

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

Planning for the Needs of Aging Individuals with Developmental Disabilities (2008)

Study Results Focusing on RBA Program Performance Questions
(Full report at www.cga.ct.gov/2008/pridata/Studies/PDF/DDS_AGING_Final_Report.pdf)

Scope of PRI Study

Focused on the Department of Developmental Services (DDS) efforts to address and plan for the current and future service needs of the aging population with intellectual disabilities (ID) in Connecticut.

Wait List: How Much Did We (DDS) Do?

Performance Measure 1 –Number of DDS Clients including Target Population

DDS Consumers Age 45 and Older by Age Range		
<i>Age Group</i>	<i>Number</i>	<i>Percent</i>
45 – 54 years old	2,570	50%
55 – 64 years old	1,614	31%
65 - 74 years old	657	13%
75 - 84 years old	275	5%
85 and older	71	1%
Total	5,187	100%

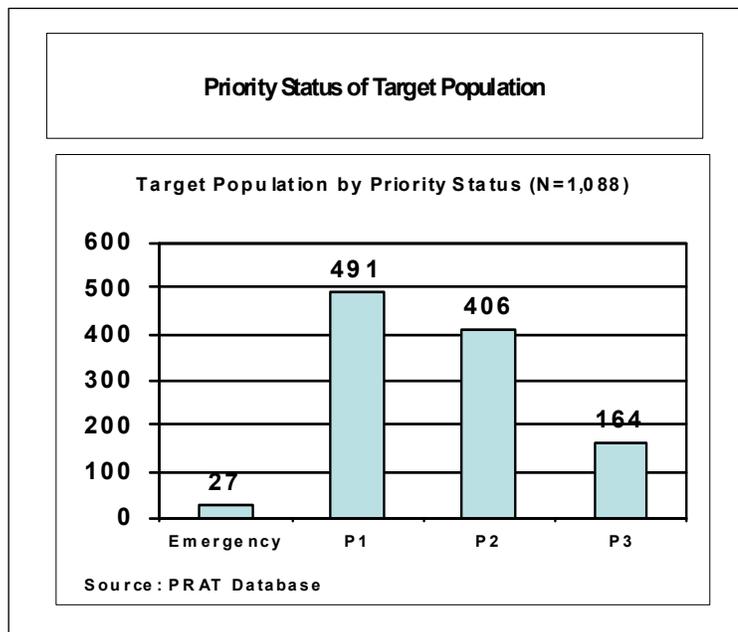
Source: PRI analysis of DDS database.

- As of June 2008, DDS had 15,285 total clients. About one-third (5,187) were age 45 and older with 7 percent age 65 or older.
- The majority of DDS clients are age 44 or younger. However, the average life expectancy for persons with ID has increased significantly since the 1970s meaning that the older DDS demographic may likely need higher level of services supports in the future.

How Well Did We (DDS) Do It?

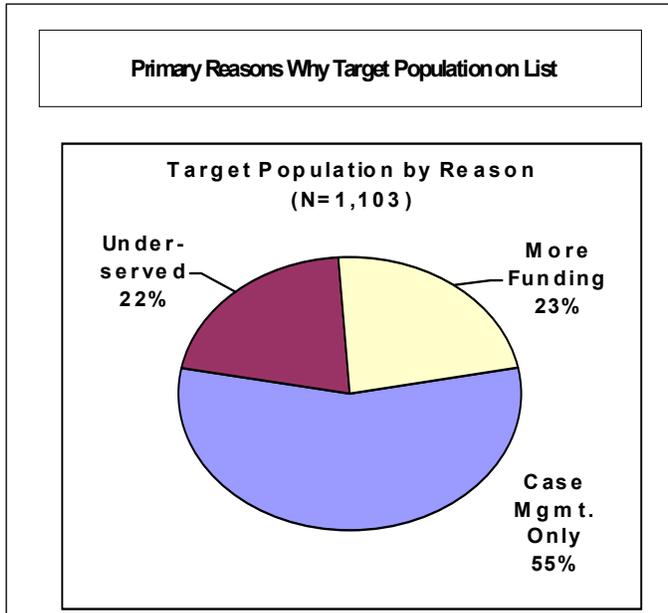
Performance Measure 2 - Number of Target Population on Wait and Planning Lists

- Pursuant to a litigation settlement agreement, DDS reconfigured its client categories into a wait list for persons with Emergencies or requiring services within a year (Priority 1). All others (P2 & P3) are placed on planning list as under-served or under-supported.
- As of 2008, target population on wait and planning lists totaled 1,103.
- Of these, 48 percent were categorized as Emergencies (27) and P1 (491) on the wait list.
- Persons categorized as P2 (406) and P3 (164) were put on the planning list.



LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

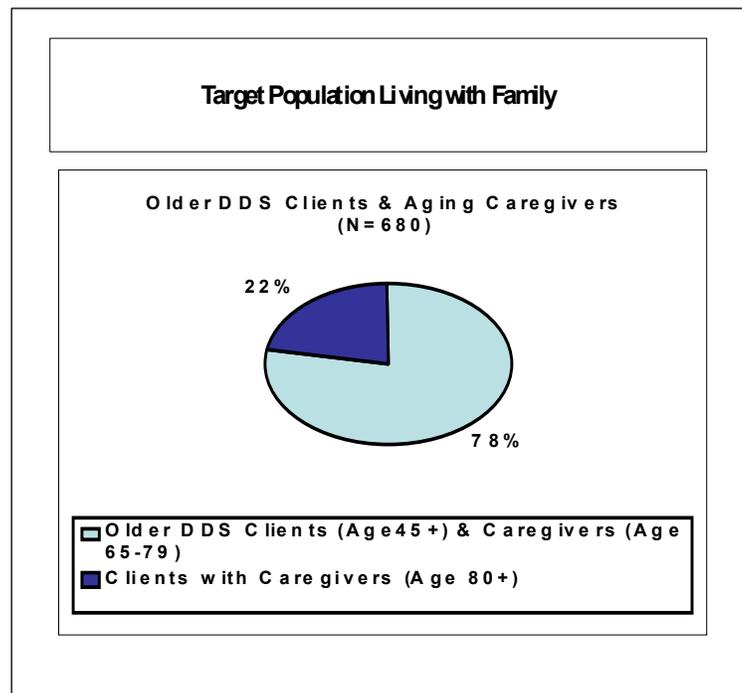
Performance Measure 3 - Percentage of Target Population Served



- Most were receiving only case management (55%). Many were considered underserved (22%). Many required more funding (23%).
- The legislature supported wait list with 5 year funding initiative of \$33.8 million that would serve 750 at average of \$50,000 per person on wait list and 100 at an average of \$5,000 per person on the planning list.

Performance Measure 4 - Percentage with Elderly Caregivers Served

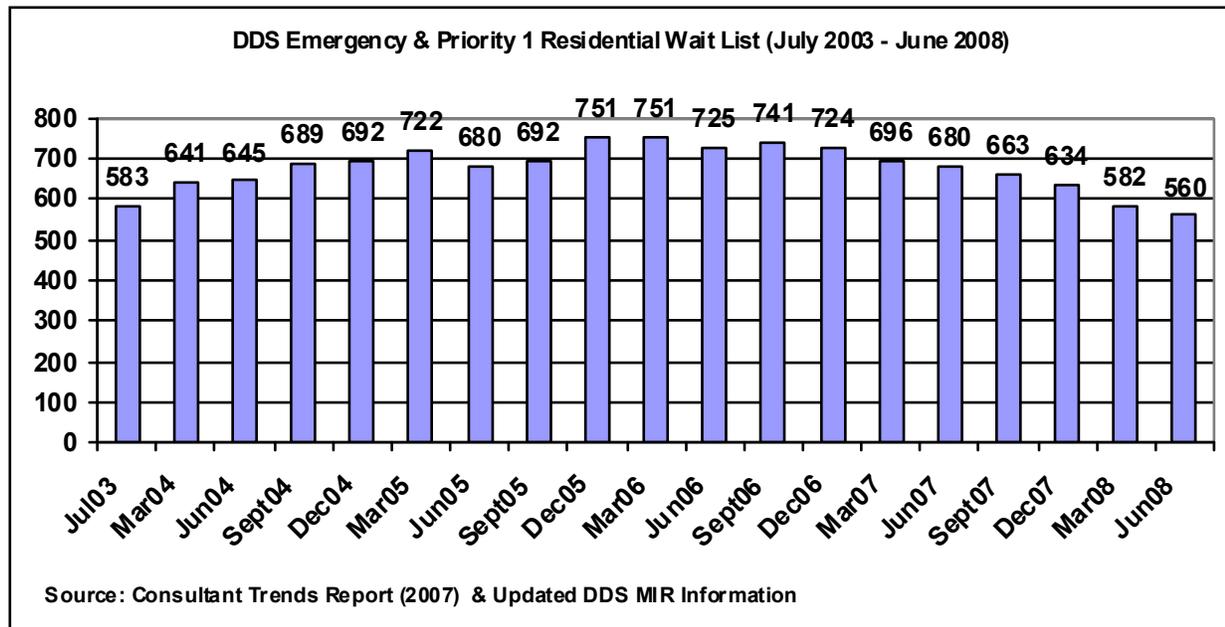
- A large number (149) of DDS clients on wait list reside with elderly caregiver (aged 80+). Most receive only case management services (77%).
- One stated settlement agreement objective was to serve individuals with older caregivers. Without proper planning, this group could become a potential source of emergencies.



LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

Is Anyone Better Off?

Performance Measure 5 – Wait List Number Trends & Projections



- Wait list initiative has been successful in its objective in reducing number of persons waiting for services. Part of success is also due to reclassification of categories.
- About 422 wait-listed individuals received residential service by virtue of opportune openings in the last three years. (Opportune openings occur when person leaves service or when funding allocated for one person can be used for someone else.)
- There was an 18 percent drop in the number of individuals waiting for services in Emergency and Priority 1 categories (560 persons in June 2008 compared to 680 in June 2007).
- At same time there was a 23.4 percent increase in the number of persons waiting in Priority 2.
- The overall wait list including individuals in Priorities 2 and 3 continues to grow (approximately 1 percent from 1,986 in 2007 to 2,010 in 2008).
- Wait list initiative funding aided the progress made in moving people off the top two wait list categories. Wait list funding also minimized wait list growth, which would have been substantially higher without the initiative funding.

PRI Recommendations: Funding for the wait list initiative should continue at current level for another five-year period. In addition, a separate, non-lapsing General Fund account should be established to receive any proceeds from the sale, lease, or transfer of any DDS property. The fund must be used, as appropriated by the General Assembly, to supplement the funding for DDS plans to provide services to individuals on its wait list. Any investment earnings on the fund's balance must be credited to the fund.

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

Cost of Client Care: How Much Did We (DDS) Do?

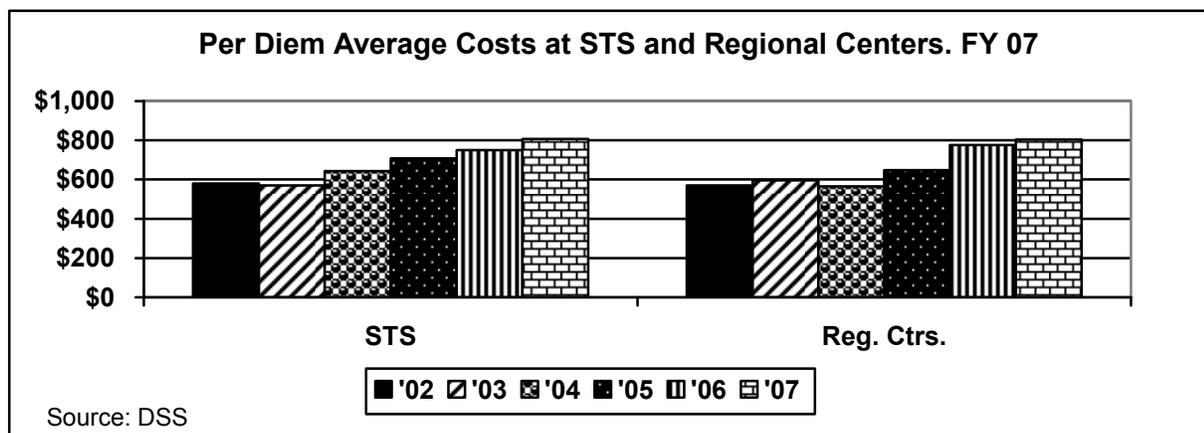
Performance Measure 6 – Cost of Client Care in Various Residential Settings

- In Connecticut, the last state-operated institution for persons with intellectual disabilities is Southbury Training School (STS). The property continues to be maintained despite its decreasing number of residents (approximately 479).
- Although most DDS clients live at home, about 3,200 live in group homes and 498 reside at STS.

Comparison of Type of Residence: Age 45 and Older to Age 44 and Younger in June 2008			
<i>Residence Type</i>	<i>45 Years old and Older¹</i>	<i>Under Age 45²</i>	<i>Total</i>
Community Living Arrangement	2,125	1,587	3,712
Family Home	864	6,839	7,703
Supported Living	682	515	1,197
Southbury Training School	479	19	498
Independent Living	292	442	734
Nursing Home (SNF/ICF)	322	28	350
Community Training Home	209	190	399
Regional Center	112	152	264
Residential Care Home	64	5	69
Other	26	294	320
Total	5,175	10,071	15,246

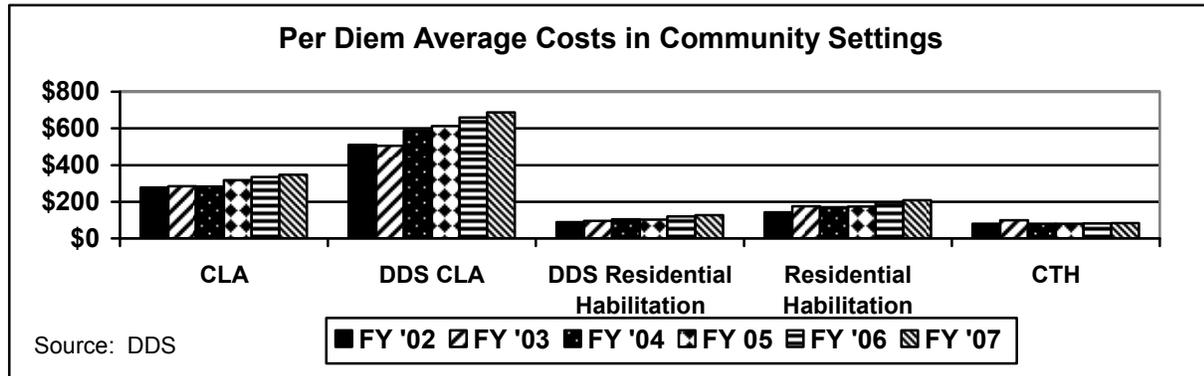
¹ There were no data for 12 DDS consumers age 45 and older
² There were no data for 27 DDS consumers age 44 and younger
Source: PRI analysis of DDS database

- The average daily cost at STS in FY 07 was \$807 and at the Regional Centers, \$803.



LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

- The average daily cost for residential care provided in private group homes in FY 07 was \$347 and \$688 in public (DDS-staffed) homes.



How Well Did We (DDS) Do It?

Performance Measure 7 – Costs of Care Adjusted for Client Acuity, Staffing Levels, Medicaid Reimbursement Rates, etc.

- DDS calculates the average annual and per diem cost of client care in each type of residential setting; however, there is very little analysis of why costs vary so much between settings. Given current information, cost comparisons among the various settings cannot be made because Medicaid reimburses under different rules for the cost of care provided to individuals in institutional beds than for care provided in the community.

Is Anyone Better Off?

- Since DDS services are not an entitlement, a discussion needs to occur around the factors that influence the costs of care delivered in various settings and whether rebalancing the system would allow for more individuals with intellectual disabilities to be served.
- Allocating resources for one component of the DDS system obviously impacts the availability and funding of each of the other components.
- The average age of clients residing at STS is 59 years old and many individuals have lived at STS for over 30 years. For those who want to remain and age in place, to make them leave what has been their home for decades could be unnecessarily disruptive, and it has not yet been proven that it would be less costly to provide services in the community. STS continues to be maintained despite a declining population. At some point, a cost-analysis decision must be made regarding the ongoing property maintenance for limited use.

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

PRI Recommendations: *The Commissioner of Developmental Services, in consultation with the Commissioner of Public Works and the Office of Policy and Management, shall evaluate the feasibility and appropriateness of a continuum of options for Southbury Training School. At a minimum, the range of options shall include property closure and sale, continued or modified use as a DDS residential facility, and alternate uses for other state agency services. Each option considered shall provide:*

- *the underlying rationale for the option;*
- *the populations affected;*
- *associated costs and/or revenue generated; and*
- *a specific outline of the required action steps, potential entities involved, and anticipated timeframes for implementing the option.*

The DDS commissioner shall hold public hearings to solicit input and opinion of interested stakeholders. The DDS commissioner shall submit a report containing the criteria and standards used to form the basis of the evaluation, transcript of any hearing(s) held, as well as findings and recommendations to the governor and the legislature no later than December 31, 2010.

The Department of Developmental Services, in consultation with the Department of Social Services, shall conduct a detailed cost review of per capita, per diem costs of care provided in institutional settings to care provided in the community. The cost methodology should include, but not be limited to the following factors: resident acuity, collective bargaining agreements, Medicaid costs, and the differences in staff costs between public and private providers. The report shall be presented to the legislative committees of cognizance by February 1, 2010.