the breakdown of participants moved into available slots. Of the 50 reserve capacity DMHAS slots for this Waiver year, December 1st-November 30th, 25 are active, 8 are pending, and 14 more are just starting the process, totaling 47. The 28 non-DMHAS slots, there are 12 active and 16 that have slots that are in various stages.

Rep. Miner asked for any members of the Public to comment who wished to. Lisa Martin from Independent Living Solutions asked George Chamberlain to explain electronic visits. It was noted that Allied would be distributing slides about this, and George offered to discuss it with her after the meeting.

Rep. Miner then brought up the care manager RFP. He invited people to email the committee if they have questions.

Diane Whipple explained that all of the DMHAS clients have transitioned over, excepting one.

Rep. Miner asked if there could be a draft document that could reconcile all of the numbers based on a snapshot from today that would break down DMHAS and non-DMHAS clients and where they are, on one page.

Kathy Bruni, in answer to concerns from members, stated that Reserve Capacity and MFP slots do not take a slot from anyone going on December 8.

Elaine Burns asked when people on the waitlist would be able to access the year 2 slots. Kathy Bruni said they would start going on about one per month. She said that it was presumed that this would be the attrition rate off of Waiver I.

Kathy Bruni said that the 8 DHMAS and 54 MFP slots for Waiver year II would be available anytime during that year.

Elaine Burns expressed that she was not aware that these slots would be added throughout the year, and that this is very concerning to her.

Rep. Miner said that we should look at these questions and discern whether they are a matter of the budget or the deficit, and look at those things moving forward.

A tentative date for the next meeting was set for January 21.

Rep. Abercrombie asked if anyone had items that they would like to see on the January agenda. It was asked if they could be sent in prior to the next meeting.

Heather Marquis said she really appreciated the forum that DSS held. She asked if we could discuss the care management amendment. She also thought we could talk about ABI Group Day, and providing that service.

Billye Simmers asked for a breakdown of DMHAS consumers who are currently served with state dollars, and may not be served by ABI Waiver services. Will they continue to be served? Diane Whipple said that DMHAS still has some money for those clients that are not well served under the Waiver.

A motion was duly made and seconded to adjourn the meeting.

The meeting was adjourned.

Kristen Traini
Committee Clerk
