

Connecticut  
Department of  
Developmental Services



Mary McKay

Regional Director

DDS South Region

# SARAH, Inc. Annual Meeting

*September 29, 2009*

- ❑ New Legislation
- ❑ Waiting List Settlement Agreement
- ❑ Changes in DDS “post-retirements”
  - ❑ Case management
  - ❑ Family support services
  - ❑ Public program conversion
- ❑ DDS budget for FY2010
- ❑ Questions & Answers





# Update on Legislation Enacted

*Substitute House Bill No. 5696*

*Public Act No. 08-132*

## AN ACT REQUIRING INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDER THERAPIES

Section 1. (NEW) (*Effective January 1, 2009*) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes that is delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2009, shall provide coverage for physical therapy, speech therapy and occupational therapy services for the treatment of autism spectrum disorders, as set forth in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", to the extent such services are a covered benefit for other diseases and conditions under such policy.

Sec. 2. (NEW) (*Effective January 1, 2009*) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes that is delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2009, shall provide coverage for physical therapy, speech therapy and occupational therapy services for the treatment of autism spectrum disorders, as set forth in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", to the extent such services are a covered benefit for other diseases and conditions under such policy.

Approved June 5, 2008



# Update on Legislation Enacted

*Public Act 09-115*

## AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS

This act requires a group health insurance policy to cover the diagnosis of autism spectrum disorders and expands the requirements on insurers to cover treatment of these disorders. It requires insurers to cover behavioral therapy for a child age 14 or younger and certain prescription drugs and psychiatric and psychological services for insured's with autism. The act permits a policy to set a certain annual dollar maximum for behavioral therapy coverage. Prior law required a group health insurance policy to cover physical, speech, and occupational therapy services provided to treat autism to the same extent that it covers them for other diseases and conditions. The act removes that limitation, but specifies different conditions for covering the therapies. The act authorizes an insurer, HMO, hospital or medical service corporation, or fraternal benefit society to review an autism treatment plan's outpatient services in accordance with its utilization review requirements, but not more often than once every six months, unless the insured's licensed physician, psychologist, or clinical social worker agrees a more frequent review is necessary or changes the insured's treatment plan. The act specifies that it is not to be interpreted as limiting or affecting (1) other covered benefits under the policy, the state mental and nervous condition insurance law, and the birth-to three coverage law; (2) a board of education's obligation to provide services to an autistic student under an individualized education program in accordance with law; or (3) any obligation imposed on a public school by the federal Individual with Disabilities Education Act (20 USC § 1400). The act also specifies that it must not be interpreted to require a group health insurance policy to reimburse special education and related services provided to an insured under state law that requires boards of education to provide special education programs and services unless state or federal law requires otherwise. By law, each violation of the act is subject to a fine of up to \$1,000. The insurance commissioner may also revoke an out-of-state insurer's license for violating the act.

*Effective Date: January 1, 2010*



# Update on Legislation Enacted

*Substitute Senate Bill No. 756*

*Public Act No. 09-85*

AN ACT CONCERNING A DEPARTMENT OF CHILDREN AND FAMILIES CHILD ABUSE AND NEGLECT REGISTRY CHECK FOR APPLICANTS OF EMPLOYMENT WITH THE DEPARTMENT OF DEVELOPMENTAL SERVICES OR THE DEPARTMENT'S PROVIDERS.

Section 1. (NEW) (*Effective October 1, 2009*) The Commissioner of Developmental Services may require each applicant seeking employment with the department or seeking employment with a provider licensed or funded by the department to submit to a check for substantiated complaints in the Department of Children and Families child abuse and neglect registry established pursuant to section 17a-101k of the general statutes.

Approved June 2, 2009



# Update on Legislation Enacted

## *Public Act 09-142*

AN ACT CONCERNING THE SHARING OF INFORMATION BETWEEN THE DEPARTMENT OF CHILDREN AND FAMILIES AND THE DEPARTMENT OF DEVELOPMENTAL SERVICES.

This act allows limited disclosure of Department of Children and Families (DCF) records to the Department of Developmental Services (DDS) without the consent of the person named in the records. The act allows DCF to disclose a written summary of any child abuse or neglect investigation it conducted in order for DDS to determine a child's eligibility for its Voluntary Services Program, assist the child's enrollment in the program, and plan services for the child. DDS must notify parents and guardians when they apply to enroll a child in the program that it may obtain these records from DCF without their consent.

Effective Date: Upon passage

# DDS Waiting List

Settlement Agreement July 2003 ~ June 2009

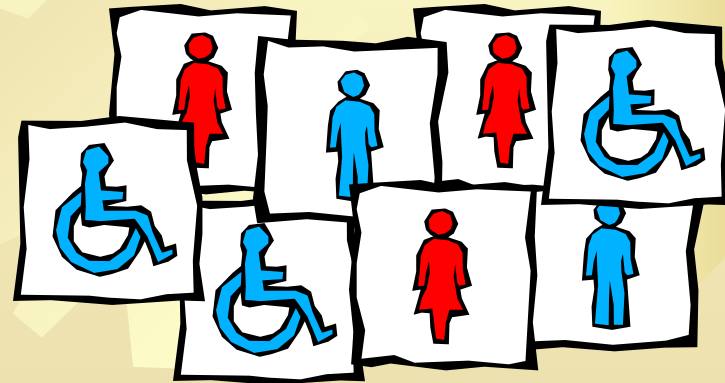
## Projected Targets

- ✓ 750 new people served with new funds (150 per year)
- ✓ 375 new people in “opportunities” (75 per year)
- ✓ 1,125 total new people to be served in five year period



## Actual Results

- ✓ 944 new people served with new funds
- ✓ 589 new people served in “opportunities”
- ✓ 1,569 total new people served



# DDS Waiting List

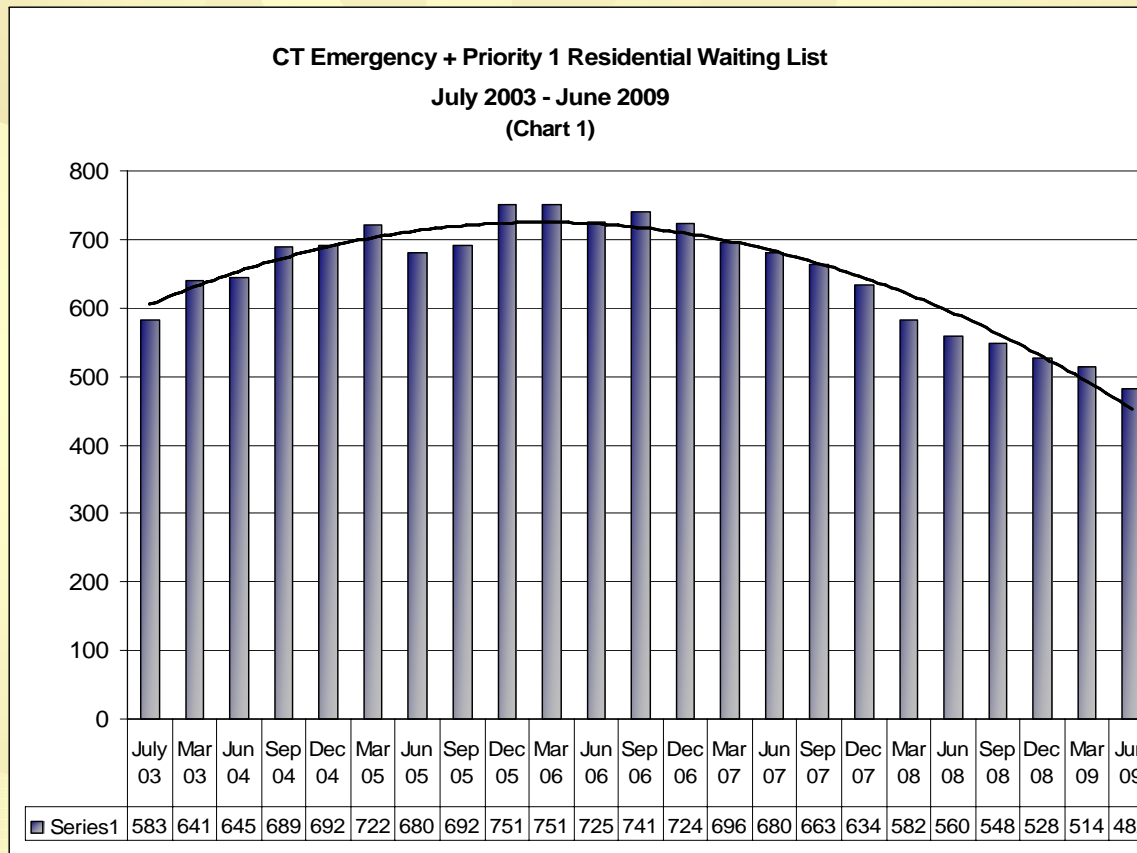


Chart taken from **Connecticut Waiting List Analysis and Projections**  
 by Robin E. Cooper & Tony Records, September 23, 2009

# DDS Waiting List

- ❖ 482 people with no services on the Wait List as of 7/1/09
  - ❖ 21 of these are considered “emergency”
- ❖ Another 364 people in services need additional supports
  - ❖ 14 of these are considered “emergency”
- ❖ Total number of E and P1 people on Wait List is 846
  - ❖ This includes those with no services and those in services
- ❖ South Region has 163 people with no services on Wait List
  - ❖ 3 are considered “emergency”
  - ❖ Another 120 SR people in services need more supports
  - ❖ 4 of them are considered to be “emergency”
  - ❖ Total number E and P1 waiting in SR is 283





# Effects of the “RIP”

“Retirement Incentive Program”  
implemented June 30, 2009

- ❖ DDS lost 395 employees to retirement  
*(86 of those worked in South Region)*
- ❖ 162 statewide were direct support workers
- ❖ 38 case managers and 4 case management supervisors retired
- ❖ DDS can fill 72 positions (out of 395) including 10 case managers internally

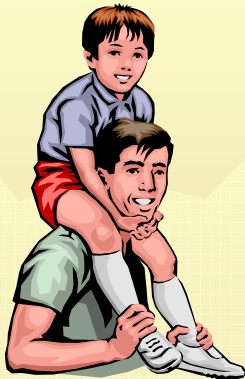
# Changes to Case Management

- ❖ DDS case management service offered only to those on regular Medicaid (title XIX)
- ❖ Approximately 1,000 individuals per region do not have a DDS case manager as of July 1<sup>st</sup> 2009
- ❖ Children on Husky get case management through the managed care organization
- ❖ DDS established a “Helpline” call center in each region to assist people without a case manager
- ❖ When young adults turn 18 and enroll in Medicaid then DDS will assign a CM



# Family Support Services

- ❖ Helpline call centers provide information & referrals including triage for urgent situations
- ❖ Respite Centers remain open on weekends
- ❖ Family Support Resource Teams offer in home assessment and consultation
  - ✓ Nurse
  - ✓ Behaviorist
  - ✓ Educational liaison
- ❖ Transition Coordinators work with HS grads
- ❖ Family Support Workers provide short term care—giving assistance
- ❖ Family Support Grants offer one—time financial relief for needed goods & services



# DDS Budget for FY2010

- ❖ No across the board cuts to private agency budgets but no COLA awarded either
- ❖ Day program account reduced by \$2.5 million out of \$177 million through annualization of last year' s rescission & new cuts
- ❖ Residential program account reduced by \$1.5 million out of \$378 million through annualization of last year' s rescission & new cuts
- ❖ High school grads funded to start programs 10/1/09
- ❖ “Age outs” funded for day & residential programs



# DDS Budget for FY2010

- ❖ Voluntary Services Program reduced by \$1 million
- ❖ No new service funds for people on the DDS Wait List
- ❖ Opportune resources will be used to meet the needs of existing waiver recipients and those waiting for services
- ❖ DDS closely monitoring impact of increased enrollment in B-3 and increased medical costs in workers compensation
- ❖ Public programs remain closed to admissions



# Public Program Conversion

- ❖ 162 direct support workers retired June 30<sup>th</sup>
- ❖ No direct support positions to be refilled
- ❖ 17 DDS homes (CLA' s) identified for conversion from public to private operation by spring 2010
- ❖ RFP and selection process underway
- ❖ Housemates and all support services remain intact ~ only direct support staff changes
- ❖ DDS staff will keep jobs and transfer to remaining DDS homes
- ❖ \$7.2 million annual savings projected to overall state budget (\$5.2 million comptrollers savings)
- ❖ \$168 million savings projected in twenty years



# Questions & Answers

South Region Family Support Helpline  
203-294-5097 (temporary)

Mary McKay, Regional Director

203-294-5053

mary.mckay@ct.gov

[www.ct.gov/dds](http://www.ct.gov/dds)

*Thank you!*

