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Governor

State of Connecticut
Department of Developmental Services

DDS

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**DEPARTMENT OF DEVELOPMENTAL SERVICES TESTIMONY
BEFORE THE APPROPRIATIONS COMMITTEE**

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Senators Osten and Formica, Representatives Walker and Ziobron and members of the Appropriations Committee. I am Jordan A. Scheff, Acting Commissioner of the Department of Developmental Services (DDS). Thank you for the opportunity to testify in support of **[H.B. No. 7027](#) AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2019, AND MAKING APPROPRIATIONS THEREFOR.**

The mission of DDS is to partner with the individuals we support and their families, to support lifelong planning and to join with others to create and promote meaningful opportunities for individuals to fully participate as valued members of their communities. Nearly 17,000 individuals and their families have been determined eligible for some type of support from DDS and the agency is committed to continuing to evolve in a way that allows us to support as many individuals as possible within available funding.

I first want to thank individuals with intellectual disability and their families for their tireless advocacy. Combined with the support of numerous advocacy groups, the legislature's Intellectual and Developmental Disabilities (I/DD) Caucus, and a commitment from Governor Malloy and the legislature, DDS has been at the forefront of many budget and policy discussions in this building. I also must express my appreciation for all DDS employees, an extensive network of community providers, many sister agencies and the numerous community organizations who collaborate with DDS to make the system better for everyone with intellectual disability and their families.

Accomplishments

As highlighted in the department's recently completed Five Year Plan (2017-2022), which is available on the DDS website (at this [link](#)), DDS has celebrated many accomplishments in the past few years including, but certainly not limited to:

1. DDS closed admissions to Sheltered Workshops and has shifted its focus for individuals with disabilities to employment that provides "Real Work for Real Pay".
2. DDS participated in the Employment First State Leadership Mentoring Program (EFSLMP) offered through the National Office of Disability Employment Policy (ODEP).
3. DDS, through increased cooperation with the Department of Rehabilitations Services (DORS) has more effectively focused on transition-age youth to better prepare them for post-graduate employment and employment-related activities.
4. DDS sponsored a private provider's involvement in Project Search, a nationally-recognized internship program specific to pre-employment transition services for transitioning youth and recent graduates.

5. DDS has increased the number of individuals who self-direct their own day and residential services by 45%, from approximately 1,100 in FY 2012 to more than 1,600 in FY 2016.
6. DDS hired a Director of Family Support Strategies and Advocacy and has successfully initiated and transitioned to sustaining the Community of Practice for Supporting Families of Individuals with Intellectual/Developmental Disabilities.
7. The DDS Self-Advocate Coordinators (SACs) unveiled a new initiative in February 2015, supporting and recognizing “People First Language” with a visual message and a Disability Awareness Pledge. The “We are People – Call Me by My Name” campaign requests that everyone be called by their given name, hence, eliminating negative words and terminology. The “Disability Awareness Pledge” reaffirms a commitment to seeing the person and not the disability. To date, more than 1,000 people have taken the pledge.
8. DDS has committed to exploring alternative person-centered residential options in an effort to expand the continuum of services offered to individuals with intellectual disability.
9. As of FY 2016, the DDS Money Follows the Person (MFP) unit assisted more than 200 individuals who have moved from long-term care settings, hospitals, private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs), Southbury Training School and DDS Regional Centers into community settings under MFP.
10. In FY 2016, 77 individuals had their residential needs met and came off the waiting list and 136 individuals received additional supports to fully meet their residential needs.
11. DDS has promoted staff skill development to support complex behavioral needs.
12. DDS has streamlined multiple processes with great results by applying Lean tools.
13. In the past year, DDS has made progress adjusting our data systems to be more responsive to requests. A group of key staff have been meeting to review all current data requests to make sure there is no duplication of efforts and that we have the correct resources assigned to each request. This will continue to be a priority.
14. Families can now access information about provider quality under the [PROVIDER PROFILE](#) information section of the DDS website.

Highlights of Governor Malloy’s proposed budget

Governor Malloy’s proposed budget invests \$3.3 million in FY 2018, annualized at \$3.8 million in FY 2019, to support a number of new Intellectual Disability (ID) Partnership initiatives for individuals with intellectual disability and their families. The ID Partnership was formed last spring to help Connecticut better coordinate services for individuals with intellectual and developmental disabilities. The primary work of the group during the past year has been an examination of rates and development of a plan for direct Medicaid billing. These discussions led to the creation of an inventory of existing services. The \$3.8 million in annualized funding will develop models that can fill gaps identified in that service inventory like (1) mobile crisis capabilities and assertive community treatment that can prevent Emergency Department visits or emergency placements, (2) addressing the residential waiting list, and (3) stabilizing providers undergoing conversion of DDS grant-funded services to Medicaid fee-for-service payments. The Governor’s proposed funding recognizes that Connecticut must invest in our system in a way that will broaden our continuum of supports, allow for flexibility and innovation and ensure long-range sustainability.

The budget includes \$350,000 annualized to \$1.4 million committed to support wrap-around services and rental assistance for up to 70 individuals with intellectual disability or autism spectrum disorder residing in new supportive housing units anticipated to open in late FY 2019.

The proposed budget also includes the closure of the fire department at the Southbury Training School as well as an additional cottage closure in FY 2018 consistent with current consolidations and continued efforts to create efficiencies in the public system. The proposed closure of the Southbury Training School fire department has been under discussion for some time. DDS will continue working with the Town of Southbury to make sure that the transition is a smooth one and that all resident's emergency needs will continue to be met.

The Governor's proposed budget includes funding to both DDS and the Department of Social Services (DSS) for caseload growth for individuals supported by DDS.

Over the biennium, the DDS budget is increased by \$10 million for day age-outs and high school graduates:

- \$3.5 million to annualize the costs of FY 2017 placements including 117 individuals who aged out of school systems and 292 individuals who graduated high school.
- \$4.6 million is provided over the biennium for 93 individuals that have been identified as age outs in FY 2018, and
- \$1.9 million is provided in FY 2019 for 99 individuals who have been identified as age outs.

Over the biennium, the DSS budget is increased by \$49.3 million for residential placements:

- \$14.4 million to annualize the costs of FY 2017 placements including 158 individuals identified as either 1) residential age-outs, 2) individuals who are leaving Southbury Training School, 3) individuals who are leaving long-term care facilities, or 4) Cooperative Placements.
- \$26 million is provided over the biennium for 166 individuals who are identified in one of these categories for placement in FY 2018, and
- \$8.9 million is provided in FY 2019 for 153 individuals who are identified in one of these categories.

We appreciate that Governor Malloy was able to close the anticipated budget gap without jeopardizing DDS core services like case management or quality assurance. While there are still challenges to be faced, including continued efficiencies in our public services, minor changes to our grant account, and no additional funding for new high school graduates, DDS will continue to rely upon cooperation, collaboration and innovation within and among the department's many stakeholders to address these challenges.

Family Supports

While available funding limits the scope of supports the department can provide in any one year, all eligible individuals have access to at least a minimum of Family Support Services. DDS offers intermittent supports to individuals and their families, focused particularly on those who do not have annually funded supports. Family Supports include respite services, family support teams and family support grants, in addition to case management.

Individuals are assigned specific case managers when they receive annually funded supports. DDS also employs regional Helpline case managers for individuals without an assigned case manager, to help these individuals and their families connect with resources including DDS programs, community resources, and other state agencies.

DDS operates 10 public respite centers throughout the state, offering individuals respite stays Thursdays through Sundays. During certain weeks of the summer, Respite Centers are open for extended week-long stays to accommodate families. Individuals and families work with the regional staff to request

respite stays, which are scheduled based on need, availability, appropriate peer groupings, and existing resources. In FY 2016, 992 adults and 184 children used DDS-operated respite centers.

DDS also employs supported living workers to staff Individual and Family Support Teams, which offer in-home and community supports on an emergency and intermittent basis. On average, Individual and Family Support Teams offered supports to 880 individuals per quarter in FY 2016.

The DDS Family Support Grant Program offers financial assistance for one-time expenses to individuals with less than \$20,000 in annualized funding. Families may apply for up to \$5,000, not more than twice per year. Funding is prioritized for health and safety-related items and activities, and is based upon funding availability. In FY 2016, 1,755 individuals received one or more grants. This number includes 466 children (up through age 17) and 1,289 adults (ages 18 and over).

Case Management

DDS Case Managers have worked hard this year on improving their documentation, which has contributed to better record keeping and increased federal reimbursement for DDS case management services. Two projects were initiated this year with case management involvement. The first centered on developing an updated version of the Individual Plan (IP) to incorporate more person-centered principles into the IP process and to streamline the IP document.

The second project focused on the provision of DDS case management services. Working with the Office of Policy and Management, and using the Lean Process, a group of case managers participated in a week-long process prioritization event aimed at developing a clear set of guidelines for Targeted Case Management (TCM) activities performed by DDS case managers.

Waiver Services

In order to expand options for supports and services, DDS operates three Medicaid Home and Community-Based Services (HCBS) waivers. These waivers are specifically designed to assist individuals with intellectual disability and allows for federal reimbursement for residential habilitation, day programs, and support services provided in the community. As of June 30, 2016, there were 10,102 persons enrolled in the DDS HCBS waivers. Through participation in these waivers, the state is eligible to receive 50% reimbursement from the federal government. During FY 2016, the department generated \$545.4 million in federal Medicaid reimbursement (regular reimbursement totaled \$513.6 million plus \$31.8 million in adjustments). DDS services are managed by public staff, by private agency providers or can be self-directed. Common elements of waiver services include case management, individual planning, individual allocations, documentation, and quality assurance and improvement.

Independent Living Supports

DDS offers a variety of innovative supports to assist individuals to better meet their basic needs and to enhance their circumstances so that they can live in a more self-determined, independent manner. Examples of these innovative supports include assistive technology, clinical behavior health services, healthcare coordination, peer mentoring, parenting supports, specialized medical and adaptive equipment, training and counseling for unpaid care-givers, and transportation supports.

Employment Opportunities and Day Services

DDS also provides a variety of employment and community-based pre-vocational services that focus on assisting individuals to become active contributing members of their community. As of September 30, 2016, 10,634 individuals received some type of annually funded employment opportunities or day services (241 were supported through DDS-operated programs, 9,907 through private provider programs and 486 individuals self-directed their services). There are an additional 305 individuals engaged in competitive employment who do not require ongoing supports from DDS.

Residential Supports

DDS offers a number of residential supports to eligible individuals within available funding. This continuum of support options includes:

- **Adult Companion and Personal Support Services:** assists individuals to spend greater time in their community and provides opportunities to learn new skills.
- **In-Home Companion and Shared Living Services:** allows individuals supported by DDS to share their home with people who do not have a disability. These services may be provided either by private providers or through self-direction (i.e., employees are hired by the individual or his or her legal representative.)
- **Individualized Home Supports (IHS):** a package of services and supports tailored to meet the needs, goals and preferences of an individual, delivered in their own or family home. Provided either by private providers or through self-direction (i.e. employees are hired by the individual or his or her legal representative), for less than 24 hours per day.
- **Community Companion Homes (CCH):** private family homes licensed by DDS to provide a residence and necessary support services to three or fewer individuals with intellectual disability. A CCH provides a nurturing home environment where individuals can share responsibilities, develop relationships, be independent and make their own choices.
- **Community Living Arrangements (CLA):** licensed group homes operated by private providers or DDS that offer six or fewer individuals 24-hour supports in community-based settings. More than 90% of CLAs are operated by private providers.
- **Continuous Residential Supports (CRS):** shared living arrangements for three or fewer individuals supported through DDS. CRSs are not licensed as CLAs, but can provide up to 24-hour staff support.
- **Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID):** provide comprehensive and individualized health care and rehabilitation services to individuals with intellectual disability, typically with more extensive needs than can be met in other community-based settings. DDS operates ICF/IIDs in campus models, licensed by the Department of Public Health (Southbury Training School, Regional Centers). There are also some privately-operated ICF/IIDs, funded through the Department of Social Services and licensed through the Department of Public Health.

As of September 30, 2016, 7,656 individuals received some type of annually funded residential support through DDS. Of these individuals, 847 were supported in DDS-operated settings, 5,571 were supported by private providers, including in CCHs, and 1,238 self-directed their services. From 2012 to 2016, the number of individuals self-directing their residential services increased from 1,059 to 1,238.

On September 30, 2016, there were an additional 363 individuals supported in privately-operated ICF/IIDs, as well as 579 individuals supported in other types of settings (e.g., long-term care/Skilled Nursing Facilities, residential schools, residences supported by other state agencies).

Residential Waiting List

Current funding levels support the continued provision of residential services for a fairly stable number of individuals, with modest funding increases for caseload growth in specific areas each year (e.g., children aging out of residential schools or the Department of Children and Families (DCF), Money Follows the Person, forensically-involved individuals, and individuals choosing to move into community settings from Southbury Training School, etc.) In FY 2016, 77 individuals had their residential needs met and came off the waiting list and 136 individuals received additional supports to fully meet their residential needs.

As there are more individuals requesting residential supports than available funding will allow the department to support, DDS maintains a waiting list for these services. As of September 30, 2016, there were 657 individuals living with their families or on their own who were on the waiting list for residential services with an assigned status of “Emergency” or “Priority 1.” From June 2012 to September 2016, the size of the residential waiting list increased from 612 to 657. Additionally, as of September 30, 2016, 304 individual who were receiving residential funding still had unmet needs and had an Emergency or Priority 1 need for additional residential funding. Another 1,138 individuals were on the Residential Planning List with a Priority 2 or Priority 3 need for residential funding.

The current method of presenting this list of individuals and their needs has become complicated and often difficult to explain in a concise manner. After consistent feedback from multiple stakeholders to reconsider how this information is presented, a project team was put together to establish recommendations for clear, streamlined categories and definitions for the DDS residential waiting list. As a result of this project, a common sense approach to categorizing and defining the needs represented by the traditional residential waiting list was developed.

Starting March 1, 2017, DDS will begin using the following new categories:

1. Future Needs: The individual or family’s services and supports needs are identified; however, the individual or family would not accept services, if funding and services were currently available.
2. Urgent: The individual or family is requesting services and would immediately accept services, if funding and services were currently available.
3. Emergency: The individual is at imminent risk and needs supports and services immediately.

These categories better define the identified need of the individual and when funding for the supports would be utilized.

Various stakeholders have asked for improved data from DDS regarding individuals’ day and residential support needs. Families and advocates have voiced concerns that current available data does not accurately reflect the future needs of the individuals eligible for DDS. While the current data system used by the Planning and Resources Allocation Teams (PRAT) cannot provide that information, DDS fully recognizes that accurate and up-to-date information is critical in order to correctly identify and more accurately project the future needs of individuals eligible for DDS funding and services.

Therefore, case managers and the individuals’ planning and support teams will begin using a “Residential Request Assessment” beginning March 1, 2017. During the annual planning meeting, case managers will review the individual’s needs and desires for future DDS residential and day services with their teams. Individuals and families will also be required to complete a Support Survey which will be submitted to PRAT. The survey is specific to potential DDS supports an individual may need. This information will then be collected, as requested by stakeholders, and entered into the PRAT database so that the future needs of the individuals eligible will be available on an ongoing basis.

Survey responses will be that an individual:

1. has DDS funded supports meeting his or her needs and does not request any additional services, or
2. does not have DDS-funded supports, but is not requesting or planning for any, or
3. has identified service needs and a PRAT request will be submitted. In this instance, a case manager must submit a PRAT request, and a Residential Request Assessment, if applicable.

Case managers will begin conducting the Support Survey with individuals and families at annual meetings with individuals and families starting on March 1, 2017. It will take a full year to complete all the surveys. Other resources for supports that individuals and families may seek in developing future plans such as family, other state resources, community or natural supports also will be discussed at the same time.

Workforce

As of September 30, 2016, DDS employed more than 3,100 full time and part time staff to deliver state-operated supports, and to provide administrative functions and oversight to the service delivery system as a whole. The department also partners with 196 qualified agency providers and 82 qualified individual practitioners to deliver the bulk of the supports described above, through state contracting processes.

Moving Office of Protection and Advocacy (OPA) Abuse Investigations to DDS

Although I will be offering additional testimony before the Public Health Committee on this issue, I would briefly like to mention my support here for the transfer of the Office of Protection and Advocacy's abuse and neglect investigation function and its associated employees to DDS. I firmly believe that the transfer of this critical function to DDS will offer the best opportunity to enhance and strengthen the state's system of abuse investigation for persons with intellectual disability.

The benefits of the new system include:

- A central point of intake for all allegations of abuse and neglect. This limits confusion and increases efficiency.
- A single system of electronically recording the information from these investigations that will inform a larger incident management system. This system will be used to drive the agency's continuous quality improvement.
- By eliminating a duplicative investigation process, DDS can better manage personnel to be closer to their investigations and be timelier in their completion of investigations.
- The transfer increases the breadth of protection afforded to individuals not receiving DDS services. DDS has, under its statutory authority, a broader definition of abuse and neglect which includes concerns OPA's abuse investigations did not, including psychological abuse, verbal abuse, and financial exploitation.

I strongly believe that the new system will provide the necessary safeguards and will, in fact, enhance the state's ability to protect some of our most vulnerable citizens. Additionally, it will provide individuals with intellectual disability a more sustainable, predictable and responsive abuse and neglect system.

In conclusion, I believe Governor Malloy's proposed budget, as it relates to DDS, highlights the hard work and advocacy of numerous stakeholders during the past year. His commitment to individuals and families through the support of DDS's core functions and services is obvious. While we are all aware of the previously stated challenges DDS will continue to rely upon cooperation, collaboration and innovation within and among the many involved stakeholders to mitigate these challenges.

Thank you again for the opportunity to offer testimony in support of Governor Malloy's proposed budget as it relates to DDS. I would be happy to answer any questions that you have for me at this time, and I look forward to working with all of you throughout the legislative session as we continue our collaborative commitment to individuals with intellectual disability and their families across Connecticut.