

DSS Autism Spectrum Disorder Advisory Council (ASDAC)
Meeting Minutes
May 17, 2017

Members Present: Judy Dowd, Marcia Eckard, Ruth Eren, Bill Halsey, Zachary Laudano, James Loomis, Sara Lourie, Kathy Marchione, John Molteni, Yana Razumnaya, Nikki Richer, Lois Rosenwald, Carole Ryan-Hanlon, Doriana Vicedomini

Others Present: Kathy Bruni, Jennifer Krom, Dawn Lambert

Members Absent: Representative Catherine Abercrombie, Ann Gionet, Aileen McKenna, Siobhan Morgan, Lynn Ricci, Department of Education Representative

Call to Order: 10:03am

Welcome and Introduction by Bill Halsey

No Public Comments

Reviewed handout of future council meetings

Discussion of council vacancies:

- 2 parents of children vacancies (suggested parents of both higher and lower functioning level of needs)
- 1 physician vacancy
- 1 Tri-chair
- Additional interested candidates should send emails of interest with biographies to Bill Halsey William.Halsey@ct.gov and Yana Razumnaya yrazumnaya@gmail.com.
- Nominees will receive letters/emails confirming interest in joining the council
- Nominating committee, including Bill Halsey, Yana Razumnaya, James Loomis and Dorianna Vicedomini) will review nominees.

Review of 4/19/2017 workgroup meeting

Discussions:

- Funding – No monies available for FY 2017.
- Draft funding application process – Bill will follow-up with DSS re: process, funding, etc.
- Renewal procurement to be discussed at June ASDAC meeting
- Timeline/Per OPM, proceed as usual
- Deadline for projects – June 30th for first round (Projects criteria should be self-sustainable to build capacity)
- Mobile crisis – Vital need as they are the first called to respond and assess
- Adult opportunities i.e. Employment, Housing Support, Assistive Technology
- Collaboration with BRS i.e. Job Coach, Transportation, Employment

Kathy Bruni requested input for waiver renewal

- Appendix C
- Utilization
 - Michael Blaszkowski will provide Job Coaching utilization at June 21, 2017 ASDAC meeting
- CMS – Center for Medicaid Services
- Suggestion of reducing budget caps to include more individuals on waiver
- Population of individuals being served
- Better ways to communicate the waiver and autism services
- Building provider network
- Budgets have reduced due to progress being made

Presentation

Beacon Health Options State Plan Update (see attached)

Handout of IDASH – Intellectual Disability and Autism Spectrum Disorder Housing Program

- Presentation at June 21, 2017 meeting

Community First Choice Presentation by Dawn Lambert (see attached)

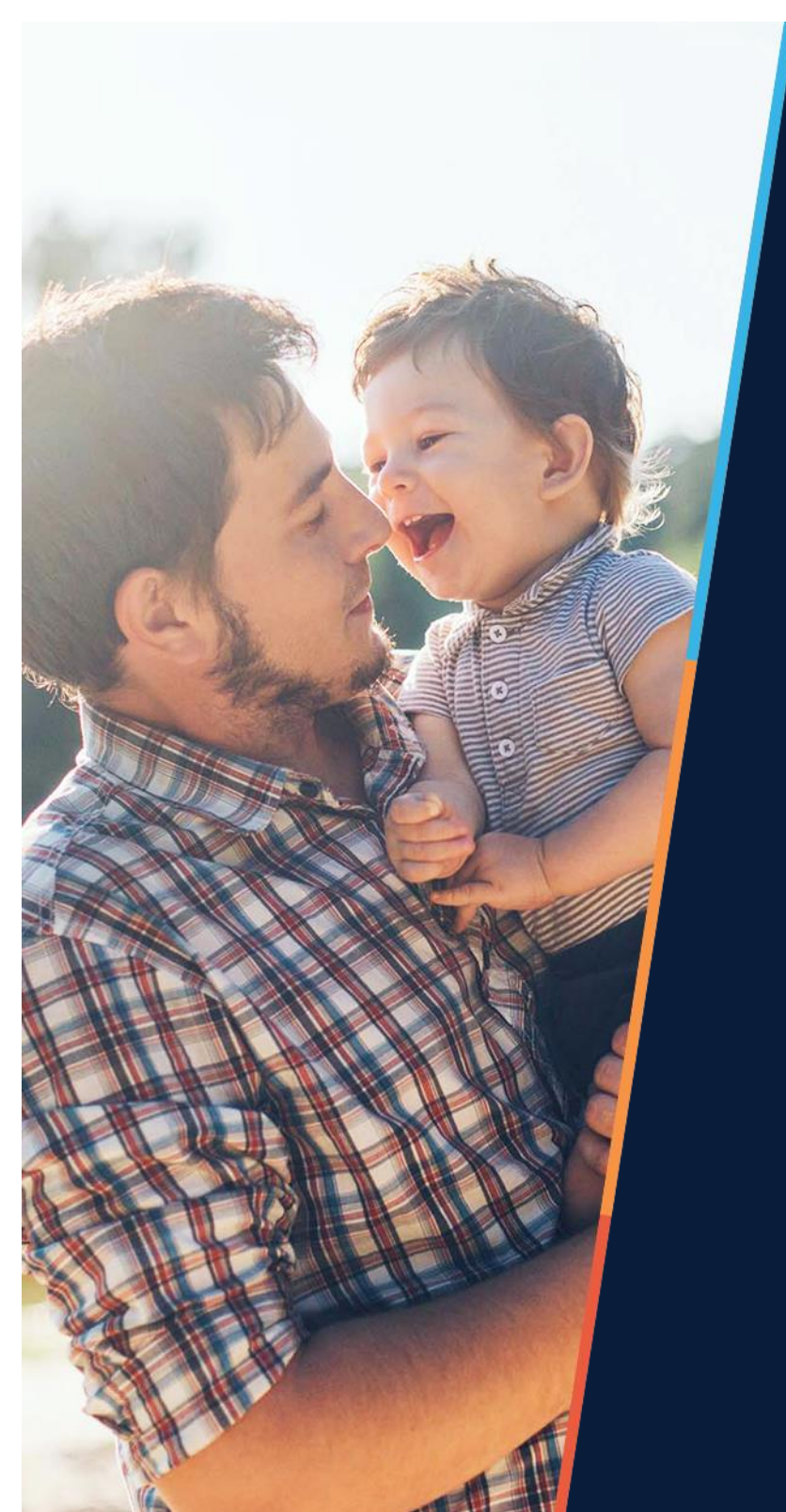
Announcements:

- Ruth Eren retiring from Southern Connecticut State University on 6/1/2017
- Ruth would like to nominate Dr. Keri Sassu, new director
- Sara Lourie to retire soon and will announce at the June ASDAC meeting.

Adjournment: 12:05pm

Next Meeting: **Wednesday, June 21, 2017 at 10:00am**

Legislative Office Building
Room 2A



beacon
health options

Autism Spectrum Disorder Services

Autism Advisory Council

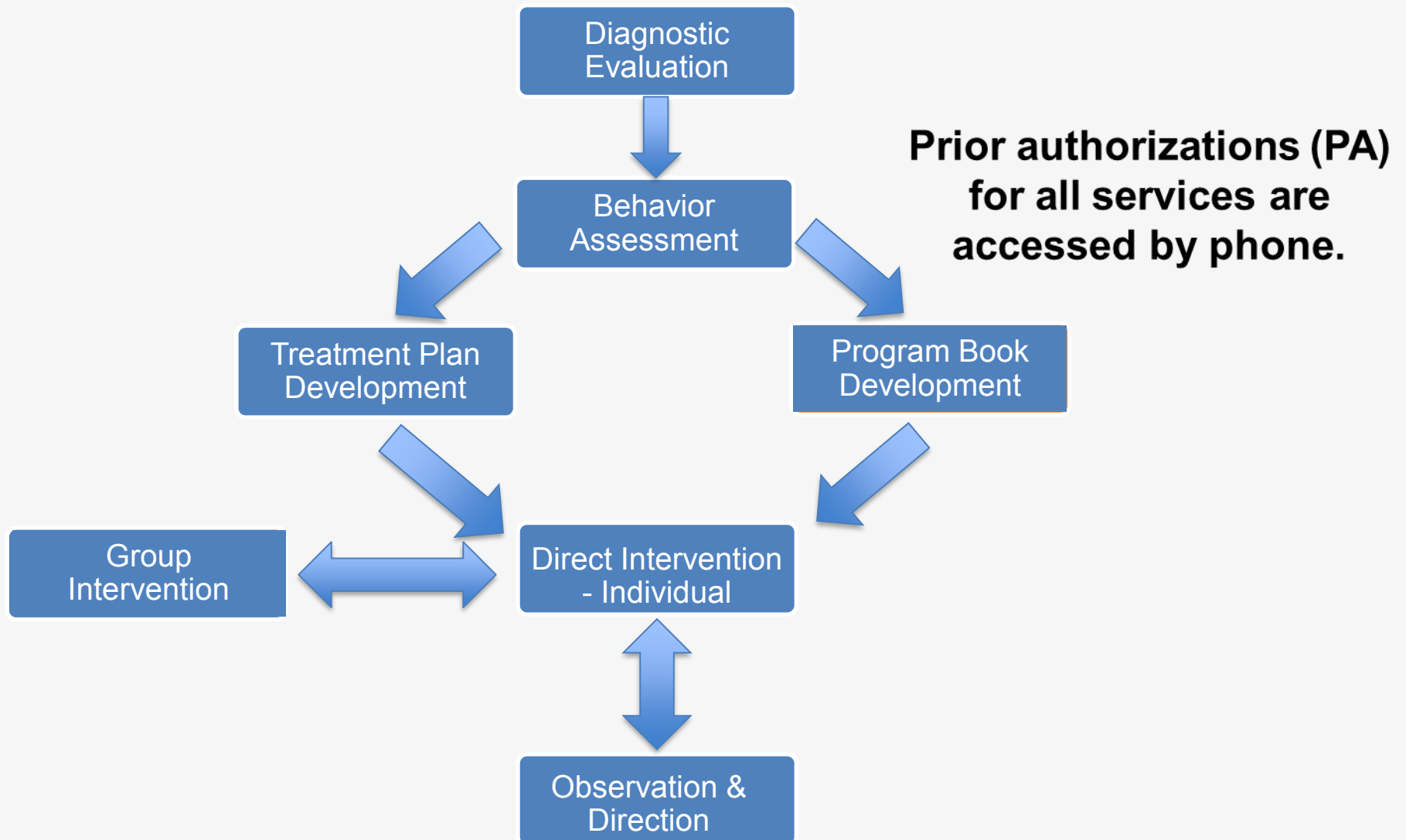
Connecticut Plan to cover ASD Services

- Two main components:
 1. Behavioral treatment services (Medicaid State Plan services performed by providers)
 - Such as Applied Behavior Analysis (ABA)
 - Available to Medicaid-eligible children and youth under the age of 21
 - May not duplicate services through the school (but may supplement those services to the extent medically necessary)
 - Includes evaluation, assessment, and development of plan of care
 2. Peer Specialist and Care Coordinator services (Medicaid administrative services performed by the ASO)
 - Available to individuals of any age with ASD and their families
 - May be utilized to guide families through the process of accessing Autism services and other community services such as therapeutic recreation, social skills groups or other referrals

AUTISM SERVICES

Medicaid Covered Autism Services

Behavioral Treatment Services including:

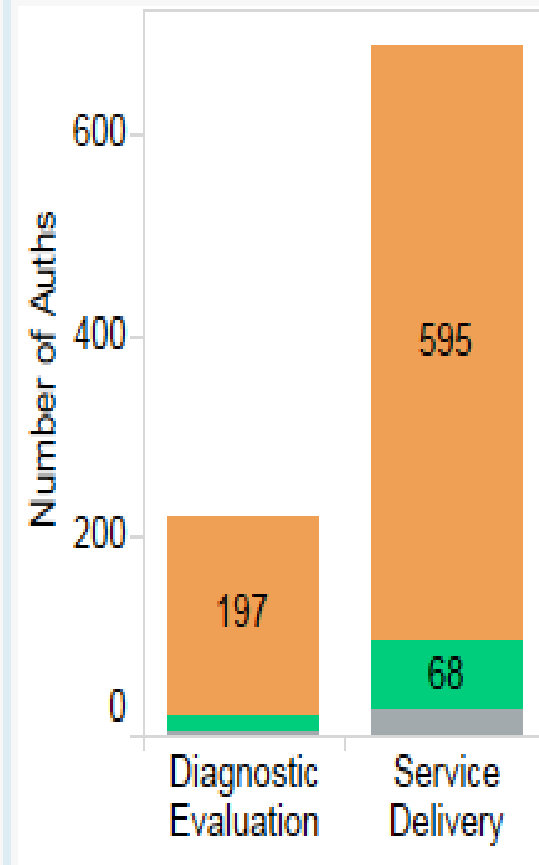
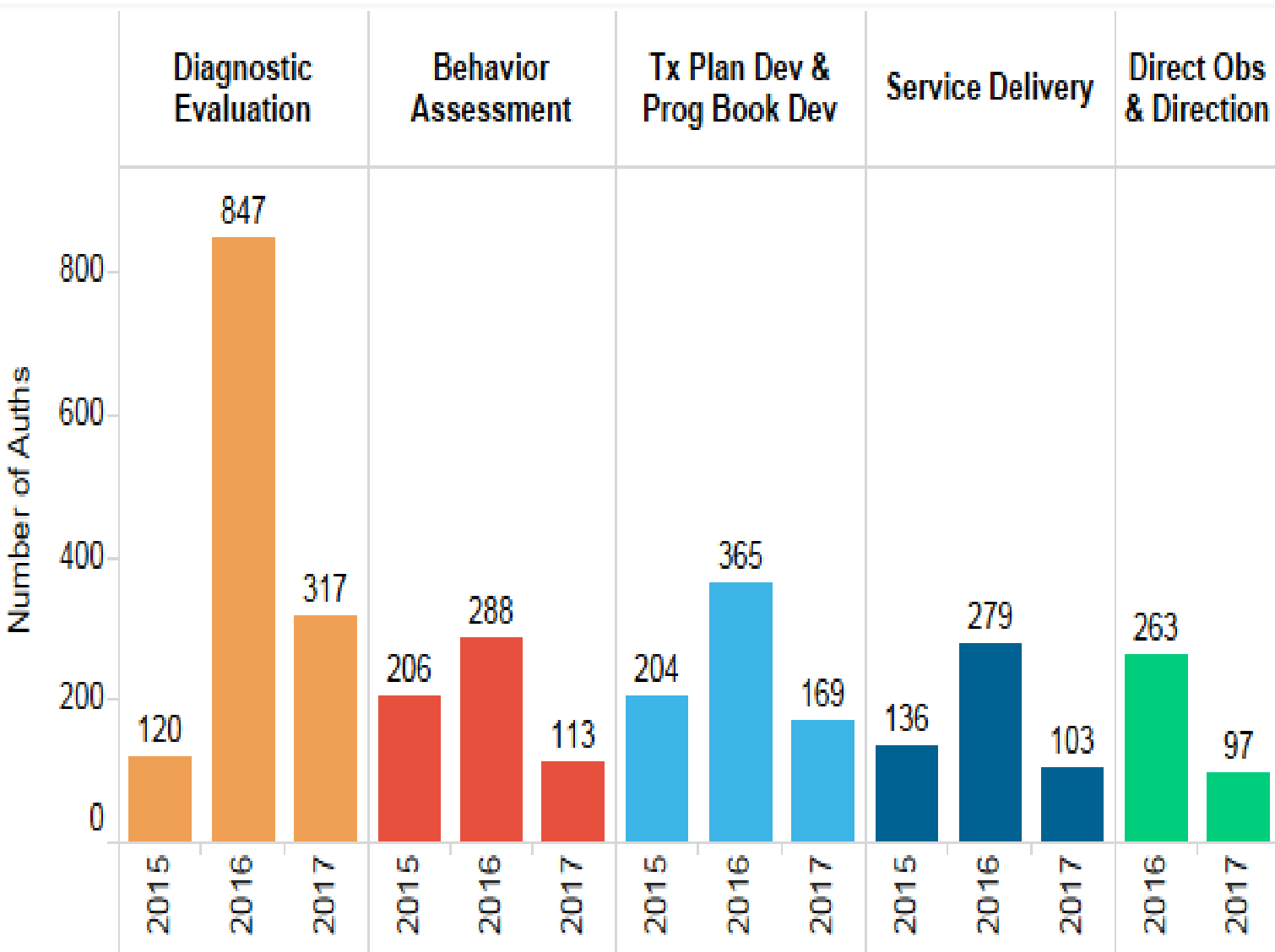


Annual Authorizations and Open Authorizations By Service

Annual (YTD) Admits/Authorizations for Autism Spectrum Disorder Services by Service Class

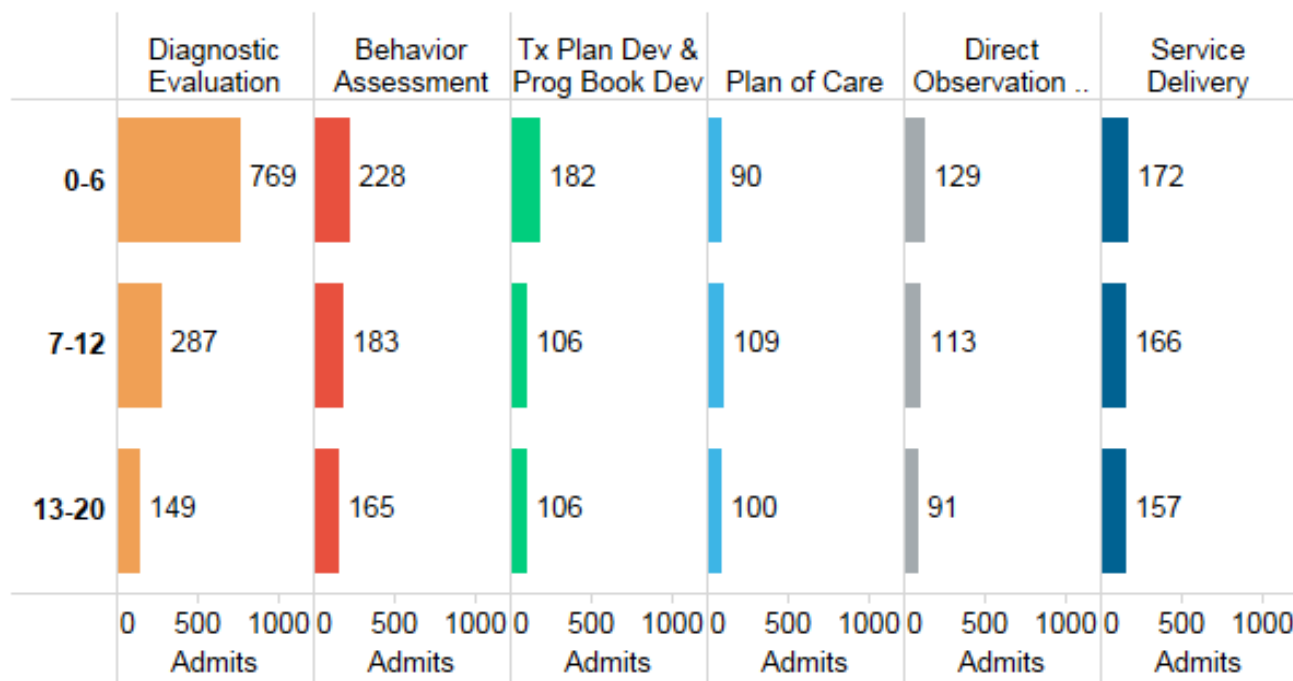
Open ASD Authorization by Service

- Non-DCF
- CPS/Committed
- Voluntary
- Juvenile Justice

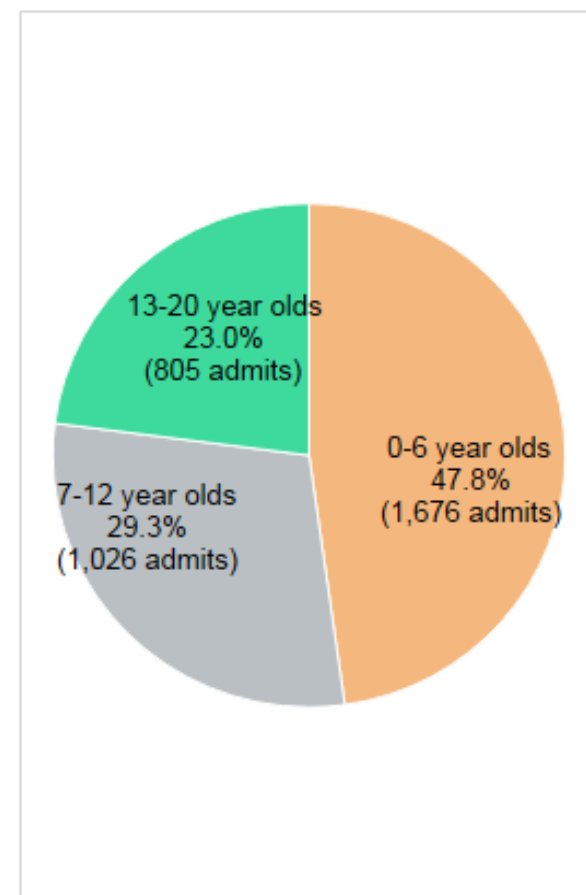


Autism Disorder Services Admits/Authorization Volume by Age

Total Admits/Authorizations by ASD Service Type and Age Group



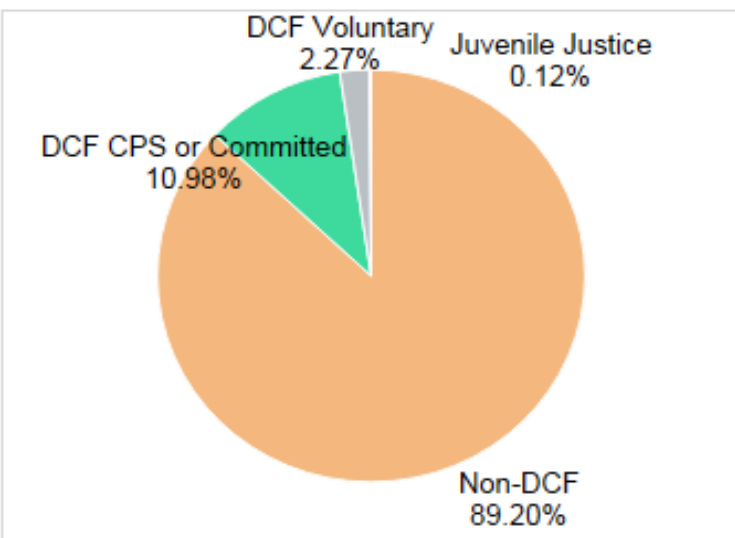
Total Admits/Authorizations Obtained for Each Age Group (All Service Classes)



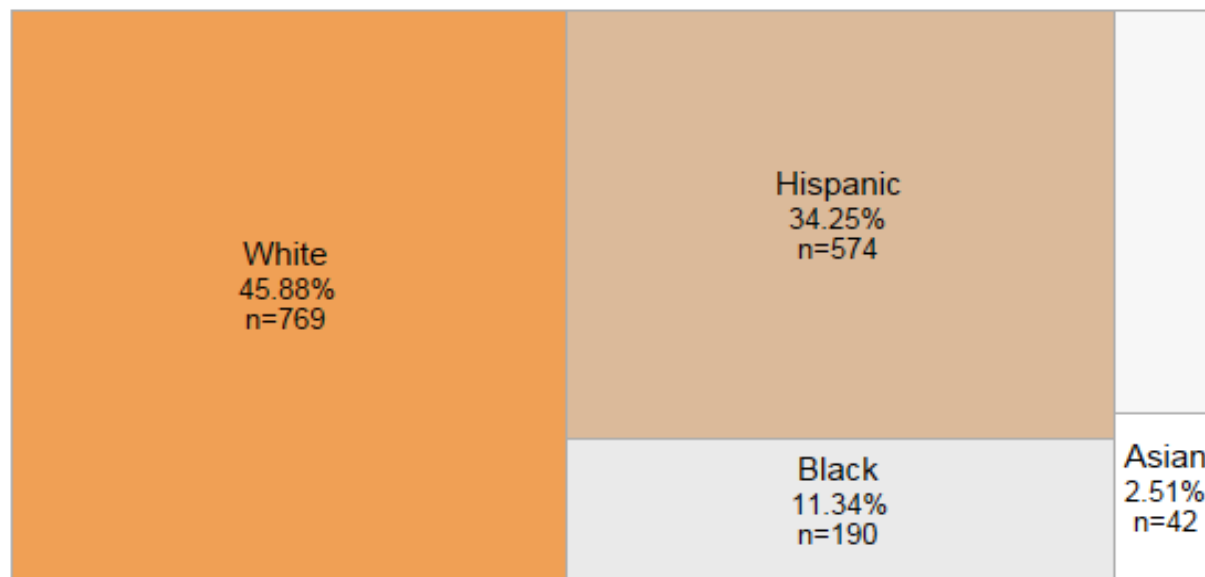
<p>900 youth were ages 0-6 at admission.</p>	<p>445 youth were ages 7-12 at admission.</p>	<p>294 youth were ages 13-20 at admission.</p>
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Autism Disorder Service Admits/Authorization Volume by Race & DCF Status

Percent Unique Youth Authorized for Services by DCF Status**



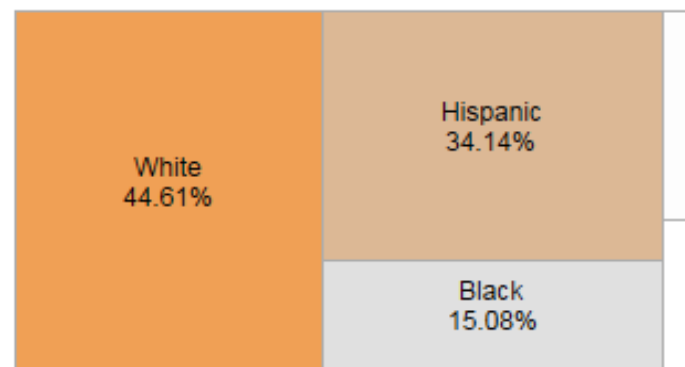
Total Unique Youth Authorized for ASD Services by Race/Ethnicity



Total Unique Youth Authorized for Services by DCF Status and Region**

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Unknown	Grand Total
DCF Volunt..	2	4	9	6	8	9		38
DCF CPS or..	3	15	29	52	41	44		184
Juvenile Ju..		1			1			2
Non-DCF	127	240	203	336	296	295	3	1,495
Grand Total	131	256	230	383	340	338	3	1,676

Medicaid Youth Ages 0-17 - CY 2016 Rates



PROVIDERS

Autism Disorder Services Provider Enrollment

110

individual providers have enrolled in Medicaid to provide ASD services.

61

unique practices (individuals or groups) have enrolled in Medicaid to provide ASD services.

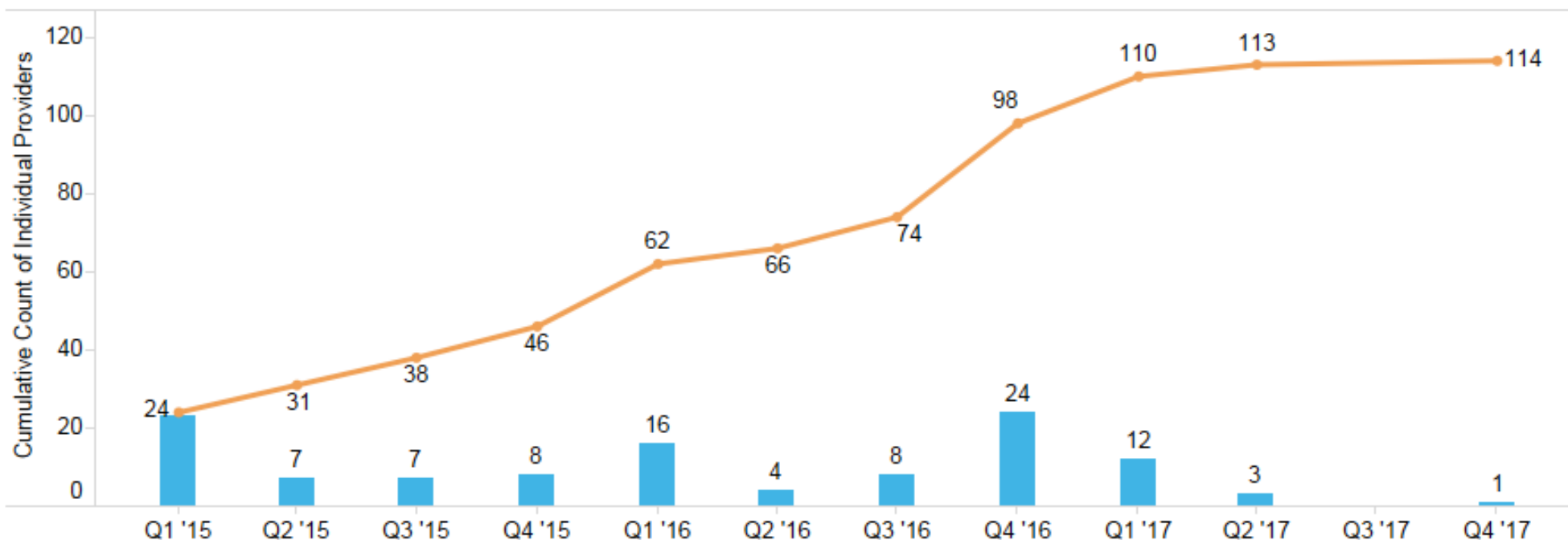
56

providers are able to provide ASD treatment services.

Cumulative ASD Individual Provider Enrollment

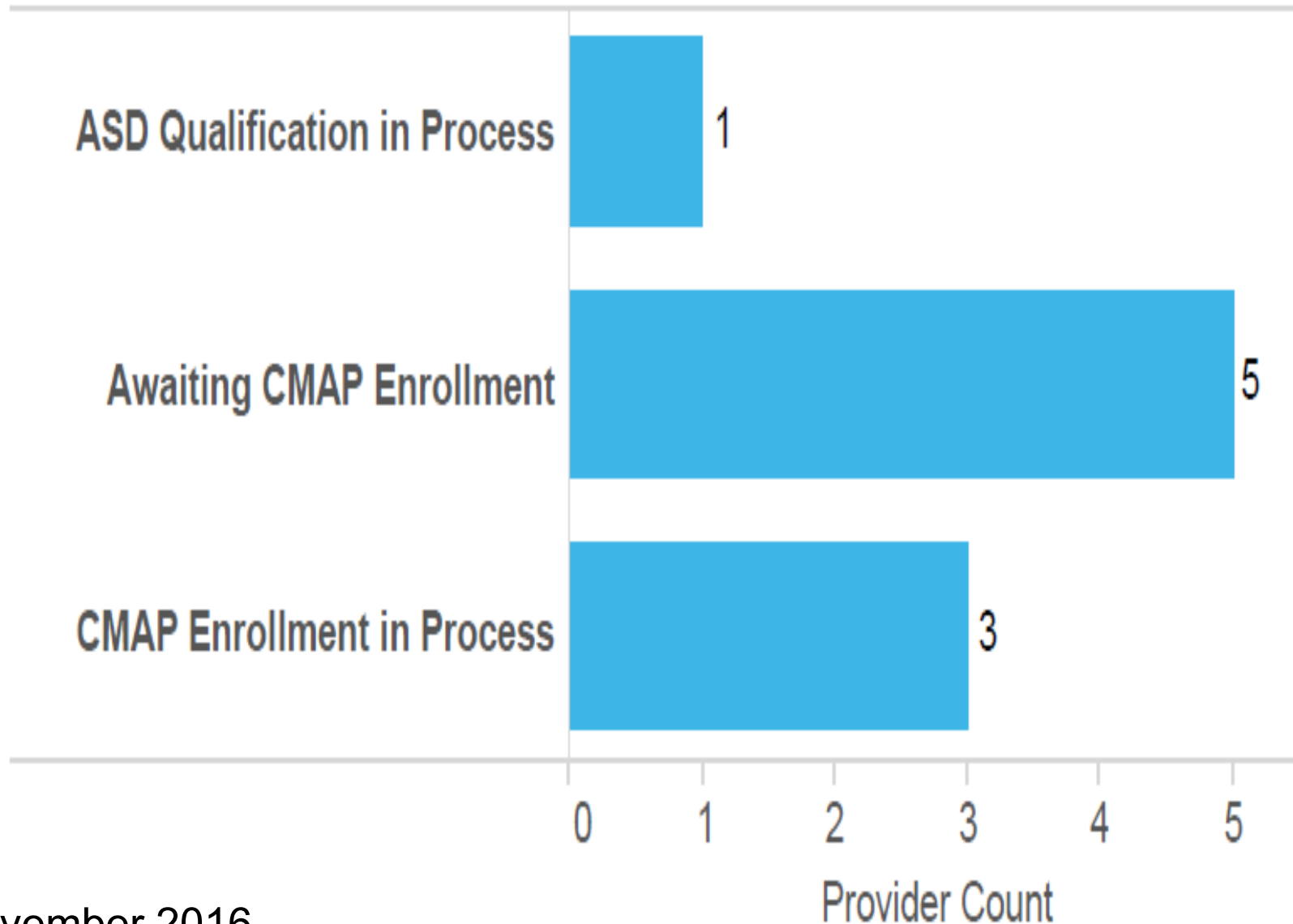
Note: Providers may be a part of the same practice. If no individual is identified then the practice is counted as the individual.

--- Running Total ■ Quarterly Additions



Enrollment in Process

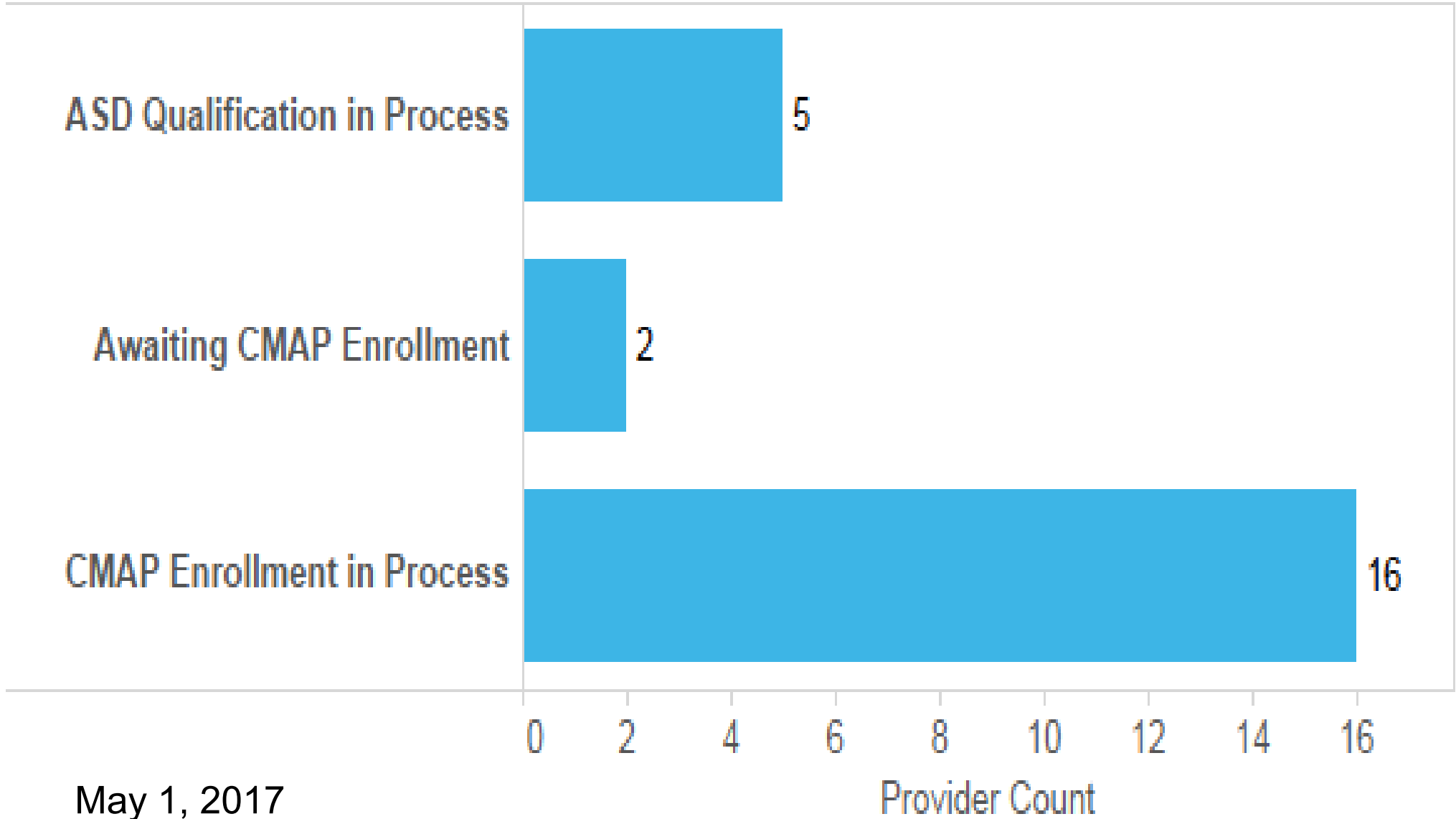
Number of Providers Currently in the Enrollment Process



November 2016

Enrollment in Process

Number of Providers Currently in the Enrollment Process



Strategies to Increase ASD Network Adequacy

Monthly Provider Learning Collaborative Meetings

- Transition & Discharge planning
- Reduction of direct service hours over time
- Crisis planning & parent training goals
- Critical features of a Plan of Care & documentation
- Billing Procedures for CT BHP ASD Providers
- Completing a Functional Behavior Assessment (FBA) in 8 - 10 hours
- Parent Training, Family Engagement & Buy-in to a Treatment Plan
- Authorization & Review Process
- BCBA Observation & Direction Overview
- Emergency Mobile Psychiatric Services: Accessing EMPS, How to Prepare Your Families and EMPS Services Provided
- New Professional and Ethical Compliance Code for BCBAs (CEUs offered)

ASD STAFF

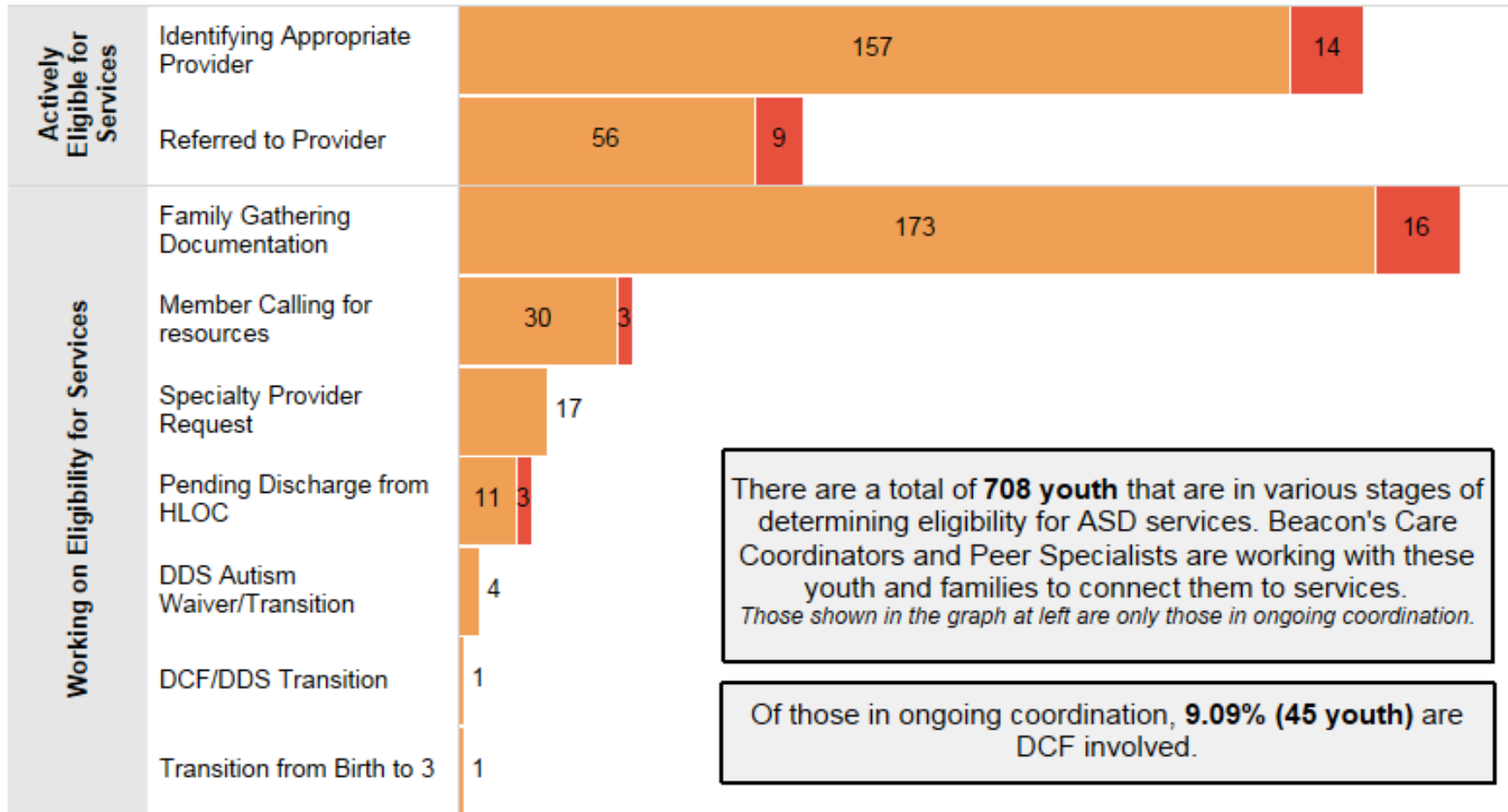
Peer Specialists & Care Coordinators

- Contact families within 24 hours of referral
- Home or community visits within 72 hours of initial contact
- Connect youth, families and adults with resources as needed
- Develop and maintain relationships with those agencies who provide community services
- Attend regional Community Collaboratives, DCF and DDS Meetings
- Develop and maintain a resource list and familiarity with appropriate services for potential member referrals

Beacon Peer and Care-Coordination Activities

Ongoing Peer and Care-Coordination Activities: Total Count of Unique Youth by Connecting to Services Reason

Reason
■ DCF ■ Non-DCF; Excludes Temp IDs



Peers Specialists & Care Coordinators

- Connecting families to:
 - Transition Services
 - Parent Supports
 - Social skills groups and play groups
 - Educational Advocates
 - Help with scheduling appointments
 - Information on DSS or DCF Voluntary Services Programs
 - Pet therapy
 - Occupational Therapy, Speech and Physical Therapy
 - Dental care
 - Housing and food assistance
 - Assistance with utility bills
 - Tickets for autism-friendly events

How to Access Services

- **CT Behavioral Health Partnership:**
 - Phone: 1-877-552-8247 Fax: 1-855-901-2493
- **Websites:**
 - CT Behavioral Health Partnership: <http://www.ctbhp.com>
 - Department of Developmental Services: <http://www.ct.gov/dds>
 - Department of Social Services: <http://www.ct.gov/dss>
 - Department of Children & Families: <http://www.ct.gov/dcf>
 - Department of Mental Health & Addiction Services:
<http://www.ct.gov/dmhas>

Questions?



Connecticut HUSKY Health: Community First Choice

Autism Spectrum Disorders Advisory Council
Legislative Office Building
May 17, 2017



Goals

Overview

Eligibility and services

Evolution of self-directed services

Applying for services

Status

Summary



- Connecticut is one of the early adopters of the ACA **Community First Choice (CFC) option**, which permits states to cover personal care assistants and other self-direction supports under the Medicaid State Plan.
- The ACA CFC option added Section 1915(k) to the Social Security Act; implementation required an amendment to the CT Medicaid State Plan.
- CFC has an advisory council. The council met for 9 months to develop the State Plan option.
- Connecticut implemented CFC in July, 2015.



- Participants must be:
 - At institutional level of care
 - Nursing home, Chronic Disease Hospital, ICF/MR (eligible for services from Department of Developmental Services)
 - Living in a 'community setting'
 - Choosing to self-direct and manage an individual budget
 - Financially eligible for Medicaid under a HUSKY coverage group



- Participants self-direct
 - Develop service plans
 - Hire and manage personal care attendants
 - Manage individual budgets



Service	Limits
Self-hired personal care attendant <ul style="list-style-type: none">• 12 Hour• Shared PCA• Live-in	Budget (IB) determined by level of need
Workman's Compensation Insurance	Within IB
Home delivered meals	No more than 2 meals per day (within IB)
Emergency response system	Individual's choice (within IB)
Support and Planning Coach	Not to exceed \$500 per year without prior authorization (within IB)



Service	Limits
Health Coach - Nurse, Occupational Therapy, Speech Therapy, Physical Therapy	Not to exceed 25 hours within 3 months without prior authorization (within IB)
Participant education	At discretion of participant (within IB)
Personal attendant education	At discretion of participant (within IB)
Assistive Technology	Maximum \$5,000 per year (within IB)
Environmental Adaptations	In addition to budget - not to exceed \$15,000 over a 5 year period
Transitional Services	In addition to budget - not to exceed \$2,000 over a 2 year period



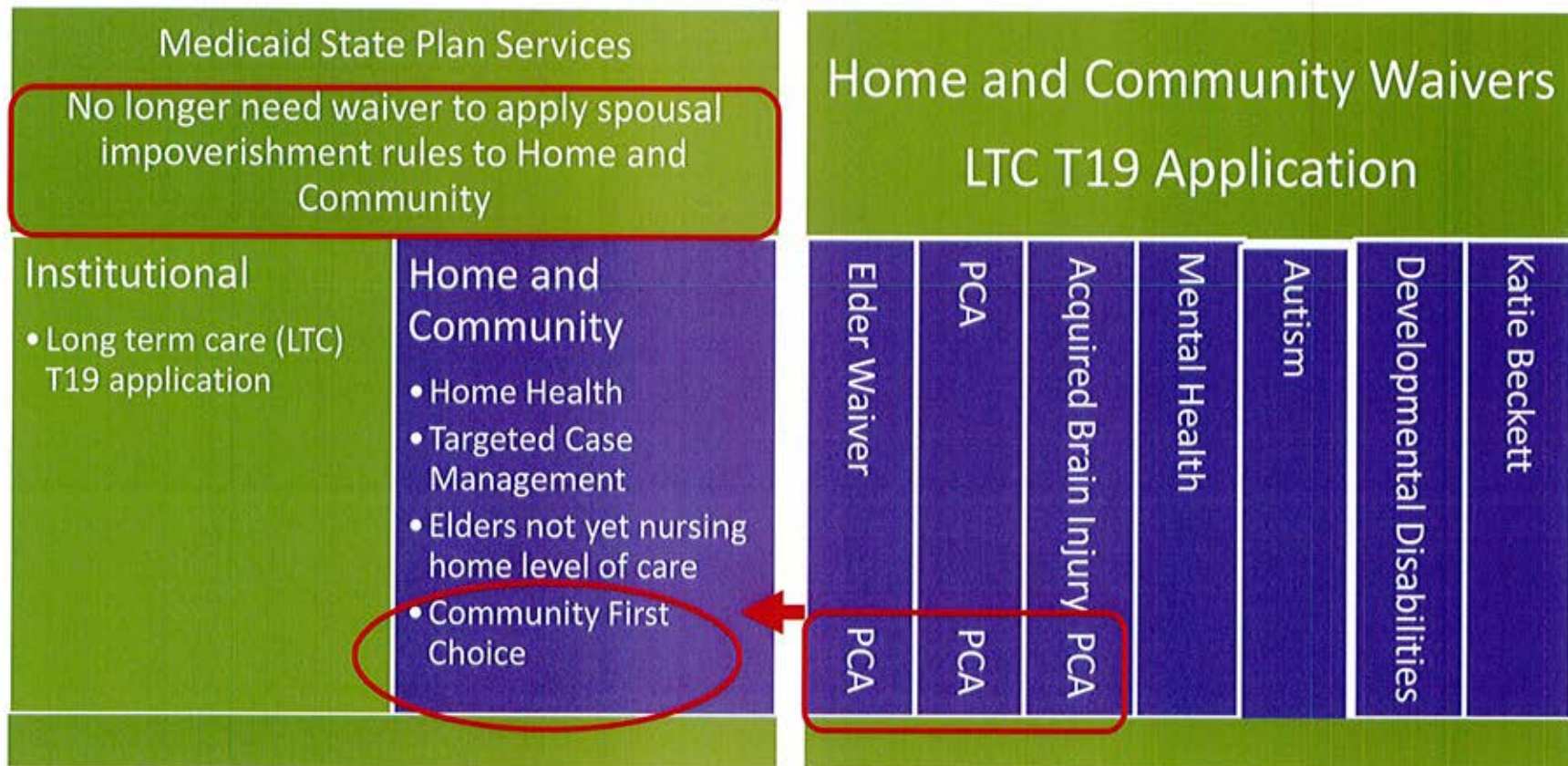
Long term service and support options

Pre-July 1, 2015

Medicaid State Plan Services		Home and Community Waivers LTC T19 Application						
Institutional <ul style="list-style-type: none">• Long term care (LTC) T19 application	Home and Community <ul style="list-style-type: none">• Home Health• Targeted Case Management• Elders not yet nursing home level of care	Elder Waiver	PCA	Acquired Brain Injury	Mental Health	Autism	Developmental Disabilities	Katie Beckett
		PCA	PCA	PCA				



Long term service and support options Pre-July 1, 2015



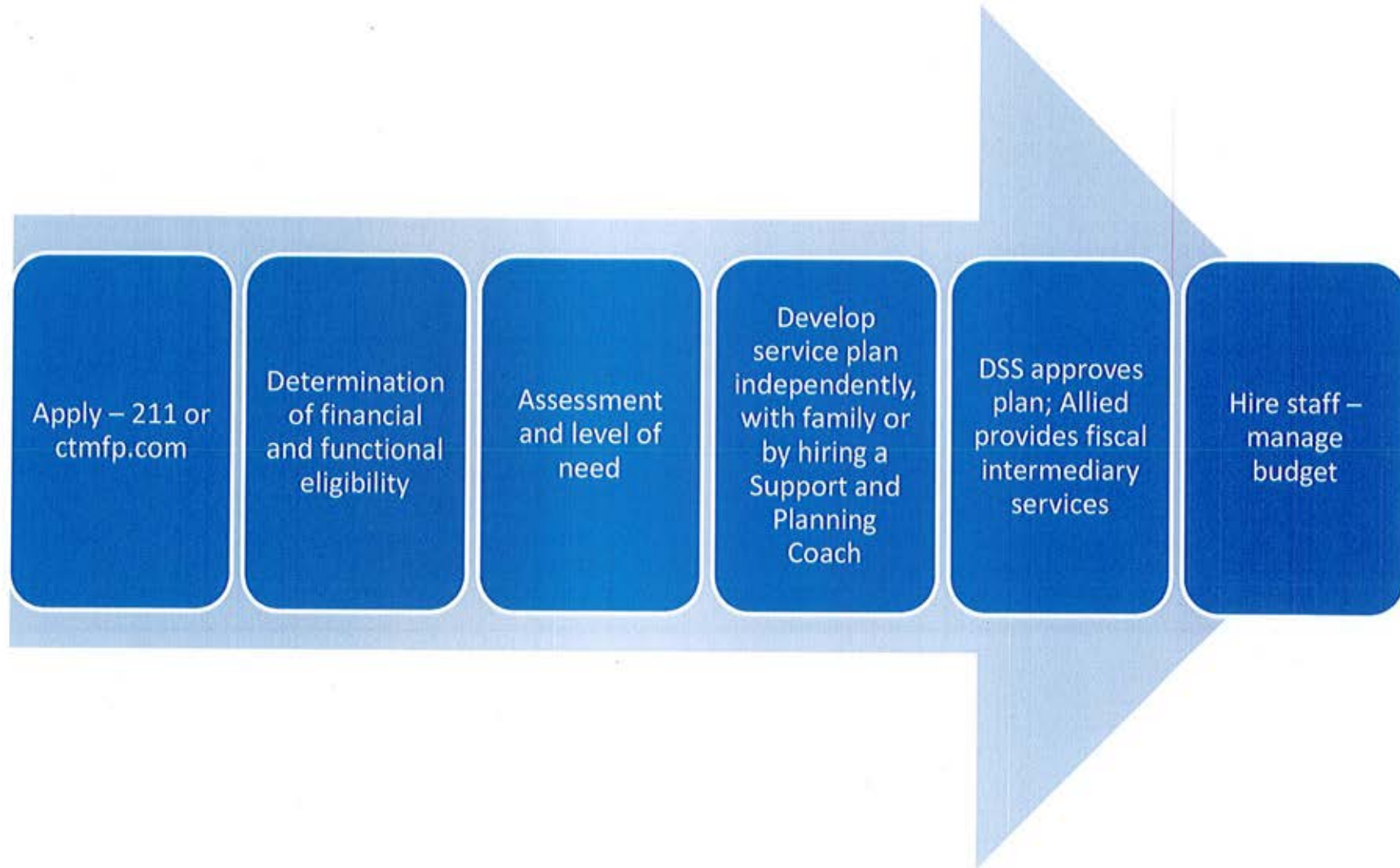


- CFC is now part of the Connecticut Medicaid State Plan, along with all other State Plan benefits. Benefits for all HUSKY Health (Medicaid) members include:

Preventative Care	Hospital	Durable Medical Equip	Hospice	Vision Care
Doctor Visit	Physical Therapy (etc)	Hearing Aides	Ambulatory Services	Emergency Care
Women's Health Care	Audiology Services	Nursing Home	Hospital Outpatient Care	Dental
Family Planning	Physical Rehabilitation	Home Health Care	Laboratory Tests	Behavioral Health
Maternity Care	Dialysis	Community First Choice	X-rays and other Radiology	Pharmacy



- **New Applicants:** Must file a financial application and schedule an assessment through ctmfp.com or by dialing 211
- **To file a financial application for HUSKY A and D**
 - Apply on line at www.accesshealthct.com
 - Over the phone by calling Access Health CT at 1-855-805-4325
 - AH3 paper form available by calling Access Health CT at 1-855-805-4325
- **To file a financial application for HUSKY C including Med-Connect (Not LTC/special income group)**
 - apply online at <https://connect.ct.gov>
 - W-1E mailed to DSS ConneCT Scanning Center, P.O. Box 1320, Manchester, Connecticut 06045-1320
- **To file a financial application for Long term care - HCBS waiver**
 - W-1LTC mailed to Hartford HCBS community hub





- State Plan Amendment approved with effective date of July 1, 2015
- 4000 applications received*
- 1000 service plans approved*
- 700 completed hiring process*

*as of May 2017



- Building capacity at Access Agencies;
 - Likely timeframe from application to assessment 1 to 4 months depending upon region

- Revisions of the existing universal assessment tool;
 - Revised tool scheduled to launch in July

- Building capacity for Support and Planning Coach
 - Revise credentialing process
 - One day workshops for credentialing



- All self-directed PCA services in HCBS waivers are moved to CFC
- The CFC service model offers a high degree of autonomy to participants
- Participants may receive the CFC benefit without the waiver
- Participants may receive unduplicated services from BOTH a waiver and CFC for example:
 - Case management through the waiver
 - Personal Care through CFC



- If participants are eligible to receive Medicaid, they meet the financial eligibility criteria for CFC
 - Participants must apply for CFC to determine functional eligibility at ctmfp.com or by dialing 211
- CFC provides greater choice, flexibility, and autonomy for participants



Questions?



State Medicaid Director Letter, RE: Affordable Care Act's Amendments to the Spousal Impoverishment Statute Dated 05/07/2015 <https://www.medicaid.gov/federal-policy-guidance/downloads/smd050715.pdf>

HUSKY Health: How to Qualify

<http://www.HUSKYhealth.com/hh/cwp/view.asp?a=3573&q=421548&hhNav=|#HUSKYAB>

MED-Connect: Medicaid for Employees with Disabilities

<http://www.ct.gov/dss/lib/dss/medconnect/medconnectfaq.pdf>



Nursing Facility Level of Care

Conditions requiring substantial assistance with personal care on a daily basis.

Substantial daily personal care is defined by:

1. Supervision or cueing \geq 3 Activities of Daily Living (ADLs) + need factor; OR
2. Hands-on \geq 3 ADLs; OR
3. Hands-on \geq 2 ADLs + need factor; OR
4. A cognitive impairment which requires daily supervision to prevent harm

*Need factors are:

1. Rehabilitative Services PT, OT, ST. The individual has restorative potential.
2. Behavioral Need: Requires daily supervision to prevent harm
3. Medication supports: Requires assistance for administration of physician ordered daily medications. Includes supports beyond set up

**Only these ADL items are considered: bathing, dressing upper OR lower body, toilet use, transferring, eating



- What is the financial eligibility requirement for CFC?
 - Must be eligible for HUSKY A, C or D
 - This includes participants who access services through a HCBS waiver (special income group)
- If a participant is already eligible for non-institutional Medicaid:
 - No transfer of asset rules apply
 - No post eligibility treatment of income
- If a participant applies for a waiver:
 - Transfer of asset rules DO apply
 - Must pay towards cost of services for both CFC and waiver services.



- **HUSKY A:** Children and their parents or a relative caregiver; and pregnant women, depends on family income.
- **HUSKY B:** Uninsured children under age 19 in higher-income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program CHIP). Depends on specific income level, family cost-sharing applies.
- **HUSKY C:** Residents aged 65 or older; **or** who are aged 18 up to 65th birthday and who are blind, or who have another disability.
- **HUSKY D:** Residents aged 19 up to 65th birthday without dependent children; who do not qualify for HUSKY A; who do not receive Medicare; and who are not pregnant.



Connecticut HUSKY Health Program Monthly Income Guidelines – effective March 1, 2016

Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Overview
under \$2,069	under \$2,604	under \$3,138	under \$3,673	under \$4,208	<p>HUSKY A: Medicaid coverage for parents/caregiver relatives. No cost.</p> <ul style="list-style-type: none"> As of August 1, 2015, state law reduced the income limit for parents/relative caregivers to the levels shown at left (from 201% to 155% of the federal poverty level). This applies to new applicants and current enrollees. However, parents/relative caregivers who were enrolled before August 1, 2015, and who have earned income, receive transitional/continued coverage through July 31, 2016, as long as they are otherwise eligible, as a result of a federal provision. Enrolled parents/relative caregivers no longer have HUSKY A eligibility when the youngest child turns 18 if the child is not going to graduate high school by 19th birthday (federal rule)
under \$2,783	under \$3,376	under \$4,070	under \$4,763	under \$5,457	<p>HUSKY A (Children): Medicaid health care coverage for children under 19th birthday. No cost.</p>
under \$3,511	under \$4,418	under \$5,325	under \$6,233	under \$7,140	<p>HUSKY A: Medicaid health care coverage for pregnant women. No cost.</p> <p>Note: for eligibility of pregnant women, unborn child is also counted as a family member.</p>
under \$1,842 (single-person household under \$1,366)	under \$2,318	under \$2,794	under \$3,270	under \$3,746	<p>HUSKY D: Medicaid health care coverage for Connecticut residents from age 19 to 65th birthday. No cost.</p> <p>For those who do not qualify for HUSKY A; who do not receive federal Supplemental Security Income or Medicare; and who are not pregnant; and who do not have dependent child(ren) under 19 in household.</p>
from \$2,683 to \$3,390	from \$3,376 to \$4,267	from \$4,070 to \$5,143	from \$4,763 to \$6,019	from \$5,457 to \$6,896	<p>HUSKY B: Children's Health Insurance Program coverage for children under 19th birthday.</p> <p>No monthly premiums; some co-payments.</p> <p>Eligible for HUSKY Plus Physical</p>
from \$3,391 to \$4,312	from \$4,268 to \$5,426	from \$5,144 to \$6,540	from \$6,020 to \$7,655	from \$6,897 to \$8,769	<p>HUSKY B: Children's Health Insurance Program coverage for children under 19th birthday.</p> <p>Monthly premium of \$30 for first child; maximum monthly premium of \$50, regardless of number of children; some co-payments.</p> <p>Eligible for HUSKY Plus Physical</p>

CT DSS/updated 2-26-16



HUSKY C Guidelines

- Community coverage.
- Long-Term Services and Supports LTSS (Facility and Home and Community Based Services HCBS).
- MED-Connect: Medicaid for Employees with Disabilities.
- Income and Asset Limits.
- Net Income Limits (after deductions) vary by geographic area.



HUSKY C Guidelines

	Region A	Regions B & C
HH of One Medically Needy Income Limit (MNIL)	\$633.49	\$523.38
HH of Two Medically Needy Income Limit (MNIL)	\$805.09	\$696.41
Unearned Income Disregard	\$337	\$337

Asset limits are as follows:

Single person - \$1,600

Married couple - \$2,400



Med-Connect Guidelines

Allows a person with a disability to be employed, earn income, and be eligible for health coverage through Medicaid.

- Countable Income: Up to \$6250/mo (\$75,000/per year)
- Assets: \$10,000/HH of one
 \$15,000/HH of two



Husky C + Institutional Level of Care Guidelines

“Institutionalized” refers to a person meeting nursing home level of care.

- **Asset Limit:**

- Individual (facility or HCBS): \$1600
- Spouse of the institutionalized individual asset limit: Determined by the Community Spouse Protected Amount CSPA:
 - Minimum CSPA: \$23,844
 - Maximum CSPA: \$119,220

- **Income Limit:**

- ***Institutionalized*** Individual: \$2199, allows for spend-downs, Applied Income is owed.
- ***Community*** Individual: \$2199 maximum, Applied Income is owed when income falls between \$1962-\$2199.



“Section 1924(a) (1) requires states to apply the spousal impoverishment rules in determining eligibility for married Medicaid applicants who are eligible for services under 1915(c), (i) or (k), are married to a spouse who is not in a medical institution or nursing facility and are likely to require such services for at least 30 consecutive days.”

“The new definition of an institutionalized spouse also specifically includes married individuals eligible for HCBS by reason of section 1902(a)(10)(C) (medically needy), or through a spend down in a 209(b) state”