

Testimony HB 1012

Senate Appropriations Committee

March 9-10, 2021

Good afternoon Chairman Holmberg and members of the Committee. My name is Trina Gress, I am Vice President of Community Options. I stand before you today to represent Community Options and the clients we serve.

My testimony is in opposition HB 1012 as it was submitted to the Senate. HB1012 proposes to cut four Community Options services with the intent that the clients will be served in the 1915i Medicaid State Plan Amendment (1915i) after 12/30/2021.

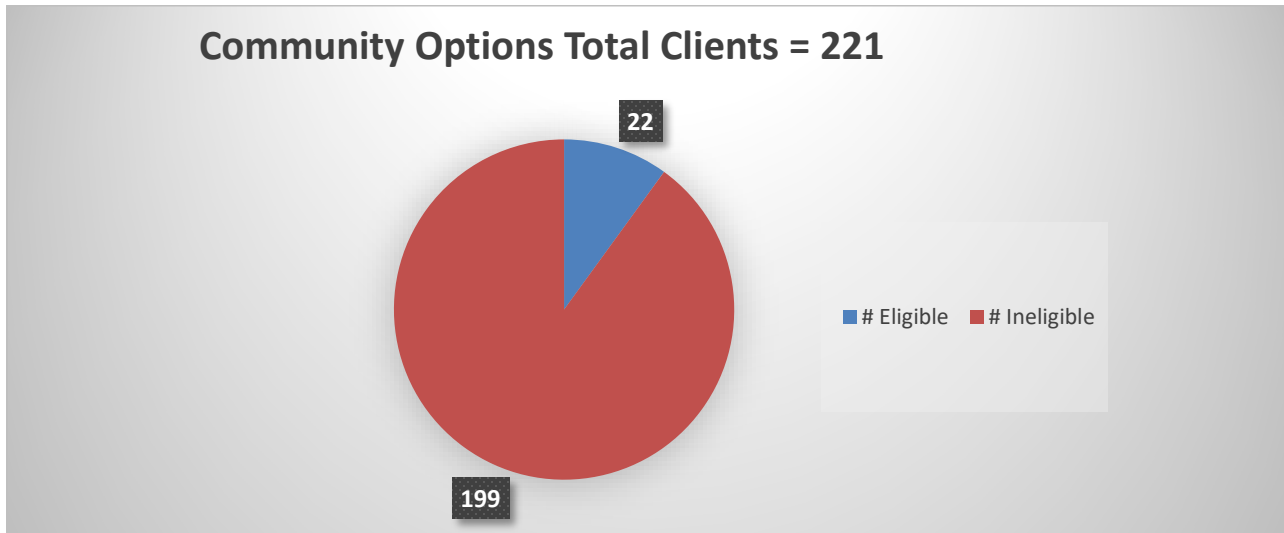
My first request is that you extend this date through the entire biennium until 6/30/2023. While I fully understand and support the implementation of the 1915i, December 30, 2021 is an realistic target date. Providers and clients need time to gather the proper documentation and determine if clients are even eligible to review services in the 1915i.

In addition, there are major issues with the eligibility process and flow of services involving the 1915i. Below are the three biggest barriers to getting clients enrolled to receive services from the 1915i.

1. Eligibility hoops a client must jump through in order to receive 1915i services.
 - Must be Medicaid/Medicaid Expansion eligible.
 - Must get a score on the World Health Organization Disability Assessment Schedule (WHODAS) of 50 or higher. (See handout) The WHODAS must be completed by an independent, trained professional or the County Zone Worker. The WHODAS may also be done by the client's legal guardian. The assessment must identify employment/housing/peer supports/etc as a need on the WHODAS.
 - Must have an approved diagnosis according to ICD-10 Diagnosis Codes. (See Handout) There are clients who may need to get a psychological or neuropsychological evaluation to attain the diagnosis. This could take months to attain. NOTE – Not all Brain Injuries are included in the 1915i, only Traumatic Brain Injury is included, Acquired Brain Injury is not.
2. Need to secure Care Coordinators to meet the requirements of 1915i. Community Options is unable to provide care coordination and employment supports so a 3rd party will have to be secured to do Care Coordination. Currently, there is a lack of providers to cover the state to provide these services.
3. When a client secures employment, their earnings must be reported to the Zone. Financial Eligibility for the 1915i must not exceed 150% of Federal Poverty Line (FPL). For a single person household in FY 2020= \$1,595 per month or 40 hours per week \$9.20 per hour. If the client reaches the 150% FPL all 1915i services are discontinued immediately.

According to our data, there is only a small percentage of the clientele who will be deemed eligible for 1915i services. Reasons why include: the client's WHODAS score was not high enough or the client is currently working and does not meet the 150% FPL.

There are 221 clients working with Community Options Brain Injury Pre-Vocational and Return to Work programs and the Supported Employment programs. Of this number only 22 clients would be eligible to receive services from the 1915i.



As a result of so many clients not meeting eligibility criteria for 1915i services, Community Options is requesting this committee consider keeping the Pre-Vocational and Return to Work Brain Injury programs as well as the Supported Employment Programs.

In conclusion, there will always be a need of services for those people not meeting the 1915i eligibility guidelines. Community Options is requesting this committee fully fund these programs and extend the date to 6/30/2023 to ensure there is no gap in services for the currently served clients. If funds are not replenished in the DHS budget there will be almost 200 clients affected by this decision and will go without services as of 1/1/2022.

I appreciate your time and consideration in these matters listed above. Thank you, do you have any questions?

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