



***Behavioral Health Partnership
Oversight Council
Coordination of Care Committee
Council on Medical Assistance
Oversight***

Legislative Office Building, Room 3000, Hartford CT 06106-1591

The Committee will work with the Departments of Social Services, Children and Families, and Mental Health and Addiction Services, and the administrative services organizations that administer medical, behavioral health, dental and non-emergency transportation, to identify and monitor key issues that may impact whether individuals and families in the HUSKY Health program and receive person-centered coordinated services. The Committee and its partners, along with parent and community input, will seek to ensure that participants in the HUSKY Health program and receive behavioral health care that is coordinated with their medical (primary and specialty care), dental, pharmacy, and transportation services.

Co-Chairs: Rep. Janine Sullivan-Wiley, Sabra Mayo and Kelly Phenix
MAPOC & BHPOC Staff: David Kaplan

**Tuesday November 21, 2023
1:00 PM – 3:00 PM
Via Zoom**

Present on call:

Staff: David Kaplan (BHP-OC)

Co-Chairs: Janine Sullivan-Wiley, Kelly Phenix, Sabra Mayo

Other participants: Lois Berkowitz (DCF), Carlos Blanco (translation services), Nate Calixto (DSS, ASD Division), Brenetta Henry, (Tri-Chair CFAC), Yvonne Jones (CTBHP at Carelon, CFAC Advisor), Tanya Larsen, Quiana Mayo, Alexis Mohammed, (DSS-CT), Yvonne Pallotto (DSS), Kate Parker-Reilly (CT Dental Health Partnership- HUSKY Dental), Erika Sharillo (Carelon), Stephney Springer, (DCF); Chris Smith, Sheldon Toubman (Disability Rights Connecticut); Mark Vanacore, (DMHAS), Fatmata Williams (DSS), Lashaun, Kim Hunter, CT-N

1. Introductions and Announcements

- Co-Chair Kellp Phenix convened the meeting at 1:08 PM via Zoom.
- Spanish translation was available, and the process described. All were advised that the meeting was being recorded and on CTN.

2. Adult Autism Services – DSS

Nate Calixto, DSS, Autism Services Division, began the presentation. He serves as a resource specialist for the program, with a primary role with those on the autism waiver wait list. A Home and Community Based Waiver that enables Connecticut to receive partial federal reimbursement for services provided to Medicaid recipients to leave or prevent

institutionalization. It also limits the amount of spending allowed per person, currently capped at \$50,000 per person per year.

He shared a PowerPoint Presentation detailing the services and resources available to adults in the Autism Services Division.

- This program began in New Haven County in 2006 and expanded to Hartford County in 2008. In 2016, the program transferred from DDS to DSS and the Autism Division at DSS was established. Eventually, it increased to covering from age three across the lifespan.
- The Division currently consists of a program manager, one administrative assistant, one autism support resource specialist (Calixto), case managers and one case manager supervisor.
- To be eligible, an individual must be three or older, not developmentally disabled (i.e., with a measured IQ of 70 or over), a Connecticut resident, on Medicaid and living in their own or family's home.
- Currently, there is a waiting list of 2039 people.
- DSS has 165 DSS approved providers, called vendors.
- Currently, 320 cases are assigned.
- Carelton provides the Administrative Services, checking eligibility and authorizations.
- There are several resources available while a person is on the waiting list.
- For people who do NOT have Medicaid, there are some resources available. The situation for those over 21 who are living with their parents who may have private insurance was clarified. They can apply for Husky D while waiting for a determination of disability under SSI. Some services may be available through the Autism Insurance Reform Act, effective 1/1/10 for those under age 15. The insurance coverage can vary. A great resource for information for families where their employer is self-insured is the Autism Speaks website. They can reach out to their member services or their employers HR, and the Connecticut office of the Health Care Advocate. Autism speaks also has some advocacy resources and sample letters of how people can approach their employer if they do not offer autism benefits.
- The PowerPoint detailed the services available under the Medicaid state plan. These include a comprehensive diagnostic evaluation for those who haven't yet been diagnosed but suspect that they meet the criteria; behavioral assessment, diagnosis, developing a behavioral intervention plan. Carelon also does a functional behavioral assessment. Then there is treatment plan development, leading to development of a program book, and direct intervention and group treatment services.
- For Husky A/C and D only up until age 21, Carelon also provides care coordination and peer specialist services for individuals.
- Carelton described the admission process for those in the children's program (under age 21).
- When a child receiving ASD services graduates High School, they can transition to adult services.
- There were many questions and considerable discussion about the waitlist. Some points noted:
 - o An application can be started once a child is three years old and then can be deemed provisionally eligible (IQ over 70) While kids can have a diagnosis of autism as early as 18 months, they're not going to have a cognitive test that DDS deems reliable prior to age 8. But if they have at least the diagnosis of autism, they can remain on the DSS wait list. As a child approaches age 8, they'll need to submit updated cognitive and adaptive functioning measures and autism diagnostic tests, at which time it will be determined whether they'll remain on the DSS wait list or they're

- going to be receiving their services through DDS.
- Resources available from BRS for while the person was on the wait list were noted.
- Age 22 is when there are the largest gaps in the waitlist. (There was more discussion about this later in the meeting)
- There is no specific number of years for a person to be on the waitlist, as that is and will be dependent on funding allocations, which can determine capacity. It was originally for 10 slots per year. But with advocacy, that increased in 2022 to 125., and then with PA23-127 in 2023 it increased again to 320 slots. It is unknown how that will affect the wait list.
- They are now filling slots with people from the 2014 applications.
- Thus, it makes sense to get a child on the waitlist as soon as possible. Calixto would then connect them to available resources.
- When their name comes up on the list, the team makes every effort to locate them. At times in the interim, they may check with the family to see if they are still eligible and interested to stay on the list.
- A person might go back and forth on the wait list of their IQ changes over time around that 70 point.
- There are also waitlists for the children's DDS services. Erika Sharillo (Carelton) will check what those wait times are. It can vary depending on the part of the state and the resources available there that would meet the child's needs.
- Transitions: at age 16 as early as age 14 they can benefit from the services of a transition coordinator who will help the family transition the child into adulthood, whether they're going into work or the extended transition program through the school district, 18 to 22.
- Typically for the DSS ASD population, transition resources begin at age 18. Beginning at 18, the person's considered a household of one or family of one, and the parents' income isn't considered in the application.
- Their population typically is under conservatorship because guardianships are usually reserved for those who've been found to have intellectual disability. That may be conservatorship of the person, the estate or both. Next thing is applying for SSI. That's to help with basic needs, such as food, clothing, and shelter. Applying for HUSKY C first can make it easier to be approved for SSI first because the disability determination has been established.

Calixto reviewed some of the resources and how to find them on the website. A wide range of resources fall under the Related Resources. They can be found at

<https://portal.ct.gov/DSS/Health-And-Home-Care/Autism-Spectrum-Disorder>

It was noted that this website was exceptionally clear and user-friendly.

At the conclusion of Calisto's presentation there were many questions.

- What about people with Autism and with serious mental illness?
 - Many people with autism also have a mental health diagnosis. People with a severe mental illness may be referred to the Local Mental Health Authority. They may qualify for the Mental Health Waiver. While they can be on the wait list for both DSS ASD and DMHAS, they cannot get services both from DSS under the ASD waiver and from DMHAS under their waiver.
 - This prompted a question to Mark Vanacore about what services DMHAS can offer adults with autism and severe mental illness? Also, what happens if the person is

getting services under the DSS ASD waiver, and then develops a more serious mental illness? Mark will investigate that and get back to the committee.

- Sheldon commented about the preference for a process called “Supported Decision Making” as opposed to having the person go under a conservator.
- Regarding the original question that prompted this presentation, for a mother seeking to work outside the home and wanting someone to come in a care for her son with autism, that is not available. There is only respite care. There are Community First supports like a PCA for a person to avoid institutionalization. DDS also offers group homes and day programs.
- There was a request for demographic data regarding people on the wait list.
- There was also a question regarding if there is periodic auditing of the wait list to see if anything has changed, especially for people who may have been on the list since early childhood.
- What about a person with an IQ under 70 who had a lapse in services? What would the transition look like for them? Under age 21, Carelon would maintain them if they were still on Medicaid. But over age 21, there are no services except under this waiver. But for them the team of ASD case managers at Carelon would work to connect them to local services as available.

However long the wait list, it was noted that there was nothing prior to these opportunities, and how important advocacy has been and is in getting the necessary resources in the community. The presentation was concluded thanking Calixto for his presentation and his work.

Noting the request to Mark/DMHAS for what is available for persons with autism and serious mental illness served by DMHAS, it was suggested that a presentation on that be scheduled for the next meeting, in January.

3. Update on BHP Consumer/Family Advisory Council – Yvonne Jones of Carelon reported for Brenetta.

They completed their Faith and Substance Use Disorders event on November 1st with over 200 participants. The discussion explored supports available for individuals and families in recovery.

- Asked for more detail, Carlos (interpretation services) replied as he was at that event. Part of the meeting addressed the importance of how people with a substance use disorder may be stigmatized within religion. It puts pressure on the person and their family. The speaker, Dr. Cristina Rabadon-Diel, countered that. You “Don’t come to our church because you’re concerned that you’re going to hell, but to get help and support.”
- It was a virtual meeting, with members of CFAC, the public, service providers, and the community.
- People were invited via the CFAC listserv.
- Quiana agreed that it was a great presentation, very interesting, with presenters with lived experience.
- Responding to a question about impact of the event, Yvonne noted the opportunity to collaborate. The Faith-based community can be difficult to tap into. Therefore, CFAC will continue to partner with them.

Brenetta noted how this corresponded with the work at the iCAN conference, where a lot of the

conversations included faith-based perspectives. Quiana added that it also spoke to faith-based recovery with mental health issues, not just substance use disorders.

4. Other Business and Adjournment:

All were reminded that this is an open group, and suggestions about agendas are always welcome from everyone.

The next meeting the request is for DMHAS to speak about services for people with autism and serious mental illness.

Carlos reported that he is starting a Language Interpretation Ambassador training. It includes ethics, protocols, HIPAA etc. It is designed so providers can increase the pool of individuals from the community. They are starting with Spanish. It is for people who are greeters, patient navigators, and help people more in the Emergency Departments and in their workplace. They are starting in Hartford, the last week in November, at the Hartford Public Library. Then they will go to the Hispanic Coalition in Waterbury.

The meeting was adjourned at 2:44 PM upon a motion by Sabra, seconded by Kelly.

Next Meeting: 1:00 – 3:00 PM, Wednesday, January 24, 2024 via Zoom