



State of Connecticut
Department of Developmental Services



Dannel P. Malloy
Governor

Jordan A. Scheff
Acting Commissioner

To: Appropriations Committee, Health Subcommittee Workgroup

From: Jordan A. Scheff, Acting Commissioner, Department of Developmental Services

Date: March 28, 2017

Re: **DDS responses to additional questions asked at the March 9, 2017 Health Subcommittee Work Session**

1. What are the options for families if no High School Graduate funding is provided?

Graduates who can be employed at competitive wage jobs may apply for services from the Department of Rehabilitation Services (DORS); although, if ongoing supports are needed, DORS requires a funding commitment, which may hinder some families from accessing this support. DORS is required to do the assessment or work plan based on federal law, regardless of an ongoing funding commitment. However, DORS is not required to provide help with obtaining a job after the graduate’s assessment is completed even if the assessment shows that the graduate needs ongoing support to remain employed if there is no available ongoing funding for those supports.

Some families may be able to help their child participate in community recreational activities or may use technology to aid in monitoring their child throughout the day. For certain families, a parent may find it necessary to stay home with the graduate or to pay for someone to provide support so that the parent may continue to work; or a parent may rely on the goodwill of family and friends to support the individual throughout the day. Individuals may be eligible for limited family grant funding or respite opportunities,

2. Provide status update for the Regional Centers since start of closures?

See Attachment A [DDS Regional Center Data as of March 3, 2017](#)

3. What has the agency invested in maintenance (Bond Funds) on Regional Centers and public group homes recently (i.e., FY 2014, FY 2015, and FY 2016)?

Residential Category	Expenditures		
	FY 2014	FY 2015	FY 2016
Public Group Homes	\$531,919	\$545,662	\$899,674
Regional Centers	\$516,917	\$393,080	\$546,992
Grand Total	\$1,048,836	\$938,742	\$1,446,666

4. Provide unfunded mandates and burdensome regulations.

A majority of the mandates and regulations that DDS is required to comply with are part of the Medicaid Home and Community Based Services (HCBS) Waivers that Connecticut has agreed to participate in as a condition of receiving a fifty percent federal reimbursement on each dollar the state spends for residential services, day and employment supports, case management services and individualized home services for persons with intellectual disability. While, at times, aligning the way DDS does business to accommodate the waiver mandates may seem burdensome, the underlying goal of the waivers, to have individuals living in the community in the least restrictive setting, is exactly what best practices indicate is best for persons with intellectual disability. The fifty percent Medicaid reimbursement allows DDS to provide funding and services to a much larger number of individuals with intellectual disability and any mandates that accompany the HCBS waiver funding are a small inconvenience for almost doubling the number of individuals the department can serve.

This does not mean that DDS does not recognize that there are burdens placed on our network of qualified providers and on individuals and their families who receive funding and services from DDS. To that end, DDS has been aggressively working to streamline many of department's processes and eliminate duplicative and unnecessary paperwork. Some of the projects that are currently underway or have been completed include (1) "Streamlining Providers' Administrative Burdens" that performed an in-depth review of provider requirements and identified opportunities to eliminate redundancies; (2) "Balancing Incentives Program (BIP) & Universal Assessment Implementation" that is an ongoing collaboration with the Department of Social Services to develop a "No Wrong Door" approach to accessing the state's long term supports and services; (3) "Streamlining Electronic Licensing Management" that involves multiple state agencies deploying a common technology platform to allow 100% electronic processing of licensing activities; and (4) "'Front Door' Information Packet" that will provide key information to orient individuals and their families, new providers, new staff, and other stakeholders. These and other DDS projects are detailed in the [DDS Five Year Plan 2017-2022](#). These projects along with an ongoing revision of DDS policies and procedures are designed to lessen the administrative burdens experienced by individuals, their families, and qualified providers.

5. How are issues raised in the OIG report being addressed and will work with the integration of OPA's AID staff?

In the response dated July 22, 2016 jointly issued by DDS and DSS (See [Attachment B DSS-DDS Response to U.S. DHHS Office of Inspector General's Audit July 22, 2016](#)) to the findings in the U.S. Department of Health & Human Services' Office of Inspector General's (OIG) audit, the departments outlined the corrective actions that would be implemented to ensure the health and safety of all individuals receiving funding and services from DDS. DDS continues to be actively engaged in corrective action related to the findings in the OIG report. Essentially the OIG report had four material findings and DDS has begun work in all four areas, with work on compliance with two of the findings nearing completion, and with significant background work being done on the other two findings. An overview of the plan goals is below:

To address the OIG Audit findings that "Connecticut did not comply with Federal and State Requirements for Critical Incidents Involving Developmentally Disabled Medicaid Beneficiaries", DDS is taking the following corrective actions on OIG's recommendations:

- Develop and provide training for DDS and private provider staff on how to identify and report critical incidents and reasonable suspicions of abuse or neglect;
- Develop a data-exchange agreement and related analytical procedures to ensure DDS access to the Medicaid claims data contained in Connecticut's Medicaid Management Information System (MMIS) to detect unreported and unrecorded critical incidents;
- Update DDS policies and procedures to clearly define and provide examples of potential abuse or neglect that must be reported; and
- Work with DDS's Division of Investigations staff to ensure that any potential cases of abuse or neglect that are identified as a result of new analytical procedures are investigated as needed.

DDS has developed this program to ensure that the health and safety needs of all individuals supported by DDS are addressed.

Attachments

Attachment A [DDS Regional Center Data as of March 3, 2017](#)

Attachment B [DSS-DDS Response to U.S. DHHS Office of Inspector General's Audit July 22, 2016](#)