

Scope of Study

PLANNING FOR NEEDS OF AGING INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

The Department of Developmental Services (DDS) provides an array of services including residential options, day and support programs, and health and clinical services to persons with developmental disabilities.¹ As with the general population, aging individuals who are DDS clients often require different and increased supports. Currently, more than 2,565 individuals over the age of 55 receive services from DDS. This is approximately 15 percent of the agency's total client population of about 17,000. Another 15 percent are adults between the ages of 45 and 54. In addition, there are other aging individuals who have never received services from DDS, but may need to do so in the future.

In 2002, the department convened a Focus Team on Aging with representatives from state agencies, providers, family members, and professionals to identify issues and concerns for persons with developmental disabilities who are aging. The team issued a report with a variety of recommendations in October 2003. The recommendation areas covered by the report are: person centered planning, health, housing, transportation, retirement, recreation and leisure, supports to families, education and training, federal and state legislation, grants and research, and end of life planning. In response to the report, the department created a position for coordinating elder services for individuals served by the agency, just filled in early 2008. In late 2006, the department reactivated the Focus Team on Aging to monitor progress made in this area.

Another recent change at DDS is the development of a new needs-based assessment and resource allocation tool designed to determine an individual's support need level and assign resources based on level of need. The department has also received approval for two new federal Home and Community Based Services (HCBS) Medicaid waivers to increase the number of service options for people who live in their own or family homes. The availability and flexibility of service options is a particular concern for families and primary caregivers who are also aging and providing care in their homes.

One critical issue complicating the department's service delivery is the waiting list of people seeking residential or support services from the department. DDS is in the process of implementing a five-year waiting list initiative that reduces the number of people waiting for services and resolves a pending lawsuit. However, the wait list growth factor projected by DDS has more than doubled since the initiative began in 2005.

AREA OF FOCUS

The study will evaluate DDS efforts to address and plan for the current and future service needs of the aging population with developmental disabilities in Connecticut. The study will focus on the methods used by the department to measure the types and costs of services needed now and in the future for elderly individuals already in DDS residential placements, those still

¹ In order to be eligible for DDS services, state law requires an individual to have an IQ score of 69 or lower along with demonstrated deficits in adaptive behavior before the age of 18 years.

living at home with a caretaker relative who is also elderly, and those who will be over 55 years old within the next 10 years.

AREAS OF ANALYSIS

1. Examine population trends in Connecticut for individuals with developmental disabilities by age bracket.
2. Identify current DDS clients by age bracket and profile the types and costs of services received.
3. Evaluate the types, availability, and costs of services provided by the state to relatives caring for an aging family member with a development disability.
4. Describe how DDS projects future needs for current clients as well as those who may need services but are not clients of DDS, including the types and costs of services needed (i.e., residential, day program, medical care, etc.).
5. Analyze the waiting list, including those who are already receiving some services from DDS or another state agency, how priorities are established, how placements are made, and the length of time on the list until the needed service is provided.
6. Examine how DDS coordinates with other state agencies to meet client needs, particularly the Department of Social Services.
7. Determine whether programs for aging relatives caring for family members with developmental disabilities exist, and the types of programs available, if applicable.
8. Identify federal revenue available that can be used to provide services to DDS clients and/or their caretakers, including applicable federal Medicaid waivers, and any restrictions on use of these funds.
9. Compare other states' approaches to the issue and costs.

AREA NOT UNDER REVIEW

The study would not examine the structure of rates paid to providers.