Medicaid Long Term Services and Supports Rebalancing Initiatives Steering Committee

Friday, February 2, 2024

10:30 AM – 12:30 PM

Hybrid Meeting

Meeting Summary

Members Present: Mary Ann Langton, Mairead Painter, Bonnie Meyers, Bill Halsey, Elaine Kolb, Krista Ostaszewski, Anna Doroghazi, Melissa Morton, Laura Snow Robinson, Cathy Ludlum, Karyl Lee Hall, Susan Raimondo, Cole Cooper, Amy Dumont, Erin Leavitt-Smith

Members Excused: Maggie Ewald, Kevin Brophy

Members Absent: Jennifer Switalski, Kelley Kendall, Michele Jordan, Tom Fiorentino

Members of the Public: Lauren Carabetta, Greg Bennett, Melissa Augeri, Vanessa O’Neal-Campbell, Hye-Yeon Ryu Kim, Julie Robison, Jessica Hughes, Heather Ferguson-Hull, Pooja Modi, Turquoise Percy, Guerda Sainval, Martha Porter, Paul Ford, Tasha Erskine, Mike Peccerilli, Saraid Garcia, Holly Carmichael, Julia Fishman, Michael Werner, Karri Filek, Christine Cianciola, Jay Katz, Chris Washington, Glady’s Diaz, Janette Steward, Jeanette Burney, Karen Anderson, Barbara Cass, Winsome Harvey, Lindsay Jesshop, Mag Morelli, Toni Ortega, Claire Volain, Theresa Brown, Jose Rose, Maia Carpentino, Kenniel Martin, Nadine Morse, Brenda Texidor, Tamara Lopez, Diana DiBartolomeo, Angie Pearson, Jodi Brazal, Travis Barker, Lisa Albert, Orenthia Channer, Maria Figueroa, Bailey Williams, Paul Chase, Dee Sepulveda, Ellis Dillon, JD Sparks, Matthew Hallisey, Rob Lewis, Luisa Parente, Sheldon Toubman, Spring Raymond, Chrissy Reynolds, Hilary Felton-Reid, Anna Karabin, Megan Baker, Marlene Chicker, Cynthia Scott, Megan Owen, Kiomara Cruz, Daniel Beem

1. The meeting was called to order by Mairead, Co-Chair at 10:30.
2. Mairead made a motion to approve the December minutes. Elaine moved the minutes, Susan seconded. December minutes were approved. MaryAnn abstained.
3. MFP Report Out – Lauren Carabetta

* In 2023 1,754 people applied for the program
* In 2023 482 transitioned to community
* In 2022 423 transitioned so there were 59 additional people in 2023
* Still focusing on teaming and training
* In 2024 160 applications were received in January and 28 individuals were transitioned into the community

1. Unfinished Business

FI Update – Holly Carmichael

* A Pilot group transitioned over to GT Independence on December 24th.
* Received overwhelmingly positive feedback in survey reviews. 100% of the folks said they would recommend GTI and were satisfied with the services.
* A few hiccups were ironed out.
* Many find that the app is easy to use.
* For the larger transition, over 2000 PCAs and participants have transitioned to GTI. These folks won’t start until March.
* GTI hosts monthly webinars with stakeholders to give updates on the transition and provide further information and resources.
* Our website hosts a lot of information that is updated regularly. You can find that at [www.gtindependence.com/ct](http://www.gtindependence.com/ct). Folks can submit a question if they can’t find an answer on the site.
* Next phase is to schedule appointments for people that can’t complete enrollment via the self-service option.

Questions

* Bonnie asked if webinars are recorded.
  + Holly said they are live, and recordings are sent to registered folks. Questions are also taken.
* Elaine shared her concerns about a couple of people who are experiencing extreme difficulties with the transition.
* MaryAnn said that GTI is just wonderful. Every time she calls, they know her. She is very appreciative.
* Cathy seconded what MaryAnn said. Every time she calls with questions, the phone was answered in a minute. There was nothing she had to press. She also just had to say something, and the call jumped directly to an operator.

Waiver Waitlist – Amy Dumont

* ABI II – 257 active cases, 12 pending, 84 waiting, 46 pending eval, 24 available slots.
* ABI I – 280 active cases
* MH Waiver – 558 active cases, 16 pending, 14 waiting, 46 pending eval. 50 open slots and wait time is 4 to 6 weeks.
* Autism Waiver – 203 active cases, 117 pending, 2,041 waiting. 10 yr. waiting period.
* PCA Waiver – 1,082 active cases, 32 pending, 1,239 waiting. 3 yr. waiting period.
* Katie Beckett – 324 active cases, 13 pending, 301 waiting. Over 4 yr. waiting period.
* CHCPD – 79 active cases, 11 pending, 100 slots available.
* CHCPE (Cat 1) 93 active cases. Explosion in program. 1,161 referrals in January.
* CHCPE (Cat 2) 1,884 active cases, 494 pending.
* CHCPE (Cat 3) 14,323 active cases, 2,221 pending.

Questions

* Karyl Lee asked that the waitlist update be sent out to the steering committee ahead of time on a regular basis. She also asked if people are waiting since 2018 what are they doing in the meantime?
  + Amy said sometimes they are accessing services through CFC. She tries to be creative with giving resources in the interim. It’s difficult sometimes.
* Karyl Lee asked if someone wanted to increase funding from federal govn’t if they would have to get funding from the state for its share.
  + Amy said that’s correct and encourages everyone to speak to their legislative folks in the community. She shared that last legislative session the Autism Advisory Council gained slots on their waiver.
* Bonnie mentioned that she agrees that it’s unacceptable for people to wait for these waiver services. BIAC is concerned about the long wait list. A lot of these people are at risk.
* Laura is trying to understand what the typical referral volume is for CHCPE and what is the process for when there is a shock in the volume of applications.
  + Amy replied that she isn’t sure what happened in January and if it was because the holiday season was over.
  + Paul said CHCPE has been hovering around 800 regularly and there is a jump post-holiday. Maybe because family members see the need?
  + Paul also said 60% of applications are denied at least once for failure to provide verifications for the Medicaid application.
* Laura asked if there were any themes, she can provide to the public to get their ducks in a row ahead of time.
  + Amy said to get financials together and for the ABI Waiver a neuropsych because those can take a while to get.

Adult Family Living Overview – Paul Chase

* Adult Family Living is a service and not a stand-alone program.
* Can’t apply for AFL. It’s a Medicaid waiver service available under the CHCPE and under the PCA Waiver.
* Need to be found functionally and financially eligible for those programs first and then choose to receive their services through the adult family living.
* AFL provides personal care and supportive services, including homemaker, chore and attendant services, meal preparation for waiver participants who reside in a private home with a principal caregiver. This can be the home of the care provider or the participant’s adult family.
* There are four different service levels with different reimbursement rates.
* AFL is an agency-based service.
* AFL is limited to no more than 3 participants in a home.
* Caregiver may not administer Medication but can supervise for self-medication.
* Agency has responsibility for the care that’s being provided even though the caregiver is not an employee of their agency.
* Caregiver gets tax free stipend based on level of care provided.

Questions

* Cathy asked if provider does not give medication, how do people get their medications? She also asked if there was nurse delegation in this program.
  + Paul said that if the caregivers are family members, they are probably administering meds but if they are not, there will be nursing visits on the care plan for this service.
  + Bill said there is nurse delegation within the home health service where nurse can pre-pour and Med certified aide can prompt the person on the medication.
* Michael Werner mentioned the recent Comptroller’s Report which called for AFL to include spouses.
  + DSS is unaware of this report.

1. New Business

Department of Housing – Steve

* Tabled to a future meeting because Steve was unavailable.
* The meeting was for DOH to give the committee a presentation on the status of housing. Housing continues to be a barrier to transition into the community.

New Transportation Contract in CT – Bill

* A transition occurred several months ago with our non-emergency medical transportation broker from VEYO to MTM. MTM has purchased VEYO.
* If there are any concerns related to NEMT, send email to [QM@mtm-inc.net](mailto:QM@mtm-inc.net) or go to [www.mtm-inc.net](http://www.mtm-inc.net).
* Julie Robison from UConn noted that she does the HCBS CAPS survey across the state including all these different waivers and programs. UConn’s last report shows people reporting an unmet need with the NEMT program consistently.
* Julie further said that she wouldn’t see any change yet in the data because they do the report in the Summer which was before MTM started.
* Mairead asked Julie if she could come back in the Spring to give initial data on the new NEMT broker.
* Elaine said that she is getting feedback from several people that they still are not getting good service.
* Sheldon Toubman shared that the acquisition by MTM was completed in August.

1. Public Comment

* Bill Halsey shared that Dawn Lambert has retired from state service effective January 1st. She will be missed. She may reappear in some capacity but not with DSS. DSS is interviewing for a Community Options Director and a Community First Choice manager.
  + Mairead said Dawn was instrumental in supporting the MFP program and helping it move forward and stay on track with the state. She would have liked the group to formally thank her and express their gratitude for her.
  + Karyl Lee would like the Department to share the responsibilities for the hires that they are going to be doing because over the years that Dawn oversaw MFP, the change in her authority was sometimes confusing. In a future meeting, an explanation what the landscape is would be helpful.
* Sheldon asked what the status is on the RFP for the new NEMT program.
  + Bill responded that the RFP proposals were due back on 12/4/23 and expected to be implemented on 4/1/24.
* Sheldon shared that the legislature passed an increase last year to increase the HUCKY C income limit. There is a substantial effort by advocates to address the asset limit as well. He said the effort now is the follow the lead of CA and eliminate the asset limit for its age, blind and disabled Medicaid program.
* Elaine shared that Ableism is a public health crisis in this country.

1. Meeting adjourned at 12.00.

Next meeting: **HYBRID March 1, 2024**