

Testimony on Raised Bill 296

An Act Establishing a Pilot Program to Serve People Seeking Residential Services from the Department of Developmental Services

Public Health Committee

March 16, 2018

Senator Gerratana, Senator Somers, Representative Steinberg and other esteemed members of the Public Health Committee, my name is Win Evarts and I'm the Executive Director of the Arc of Connecticut and a parent of young man with intellectual and developmental disabilities. I'm here today in support of Raised Bill 296 and Raised Bill 400, and in opposition to Raised Bill 463 as it is currently drafted. Raised Bill 296 will be the bulk of my spoken testimony.

Connecticut's residential support system for people with I/DD is antiquated, inflexible, and unsustainable. For the thousands now waiting to experience independent living in Connecticut, it has to change. To do this, a process that encourages learning, facilitates collaboration, and rewards innovation leading to positive outcomes needs to be implemented. Raised Bill 296 will create the platform for that process to occur with transparency and accountability.

The pilot outlined in the bill is aimed at increasing the utilization of more independent, less regulated, less expensive support methods that are used successfully in other states so that individuals receiving or seeking residential services have a wider array of options to meet their individual needs. It is also aimed at developing shared knowledge about the use of new tools, like assistive technology, and new support modes to address the growing variety of needs in Connecticut, including support modes that acknowledge a person's age, interests and relationships, as well as the potential for repurposing appropriate community-based settings to support individuals with I/DD and complex medical and/or behavioral needs.

This pilot will operate using available appropriations, so to the extent the pilot results in the adoption of less restrictive, less expensive supports by individuals currently unsatisfactorily served in other funded residential settings, the pilot will open up incremental dollars to do more of the same and possibly eventually fund new placements.

Participation in the pilot is voluntary on the part of individuals, families, guardians, providers and DDS. You will hear from each of these parties today

about their concerns and hopes regarding this bill. This process is complex and it won't work without each party's engagement. Given the broken state of the system after years of inability to retain earnings generated through innovation, private providers may require some incentive to make risky upfront investments in order to realize back-end savings. Using the Cost Settlement mechanism to allow providers to retain realized savings should be explored. The pilot also includes a reporting mechanism that is a modest variation on reporting that already regularly occurs.

In summary, this legislation is necessary so that system participants can learn, collaborate and manage risk while developing a wider array of residential supports that can better meet the needs of the people supported. For this reason, I urge you to pass this bill out of your Committee.

In closing, I would like to voice support for the concepts presented Raised Bill 400 Sections 1, 2 and 3.

I would also like to voice opposition to Raised Bill 463. The idea of using nursing homes as residential placements for people with I/DD is an affront to their civil rights, in contravention to CMS's stated desire, manifested in the Money Follows the Person program, to reduce utilization of institutional settings, and counter to decades of social science that indicates that, on average, individuals with and without I/DD lead fuller, healthier lives in the community.