



Legislative Program Review & Investigations Committee
February 22, 2012

By Nora Duncan, Executive Director

In Support of Raised Bill #5036: AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING THE PROVISION OF SELECTED SERVICES FOR PERSONS WITH INTELLECTUAL DISABILITY.

The Arc Connecticut is a 60-year old advocacy organization committed to protecting the rights of people with intellectual, cognitive, and developmental disabilities and to promoting opportunities for their full inclusion in the life of their communities.

We support the majority of recommendations that Committee Staff made in their final report to Committee Members in January. Not all of those recommendations made it into Raised Bill #5036 and that is unfortunate. Of those that did make it, they generally support the vision of The Arc Connecticut for a system of care that is community based and individualized. They also support some parts of the DDS 5 Year Plan. The Committee Staff highlighted, again, that the private provider system of care offers services that are at least as good as those offered in the public system at significantly less cost. It is the hope of The Arc Connecticut that the legislation passes and Connecticut will:

- transitions humanely from an antiquated dually operated system to a private system of care while deploying DDS employees to fill vacant positions in other much needed areas;
- codify reinvestment of achieved savings into the DDS system so that Connecticut shall remain budget neutral while:
 - dramatically increasing funding to the private nonprofit providers that are able to flexibly respond to the needs of individuals and families;
 - reducing enormous and inhumane waiting lists for residential supports;
 - offering better wages and benefits, in addition to incentives for professional development, to private nonprofit provider employees; and
 - creating meaningful employment opportunities for individuals with intellectual and developmental disabilities through social enterprise and creative collaborations with private entities.

There are some concerns with the proposed bill as it is written today and the Committee is encouraged to make the following changes:

Section 1: Delete, minimally, subsections (a) and (b). There is no compelling reason for an individual to be moved from one public institution to another and these exceptions further promote the inaccurate notion that there are some individuals who cannot be supported fully in the community. There are individuals with the highest level of need being supported in the private nonprofit system of care now.

Section 2: Subsection (a)(2) defines "most integrated residential setting" and it should be expanded to reflect the rest of the section to include the terminology "least restrictive" as well.

Section 3: Subsection (a) refers to “community living arrangement” and “community companion home”. If these terms are intended to reflect the DDS definitions, they should be capitalized so that there is no room for interpretation in the future.

Section 3: Subsection (e) is unnecessary because DDS makes these items available to all on their website. If the Committee feels strongly that additional notification is necessary for families, it is suggested that a notification to families be required annually. The notification could be via U.S. Mail or as part of a resident’s annual meeting. The problem with posting in the manner laid out by this legislation is that it has a very “institutional” feel to it. While it may not seem like a big deal to many, it is important to remember that the residential programs that this section refers to in the private sector are very small homes with only a few beds, not large nursing home sized “facilities”.

Section 4: Private nonprofit providers already regularly raise concerns over the administrative burden of the Utilization Review Process. Until that process is modified to be less burdensome it is feared that a centralized process would really put undue administrative pressure on the system, especially on small organizations operating in only one region. The concerns about exceeding funding guidelines are understandable. The need to determine the reason for exceeding funding guidelines is understandable; especially if the answer is that the funding guidelines are misaligned with the reality of the cost of the services being provided. The Committee is urged to consider other methodologies to get the clarity they seek without burdening providers further. Engaging DDS in this process is recommended.

Section 5: This is unnecessary because the state funded allowable reimbursable portion of an Executive Director’s salary is already set in statute. While disparate wages between the top and the bottom might be worth review in some cases (Section 6), this specific section is shortsighted in that it does not take into account the size of an organizations overall operating budget, the scope of the services that organization provides beyond those that the state reimburses, nor the ability for the organization to be competitive when recruiting a talented Executive. If I am reading this correctly, the goal of this section is to control the salary in full, not just the state’s portion of it. That is not a decision of the state, but of the governing body of that organization.

I thank the Committee for this opportunity to testify and for raising this important bill. I urge you to consider our recommended changes and please do not hesitate to call upon The Arc Connecticut for more information or further clarification of our position.