



December 2, 2011

To: Terry Macy, Commissioner

From: Terry Edelstein, President/CEO

Re: Testimony Regarding DDS Five Year Plan 2012 - 2017

I am pleased to provide testimony regarding the DDS Five Year Plan 2012 – 2017 on behalf of the Connecticut Community Providers Association.

CCPA represents organizations that provide services and supports for people with disabilities and significant challenges. Our members provide a full range of services for individuals with intellectual disabilities and their families. We convene an active Developmental Disabilities Division, a Birth to Three Forum and we co-staff the DDS Trades Business Managers Forum. As an association that represents service providers our focus is on supporting providers so that they can support individuals with disabilities.

This Plan is remarkable in its clear focus on the people served by DDS either directly or through its network of contracted providers. We commend the Department in making this critical shift in focus, emphasizing “people and families first.” That is our collective goal.

At the same time, this transition from what has been described as “legacy systems” to models that support individuals and families directly raises potential challenges. I am proud of the work that has been accomplished by DDS and community providers going back almost thirty years with the implementation of the Mansfield settlement. We, collectively, created a system of residential, day program, employment and community supports that has helped to integrate individuals with intellectual challenges in all aspects of Connecticut life. We want to be able to continue to provide this high level of supports and services.

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Service providers and DDS administration have had a long history of working in a collaborative manner to support community programs and services and we welcome the opportunity of continuing in this collaboration.

The following are specific comments related to the proposed Plan:

1. Opportunities for provider input

We appreciate that the monthly Trades meetings will continue and support the format of holding meetings in each of the three regions of the state with a revolving group of participants from the Associations. This allows providers to have direct communication with Department officials. Shared meeting notes will help to assure that information communicated at these meetings is available to the full provider community. But the Trades is by its very composition an ad hoc group, not designed as a work group or a task group.

Community providers had been eager participants in the former DDS Provider Council and many have expressed regret that it won't continue. The Provider Council offered a vehicle for in-depth discussion and strategic work around issues specific to the provider community.

In its absence it is unclear how decision-making between the Department and providers will occur, how any existing or future workgroups will be coordinated and how outcomes of any decisions will be disseminated. What is the cross-agency mechanism for assuring that the work of varied groups is coordinated? For example, some of the groups currently in place include: SEI group, Day Rate Transition Workgroup, Residential Rate Transition Workgroup, DDS 101 for Business Managers. What is the proposed coordination mechanism for these and other groups?

2. Stakeholder Groups

We appreciate the Department's commitment to garnering input and doing strategic planning by use of stakeholder groups.

- **Composition of the groups:**

It appears that these groups will be organized by subject matter and will include all potential stakeholders in the discussion. While this cross section of participants may be

relevant for some of the discussion areas, it may make more sense for some of the stakeholder groups to include the specific parties affected.

If the Department convenes a stakeholder group on restructuring waiver rates, the service providers would be the most relevant group to include in the discussion.

- **Coordination among the stakeholder groups**

The stakeholder process will require centralized coordination to consistency in stakeholder group process and presentation of recommendations.

- **Topic Areas**

We recommend that the Department convene stakeholder groups in the following areas:

- **Communications**

Stakeholders will want to provide input about ways in which the Department can communicate more effectively with its constituencies and the methods may be different based on the needs of the group. Families and service providers will have different technology at their disposal for receiving information and providing input.

- All forms of communication need a careful review with the goal of expediting the communications process including: email, website, phone, US mail.
- How can the Trade Associations assist in the communication process? What is their role vs. what is a DDS role?
- How can the Department assure that cross-regional communication is consistent? Where is the central point of contact and coordination?

- **Birth to Three**

We encourage the Department to modify the Plan to place a greater emphasis on Birth to Three services. With the service delivery system in flux due to rebidding of all contracts and the planned transition of the DDS-provided Early Connection services to private sector contracts, it is all the more important to emphasize the importance of Birth to Three services as an underpinning of services DDS supports. This program with its demonstrated Results Based Accountability measures helps to offset the need for future services for some children and provides essential support for those children and families who may need life-long supports.

Convening a stakeholder group of Birth to Three providers and families will provide greater input into potential shifts in service delivery models.

- What are the current needs that aren't being met?
 - What are projected future needs?
 - How can Birth to Three services coordinate with other early childhood services?
 - How can the system assure continuity between Birth to Three and services after age three?
 - What role will DDS Birth to Three play in the Early Childhood Cabinet?
 - How can the Department assure that parents that are eligible for services receive services (What are the financial disincentives that limit receiving services? What is the effect of parent fees on Birth to Three census?)
 - How can the Department develop a rate structure that compensates providers for the cost of providing the services, including those services provided by specialists?
- **Pros and Cons of “Legacy Systems”**

The Plan emphasizes that “legacy systems” aren't sustainable. But it is the current legacy systems that have transformed services for children and adults with disabilities from church basements and exclusively sheltered settings to community-based employment and community living. It is important to recognize the cost of providing comprehensive services in the community and equally important to assure that these services aren't dismantled.

Modeling future service delivery practices and assuring there is reimbursement to cover the cost of providing these services is essential. This is a large but important charge for a stakeholder group.

- **System funding challenges**

The community provider system will be entering its fifth year without cost of living increases. Our current system is unsustainable. How can the Department and service providers work together to garner funding that meets the cost of providing services? How can we assure that funding is sufficient to meet the cost of providing services rather than being eroded via annual budget option proposals? What data do we need to demonstrate that the current system is dramatically underfunded? How can we build our case?

Recent legislation that eliminates revenue retention removes one more tool that private providers could use to reinvest DDS dollars into their systems. Instead funds are returned to the state's general fund without meeting specific needs in the DDS system.

- **Linkage with DSS**

Just as private provider funding in the DDS system has eroded, it has been reduced on the DSS side with rate freezes for CLAs and rate caps for ICF-MRs. There is a long history of balancing payments for DDS and DSS-funded services. With funding constraints this balance has gone awry. A stakeholder group that includes DSS representation is necessary to assist in "righting" the payment system. It doesn't make sense to have created a robust system of community residential services provided primarily by nonprofit organizations, only to impose rate freezes and caps irrespective of the costs of paying for those items that are included in the rates (such as fuel, food, building repair) which have risen.

- **Funding for Family Supports**

It appears that over time a greater proportion of DDS funding will be utilized for family supports. What are the mechanisms for assuring that families receiving funds to pay for individual supports are utilizing those funds in a manner consistent with the individual service plans? How can DDS assure that individual service dollars are used as intended to support the individuals with intellectual disabilities? What are the checks and balances on this system?

What are the opportunities for private providers to provide supports directly to families? As DDS modifies the services and supports it offers to families, it is essential that the Department consider multiple ways of supporting families.

- **Simplifying business practices**

Funding challenges provide an opportunity for DDS and providers to review all business requirements ranging from accounting to adherence to policies and procedures in order to eliminate unnecessary, duplicative and outdated practices.

What is the most cost-effective way to produce data and provide reports? How can

we streamline processes and procedures, saving money on both the DDS and the private provider sides while continuing to assure the health and safety of those served? Areas of attention include:

- Fiscal
- Nursing/ nursing delegation
- Policies and Procedures
- Quality assurance/ Quality Standards Review/ Deemed status in lieu of multiple QA processes
- Licensing
- **Employment practices**

A stakeholder group could review multiple messages in the field ranging from consumer demands to close sheltered workshops to consumer support for work in protected settings.

 - How does Connecticut compare with other states with regard to employment models?
 - How do we reconcile the conflicting messages: one promoting offering individual employment supports as the ideal and other identifying the high cost of individual supported employment?
 - What challenges will Connecticut experience if the subminimum wage is repealed?
 - How can we build the wage rate for workers with intellectual disabilities?
 - What are the best practices?
- **Day Program practices**
 - How can we provide essential day services for people with intellectual challenges and limited vocational skills?
 - Can we enhance vocational skills?
 - What do consumers and families tell us about where people would like to receive services?
 - What are the best practices?

3. Central vs regional organizational structure

Department leadership has expressed a strong commitment to relying on a decentralized structure, utilizing the regions for communication, contracting and other matters.

This process might work well, but without a centralized administrative structure, it is very easy for messaging to shift, even with as few as three regions. Service providers continually report that the messages they receive from two of the regions differ from the messages they receive from another of the regions. The only way to validate this information is to assure a strong centralized communication presence.

4. Revisiting provision of case management services

As the Department reviews its mandate, we encourage DDS to consider applying for a waiver to contract for case management services. This process can build in incentives for provision of case management services, specifying measurable outcomes. It would provide for continual revitalization of case management services as needs change rather than utilizing an antiquated system that is costly to operate and has many built-in opportunities for error.

The Birth to Three system provides a comparable model of a service for which the state contracts. The program has clear operational requirements. And as the recent round of rebidding demonstrates, the Birth to Three program has been required to evolve and change over time rather than being locked into a staff-dependent model.

Thank you for the opportunity of commenting on the Plan. We look forward to working with you in its implementation.