



Senate

General Assembly

File No. 279

February Session, 2018

Senate Bill No. 296

Senate, April 5, 2018

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist. and SEN. SOMERS of the 18th Dist., Chairpersons of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT ESTABLISHING A PILOT PROGRAM TO SERVE PEOPLE SEEKING RESIDENTIAL SERVICES FROM THE DEPARTMENT OF DEVELOPMENTAL SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2018*) (a) The Department of
2 Developmental Services shall establish, within available
3 appropriations, a pilot program to serve persons who are eligible and
4 waiting for residential services from the department. The pilot
5 program shall evaluate and establish alternative service models in
6 which certain persons who are currently receiving residential services
7 may be moved from their existing residential placement, with the
8 consent of the person or such person's legal guardian, into more
9 independent, less expensive settings for the purpose of providing
10 persons who have been waiting to receive and are in critical need of
11 residential services with a residential placement. Such service models
12 shall include, but need not be limited to, shared living arrangements,
13 housing clusters, community companion homes, habilitation services

14 and the use of assistive technology. The department shall work with
15 stakeholder organizations, including, but not limited to, the Arc of
16 Connecticut, Alliance, and the Council on Developmental Disabilities,
17 in establishing the pilot program.

18 (b) Not later than March 31, 2019, annually, and September 30, 2019,
19 annually, the Commissioner of Developmental Services shall report, in
20 accordance with the provisions of section 11-4a of the general statutes,
21 to the joint standing committee of the General Assembly having
22 cognizance of matters relating to public health regarding (1) funds
23 expended in implementing the pilot program, (2) the number,
24 provenance and chosen setting or support of the persons served by the
25 pilot program, (3) the quality of life, health and safety of the persons
26 served by the pilot program, and (4) other systemic outcomes of the
27 pilot program.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2018</i>	New section

PH *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 19 \$	FY 20 \$
Developmental Services, Dept.	GF - Potential Savings	See Below	See Below
Developmental Services, Dept.	GF - Potential Cost	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill, which requires DDS to develop a pilot program for residential services within available appropriations and specifies that the program be cost neutral, has no net fiscal impact.

The pilot program assumes that funded DDS consumers will volunteer to move to less restrictive and less expensive alternative residential service models.¹ In turn, the savings which result from these changes in residential service will be used to fund additional DDS consumers who are waiting for services.

The number of individuals who will participate in the pilot and the cost differential between their current and future setting is not known at this time. Therefore, the potential savings resulting from the

¹ Traditional Model: Group Home/Continuous Residential Supports: Per person cost range from \$90,000 to \$148,000 for a four bed home depending on consumers' level of need.

Alternative Model: Community Companion Home: Per person costs range from \$12,000 to \$41,000 for four bed home depending on consumers' level of need.

Shared Living Arrangement: Per person average annual cost is \$63,700.

Housing Cluster: Per person average annual cost is \$37,900.

alternative settings and potential costs of the newly provided services cannot be calculated at this time.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to the costs/savings of alternative residential placements.

Sources: *DDS FY 16 Funding Guidelines*

[FY16 Funding Guidelines](#)

OLR Bill Analysis**SB 296*****AN ACT ESTABLISHING A PILOT PROGRAM TO SERVE PEOPLE SEEKING RESIDENTIAL SERVICES FROM THE DEPARTMENT OF DEVELOPMENTAL SERVICES.*****SUMMARY**

This bill requires the Department of Developmental Services (DDS) to establish, within available appropriations, a pilot program for people eligible and waiting for DDS residential services. The program must evaluate and establish alternative service models in which certain people receiving residential services may be moved, with the consent of the person or the person's legal guardian, into more independent, less expensive settings to provide residential placements to others in critical need.

Under the bill, the program must include at least the following alternative service models: shared living arrangements, housing clusters, community companion homes, habilitation services, and using assistive technology.

The bill requires DDS to work with stakeholder organizations in establishing the program, including the Arc of Connecticut, Alliance, and the Council on Developmental Disabilities. It also requires DDS, starting in 2019, to report on the program twice a year to the Public Health Committee.

EFFECTIVE DATE: July 1, 2018

REPORTING REQUIREMENT

Under the bill, the DDS commissioner must report by March 31 and September 30 each year to the Public Health Committee on the pilot program, starting in 2019. The reports must address:

1. the funds spent implementing the pilot program;
2. the number, place of origin, and chosen setting or support of the people served by the program;
3. such people's quality of life, health, and safety; and
4. the program's other systemic outcomes.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 27 Nay 0 (03/23/2018)