



State of Connecticut
Department of Developmental Services



Dannel P. Malloy
Governor

Morna A. Murray, J.D.
Commissioner

Jordan A. Scheff
Deputy Commissioner

**DEPARTMENT OF DEVELOPMENTAL SERVICES TESTIMONY
BEFORE THE HUMAN SERVICES COMMITTEE**

February 18, 2016

Good afternoon Senator Moore, Representative Abercrombie, Senator Markley, Representative Wood and members of the Human Services Committee. I am Morna A. Murray, Commissioner of the Department of Developmental Services (DDS) and I am grateful for the opportunity to come before you today to testify in support of [S.B. No. 17](#) **AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HUMAN SERVICES**. Additionally, I will be testifying before the Appropriations Committee later this afternoon in support of Governor Malloy's proposed budget adjustments and much of this information also will be discussed there.

As we all know, Connecticut is facing a new economic reality. It is a time of great transition and I appreciate the assistance and support of key stakeholders as DDS navigates this transition. This requires a new look at how DDS does business and how we deliver services to highly vulnerable persons in the most efficient and innovative ways possible in an era of significant fiscal constraints.

The mission of DDS is to partner with the individuals we support and their families, to support lifelong planning, and to join with others to create and promote meaningful opportunities for individuals to fully participate as valued members of their communities. DDS currently supports more than 16,000 individuals with intellectual disability and developmental disabilities across their lifespan.

Section 1 of the bill establishes an Intellectual Disabilities Partnership. Governor Malloy has proposed an Intellectual Disabilities Partnership to increase access to quality services for individuals with intellectual disability by:

1. Expanding individualized and community-based services;
2. maximizing federal revenue to fund services for persons with intellectual disability;
3. converting grant-funded services to rate-based, fee-for-service payment systems when possible;
4. exploring the feasibility of services management by an administrative services or managed care organization;
5. exploring opportunities for private and other third-party payments;
6. developing models to support persons with intellectual disability in supportive housing;
7. reducing reliance on institutional and residential services;
8. improving administrative oversight and efficiencies;
9. monitoring individual outcomes, provider performance and overall program performance; and
10. identifying strategies to make resources available to address the residential waiting list.

As happened with the successful Behavioral Health Partnership, it is anticipated that these changes will bring greater focus and attention to this important area and ultimately result in the development of a broader array of services that will assist in downsizing public facilities.

Section 2 of the bill tightens requirements regarding changes of ownership of Community Living Arrangements (CLAs). CLAs operated by DDS private providers are currently funded by both DDS and DSS – DDS covers service costs and DSS funds room and board. The service costs are Medicaid reimbursable, while room and board costs are not. Land and building costs are reimbursed through rates set and payments made by DSS over a 30-year useful life. This bill will prevent DDS providers from selling CLAs that are either fully or significantly paid off and profiting from the sale while another DDS provider receives a new 30-year rate for the same property at the new market value. This practice essentially results in the state paying twice for the same property. The language specifies that useful life and value will not be reset because of a sale or transition of an existing property from one provider to another. It also requires both DDS and DSS to approve changes in ownership. In addition, the bill stipulates that if a provider were to sell a property that the provider owned outright, or has a mortgage on, the amount of the value at the time of the sale would be adjusted in the next development of that provider in order to recoup profit that the provider might have received for a property that was funded through DSS room and board payments.

Section 3 of the bill transfers lead agency responsibilities for funding and services for autism spectrum disorder from DDS to the Department of Social Services (DSS). The rationale for this shift is that, with the implementation of the federal mandate to cover autism services under Medicaid and with the potential increase in the number of individuals supported by the program, the state's autism programs rightly belong with DSS, the state's single Medicaid agency. In order to appropriately implement the autism services mandate, DSS currently has the responsibility to (1) certify Medicaid providers, (2) disseminate information about available services, (3) set rates for services, (4) coordinate with the administrative service organization (ASO), and (5) provide quality assurance and quality management responsibilities, for what will likely grow to be a very large program (initial estimates are for thousands of children under the age of 21 seeking services costing more than a hundred million dollars). DDS currently performs these oversight responsibilities for the lifespan autism waiver, but this waiver is small compared to the program at DSS. So, in line with the Governor's desire to reduce duplication, it makes sense to consolidate autism services and funding under DSS as it currently operates many Medicaid waivers that support individuals receiving supports from other human service agencies.

To support this change, four DDS positions and their related funding are proposed to be transferred to DSS as well as almost \$2.1 million that supports the lifespan autism waiver and the feasibility study initiatives developed in consultation with the Autism Spectrum Disorder Advisory Council. In this current budget adjustment, this funding was spared across the board reduction.

Section 17 defines "Autism Spectrum Disorder" in statute. Laws concerning persons with autism spectrum disorder (ASD) and programs that fund and serve those individuals have rapidly changed over the last several years. A general definition of ASD for the State of Connecticut will clarify certain gray areas in programming and funding of services. The proposed definition is similar to one just adopted in Massachusetts' regulations and the definition is also similar to wording in section 38a-488b of the Connecticut General Statutes. Adding a general definition of autism spectrum disorder to state statute will provide base criteria for the provision of funding and services to individuals with autism spectrum disorder.

Together, we have a responsibility to come up with workable solutions, while balancing many equally important competing and compelling needs. I look forward to embarking on this challenge with each of you. Citizens with intellectual and developmental disabilities in Connecticut deserve no less. Thank you again for the opportunity to offer testimony on Senate Bill No. 17. I would be happy to answer any questions that you have for me at this time.