



State of Connecticut  
Department of Developmental Services

DDS

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**DEPARTMENT OF DEVELOPMENTAL SERVICES TESTIMONY  
BEFORE THE PUBLIC HEALTH COMMITTEE**

**March 4, 2015**

Senator Gerratana, Representative Ritter, and members of the Public Health Committee. I am Morna A. Murray, J.D., Commissioner of the Department of Developmental Services (DDS). Thank you for the opportunity to submit testimony regarding **Proposed H.B. No. 6681 AN ACT CONCERNING RESIDENTIAL COMMUNITIES FOR YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES**.

H.B. No. 6681 would establish a pilot program for supportive and sustainable residential communities for young adults with developmental disabilities, including, but not limited to, autism spectrum disorder.

A similar proposal was introduced in the 2013 session as **Proposed H.B. No. 6001** and DDS still has some questions about the intent of this bill. It is unclear what “supportive and sustainable residential communities” refers to. If this “community” were solely for individuals with intellectual disability or autism spectrum disorder, DDS does not believe that it would be supported through Home and Community-Based Services (HCBS) waiver funding which requires that individuals be served in the least restrictive setting possible in the community. Medicaid reimbursement through the HCBS waivers is an important funding mechanism in Connecticut for residential supports and services for individuals with intellectual and developmental disabilities.

The final Home and Community-Based Services regulations set forth new requirements in 2014 for several Medicaid authorities under which states may provide home and community-based long-term services and supports. The regulations enhance the quality of Home and Community-Based Services and provide additional protections to individuals that receive services under these Medicaid authorities.

The Centers for Medicare and Medicaid Services (CMS) Guidance and Technical Assistance on the HCBS Final Settings Rule states that “for 1915(c) home and community-based waivers and, for 1915(i) State plan home and community-based services, home and community-based settings must have all of the following qualities defined in 42 CFR §441.301(c)(4) and §441.710 respectively, and such other qualities as the Secretary determines to be appropriate, based on the

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needs of the individual as indicated in their person-centered service plan including that the setting is ***“integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.”***

When a proposal similar to what seems to be intended by this bill was brought to the attention of DDS in 2013, DDS solicited feedback from CMS via the Department of Social Services (DSS) which is the Connecticut’s lead Medicaid agency. DSS received a response back from CMS that policy staff in their central office, after reviewing a PowerPoint presentation that had been provided for us to share and having a related policy discussion, were of the opinion that the proposal did not meet Home and Community-Based setting requirements for its proposed residential settings.

Additional information from CMS on the Final Settings Rule can be found at:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>

Additionally, there would be cost implications for such a pilot that are not included in Governor Malloy’s proposed budget for the next biennium, and therefore, we cannot support this proposal.

Thank you again for the opportunity to testify on [H.B. No. 6681](#). Please contact Christine Pollio Cooney, DDS Director of Legislative and Executive Affairs at (860) 418-6066, if you have any questions.