

STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES

To: Christina Gellman, Principal Budget Analyst

From: Joseph W. Drexler, Deputy Commissioner

Subject: Waiting List

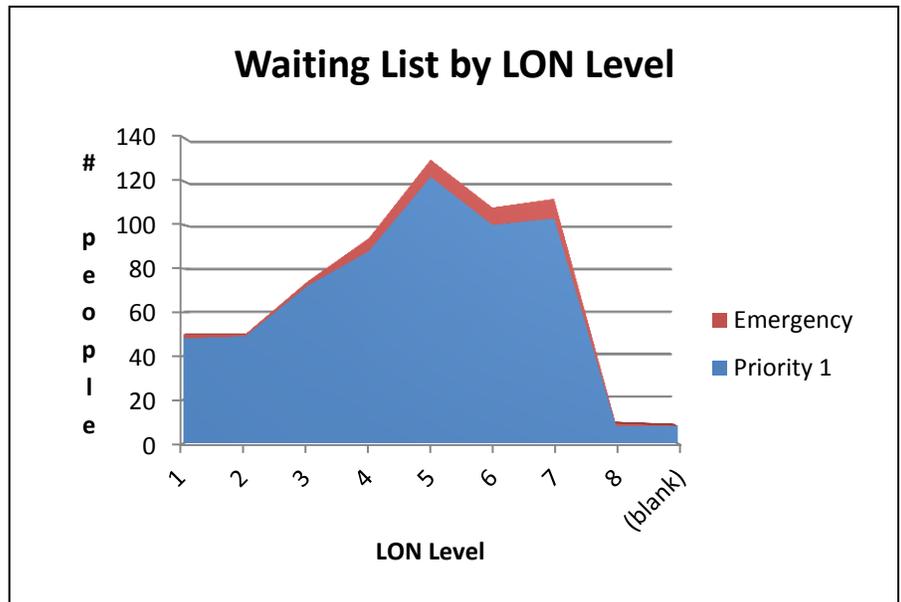
Date: March 6, 2014

I am writing in response to your questions resulting from the Appropriations Health and Hospitals subcommittee work session regarding the waiting list and other related matters.

Level of Need (LON) Level for individuals on the Waiting List

The breakdown of the waiting list by LON level is below in a table and a graphic.

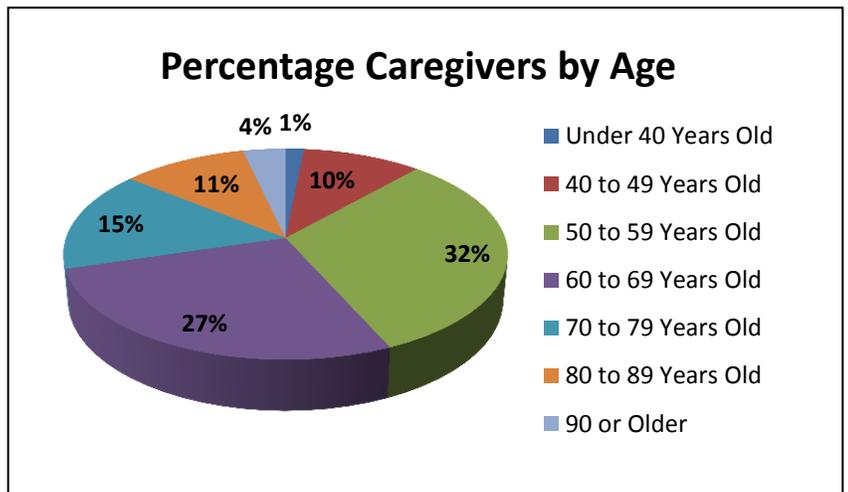
Waiting List by LON Level		
	Number of people	
LON (Res)	Priority 1 (P1)	Emergency (E)
1	48	2
2	49	1
3	72	2
4	88	6
5	122	8
6	100	8
7	103	9
8	8	1
(blank)	8	
Total	598	37



Age of Caregiver

The following charts provide the age of caregiver where available.

Waiting list by Age of Caregiver		
Caregiver Age	Number Es	Number P1s
Under 40 Years Old	0	6
40 to 49 Years Old	4	35
50 to 59 Years Old	4	119
60 to 69 Years Old	6	99
70 to 79 Years Old	2	58
80 to 89 Years Old	3	38
90 or Older	0	14
Total	19	369



We are currently working to obtain the age of caregiver where we do not have it. Based on a

review of the age of DDS consumers, where caregiver age is not available, the likely age for those caregivers would be slightly younger.

Autism Waiting List

Although the number of individuals on the Autism Waiting list is a moving target, there are currently 231 people on the Autism Waiting List ranging in age from 3 years old to 66 years old. The following chart provides data on their ages for 201 of these individuals where age was readily available.

Age	Number
Under 18 Years Old	91
18 Years Old to 29 Years Old	97
30 years or older	13
Total	201

Cost of Addressing the Current Emergencies and Priority 1s for people with Intellectual Disabilities

Using the LON Level as a guide we estimate the annual cost of serving the 37 Emergencies to be \$4,122,636. Serving the people on the Priority 1 list would cost \$58,987,221. The total would be \$63,109,858 using traditional approaches. This would be an average of \$99,386 per person. We believe we can reduce the cost by at least 10% through utilizing person centered approaches and relying on natural supports where ever possible. In the first year only six months funding would be needed since there would need to be planning before services began. (Fifty percent of the cost of the waiver would be reimbursed by the federal government.)

Cost of Addressing the Current Waiting List for people with Autism Spectrum Disorder

Based on an average of \$42,000 per year for the 91 children and \$30,000 per year for adults the cost to address the current autism waiting list would be \$8,022,000 on an annual basis. Six months of funding would be sufficient in the first year. (Fifty percent of the cost of the waiver would be reimbursed by the federal government.)

Vacancy Information

Last year there were 117 vacancies. That is probably a little more than we will have going forward due to our decreased placements into nursing homes. However, vacancies are not a true measure of fiscal capacity since a person may have taken their resources and left the home. Last Year, 66 people who had been living in Community Living Arrangements (CLAs) or Continuous Residential Supports (CRS) died. Ten additional people left their residential setting and did not require continued support. \$8,826,135 dollars became available from those 76 individuals. Of that money, \$5,031,215 was used to address people whose needs had increased. This left \$3,794,920 that was used for Emergency placements or people on the waiting list.

Family Support Grants

With the \$750,000, DDS will serve approximately 440 families based on the current average of \$1,700 per request. The requests for camp attendance typically are above the average which will force a reduction in the number served or limit the amount of the grant to only partial payment for the camp.

Community Residential Account Expenditures in FY 2013

The following chart shows expenditures by major category.

Payments by Type for Residential Account	
Payments for Service to People Living in Their Own Home or With Their Family	55,783,204
Community Companion Homes	8,722,405
CLAs and other 24-hour staffed settings	352,429,965
Residential Schools	5,627,723
Fiscal Intermediary Services for people who Self Direct	1,310,285
Total	423,873,582

Update on the Rate Setting Transition for Day and Residential Supports

Day Transition Update

The Department of Developmental Services began the transition to Level of Need (LON) based Day rates on January 1, 2012. The transition began with those providers that were calculated to be more than 8% above or below the established day rates in the aggregate of their total annualized authorizations. The remaining providers began the transition to LON based rates on July 1, 2013. At the provider's annual financial meeting held in the spring of 2013, DDS discussed the agency's financial position and the next steps to be taken for the transition process. DDS implemented the transition rate process based on the following parameters:

- Providers that were currently at the rates did not need to do anything.
- Providers that were within 2% or less than a total of \$ 10,000 of their aggregate annual current authorizations to the standard rates were transitioned to the rates as of July 1, 2013.
- Providers that were greater than 2% or more than a total of \$ 10,000 of their aggregate annual current authorizations to the standard rates were transitioned 1/6th of the total increase/decrease as of July 1, 2013.
- Providers whose annual authorizations increased/decreased more than 10% of their aggregate annual current authorizations and/or totaled more than \$ 50,000 were required to develop a transition plan.
- Any Providers that had an aggregate annual current authorization over the rates had the option to convert to the rates.

Residential Transition Update

DDS implemented a new Individualized Home Supports (IHS) Rate Methodology effective July 1, 2013. The IHS rate methodology was developed by an IHS rate committee that included providers, DDS staff, a parent and a self-advocate. The committee used data from the Fiscal Intermediaries, attendance data, and a provider survey to develop a methodology that allocates supports and funding based on standard IHS hours centered on a person's Level of Need score, the IHS hourly rate and a monthly rate for the after-hours supports.

The new IHS rate methodology included a set of standard weekly hours of IHS supports that was established based on a person's level of need for individuals living independently in their own home. During this transition year (FY2014), individuals in the IHS program received the same number of support hours they received in FY2013. In addition, a new system of accessing reserve hours through a team process was established for those individuals who were receiving less than the standard LON hours.

DDS continues to work with the Residential Rate Transition committee to develop standard LON based rates for Community Living Arrangements (CLA) and Continuous Residential Support (CRS) settings. This past year the DDS issued initial CLA and CRS rates determined by an individual's level of need and the size of their home based on the committee's work. These initial rates were used to calculate the FY2013 rescissions in order not to increase the funding gap between those above and below the standard rates.