



State of Connecticut  
 Department of Developmental Services



Ned Lamont  
 Governor

Jordan A. Scheff  
 Commissioner

Peter Mason  
 Deputy Commissioner

**Appropriations Health Subcommittee Workgroup: March 11, 2021**

Co-Chairs: Senator Mary Daugherty Abrams and Representative Patricia A. Dillon  
 Ranking Members: Senator Heather S. Somers and Representative Kathy Kennedy

We appreciate the opportunity to discuss Governor Lamont’s recommended budget for fiscal years 2022 and 2023 as it relates to the Department of Developmental Services (DDS). We have included the following information in response to questions posed at the DDS Budget Presentation to the Appropriations Committee held on February 23, 2021.

*Questions for the Department of Developmental Services (DDS) Appropriations Health Subcommittee Work Session*

- 1. Of the total number of currently vacant positions in the agency, how many of these positions has the agency been authorized to refill to-date?**

*DDS Response:*

<b>Positions</b>	<b>FY 2021 Authorized</b>
Authorized	2,480
Filled	1,914
Vacant	378
Vacancies Approved for Refill	95

**Note:** Authorized and Filled include only permanent full-time positions, while Vacant and Vacancies Approved for Refill include part-time staff

- 2. How many more vacant positions are anticipated to be authorized to be refilled before the end of the current fiscal year?**

*DDS Response:* 283 positions

- 3. How many employees will be eligible to retire by July 1, 2022 and how many vacancies are anticipated in both FY 2022 and FY 2023 from retirements?**

*DDS Response:* DDS estimates that 457 employees will be eligible to retire by July 2022 without penalty (meeting both age and years-of-service requirements). This represents 16% of DDS current employees.

**4. COVID Relief Funding – amount expended and use by account for FY 2020 and est. FY 2021.**

*DDS Response:*

<b>Initiatives</b>	<b>FY 2020 Actual</b>	<b>FY 2021 Estimate</b>	<b>Total per Account</b>
Housing for state direct care staff	\$32,604	\$116,116	\$148,720
Temp hiring to ensure staff coverage	\$407,097	\$593,282	\$1,000,379
Deep cleaning costs for DDS facilities	\$312,540	\$409,550	\$722,090
PCA 7.5% Relief Funding	\$0	\$1,334,000	\$1,334,000
Private Provider COVID-19 Supplemental Payment Residential Services	\$35,262,972	\$13,877,164	\$49,140,136
Norwich Dental Clinic Ventilation	\$0	\$25,000	\$25,000
<b>TOTAL</b>	<b>\$36,015,213</b>	<b>\$16,355,112</b>	<b>\$52,370,325</b>

**5. How many group homes does DDS support in the public sector and by private providers?**

*DDS Response:*

	<b>Non-ICF<sup>^</sup></b>	<b>ICF<sup>^</sup></b>	<b>Total</b>
Private Community Living Arrangements	778	68	846
Public Community Living Arrangements	33		33
Step-Down Unit	1		1
<b>Grand Total</b>	<b>812</b>	<b>68</b>	<b>*880</b>

<sup>^</sup> “ICF” means Intermediate Care Facility for Individuals with Intellectual Disabilities

**\*Note:** There are currently no placements in the following: 1 public CLA, 3 private CLAs and 1 private ICF CLA, but are all included in the totals above.

**6. How many Southbury Training School (STS) residents are over the age of 60?**

*DDS Response:* As of March 3, 2021, there are 135 STS residents that are age 60 and over. Twelve (12) residents are 59 or younger. The total STS census as of March 3, 2021 is 147 residents.

**7. Is the need for part-time positions due to STS? Do these part-time employees get fringe benefits?**

*DDS Response:* Most part-time positions are for DDS regional centers and public community living arrangements. Only 18% of part-time direct care staff work at Southbury Training School. Part-time staff receive fringe benefits on a pro-rata basis. Part-time employees in permanent positions hired to work less than twenty (20) hours per week, but who work an average of twenty (20) hours or more per week over a four (4) calendar month period shall be treated in accordance with the averaged work hours.

**8. How much funding has DDS provided to private providers for hazard pay for their staff in FY 2020 and FY 2021?**

*DDS Response:* DDS did not provide funding to private providers for hazard pay directly, however, some providers may have utilized the CRF funds for employee-based hazard pay, as this was a permitted use of these funds as long as the CRF funding was utilized for COVID-19-related expenses.

**9. What strategies and supports is the agency providing to families and providers to address social isolation?**

*DDS Response:* DDS implemented numerous strategies to mitigate the effects of social isolation while doing our best to maintain health and safety for everyone we support. One of the most effective strategies when face-to-face supports were unable to be provided, was the ability to deliver the majority of supports and services through virtual means. Many services including day and employment services that were provided face-to-face in pre-pandemic times are now able to be provided virtually, under temporary flexibilities approved in our Appendix K application by the Centers for Medicare and Medicaid Services (CMS). This flexibility allows individuals to still learn new skills and interact with others in a meaningful way but continue to stay healthy while doing it. DDS commends our provider network for their creativity in utilizing virtual supports to maintain personal connections throughout the pandemic. Providers offered many innovative virtual activities and community chats that facilitated personal connections during the most difficult of times.

**10. How is the agency helping families with children in crisis?**

*DDS Response:* For those families who do not have annualized funding from the department, DDS is able to offer them access to our Family Grant program. This program provides subsidies to a family for the purposes of providing a child or family supports or assisting with disability-related expenses. Family Grant funding can be utilized for respite, in-home supports, behavioral services, nursing, medical or clinical services, temporary assistance, crisis support, skill training, family training, recreation, transportation, support coordination, and assistance to access community supports.

With the legislature’s support, DDS also had the opportunity to expand our Individual and Family Support Teams, specifically focusing on increasing capacity to provide rapid support to individuals living in community-based settings, who may be near or experiencing a crisis.

**11. What is the implication of the new law that raises the age of special education services from 21 to 22 on the DDS funding required for new high school graduates?**

*DDS Response:* It is our understanding that this matter is under review in federal court.

**12. Detail the movement on the waiting list for residential services, day services and the Behavioral Services Program (BSP).**

*DDS Response:*

**Residential Services Waiting List:** As of January 1, 2021

- Individuals on the residential services waiting list with “no residential services” TOTAL - 654 (for comparison June 2020 - 655 and June 2019 - 577)
  - 61 emergency
  - 593 urgent

- Individuals on the residential services waiting list who have some residential services but who need more, or a different type of, residential services are considered “underserved” TOTAL - 245 (for comparison June 2020 - 248 and June 2019 - 182)
  - 36 emergency
  - 209 urgent
- Individuals on the residential services waiting list who have “future needs” for residential services (meaning that the individual may want or need residential services within two (2) or more years) TOTAL - 1,004 (for comparison June 2020 - 1,004 and June 2019 - 1079)
- The **TOTAL** number of individuals on the combined “no residential services”, “underserved” and “future needs” residential services waiting list is 1,903.

**Day Services Waiting List:** As of January 1, 2021

- Currently, there are 42 individuals who have day services funding, but have not yet identified a day services provider. For comparison, in June 2020, there were 42 individuals who had day services funding, but had not yet identified a day services provider and, in June of 2019, there were 63 individuals who had day services funding, but had not yet identified a provider.

**Behavioral Services Program (BSP):** As of January 1, 2021

- Currently, there are 21 individuals who have been found eligible for the DDS Behavioral Services Program (BSP), but who are waiting for an authorization of services. For comparison, in June 2020, there were 21 individuals who were found eligible for DDS BSP, but were waiting for an authorization of services and, in June 2019, there were 24 individuals who were found eligible for DDS-BSP but were waiting for an authorization of services.

**13. How would you reinvest recommended reductions in Day Services and BSP?**

**DDS Response:** If DDS was able to reinvest the funding in Day Services, we could utilize these funds to allow more individuals to work in a competitive job within their community. DDS could establish a grant program to incentivize community businesses to hire individuals with intellectual disability. The grant could be targeted to help offset the wages and benefits of the individual in their first year of employment. As a companion to this incentive, DDS could propose to increase the rate paid to qualified providers for placing individuals into competitive employment. The establishment of a higher reimbursement rate could provide a financial incentive for providers to move individuals into community-based jobs versus into traditional congregate day supports.

If DDS was able to reinvest the BSP funding, we could propose to establish an additional step-down unit for children in crisis.

**14. Provide the metrics for your major programs. Provide trends in the number of individuals served by each program.**

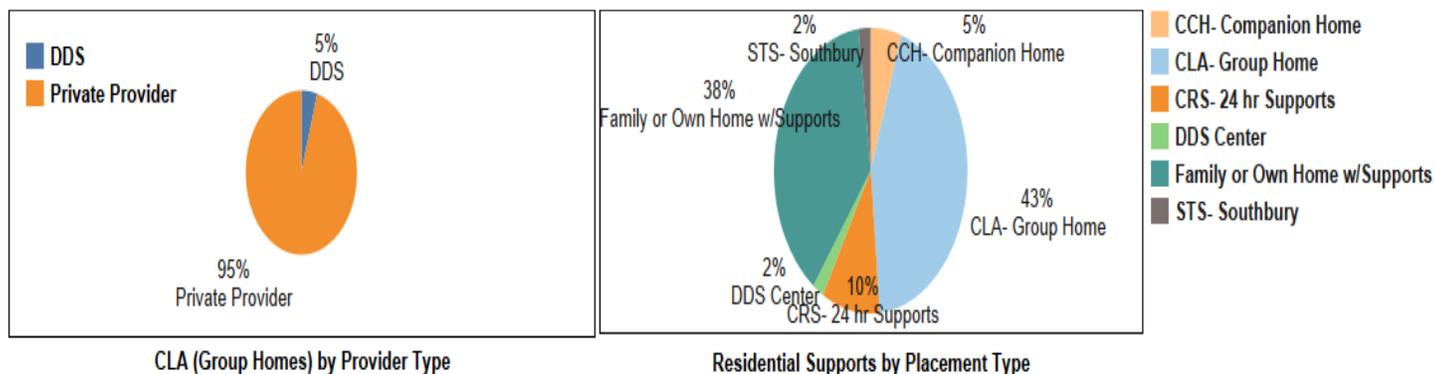
**DDS Response:** All figures are as of January 1, 2021

In total, DDS has 17,162 individuals with intellectual disability active with the department.

**Program highlights:**

- 1,498 individuals self-direct their supports;
- 387 individuals reside and receive services in a Community Companion Home (CCH);

- 3,641 individuals reside and receive services in a public, private, or ICF Community Living Arrangement (CLA) (i.e., group home);
- 739 individuals reside and receive services in a Community Residential Supports (CRS) setting; and
- 480 individuals reside and receive services in a DDS public employee staffed regional center, community living arrangement, or the Southbury Training School.



- 276 individuals are competitively employed (1.61% of the total DDS serves)
- 2,330 individuals participate in group supported employment (13.58% of the DDS serves)
- 4,290 individuals receive a day support option (25% of the total DDS serves)

DDS also participates in the National Core Indicator (NCI) Survey on an annual basis. Survey interviewers meet with individuals, who are receiving services from the state, to ask questions about where these individuals live and work, the kinds of choices they make, the activities they participate in within their communities, their relationships with friends and family, and their health and well-being. Below is the link to the results from the 2019 survey.

[https://www.nationalcoreindicators.org/upload/core-indicators/CT\\_IPS\\_state\\_508.pdf](https://www.nationalcoreindicators.org/upload/core-indicators/CT_IPS_state_508.pdf)

A few highlights from the NCI Survey are:

- 83% of DDS individuals surveyed report they chose or have input in choosing a paid community job.
- 92% of DDS individuals surveyed report they have enough choice in their daily schedule.
- 86% of the DDS individuals surveyed report they like their home or where they live.
- 91% of DDS individuals surveyed who have paid jobs report they like their job.
- 95% of the DDS individuals surveyed report their services and supports help them live a good life.

**15. What would it cost DDS to increase private provider wages by 50 cents per hour in each fiscal year (FY 2022 and FY 2023)?**

**DDS Response:**

- In fiscal year 2022: \$18,255,437
- In fiscal year 2023: \$37,417,726

**16. Detail on the funding sources for DDS supportive housing initiatives.**

**DDS Response:** In FY 2019, DDS received \$700,000 in annualized funding for project-based rental assistance (RAPs) and \$700,000 in annualized funding for supportive housing services to enable participation of up to 70 individuals in the Intellectual Disability and Autism Spectrum Housing (IDASH) program, as well as continued participation in other supportive housing development opportunities, as funds allowed. The Office of Policy and Management (OPM) used the Department of Housing (DOH) model of \$10,000 per person for rental assistance and \$10,000 per person for wrap around services for up to 70

individuals. The IDASH program included \$20 million in project development bonds awarded through a Notice of Funding Availability (NOFA) process conducted by DOH using criteria consistent with their Low-Income Housing Tax Credit (LIHTC) award process. As of March 11, 2021, three projects have been awarded, exhausting the initial \$20 million. DDS has continued to seek and receive access to supportive units in new developments through the LIHTC process.

Participation in supportive housing initiatives, whether IDASH or LIHTC, requires additional funds for residential supports. These projects are funded by a combination of the special funds referenced above and recycled and/or portable funds.

**17. How many individuals started day programs, by month, in FY 2020 and year-to-date in FY 2021?**

*DDS Response:*

**FY 2020 and FY 2021 - New Day Services Counts by Month**

<b>FY 2020 Month</b>	<b>Count</b>	<b>FY 2021 Month</b>	<b>Count</b>
July 2019	231	July 2020	109
August 2019	31	August 2020	32
September 2019	25	September 2020	33
October 2019	22	October 2020	24
November 2019	15	November 2020	27
December 2019	15	December 2020	18
January 2020	16	January 2021	33
February 2020	12	February 2021	10
March 2020	7	March 2021	N/A
April 2020	6	April 2021	N/A
May 2020	0	May 2021	N/A
June 2020	1	June 2021	N/A
FY 2020 Grand Total	381	FY 2021 Y-T-D Grand Total	286