



State of Connecticut
Department of Developmental Services

DDS

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**DEPARTMENT OF DEVELOPMENTAL SERVICES TESTIMONY
BEFORE THE PUBLIC HEALTH COMMITTEE
March 14, 2022**

Senators Anwar, Somers and Hwang, Representatives Steinberg and Petit and members of the Public Health Committee. I am Peter Mason, Deputy Commissioner of the Department of Developmental Services (DDS). Thank you for the opportunity to testify on **S.B. No. 331 AN ACT CONCERNING THE PROVISION OF DEVELOPMENTAL SERVICES AND MENTAL AND BEHAVIORAL HEALTH SERVICES.**

This bill contains four provisions that would directly affect DDS. The first being that DDS create a strategic plan to reduce the wait time for services for persons with intellectual disability. The second provision would require the Office of Policy and Management (OPM), and presumably DDS, to consult with stakeholders if there is a plan to close a DDS-operated facility. The third provision would require DDS to provide advanced notice to a person with intellectual disability whose eligibility to receive state-assisted care is to end. The fourth provision would establish a legislative task force to study the department's level of need (LON) assessment system.

Section 1 of the bill requires DDS to create a strategic plan to reduce wait times for services. Over the last two decades DDS has worked to move individuals into the community with appropriate, lower-cost services that have allowed more individuals to receive funding for their service needs. DDS has advanced new residential models that include Community Companion Homes, Continuous Residential Services, supervised apartments, supportive housing arrangements, IDASH (Intellectual Disabilities and Autism Spectrum Disorder Housing) supportive housing units integrated in larger developments, as well as in-home supports, including self-directed services, which allow an individual to live independently or in a family home. By using these lower cost models of residential services in place of the more expensive group homes and larger congregate facilities, the department has been able to stretch residential funding to provide services for more persons on the residential waiting list.

If the intent of this section is to require DDS to substantially reduce its waiting list over the course of a couple of years then, as has happened in the past, waiting list initiative funding would need to be provided in the budget and annualized over the next several years. While previous waiting list funding initiatives have moved more than 100 individuals each time from the residential waiting list into residential services, there was a substantial infusion of new dollars to the DDS budget in order to actualize this transition. While these initiatives did reduce the numbers on the waiting list, it only reduced the waiting list numbers for a while and did not come close to eliminating the waiting list. In the Governor's budget adjustments for FY 2023, there is no waiting list initiative funding provided to DDS.

Section 2 of the bill would require OPM and DDS to consult with stakeholders when DDS planned to close a state-run facility. This would include DDS-run group homes, regional congregate facilities and the Southbury Training School (STS). It is the department's established practice to work with stakeholders when a DDS-run facility is planned to be closed as was the case when the Ella Grasso Center and the department's Meriden campus facility were closed. When DDS-run group homes and residences on the STS campus have been closed in the past, DDS has worked with and properly notified all stakeholders including individuals and their families, employees, unions, and advocates, to ensure the successful transition of individuals to new locations. DDS also worked with the unions to appropriately relocate employees to other DDS-run residential programs that resulted in no employees being laid off. Any planned future closures of state-run facilities would follow the same processes.

In section 3 of the bill, the intent of the provision is unclear as it references when the "eligibility" of an individual with intellectual disability ends. The department is unsure what type of "eligibility" the bill is referencing. If the end of an individual's services is because the individual or his or her legal representative has not yet reapplied for Medicaid and therefore is at risk of losing his or her waiver services, then DDS already has a system in place to notify these individuals through the DDS Medicaid Operations Unit and through the individual's case manager. DDS staff offer assistance to individuals who are reapplying for Medicaid eligibility, if the individual or his or her family need it.

If section 3's intent is that an individual's services are ending because that person has been redetermined not to have intellectual disability, then I can assure you that this type of decision is extremely rare. Once a person is determined to have intellectual disability as defined in section 1-1g of the general statutes, substantive evidence would have to be provided that the person did not have intellectual disability prior to the age of 18. This would require that some substantive information that was not available at the time of initial determination had come to light. Even if this new information was presented to the DDS Eligibility Unit, the individual would be notified that a redetermination hearing would be held at which the individual could present evidence refuting the claims. The individual would be able to exercise his or her Uniform Administrative Procedure Act (UAPA) hearing rights up to and including the right to challenge any redetermination decision in superior court.

Section 4 of the bill would establish a legislative task force to study the department's level of need (LON) assessment system.

As background, once an individual is determined eligible for DDS services, DDS case managers use a standardized assessment tool to assess each individual's level of need for DDS funding and services. This web-based tool assesses an individual's needs in key areas including, but not limited to: health and medical; personal care activities; daily living activities; behavior; safety; support for waking hours, overnight support, comprehension and understanding, communication; transportation; social life, recreation, community activities; and unpaid caregiver support. Both the LON assessment score and the information collected in the assessment is used to develop a comprehensive Individual Plan that identifies areas where the individual needs assistance to actualize his or her personal goals and that addresses any potential risks that could affect the individual's health and safety.

It is important for the department to stress that although the LON assessment is the primary tool for determining the needs of an individual eligible for DDS supports, there are further opportunities for individuals and their families to request additional funding and supports to assist with meeting specific needs that may not be measured by the LON assessment. In addition, a review of an individual's LON assessment may be requested at any time to reflect an individual's changing needs.

As part of ongoing collaborative efforts with other state human services agencies, DDS is moving towards adopting the universal assessment system that is currently being utilized by the Department of Social Services (DSS) for assessing individuals in their Medicaid waiver programs and the Community First

Choice program, except for the Katie Beckett Medicaid waiver. This transition will allow for consistency in assessment evaluations for individuals receiving social services across Connecticut.

This means an individual receiving DDS and DSS services will receive one assessment across programs to determine their level of need and what services are appropriate to address those identified needs. Currently, individuals receiving funding and services from both agencies are given two different assessments. Not only does this have the potential to be disruptive for the individual, but the separate assessments sometimes result in different findings, which take time to reconcile so that an appropriate service plan can be formulated.

DDS continues to work with DSS to create a timeline for the transition to the universal assessment, however, this timeline has not yet been determined. Specifically, DDS meets with DSS and other public and private stakeholders on the Medicaid Long Term Services & Supports Rebalancing Initiatives Steering Committee on a monthly basis. The universal assessment discussion is an ongoing topic of review and discussion in this committee.

In addition, it is important for DDS to note that there are already numerous task forces that focus generally on studying individuals with intellectual disability and the programs and services offered through DDS.

To this end, the department would respectfully suggest that the creation of another task force would be duplicative, as this study of DDS's LON assessment could be shifted to one of the standing task forces already in place. The department also would recommend that any study of the DDS LON assessment system be revised to study and provide input on the existing DSS universal assessment. As part of the implementation process for the universal assessment, DDS will need to make changes within the current universal assessment tool to ensure it has the ability to measure specific needs of individuals with intellectual disability.

The department is open to discussing ways to improve the LON assessment tool and would be happy to engage with stakeholders on suggested changes or enhancements. In fact, over the years, improvements and changes to the LON assessment have been implemented after stakeholder input identified areas of the LON that needed to be improved. However, in this difficult fiscal climate, the department would be unable to support any changes to the LON assessment tool that would incur a cost.

While all four of these provisions appear to be well-intended, DDS has concerns with the lack of specificity in the bill's language and possible duplication of efforts, as DDS is already implementing many of the requirements contained in the four provisions.

Based on the language in sections 1 through 4 of this bill, the department believes that we currently have the resources and the systems in place to comply with its general provisions and have been doing what the bill would require as a matter of state agency best practices for the last several years. To this end, the department would recommend that sections 1 through 4 of the bill are unnecessary and, if passed, because of the vagueness of their requirements, would lead to confusion rather than clarity of the department's responsibilities.

Thank you again for the opportunity to testify on [**S.B. No. 331**](#) **AN ACT CONCERNING THE PROVISION OF DEVELOPMENTAL SERVICES AND MENTAL AND BEHAVIORAL HEALTH SERVICES**. Please contact Kevin Bronson, DDS Director of Communications, Legislation and Regulations at 860-550-3497 with any questions.