State of Connecticut
Department of Developmental Services

Dannel P. Malloy
Governor

Morna A. Murray, J.D.
Commissioner

Jordan A. Scheff
Deputy Commissioner

April 10, 2015

To: Appropriations Health Subcommittee members

From: Morna A. Murray, J.D., Commissioner

Re: DDS follow-up to the Health Subcommittee questions

Thank you for the opportunity to provide follow up information to questions posed at the March 19, 2015 Appropriations Committee Health Subcommittee meeting.

1. VSP - Please provide a breakout of participants by waiver type. How many children are potentially eligible to get services for EPSDT under the state plan.

Of the 540 children and adolescents in the Voluntary Services Program (VSP) at the end of March 2015 (some individuals have aged out since previous counts were shared with the Committee this session), 428 have intellectual disability (ID) with Autism Spectrum Disorder (ASD) indicated in their Level of Need (LON) Assessment. Thirty-three have ASD only and are on the autism waiver. Twenty-six had ID and did not have ASD indicated, but had another diagnosis noted in the LON which is likely NOT ASD. Fifty-three had ID only (no ASD indicated in their LON). So the total universe of individuals with ASD in VSP is approximately 461 individuals (428 with ID and ASD plus 33 with ASD only). Below is the breakout for these 461 individuals by age and waiver status.

Waiver	Age		TOTAL
	0-17	18+	
ASD (Autism waiver)	28	5	33
HCB (Comprehensive waiver)	29	32	61
IFS (Individual and Family Support Waiver)	219	73	292
*Not in waiver for a variety of possible reasons	53	16	69
PRA (pending waiver application)	5	1	6
TOTAL	334	127	461

*reasons could be that the individual has not yet applied for Title 19 or a look back is required by DSS

DDS does not have historical data on Medicaid eligibility for all of these individuals so we asked the Department of Social Services (DSS) to do a run of this data. According to DSS data, 198 of

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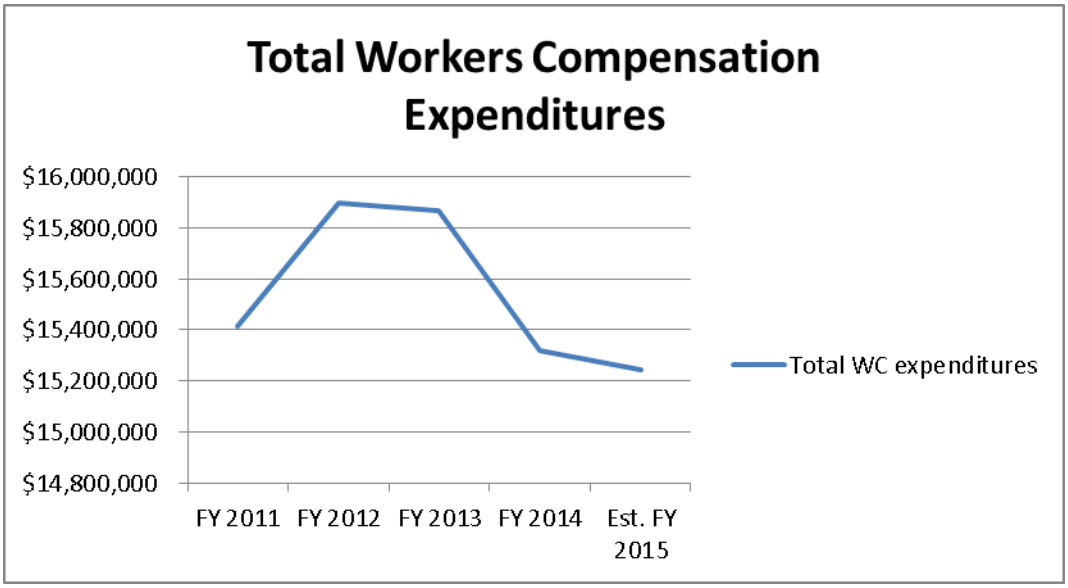
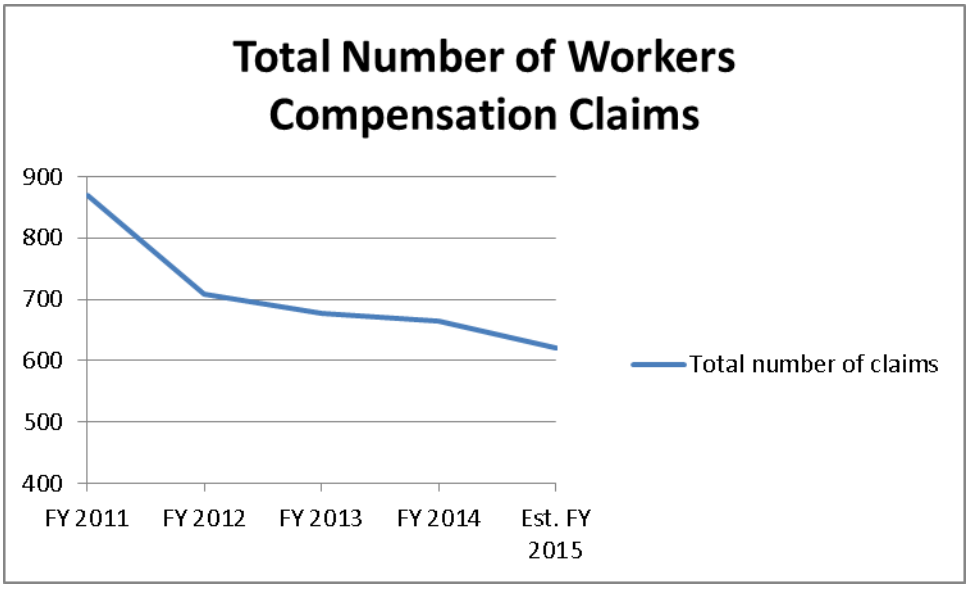
the 334 children did not have Medicaid prior to them being enrolled in the waiver and they likely would not be eligible for EPSDT services. Individuals over 18 with disabilities could be eligible for Medicaid (Husky C) and therefore might be eligible for state plan services and EPSDT services if medically necessary.

2. Worker's Compensation - What are the recent trends in WC expenses and what actions are being taken to prevent injuries.

	FY 2011	FY 2012	FY 2013	FY 2014	Est. FY 2015
Total WC expenditures	$15,416,102	$15,894,980	$15,866,912	$15,317,427	$15,246,035
Total number of claims	869	708	678	665	620





DDS Worker's Compensation expenditures are stable. DDS works closely with the Attorney General's Office, DAS's Workers' Compensation Unit, the Workers' Compensation Commission and our Third Party Administer to settle aged claims and to reduce our liability.

Additionally, DDS has done this without requesting additional funding. Overall, the number of total new claims has been reduced from 678 in FY13 to 665 in FY14. Year to date in FY15 there is an overall 16% reduction in new claims (385 for 8 months in FY 15, vs. 457 for the same 8 months in FY14).

DDS has completed the following Safety Initiatives this year:

1. A new written policy to better outline the obligations of employees, supervisors and managers concerning safety.
2. Ongoing Workstation Revisions due to Ergonomic Evaluations by DAS.
3. Ongoing regular Safety Committee Meetings that review accidents and make recommendations for prevention.
4. Ongoing routine training on equipment at the local level.
5. Ongoing monitoring of our progress through written reports.

3. Overtime - Please provide detailed information regarding agency overtime with a separate analysis of overtime at STS for direct care workers. What steps are being taken to control overtime?

Attached you will find an overview of DDS overtime broken out by region and Southbury Training School for FY11-FY15.

The reduction of overtime costs has been one of DDS's top priorities and the agency has developed and adopted several strategies over the years to contain these costs, including: (1) addressing staffing patterns that did not meet the needs of residents; (2) significantly reducing all fulltime first-shift positions across all residential settings; (3) ensuring that all residents are at their worksites or day programs, as scheduled; (4) incorporating all Supervising Developmental Services Workers (SDSW) into the staffing schedule to reduce overtime; (5) ongoing analysis and systemic review of overtime costs and patterns; (6) using temporary staff assignments to cover unanticipated staffing shortages; (7) hiring for all direct care positions that includes required weekend shifts; (8) operating with minimum staffing ratios, when appropriate; (9) implementing downsizing of cottages at STS through the cottage closure process; and (10) review and management of employee attendance issues and rescheduling of training to optimum times.

There are several contractual, structural, and historic challenges that DDS faces in reducing overtime, including: (1) a 35-hour work week in 24/7 settings; (2) established staffing patterns and schedules that do not meet the coverage needs of the residential facilities; (3) extended staff leave for FMLA and Workman's Compensation; (4) continuous, changing needs of residents including medically fragile residents not being able to attend their day programs; (5) emergency admissions of new residents from private provider services and in-home services; (6) staff opposition to scheduling changes; and (7) state hiring freezes and budget cuts.

DDS is currently exploring several recommendations to reduce overtime, including: (1) a single overtime agreement addressing the needs of all regions and STS; (2) revisiting requirements for mandatory overtime and overtime pay rates; (3) using assistive technology to increase safety and promote resident's independence; (4) creating a "floating pool of DSWs" to provide coverage and minimize overtime across all three regions and STS; (5) monitoring workman's compensation and leave of absence data and finding work options for employees assigned to light duty; (6) expanding training and opportunities for public sector workers to (A) enhance current family support for individuals and their families living at home with limited or no supports, and (B) assist a

provider in an emergency that could require an individual to return to a public sector facility; and (7) developing new in-home day support options for public sector settings.

4. Cost of Services: Private and Public - Can the typical table be provided that shows all the detail that is referred to in the narrative?

This information is being finalized and will be sent under separate cover as soon as it is completed.

5. Please provide feedback/comments on the Families for Families Parent Leadership Committee's memorandum "Rightsizing Southbury Training School-Implications for FY2016."

Please see attached.

Attachments:

Attachment A: DDS Overtime by Region and Southbury Training School FY11-FY15
Attachment B: DDS Personal Services Expenditures by Region and Southbury Training School FY10-FY14
Attachment C: Southbury Training School Memorandum for Appropriations Committee Health Subcommittee