



State of Connecticut  
Department of Developmental Services



M. Jodi Rell  
Governor

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Commissioner

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Deputy Commissioner

**TESTIMONY OF THE  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
TO THE  
LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE  
February 10, 2009**

Senator Kissel, Representative Mushinsky and members of the Legislative Program Review and Investigations Committee. I am Peter O'Meara, Commissioner of Developmental Services (DDS). Thank you for the opportunity to testify on **Raised Bill 752 and Raised Bill 753** which are a result of your committee's recent study related to Planning for the Needs of Aging Individuals with Developmental Disabilities.

**Raised Bill 752 An Act Implementing the Recommendations of the Program Review and Investigations Committee Concerning Assessment of the Needs of Aging Individuals with Developmental Disabilities.**

This bill has 3 sections.

Sec. 1 is related to PASRR Level II screens conducted in nursing homes. The Omnibus Budget Reconciliation Act of 1987 (OBRA 87) mandated preadmission screening for individuals suspected of having serious mental illness and mental retardation to ensure that; (1) nursing facilities admit only individuals needing nursing facility care, (2) these individual's needs for specialized services are determined, and (3) these individuals obtain the services identified through the preadmission screening. The Preadmission Screening and Resident Review (PASRR) is the primary mechanism to meet these objectives. All individuals who apply or reside in Medicaid nursing facilities are required to receive a Level I PASRR screen to identify suspected mental retardation. Those suspected of having mental retardation must receive a Level II PASRR evaluation to confirm that they have mental retardation, to determine whether they require nursing facility services, and to determine whether they require specialized services.

The department is sensitive to the growing needs of both its elderly population and aging caregivers. We have given priority to these needs over other important enhancement functions when redeploying personnel resources in FY07 and established a Coordinator for Aging Services. In addition to this position, we have asked the DDS Ombudsperson to visit every DDS consumer who resides in a nursing home to assess their general quality of life and to make recommendations for systems improvement. We have also hired a full time nurse to monitor the health care and medical conditions of individuals in nursing homes as a compliment to the role of

the three OBRA Coordinators who work in the regions. DDS case managers routinely audit the level of services identified in the Level II screen, ensure that there is a plan for the identified services and follow up with the nursing facility to ensure the consumer has received the services identified in the plan.

DDS recommends further discussion between the Department of Public Health and DDS to determine the best way to satisfy the intent of this section without requiring the need for additional resources.

Sec. 2 requires a feasibility study of the continuum of operations options for Southbury Training School (STS). At this time, there are close to 500 DDS consumers living at Southbury Training School (STS) and admissions are currently closed pursuant to state statute Conn. Gen. Stat. 17a-218a(b) and binding federal court commitments. There are significant legal issues involved in the operation of STS including two major lawsuits that are still ongoing. DDS currently has agreements with multiple entities involving use of the parts of the campus currently unused by the department. These include use by the Department of Agriculture (farm and crop land), the Department of Emergency Management and Homeland Security (district office), Special Olympics, Connecticut State Employee credit union (CSECU), a summer camp, and the Town of Southbury. In addition, use by the Department of Environmental Protection (passive recreation and open space preservation) is being explored. Also, STS employs a Fire Department/ EMS that provides mutual aid to the Towns of Southbury and Roxbury in addition to addressing the needs of STS residents.

A study of this magnitude would require a significant amount of time and administrative resources. Decisions regarding the future use of the campus must take into account the legal and contractual obligations currently in existence regarding individuals who live and work at STS. Although the discussion about continued operation of STS is entrenched in a philosophical debate, the feasibility and appropriateness of a continuum of options for Southbury Training School is an administrative policy decision that should be based on the current and potential future needs of the state and of course, DDS consumers. DDS will continue to discuss options with the Office of Policy and Management regarding future use, but with the current state of Connecticut's economy, DDS does not believe that this study would be the best use of increasingly limited time or resources.

Sec. 3 requires DDS to conduct a detailed cost review of the per capita, per diem costs of care provided in "institutional" settings to care provided in the community. The Department of Developmental Services (DDS) will be able to conduct a detailed cost review which can produce average per capita cost for individuals living in *campus* settings and individuals residing in the community. The cost methodology (rate structures), which are computed within DDS and reviewed and agreed upon with the Department of Social Services, will include all direct and indirect costs that will demonstrate the differences in per diem costs between public and private providers.

**Raised Bill 753 An Act Implementing the Recommendations of the Program Review and Investigations Committee Concerning Planning for the Needs of Aging Individuals with Developmental Disabilities.**

This proposal would establish a separate, nonlapsing account within the General Fund to contain any money received by the state from the sale, lease or transfer of all or any part of state-owned real property or a facility that is administered by or is under the control of DDS to be used for the

provision of residential or day services to persons with mental retardation who are on the Waiting List. It is important to note that any resources obtained through the sale of property would be a one-time amount. However, individuals in our service system usually require a lifetime of services and an annualization of service dollars would be required.

DDS has made significant strides in addressing the needs of individuals on the waiting list over the past several years with financial support of Governor M. Jodi Rell and the legislature through the state budget process. During the current economic crisis facing the state, DDS is committed to maintaining as many current services as possible. Although the Waiting List Settlement Agreement expires on June 30, 2009, and it is unlikely there will be additional resources added for this purpose in the next biennium based on the current economy, the Governor has continued to propose new resources for high school graduates and individuals who are aging out, individuals who ultimately would have added to Waiting List numbers. In addition, the Waiting List Settlement Agreement and initiative has substantially expanded the funded capacity of the department over the past five years. The resource commitments set forth in the Settlement Agreement have been fully realized and the department has sought, and will continue to seek, new resources targeted to the Waiting List while efficiently managing the enhanced capacity established during the term of the Settlement Agreement.

Regarding the establishment of a nonlapsing fund for the proceeds from the sale, lease or transfer of any DDS property, please note two relevant statutes: CGS Section 17a-451d and CGS 17a-283a. Conn. Gen. Stat. Section 17a-451d established a Non Lapsing Fund for site acquisition, capital development and infrastructure costs to provide services to persons with mental retardation or psychiatric disabilities. This statute was related to the sale of Norwich Hospital or any regional center after January 1, 2001. In addition, Sec. 17a-283a, as amended, placed a moratorium on the sale, lease or transfer of state property used for residential purposes by persons with mental retardation through June 30, 2009. The moratorium was extended once already for a two year period and there has been interest expressed by some to extend it even further. Although there are no current plans by the department to sell, lease or transfer any DDS property, any such extension of the moratorium would prohibit the department from doing so.

Thank you for allowing me the opportunity to testify today. I would be happy to answer any questions you might have at this time, or you may contact Christine Pollio, DDS Director of Legislative and Executive Affairs at 418-6066 with any questions.