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**DEPARTMENT OF DEVELOPMENTAL SERVICES TESTIMONY  
BEFORE THE PUBLIC HEALTH COMMITTEE**

**March 7, 2017**

Senators Gerratana and Somers, Representatives Steinberg and Srinivasan and members of the Public Health Committee. I am Jordan A. Scheff, Acting Commissioner of the Department of Developmental Services (DDS). Thank you for the opportunity to testify on **Proposed [S.B. No. 244](#) AN ACT CONCERNING IMPROVING SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.**

While I would point out that this proposed bill looks very similar to legislation from last session, I am happy to report that DDS, through the hard work of many staff and stakeholders, has made great progress toward the numerous goals outlined in this bill.

This bill aims to improve services for persons with developmental disabilities and increase public transparency and accountability for the provision of such services.

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 Department of Children and Families (DCF) placements, 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. Currently, DDS publishes information on the residential waiting list in the quarterly [Management Information Report](#). Data is presented geographically, by each of DDS's three regions as well as statewide, regarding:

- individuals on the Residential Waiting List with an "Emergency" or "Priority 1" need for residential services;
- individuals on the Other Residential Needs List with an "Emergency" or "Priority 1" need for additional residential services; and
- individuals on the Residential Planning List with a "Priority 2" or "Priority 3" need for 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 individuals who were receiving some level of residential supports 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.

DDS agreed last year that the current method of presenting this list and individuals’ needs had 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 was developed for categorizing and defining needs represented by the traditional residential waiting list. The implementation of these recommendations is in the process of being rolled out to regional staff and external stakeholders.

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

1. Future Needs: The individual or family’s service and support needs have been identified; however, the individual or family would decline additional supports if funding and services were available.
2. Urgent: The individual or family is requesting services and would immediately accept services if funding and services were 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 necessary.

Various stakeholders have asked for improved data from DDS regarding individuals’ day and residential support needs. Families and advocates have voiced concerns that current data does not accurately reflect the future needs of the individuals eligible for DDS supports. While the current data system used by the regional 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 project the future needs of individuals eligible for DDS supports.

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 also will 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 information regarding the needs of individuals 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 began conducting the Support Survey with individuals and families at annual meetings with individuals and families starting on March 1, 2017. This process will take a full year to complete. These meetings will also include an opportunity to discuss other resource options for future supports including family, other state resources, community or natural supports.

I expect that this new process will go a long way toward the stated purpose of this proposed bill to improve services for persons with developmental disabilities and increase public transparency and accountability for the provision of such services. I respectfully submit that legislation is not necessary to further the significant progress that DDS has been made on this issue.

I, along with my staff, look forward to educating legislators about this new process and providing you with helpful, meaningful data in future legislative sessions as a result of this work.

Thank you again for the opportunity to offer testimony on **Proposed [S.B. No. 244](#) AN ACT CONCERNING IMPROVING SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**. I would be happy to answer any questions you have at this time. You may also contact Christine Pollio Cooney, DDS Director of Legislative and Executive Affairs at (860) 418-6066 with additional questions.