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State of Connecticut
Department of Developmental Services

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Appropriations Health & Hospitals Subcommittee Workgroup: February 24, 2010

Co-Chairs: Senator Jonathan Harris & Representative Kevin Ryan

We appreciate the opportunity to discuss the proposed midterm adjustments to the budget for the biennium ending June 30, 2011 as it relates to the Department of Developmental Services (DDS). We have included the following information in response to questions posed at the Results Based Accountability (RBA) presentation on our Voluntary Services Program (VSP) and in the Appropriations Committee Meeting and Public Hearing on February 18, 2010.

Questions and Responses on Results Based Accountability (RBA) for DDS Voluntary Services Program (VSP)

1. **What percentage of eligible children will get services in FY10 and FY11 given the budgetary constraints on the program? What is the anticipated wait list in each year?**

Given the current budget constraints no one made eligible for the DDS-Voluntary Services Program since July 1, 2009 will receive VSP services in either FY 10 or FY 11 unless there are reusable resources from individuals leaving VSP services for reasons other than individuals aging into DDS adult services.

As of February 19, 2010 there were 29 children on the Waiting List for DDS-VSP Services. There are 17 pending applications that are being completed by families. There is the potential for 46 people to be on the Waiting List for the first seven months of fiscal year 2010. At this rate the waiting list potentially will include 80 children by June 30, 2010. DDS anticipates a comparable number of applicants in FY11.

2. **What is the cost comparison between in-home VSP services and out-of-home VSP placements? (VSP RBA report card reported a program average $73,200)**

   Average costs for in-home VSP services: $47,108

   Average costs for out-of-home VSP placements: $150,107

3. **Which types of VSP services qualify for HCBS waiver and how many children are in each category (# and % of total)?**

   See chart below.

4. **Which types of VSP services do not qualify for HCBS waiver and how many children are in each category (# and % of total)?**

   See chart below.

Residential Setting	Number of Individuals	Percentage
Family/In-home Supports	326	73%
Community Training Home (CTH)	7	2%
Community Living Arrangements (CLA)	56	12.5%
Continuous Residential Support (CRS)	9	2.0%
Residential School	9	2.0%
Sub-Total In-State	405	91.5%
Out-of-State Placement	39	8.5%
TOTAL	446	

The chart, above, details the number of children who receive services and supports in each type of setting. The services that are provided under a HCBS waiver are: in-home supports, Community Training Homes (CTH), Community Living Arrangements (CLA), and Continuous Residential Support (CRS).

5. Why does Connecticut need to send children in VSP out-of-state?

Children are placed out-of-state by DDS after review by the Children's Services Committee and with the approval of the Commissioner. The committee has members from DDS, SDE, OCA, DCF and the Family Support Network. The purpose of the committee is to ensure that everything possible has been done to maintain the child safely at home and to develop in-state resources whenever possible. DDS only uses out-of-state programs when there is no appropriate placement available in Connecticut. DDS is committed to continue to expand its capacity so that eventually all children in VSP can be supported in Connecticut and closer to their families.

6. What is the average cost of an out-of-state placement?

The average cost of a VSP out-of-state placement is $153,631

7. What is the current number of out-of-state placements?

Thirty-nine children and adolescents in VSP are placed out-of-state (see chart below.)

8. List the location and school name and number of children at each location?

See chart below.

Current Number of Out-of-State Placements and List of Out-of-State Locations

Out-of-State Program	State	Number of Individuals
ADITUS-SCR	MA	1
BERKSHIRE MEADOWS	MA	1
COMMUNITY STRATEGIES/CRJ CLA	MA	2
EVERGREEN CNT/HOPEDALE	MA	5

INSTITUTE DEVELOPMT -SCR	**MA**	**3**
LATHAM CENTERS-SCR	**MA**	**2**
MAY CENTER-RANDLOPH/SCR	**MA**	**1**
NEW ENGLD CT FOR CHILDRN	**MA**	**14**
SPURWINK SERVICES-SCR	**ME**	**4**
SPAULDING YOUTH CENTER	**NH**	**2**
THE CENTER FOR DISCOVERY-SCR	**NY**	**1**
THE WOODS SCHOOL	**PA**	**2**
HARMONY HILL SCHOOL	**RI**	**1**
		39

Of the 39 children who are placed out-of-state, 14 were placed by DCF prior to DDS establishing its own VSP in 2005. DDS initiated the program to be one that focused on in-home support and the development of out-of-home options in Connecticut when necessary. There were more children placed out-of-state at that time and DDS developed in-state residences for many of these children. However, DDS did make a commitment to this original group of families placed by DCF that if they wanted their children to stay in the out-of-state placement until age twenty-one, DDS would honor that original decision which has resulted in these 14 children remaining in other locations.

Eight children were placed by DCF in subsequent years before being transferred to DDS. Seventeen children were placed out-of-state by DDS after review by the Children's Services Committee and approval of the Commissioner.

Two children, who are placed out-of-state by their families and are paid for by the child's school system or by private payment, are given VSP funding for in-home supports during their visits home. We include these children in the number who receive in-home supports.

9. How many of these children in VSP services are anticipated to be moved back to Connecticut in FY11?

Fourteen children and adolescents who receive VSP services out-of-state now are expected to move back to Connecticut.

10. How much federal money is associated with these VSP children returning to CT and being placed in a waiver?

It is anticipated that, for the 14 children and adolescents in VSP who will be returning to Connecticut and who will then be enrolled in Waiver services, the state will receive an annualized amount of $2.2 million in Medicaid reimbursement.

11. How does DDS anticipate expanding data collection to provide measures that would prove that children are better off as a result of the Voluntary Services Program?

DDS is currently looking at ways the Voluntary Services Program (VSP) can be made more compatible with the RBA process. One of the ways could be by designing a consumer satisfaction survey that could be administered at the start of VSP services and at different points throughout the individual's enrollment in

VSP. DDS is also looking at a follow-up survey for those individuals that age into DDS adult services. DDS is also going to be examining the data that is already collected by VSP to see if it has applications to RBA or whether the collection of this data can be modified to make it more compatible with RBA.

Questions and Responses from the DDS budget presentation to the Appropriations Committee and the Appropriations Committee Public Hearing

1. **Representative Geragosian requested an accounting, by individual group home, of the savings associated with the conversion of 17 group homes from the public to the private sector in FY10, including the number of state employees, and associated personal services costs, and private provider contract cost.**

See the attached chart of DDS Conversion Savings by Home.

2. **Senator Harp asked why the transfer of home health services funding from DSS to DDS is needed.**

DDS operated a home health pilot for several years under a MOU with DSS which now provides home health support for 43 of our consumers. This was originated for families whose children were on Medicaid and who had approved service plans including the provision of home health services. However, these families had consistent difficulty finding licensed home health agencies that could regularly provide home health workers who felt well trained to serve individuals with intellectual disabilities at the times of the day that the families needed help. The pilot proved to be quite successful with the utilization of the services increasing from 47% when received from traditional HHAs to over 90% once families could arrange this service through a DDS provider or hire trained staff directly.

Starting in FY10 the Governor's budget recommends the transfer of $500,000 from DSS to DDS each year to allow more families to access the supports for their children that have been authorized for them under the Medicaid State Plan. This is a benefit accrued to them through their eligibility for Medicaid

3. **Senator Kane asked how many cottages currently are being used at Southbury Training School (STS).**

There are 42 residential cottages currently in operation at STS.

Additional questions were asked about STS by the Office of Fiscal Analysis (OFA) including Questions 4 through 8 below.

4. **What is the annual per capita cost of a STS resident for the past five years?**

The annual per capita costs at STS for the last five years based upon the actual costs are as follows:

Year	Per capita cost
2009	**$361,309**
2008	**$359,305**
2007	**$334,915**
2006	**$310,879**
2005	**$292,153**

5. **What is the number of full-time employees at STS?**

As of February 1, 2010, there were 1,212 full-time employees at STS.

6. What is the number of part-time employees at STS?

As of February 1, 2010, there were 294 part-time employees at STS.

7. What is the distribution by age of the current 458 residents?

As of January 15, 2010, the distribution of the ages for the STS residents was as follows:

Age Range	Number of Individuals
40 – 49	**45**
50 – 59	**162**
60 – 69	**169**
70 – 79	**54**
80 – 89	**27**
90 – 99	**2**
Total	**459**

8. What is the annual number of residents who have moved into the community in the last ten years?

The number of residents that have left STS over the last 10 years is listed below.

Year	Number of Individuals
1999	**4**
2000	**17**
2001	**11**
2002	**4**
2003	**5**
2004	**0**
2005	**2**
2006	**5**
2007	**0**
2008	**0**
2009	**5**
Total	**53**

In FY 2000 one of the STS residents moved to the DDS Ella T. Grasso Center, and in FY 2009 one resident moved to a skilled nursing facility.

9. Could the elimination of the insurance incentive to Birth to Three providers result in a loss of insurance revenue?

The elimination of the incentive for insurance billing to providers could result in a reduction in insurance revenue due to the lack of follow-up on denials. If the incentive amount has been paying for clerical support to perform that function, then there could potentially be a reduction in the insurance billing and the insurance revenue.

10. Has the department ever considered centralizing all Birth to Three insurance billing to maximize revenue?

Private providers have raised the question whether the insurance billing function could be centralized, particularly with the elimination of the incentive payments. DDS would be happy to explore the centralization of the insurance billing and report back to you at a later date.

DDS Conversion Savings By Home

2/25/2010

Awarded Homes

	Reg	Home	Town	Projected Date of Conversion	FTES (Pre RIP)	Annual Payroll	Annual OE	Clinical	Total DDS Saved	Estimated Benefits 57.66%	Total DDS & Comptroller	Award to Private Agency	Savings Not Inc Contingency
1	WR	White Plains Rd	Trumbull	4/1/2010	13.8	918,364.00	56,454.00	541.00	975,359.00	529,529.00	1,504,888.00	841,745.00	663,143.00
2	WR	Hilltop	Trumbull	4/1/2010	13.2	761,564.50	44,340.00	920.00	806,824.50	439,118.00	1,245,942.50	792,642.00	453,300.50
3	WR	Clapboard Ridge	Danbury	5/15/2010	12.6	816,949.00	69,637.00	1,485.00	888,071.00	471,053.00	1,359,124.00	693,684.00	665,440.00
4	WR	McDonnell Rd	Watertown	4/1/2010	13.5	798,624.20	57,546.00	3,478.00	859,648.20	460,487.00	1,320,135.20	737,466.00	582,669.20
5	WR	Migeon	Torrington	4/15/2010	16.0	900,160.00	78,579.00	1,594.00	980,333.00	519,032.00	1,499,365.00	914,432.00	584,933.00
6	WR	Tunick	Torrington	4/1/2010	12.8	710,649.00	63,639.00		774,288.00	409,760.00	1,184,048.00	570,000.00	614,048.00
7	NR	S. Main St.	W. Htfd.	3/15/2010	8.0	519,315.00	9,307.00	507.00	529,129.00	299,437.00	828,566.00	522,894.00	305,672.00
8	NR	Upper Maple	Dayville	3/15/2010	7.5	482,556.00	36,607.00	611.00	519,774.00	278,242.00	798,016.00	443,758.00	354,258.00
9	NR	Tunnel Rd.	Vernon	4/15/2010	8.0	474,421.00	46,110.00	1,307.00	521,838.00	273,551.00	795,389.00	486,607.00	308,782.00
10	SR	Pelham	Hamden	3/15/2010	6.0	421,028.59	9,773.32	2,024.00	432,825.91	242,765.00	675,590.91	475,020.00	200,570.91
11	SR	Serramonte	Hamden	3/15/2010	8.0	472,664.87	11,235.25	287.00	484,187.12	272,539.00	756,726.12	492,933.00	263,793.12
12	SR	Sandquist	Hamden	2/25/2010	10.1	725,450.33	8,339.83	3,763.00	737,553.16	418,295.00	1,155,848.16	609,968.00	545,880.16
13	SR	Little Meadow	Hamden	2/16/2010	7.6	494,224.73	10,698.90	332.00	505,255.63	284,970.00	790,225.63	571,682.00	218,543.63
			Subtotal		137.1	8,495,971.22	502,266.30	16,849.00	9,015,086.52	4,898,778.00	13,913,864.52	8,152,831.00	5,761,033.52

Homes Currently Being RFPd

	Reg	Home	Town	Projected Date of Conversion	FTES (Pre RIP)	Annual Payroll	Annual OE	Clinical	Total DDS Saved	Estimated Benefits 57.66%	Total DDS & Comptroller	Estimated Award to Private Agency	Savings Not Inc Contingency
14	WR	Second hill	New Milford	6/1/2010	10.0	740,997.00	80,204.00	4,136.00	825,337.00	427,259.00	1,252,596.00	664,115.00	588,481.00
15	WR	Chestnutland	New Milford	6/1/2010	13.4	846,096.20	69,510.00	4,401.00	920,007.20	487,859.00	1,407,866.20	891,576.00	516,290.20
16	NR	4A Scalise Dr	Columbia	6/1/2010	9.4	756,905.73	54,059.00		810,964.73	436,432.00	1,247,396.73	694,260.00	553,136.73
17	NR	16 Scalise (Deerhill)	Columbia	6/1/2010	7.5	477,536.74	43,911.00		521,447.74	275,348.00	796,795.74	456,750.00	340,045.74
			Subtotal		40.3	2,821,535.67	247,684.00	8,537.00	3,077,756.67	1,626,898.00	4,704,654.67	2,706,701.00	1,997,953.67
	Total All Homes				**177.4**	**11,317,506.89**	**749,950.30**	**25,386.00**	**12,092,843.19**	**6,525,676.00**	**18,618,519.19**	**10,859,532.00**	**7,758,987.19**

Other Costs and Contingencies	Estimated Cost
J	250,000.00
Portability contingency	800,000.00
Changes in Need contingency	850,000.00
DSS Planned	200,000.00
Other contingency	540,468.00
SubTotal	2,640,468.00

Total All Costs and Savings Associated with the Conversion	**18,618,519.19**	**13,500,000.00**	**5,118,519.19**