

Scope of Study

PROVISION OF SELECTED SERVICES FOR CLIENTS WITH INTELLECTUAL DISABILITIES

FOCUS

The study will compare the cost of providing public and private services (residential and day) to individuals with intellectually disabilities who are clients of the Department of Developmental Services (DDS) and receive 24-hour care in community or institutional settings, to determine the most cost-effective means to deliver those services. The study will examine the existing funding structure, the factors that affect costs, and how those differ among public and private service providers. Individual acuity levels and how they impact the cost of care and/or the settings in which clients receive care will also be explored. Further, the study will compare quality measures among private and public services. Finally, the study will examine the capacity of the private provider system in order to determine the optimal model to provide quality residential and day services most cost effectively.

BACKGROUND

The Department of Developmental Services provides an array of services to persons with developmental and intellectual disabilities, including residential options, day and support programs, and health and clinical services. As of June 2010, about 15,488 individuals age three or older were receiving residential services and supports from DDS, with about half receiving in-home services, and the other half, out-of-home care. Most clients (about 94 percent) receiving out-of-home care were age 22 or older.

The 24-hour residential services and accompanying day programs for these consumers is provided through a dual system. Some are operated by DDS itself with direct-care agency staff, while other residential and day services are supported by private providers under contract with the department. The cost effectiveness of this dual system of services has been long debated, but reached a critical point in the current state fiscal crisis.

In FY 10, there were 4,026 DDS clients living in privately run, 24-hour group homes. Another 453 clients resided in DDS-operated homes, a decrease of 52 percent since FY 07. An additional 686 clients were receiving residential services in DDS-staffed institutions in FY 10, including Southbury Training School and the five regional centers.

While there has been growth in residential and day services provided in the private sector - some due to a shift from DDS direct-service provision - many believe that shift has been too gradual. A thorough analysis of the costs of DDS versus private sector services, based on client need and service levels, is needed to determine whether the private sector can provide comparable services at some fraction of DDS costs. Such analysis could produce recommendations to ensure a cost-effective, quality-driven system for Connecticut's citizens with intellectual disabilities receiving 24-hour residential care.

AREAS OF ANALYSIS

- Examine and compare all cost factors for public and private 24-hour residential services, including: 1) institutional settings at Southbury Training School, regional centers, and intermediate care facilities (ICFs/MR); and 2) residential group homes (called community living arrangements).
- Assess costs using measures that account for the level of need and care required by clients.
- Identify and examine what resources would be needed to meet most or all of client needs by private providers in the community, and the barriers that exist.
- Examine the capacity that exists with private sector community-based services to provide residential and day services for all levels of medical, behavioral, and developmental needs of clients.
- Examine the current contracting and rate-setting processes for residential care to determine: 1) the adequacy and equity of rates, and contract amounts; 2) compliance with relevant federal and state requirements; and 3) the efficiency of processes, from issuance to reimbursement.
- Compare the long-term funding trends for residential and day services for private and public sectors in Connecticut.
- Evaluate residential and day services based on quality measures, including inspection data, accreditation, incidence reports, client satisfaction ratings and other relevant standards, in addition to costs.
- Examine systems in other states for provision of these services, including the mix of public and private service delivery, and trends in costs.

Not Included in the Scope

This study will not examine residential or day services that are “self-directed” or purchased by the consumer. To the extent possible, this study will build upon: 1) the work of the Commission on Non-Profit Health and Human Services, created by S.A. 10-5 (final report due on April 1, 2011), including verifiable cost figures collected and analysis performed by the commission; and 2) prior studies conducted by the program review committee.