



State of Connecticut  
Department of Developmental Services

DDS

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

**March 25, 2019**

Senators Abrams and Somers, Representatives Steinberg and Petit and members of the Public Health Committee. I am Jordan Scheff, Commissioner of the Department of Developmental Services (DDS). Thank you for the opportunity to testify on **S.B. No. 1035 AN ACT AUTHORIZING DEEMED STATUS LICENSE RENEWALS FOR CERTAIN NONPROFIT COMMUNITY SERVICE PROVIDERS.**

Section 7 of **S.B. No. 1035** would require the Department of Developmental Services, when adopting licensing regulations for community living arrangements (CLAs) and community companion homes (CCHs) to include an optional process for licensed qualified providers to renew their CLA or CCH license by being accredited by a national accrediting organization. This process would mean that a qualified provider licensee would be “deemed” to have met the license renewal qualifications by having gone through an accreditation process from a national accrediting organization.

The 2019 bill mirrors a 2017 Government Administrations and Elections Committee bill, **H.B. No. 6155 AN ACT AUTHORIZING DEEMED STATUS LICENSE RENEWALS FOR CERTAIN NONPROFIT COMMUNITY SERVICE PROVIDERS**, which, as a proposed bill, sought to reduce duplicative and burdensome licensing requirements for nonprofit community providers. When **H.B. No. 6155** was finally passed and signed into law it had been amended to remove the “deemed status” provisions of the bill. Instead **Special Act No. 17-21 AN ACT ESTABLISHING A WORKING GROUP TO REVIEW THE LICENSURE AND CERTIFICATION PROCESS FOR CERTAIN NONPROFIT COMMUNITY PROVIDERS** created a work group spearheaded by the Office of Policy and Management (OPM) and with the participation of the Departments of Developmental Services, Children and Families, Mental Health and Addiction Services, Public Health, and Social Services; six nonprofit community providers and the Connecticut Community Nonprofit Alliance.

This working group conducted a five-day Lean event where state agencies, community providers and other stakeholders including legislators and subject matter experts met and worked to first identify what the issues were around licensure and certification of residential facilities and then develop incremental steps that would be implemented to solve the most pressing licensing issues. Out of this five-day Lean event, the working group created ongoing working subcommittees comprised of state agency and community provider employees to address specific topics, such as streamlining licensing regulation requirements across agencies and cross-agency (DDS, DCF, DPH and DMHAS) medication administration certification, which needed an in-depth review and revision that would allow the state

agencies to retain their ability to protect health and safety while relieving the administrative burden on the community providers and their employees.

As an outcome of the collaborative discussions, in 2018, DDS proposed several bills that addressed various issues raised in the ongoing Lean subcommittee work. These bills [S.B. No. 168 AN ACT CONCERNING THE DEPARTMENT OF DEVELOPMENTAL SERVICES' RECOMMENDATIONS REGARDING GROUP HOME LICENSING VISITS](#), [H.B. No. 5155 AN ACT CONCERNING THE DEPARTMENT OF DEVELOPMENTAL SERVICES' RECOMMENDATION REGARDING WAIVER OF LICENSING FEES FOR PRIVATE PROVIDERS](#) and Section 40 of [H.B. No. 5163 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES](#), respectively, reduced the number of unannounced licensing visits for DDS group homes, waived the \$50 initial and renewal licensing fee and the paperwork associated with the fees for providers, and in section 40 of the DPH bill, eliminated the notarization requirement for certain licensing forms. All of these legislative proposals were signed into law, have been implemented by the department and provided tangible relief for providers from these licensing requirements.

In addition, over the past two years, as a result of various discussions with providers, DDS has worked administratively to lessen the burden on nonprofit community providers by implementing an eLicensing System which allows providers to apply and renew licenses online. This electronic process not only saves on staff time and resources but removes the need to repeatedly submit documentation in hard copy forms.

Also, DDS has extended from two to three years the length of licensure for certain providers which have an established, ongoing record of licensure compliance. DDS has coordinated licensing visits and quality assurance visits so that disruptions for individuals and group home staff are kept to a minimum. DDS also has reduced the licensing renewal process by eliminating annual licensing documentation and instead submitting licensing materials when the license comes up for renewal.

DDS has shown that it is committed to reducing the burden on our network of qualified providers both legislatively and administratively and with its interagency work on reducing regulatory requirements. To this end, the department was surprised and disappointed to see the “deemed status” bill revived, as it seems to disregard all of dedication and hard work the department and our sister agencies achieved through collaborative efforts with our qualified provider network. The department and our sister agencies are proud of the significant work we were able to accomplish to reduce the burdens associated with licensing and certification and believe that the interagency efforts that included stakeholder engagement could be used as a model for similar efforts in the future. It is disheartening to see this bill raised this session and the department sincerely hopes that our time and dedication on these efforts over the past few years is taken into account.

Specific to “deemed status,” while DDS believes that any valid accreditation process may enhance a provider’s ability to offer quality programs and services, DDS does not agree that this type of national accreditation can substitute for the department’s established licensure and certification oversight. National accreditation organizations such as [Commission on Accreditation of Rehabilitation Facilities \(CARF\)](#), [The Council on Quality and Leadership \(CQL\)](#), [The Joint Commission on the Accreditation of Healthcare Organizations \(JCAHO\)](#), and [Council on Accreditation \(COA\)](#) do offer nonprofit community providers evaluations and recommendations on programs and service models, their recruitment and retention of quality staff, their fiscal management and accountability, and

their quality assurance standards. However, these organizations' accreditation processes do not cover the range and specificity of DDS licensure and certification requirements.

DDS, as a "person-centered" agency, strives to make all of the licensing and quality assurance requirements reflect what each individual might need in his or her home. While health and safety standards are required to be achieved in all residences, DDS licensing and quality assurance staff recognize that an individual's personal choices guided by his or her individual plan may mean that certain licensure and quality assurance requirements may need to be modified to reflect the individual's circumstances and preferences. The ability of our licensure and quality assurance staff to accommodate a "person-centered" choice allows for better outcomes for achieving the individual's goals. A national accreditation organization may include "person-centered" planning as a tenet of accreditation but to achieve an individual's "person-centered" goals in a specific residence you need the hands-on ability to tailor the licensure and quality assurance standards to fit the needs of that individual as well as other individuals living in the home. DDS has demonstrated that it can provide appropriate oversight while allowing flexibility for the purpose of facilitating the individual's achievements.

The proponents of the bill may believe that "deemed status" would significantly cut down on the process of renewing a CLA or CCH license but, in most instances, it would substitute one administrative process for another. The bill, as written, would only allow for a provider to use the deemed status exemption for the renewal of a Community Living Arrangement (CLA) or a Community Companion Home (CCH) license. First, there is the question of how a "deemed status" exemption for a provider would have any bearing on the licensure process of a Community Companion Home. CCHs are licensed both for the person living in the home in which the individual is placed and for the home itself. The provider having "deemed status" would not diminish the licensure requirements of the person who provides room and board and would not provide assurances as to whether the home meets all health and safety licensing standards.

Second, if the providers "deemed status" exemption is only for license renewals, it would mean that DDS would continue doing the initial licensing process for all CLAs and all providers. DDS also would continue to do quality assurance oversight of all providers and CLAs as part of its mandate under its Medicaid Home and Community Based Services (HCBS) waivers. In addition, DDS would continue to both license and do quality assurance for the majority of the qualified providers that choose not to become accredited through a national organization. As DDS presumes the national accreditation option would be paid for by the provider directly, most medium and small providers would not have either the funding or the staff resources that would make such accreditation an option.

Third, DDS currently has no mechanism or resources provided for the oversight of national accreditation organizations and their standards. If national accreditation is to substitute for DDS licensing renewal then DDS would need to examine and evaluate what the accreditation standards are and whether those standards could be substituted for what is required in state statute, regulations, policy and procedure and Medicaid HCBS waiver requirements. This monitoring and evaluating of national accreditation standards would need to be ongoing because accreditation standards and federal and state law will continue to change. If the accreditation standards used to confer "deemed status" on providers were not as strict or specific as the DDS licensing requirements, then DDS would have to conduct a license renewal process with the "deemed status" provider to ensure that those state and federal licensing standards that were not covered under the provider's accreditation are in place.

The department foresees that allowing accreditation by a national accrediting organization would provide minor relief, at best, for those DDS qualified providers, which could afford fees and divert staff time to the process of accreditation, which includes paperwork, site visits, meetings and trainings for

initial accreditation and requires an ongoing investment of time and money in maintaining the accreditation.

While DDS is not opposed to any provider attaining national accreditation, especially if it allows for continuous quality improvement, DDS does oppose substituting accreditation for state licensure and licensure renewal. As a state agency, DDS is charged with the oversight of how state and federal funding is used, the outcomes of the programs and services that individuals receive, and the health and safety of the individuals we serve. To delegate a portion of that responsibility to a national accreditation organization when DDS has a robust licensing and quality assurance process in place appears designed to relieve only a small portion of the burden of licensure and only for a select group of provider agencies. DDS suggests that continuing the working group subcommittee collaborations between state agencies and nonprofit community providers will yield far greater results in updating and streamlining the licensure and quality assurance process for qualified provider's community living arrangements. Certainly DDS has shown that both through legislative and administrative actions, the collaboration between a state agency and its providers can achieve results to lessen the burden on our nonprofit community providers.

Thank you again for the opportunity to testify on [S.B. No. 1035](#) **AN ACT AUTHORIZING DEEMED STATUS LICENSE RENEWALS FOR CERTAIN NONPROFIT COMMUNITY SERVICE PROVIDERS**. Please contact Krista Ostaszewski, DDS Director of Legislative Affairs at (860) 418-6066 with any follow up questions.