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Department of Developmental Services

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The Department of Developmental Services (DDS) appreciates the opportunity to discuss the proposed midterm adjustments to the budget for the biennium ending June 30, 2015 as it relates to DDS. We have included information in response to questions posed by the Office of Fiscal Analysis. For perspective, I would first like to share some information regarding the transformation process that DDS is currently engaged in.

Over the years, Connecticut has created a legacy system that over relies on the most expensive options possible, institutions and group homes. In national surveys, we were found to be the second most costly system in the country, second only to New York. Our billion dollar budget serves approximately 12,000 people.

- On average, DDS institutions cost between $380,000 to $400,000 per person annually. A total of 344 people now live at Southbury and 188 live in one of DDS's five regional centers.
- DDS has 866 group homes (63 public, 803 private) serving 3,750 individuals, the vast majority of our non-institution population.
- Nearly 400 people who live in these group homes have Levels of Need (LON) of 1, 2 or 3 (persons who have been evaluated to have many abilities.)

DDS has been fully engaged since 2011 in redesigning services moving away from large congregate settings, using person centered planning processes and empowering the individuals we support and their families in making service choices. The following are only a few of the initiatives we have in place to forward this change.

- Stakeholder groups are involved in the hiring of all key administrative staff.
- Stakeholder groups were involved in rewriting the department's new Mission and Vision as well as developing our Five Year Plan and monitoring its implementation.
- Connecticut was one of five states to be awarded a Community of Practice grant. This is a national initiative and multi-year project in partnership with the Connecticut Council on Developmental Disabilities. The purpose of this work is to study and implement innovative ways to provide more services to more people and therefore be a model program for the country.

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- I was asked to present at two national conferences on the changes that we have engaged in to move us from using legacy systems to providing more supports that meet the needs of the people we support and their families. Connecticut is recognized as one of the leaders in the country producing sustainable systems change.
- The department has initiated a "Living the Mission – Mentoring Opportunity" – this project began with a day of instruction from three national leaders who have themselves created innovations in services. In each case they moved away from large congregate settings to person-driven services. We followed up that training with an invitation to providers to use these experts to mentor them to achieve systems change. Eight agencies have signed up to become part of the transformation project. The participants include the largest agency in our system that sent 200 of their staff to a retreat to begin the process. We are very encouraged by the level of participation and expect this group to be a driving force in supporting more agencies to change how they support persons with intellectual disability.

1. *During the public hearing the DDS waitlist was described several times as having over 3,500 people on it. Please provide the total number of consumers waiting for residential services by each of the DDS categories (Emergency and Priority 1-3). Please define each category. On average how many vacancies in existing community-based programs become available each year? On average how many new DDS consumers request residential services each year?*

   There have been many numbers quoted to represent our "Waiting List". The full detail of our waitlist has been published quarterly on the DDS website for many years in the department's Management Information Report (MIR). Below, we have provided a copy of the most recent quarterly data available which is as of December 31, 2013. Additionally, as requested, we have provided descriptions of what the priority categories mean.

   <u>Waiting List</u>:

Waiting List as of December 31, 2013

STATEWIDE	Emerg.	Pri. 1	Total
Waiting List			
Home/IL (No Supports)	37	598	**635**
DYTD	8	8	**16**

As of December 31, 2013, there were 37 individuals considered to have Emergency prioritization and another 598 Priority 1 for a total of **<u>635 people on the Waiting List</u>** who are living either in their own or family home who currently receive no funded residential supports from DDS.

Emergency (E) indicates that the individual has an immediate need for residential placement, support or services.

Priority One (P1) indicates that the individual/family is requesting placement within one year and has been determined to have the most pressing need for services.

Other Residential Needs:

In addition to the Waiting List, there are individuals who either 1) receive DDS funded residential supports and services and need additional supports, 2) are funded by another state agency or 3) live in institutional settings (DDS Campus facilities or Long Term Care settings) and wish to move to a community residential setting. As of December 31, 2013 there were 15 individuals considered to have Emergency prioritization and another 69 Priority 1 for a total of **362 people needing additional supports or wishing to move to a community residential setting**. This data does not include other individuals with residential needs such as those aging out of residential settings not currently funded by DDS, or those desiring to move from one community residential support (non-institutional) to another.

Other Residential Needs as of December 31, 2013

Other Residential Needs			
DDS Operated/Funded:	**Emerg.**	**Pri. 1**	**Total**
CLAs	1	45	**46**
CRS	0	14	**14**
CCH	1	15	**16**
Indiv Home Supp*	7	204	**211**
Sub-Total	**9**	**278**	**287**
DYTD	0	23	**23**
Other State Agencies:	**Emerg.**	**Pri. 1**	**Total**
DMHAS	1	0	**1**
DOC	0	0	**0**
DCF/CTO	0	0	**0**
Sub-Total	**1**	**0**	**1**
Other:	**Emerg.**	**Pri. 1**	**Total**
LTC/ICF/SNF/RCH	1	49	**50**
Other	4	20	**24**
Sub-Total	**5**	**69**	**74**
Total w/Sup. & Service	**15**	**347**	**362**

CLA: Community Living Arrangement
CRS: Continuous Residential Supports
CCH: Community Companion Home
LTC: Long Term Care
ICF: Intermediate Care Facility
SNF: Skilled Nursing Facility
RCH: Residential Care Home

Planning List:

Individuals on the Planning List have residential needs and have been assigned either a Priority 2 or 3 status. Those with a Priority of 2 or 3 want or will need services in two or more years. Their need is not considered urgent, critical or immediate and they are classified as being on the Planning List. As of December 31, 2013, there were **1356 individuals on the Planning List.**

DDS Residential Needs Planning List as of December 31, 2013

STATEWIDE	Pri. 2	Pri. 3	Total
Home/IL (No Supports)	853	304	**1157**
DYTD	2	-3	**-1**
DDS Operated/Funded:	**Pri. 2**	**Pri. 3**	**Total**
CLAs	4	0	**4**
CCH	1	0	**1**
Indiv Home Supp*	156	17	**173**
Sub-Total	**161**	**17**	**178**
Other State Agencies:	**Pri. 2**	**Pri. 3**	**Total**
DMHAS	1	0	**1**
DOC	0	0	**0**
DCF/CTO	1	0	**1**
Sub-Total	**2**	**0**	**2**
Other:	**Pri. 2**	**Pri. 3**	**Total**
LTC/ICF/SNF/RCH	10	3	**13**
Other	6	0	**6**
Sub-Total	**16**	**3**	**19**
Total Supports & Service	**179**	**20**	**199**
Grand Total	**1032**	**324**	**1356**
Change YTD	**-6**	**-5**	**-11**

Vacancy data:
In fiscal year 2013, DDS had 117 residential program vacancies.

Residential service requests:
In fiscal year 2013, 126 DDS consumers living at home requested residential services for the first time.

Autism Division:
Separate and distinct from the above data, the DDS Division of Autism Spectrum Services provides services and supports to individuals with autism spectrum disorder who do not have intellectual disability. There are currently 231 individuals on the waiting list for the Autism Division.

2. *What can DDS do to ease the transition for DDS consumers 1) moving from school to DDS day services and 2) living with aging parents?*

Transition:
Many school age DDS consumers do not have case managers and therefore timely information for parents on graduate funding availability can be a challenge at times. Through the three regional Helplines, 12 Transition Advisors (four in each region), five Educational Advisors (two in North and West regions and one in the South) and managers, each region works diligently to reach out to parents and school systems to let them know about the availability of funding for

employment supports and day programs, respite services and family grants. Our goal is to establish a sufficient number of case manager positions so that we can assign upcoming graduates sooner in the process to start transition planning. We believe that the younger we can reach individuals and families, the better we can improve our transition planning and provide adequate reassurance to families about what DDS services will be available upon graduation.

When thinking about the transition from school to adult life, the first issue to be addressed is the responsibility of the school system to start the planning for each child by age 16 (The Individuals with Disabilities Education Act or IDEA). That planning occurs quite differently across school systems. DDS plays a role in facilitating this transition through our Youth Coordinator & Transition Advisors. Most all high school graduates have funding for day supports as they exit their school program. DDS created a Youth Coordinator position in its central office. This person represents DDS at a variety of early childhood meetings where we have not had representation in the past and helps us to improve the way we work with families from a much earlier age.

The Transition Advisor and Educational Advisor positions focus on working with families before they transition as adults to our services. All of these individuals are very involved in the Local Education Agencies (LEAs) and many participate in state education committees and activities as well as provide family and school district trainings in various sites several times a year. All are also involved in disseminating information to young families through family fairs, educational forums, etc. All of these individuals also participate in monthly Department of Rehabilitative Services (DORS)/DDS employment meetings.

We have a new Lifespan Committee made up of central office employees from the Department of Education (SDE) and DDS as well as representatives from the regions and a representative from our Division of Autism Spectrum Disorder Services. This committee alternates the meeting at SDE and DDS sites.

DDS has a Memorandum of Understanding (MOU) with DORS to cover benefits counseling. This MOU ensures that benefits counselors are available to meet with individuals and families one-to-one and provide families with opportunities to learn about benefits through regularly scheduled training sessions. Each regional advisory group and Individual and Family Support (IFS) managers are meeting with their respective DORS counterparts quarterly to discuss specific case reviews and any regional updates and initiatives.

Additionally, DDS's West Region Transition Advisor is an active member of the Statewide Transition Task Force and the North Region Transition Advisor and Self Determination Director participate in the National Secondary Transition Technical Assistance Center (NSTTAC). There is also DDS representation on the Statewide Employment Steering Committee.

Over the last several years the Governor and legislature have approved funding for high school graduates. Although budget constraints have moved starting dates out from the beginning of the fiscal year to November, DDS has been able to fund everyone who needed earlier start dates given the number of cases where families do not request funding until later in the year.

Despite our many initiatives to enhance supported and competitive employment, consumers are still having difficulty finding jobs. DDS continues to promote initiatives that will lead to real work for real pay.

Aging Caregivers:
Regarding the question about aging parents, there are a large variety of ways in which DDS is engaged with families on this important issue. This focus is one of the major areas of change in DDS and we are committed to changing the time and kind of interaction we have with families. Our goal has been, and certainly will continue to be, to increase support to families so they feel supported before out of home placement becomes a necessity.

Two key family support services that are provided to many families on the Waiting List, including those with aging caregivers, are family grants and respite.

- Families can send their children to one of our 11 respite centers. The use of the DDS respite centers has decreased in the last two years, due to the number of reduced hours available that had to be made due to the cuts in the DDS budget. In September of 2013, we were able to increase the number of hours the respite centers are open and the hours we are able to provide to families has also increased.
- Families can also apply for a family grant which can be used to purchase respite services. Individual and Family Grants are cash subsidies for the purpose of providing individual and family supports or defraying extraordinary disability-related expenses. Supports that may be purchased with these subsidies include, but are not limited to, respite, in-home supports, behavioral supports, nursing, medical or clinical supports, temporary assistance, crisis support, skill training, family training, recreation, transportation, support coordination, and assistance to access community supports. Families can purchase any items or services that support the family to care for their family member who lives with them. These grants may also be available to individuals who live on their own with no other DDS in-home supports. The amount of the subsidy that is available to families is determined based on the needs of the individual and his or her caregivers. Grant amounts typically range from $600 to $5,000 per year. In extraordinary circumstances with additional approval required, individual and family grant payments per year can reach $10,000.
- Families can also purchase respite services through self-directed funds.

The Department is currently looking to add 15 additional family support workers. These positions will be filled by staff who are currently providing traditional residential services who will be receiving specialized training that has been developed as part of a collaborative effort between DDS and District 1199.

3. *Describe the impact (fewer served, less services, delays, etc.) of the rollout of the FY 13 rescissions on the Cooperative Placement Program, Employment and Day Services and Community Residential Services.*

The support needs of individuals with intellectual disability along with the requirements of the Home and Community Based Services Waiver to preserve federal reimbursement necessitate those services must be provided to maintain the person's health and safety. Providers have worked to meet these needs regardless of the reduced funding often to the detriment of their financial position. An additional stressor to provider agencies is the ongoing implementation of our Medicaid-driven rate transitions.

The rescissions have had a significant impact on providers. In many cases, the cut in funding offset the 1% COLA increase. Reductions in provider funding along with the flat funding over the last five years has placed a significant amount of financial stress on the private providers.

Nine agencies ceased doing business in Connecticut in the last year. All but one of the agencies decided they could no longer provide services to individuals with intellectual disability in Connecticut due to financial reasons.

Informal feedback from providers indicates that the 1% COLA funding was primarily used to cover the increasing cost of employee benefits. The average hourly rate for a direct care worker based on the FY 2008 annual reports was $14.65. Five years later, the FY2012 annual report calculated the average hourly rate for direct care workers was exactly the same at $14.65 per hour. It is anticipated that the FY2013 will not show any significant change to the average hourly rate.

4. *The Governor's Revised Budget included funding for a personal care attendant wage increase. How many PCAs working with DDS consumers are impacted and what is the increase? What are the current rates for PCAs?*

The last data we pulled together on this issue comes from the fiscal intermediary for the payrolls in August/September 2013. For residential, there were 1854 staff hired through self-direction. Of this number, we identified 1523 staff who were eligible for an increase. For day services, we identified 499 staff hired with 429 of those eligible for an increase.

Since individuals are considered an employer, they can negotiate the wage and benefits paid to each staff separately. The hourly wages range from a low of the minimum wage ($ 8.70) to a high of $ 25.00 depending on the service type.

Support Type	Pay Range
Personal Support	$10.00 - $17.00
Individual Home Supports	$17.00-$22.35
Individual Day Supports	$9.00-$22.35
Adult Companion	$8.70-$12.31
Respite	Hourly $8.70-$19.00
Transportation	No hourly rate Mileage rate .43/mile. or $25.00 per trip.

The amount of increase that PCAs might be expected to receive cannot be determined at this time because the contract with District 1199 is pending.

5. *The FY 14 and FY 15 budget reduced funding based on savings initiatives through the audit of services and use of the supportive housing model. Please provide the status of those savings.*

The Medicaid audits are being handled through the Department of Social Services (DSS) Medicaid Audit Unit. As far as we know, the estimates used in the development of the FY 2014 budget have not been adjusted. DDS met with DSS to discuss the logistics of the audit process and collection of any funds identified in the audit for recoupment. Regarding the supported housing model, to date eight people have moved to a new situation. We projected 15 people for FY14 and this remains a realistic projection.

6. *Please provide an update on the study that examined moving the Birth to Three Program to the Office of Early Childhood.*

The Office of Policy and Management contracted with Public Consulting Group (PCG) to conduct a study regarding the feasibility of moving the Birth to Three Program to the Office of Early Childhood. The study was completed in December 2013 and was presented to the co-chairs of Appropriations in early January 2014. The study itself is posted on both the Office of Early Childhood and Birth to Three websites and the co-chairs received hard copies. The administration chose not to move the Birth to Three Program in the middle of biennium, and thus, did not include it in legislation this year. Birth to Three is currently working in collaboration with the Office of Early Childhood to coordinate services. In the long-run, it makes sense for the Birth to Three Program to move into OEC, but at this juncture the current arrangement is working well and provides more time to plan with the federal government for a transfer. Additional consideration must be given to planning how to structure the program move to preserve the almost $17 million received through Medicaid, third party insurance and parent fees.

The Birth to Three System is already collaborating with the OEC. The Director of Birth to Three has been temporarily assigned to the OEC to assist the agency in its first year of operation. The Director serves as the OEC's point of contact in DDS and specifically assists or has assisted in 1) the pending transfer of the federally funded home visiting program from the Department of Public Health to the OEC in July, 2014, 2) the Race to the Top-Early Learning Challenge grant application that was submitted, 3) the hiring and orientation of new staff, and 4) coordinating state hiring, purchasing and information technology issues. Additionally, 1) fifteen Birth to Three staff have coordinated with OEC staff on data, training and public awareness as well as attending culture building activities initiated by OEC, 2) the Assistant Director for the Birth to Three program participates in weekly OEC Leadership Team meetings and committee work with the current divisions of the OEC, and 3) DDS worked collaboratively with the OEC on the completion of the required study regarding the feasibility of moving the Birth to Three program from DDS to the OEC.

7. *Please provide the FY 13 per capita cost by type of service in the same format that was provided last year for FY 12.*

The staff person who has historically provided this chart left DDS for a new position. We are working to have staff recreate the data, but have not yet been able to do so. We will continue to work on this.

8. *Status report on FY 13 group home closures and group home inventory: what is the number of group homes and the number of consumers residing in them for both the public and private settings?*

Update on group home closures since last subcommittee meeting in 2013:
North Region:
81 Mountain Road, Newington- closed 3/24/13
85 Mountain Road, Newington- closed 7/7/13
555 Pomfret Street, Putnam- closed 5/31/13
2955 Main Street, Glastonbury- closed 5/1/13
West Region:
1 unit/apartment at Lower Fairfield Center- closed 10/14/13

South Region:
251 Rogers Road, Norwich- closed 3/20/13

Number of Community Living Arrangements (CLAs) as of February 26, 2014:
Public: 63 homes, census 347
Private: 803 homes, census 3403
Total: 866 CLAs, census 3750

9. *Update on Southbury Training School community placements for FY 13 and estimated FY 14 and FY 15.*

FY 2013: 22 individuals were placed.

FY 2014: Four placements completed and 3 anticipated for a total of seven placements. (This low number is reflective of the fact that nearly all of the families are choosing to leave as a group with other STS residents into newly developed group homes. In addition to the length of the RFP process, the lead time it takes to find homes and do renovations to meet stringent fire codes adds to the timeframes.)

FY 2015: 53 placements anticipated.

Thank you for the opportunity to present information and answer questions today. We look forward to continuing to work with you throughout the legislative session. DDS would be happy to answer any additional questions that you might have.