



State of Connecticut  
Department of Developmental Services

DDS

Ned Lamont  
Governor

Jordan A. Scheff  
Commissioner

Peter Mason  
Deputy Commissioner

**Operations Center Memo FY22-05**

**To:** Purchase of Services Contracted Private Providers

**From:** Scott McWilliams, Chief of Fiscal/Administrative Services

**CC:** Jordan Scheff, Commissioner, Peter Mason, Deputy Commissioner, Katie Rock-Burns, Chief of Staff, Operations Center Director, Regional Directors, Private ARDs, Resource Administrators, The Alliance, The Arc CT

**Date:** August 16, 2021

**RE: Enhanced Benefit Pool**

The biennial budget for fiscal years 2022 and 2023 established a \$30 million pool (\$5 million in FY 2022 and \$30 million in FY 2023) to fund enhanced retirement and healthcare benefits.

The Department requests that you complete the attached benefit survey and email it to [DDS.OperationsCenter@ct.gov](mailto:DDS.OperationsCenter@ct.gov) no later than September 1, 2021. Enter your response on the survey worksheet. The examples worksheet has been populated to show what the Department is looking for. These surveys will be used to allocate the benefit pool. Providers that do not intend to increase benefits under this program are also required to notify DDS of that decision.

Please enter a separate item for each change you are proposing. For example, if you want to propose expanding your retirement plan to new employees and increasing the employer contribution by one percent, these should be entered as two separate items.

Here is a brief description of the input fields:

1. Estimated DDS Funded Salaries: Enter estimated DDS-funded salaries for fiscal years 2021 and 2022, the number of union and non-union positions, and the total Full-Time Equivalents (FTEs).
2. Item description: Briefly describe the intended use of the benefit pool funds.
3. Establish New Benefit, Expand Existing Benefit, Cost Increase for Current Benefit: Identify if the initiative is a new benefit, expands an existing benefit, or is a cost increase related to an existing benefit.
  - a. Establish New Benefit: Select this option if the item creates a new benefit. For example, if your organization does not offer a defined benefit retirement and wishes to establish one. Also, select this option if your organization seeks to change to a more expensive benefit. For example, changing from a defined contribution plan to a defined benefit plan.

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- b. **Expand Existing Benefit:** Expand existing benefit to additional employees or increase employer contribution for benefit. For example, expand existing defined benefit retirement plan to additional employees or increase employer's contribution to a defined benefit plan from 8.5% to 9.5%.
  - c. **Cost Increase for Current Benefit:** Select this option for items where additional benefit costs are directly tied to salary and wage increases. For example, your organization matches employee contributions to a defined contribution plan up to 5% of salaries.
4. **Benefit Type:** Identify whether the benefit is health or retirement.
  5. **Annual Salaries of Employees Receiving Benefit:** Estimated annual salary for employees that currently receive the benefit.
  6. **Count of Employees Receiving Benefit:** Estimated count of employees that currently receive the benefit.
  7. **Average Current Benefit Cost:** Estimated average cost for employees currently receiving the benefit.
  8. **Total Current Benefit Cost:** Estimated total cost of the existing benefit.
  9. **Annual Salaries of Employees to Receive Benefit:** Estimated annual salary for employees that will be receiving the benefit.
  10. **Count of Employees to Receive Benefit:** Estimated count of employees that will be receiving the benefit.
  11. **Average Future Benefit Cost:** Estimated average cost for employees that will be receiving the benefit.
  12. **Total Future Benefit Cost:** Estimated total cost of the future benefit.
  13. **Benefit Cost Increase:** The difference between the current and the future benefit.

The Department requests that all surveys be completed and returned no later than September 1, 2021 to allow time to evaluate the surveys and allocate funds by October 1, 2021. All providers, regardless of whether they wish to participate or not, must inform the Department of their decision. Please feel free to contact me at [scott.mcwilliams@ct.gov](mailto:scott.mcwilliams@ct.gov) or (860) 418-6163 with any questions.