

PA10-093

HB5448

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2010**

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PART 5
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mb/gbr
HOUSE OF REPRESENTATIVES

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Those absent and not voting 6

DEPUTY SPEAKER O'CONNOR:

The bill as amended passes.

Will the Clerk please call Calendar Number 186.

THE CLERK:

On page 27, Calendar 186, Substitute for House Bill Number 5448, AN ACT CONCERNING THE ADMINISTRATION OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES, favorable reported the Committee on Human Services.

DEPUTY SPEAKER O'CONNOR:

Representative Gentile.

REP. GENTILE (104th):

Thank you, Mr. Speaker.

Mr. Speaker, I move for acceptance of the Joint Committee's favorable report and passage of the bill.

DEPUTY SPEAKER O'CONNOR:

The question is acceptance of the Joint Committee's favorable report and passage of the bill.

Will you remark?

REP. GENTILE (104th):

Mr. Speaker, the Clerk has an amendment, LCO 3659. I would ask that the Clerk please call the amendment and I granted leave of the chamber to summarize.

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DEPUTY SPEAKER O'CONNOR:

Will the Clerk please call LCO Number 3659, which will be designated House Amendment "A."

THE CLERK:

LCO Number 3659 House "A" offered by Representative Ritter and Senator Harris.

DEPUTY SPEAKER O'CONNOR:

The Representative seeks leave of the chamber to summarize the amendment.

Is there objection to summarization? Is there objection?

Hearing none, Representative Gentile, please proceed.

REP. GENTILE (104th):

Thank you, Mr. Speaker.

Mr. Speaker, this is just clarifying language with regard to the definition of "parent." It's technical in nature and just strikes the word "natural" and inserts biological with regard to the definition of "parent." I urge acceptance -- adoption.

DEPUTY SPEAKER O'CONNOR:

Thank you, Representative.

The question before the Chamber is adoption of

House Amendment Schedule "A."

Will you remark further on the amendment? Will you remark further on the amendment? Will you remark further on the amendment before us?

If not, I will try your minds.

All those in favor, please signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER O'CONNOR:

All those opposed, nay.

The ayes have it. The amendment is adopted.

Will you remark further on the bill as amended?

Will you remark further on the bill as amended?

Representative Gentile.

REP. GENTILE (104th):

Thank you, Mr. Speaker.

Mr. Speaker, this is the bill for the agency -- the agency bill for the Department of Developmental Services. It makes a number of technical changes conforming and clarifying language changes to the agency's statutes and it has no fiscal impact or fiscal note. The bill does made some minor changes to the DDS Birth to Three Program and to several departmental advisory bodies.

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Furthermore, the bill removes from the sunset review process the DDS Abuse and Neglect Registry. The bill did receive unanimous bipartisan support of the committee and I urge adoption.

DEPUTY SPEAKER O'CONNOR:

Will you remark further on the bill as amended?
Will you remark further on the bill as amended?

If not, will staff and guests -- oh.

Representative Hovey.

REP. HOVEY (112th):

Thank you, Mr. Speaker.

Mr. Speaker, through you, a question to the proponent.

DEPUTY SPEAKER O'CONNOR:

Please proceed.

REP. HOVEY (112th):

Thank you, sir.

I just wanted to inquire as to what the actual changes were with regards to the Birth to Three Program and whether or not they are substitutive or just verbiage, per se. Thank you, sir.

DEPUTY SPEAKER O'CONNOR:

Representative Gentile.

REP. GENTILE (104th):

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Thank you, Mr. Speaker.

Yes; with regard to the Birth to Three language, Section 1 through 5 inserts the new definition of "parent" to conform to the federal IDEA definition. It corrects references to federal law and puts in statute that the Birth to Three system establishes statewide rates.

DEPUTY SPEAKER O'CONNOR:

Thank you.

Representative Hovey.

REP. HOVEY (112th):

Thank you, Mr. Speaker.

And I thank the good woman for her response. It was very important that that language that has to do with the term "parent" be in sync with IDEA for federal funding purposes so it sounds like this is going to do that and thank you very much.

DEPUTY SPEAKER O'CONNOR:

Thank you, Representative.

Will you remark further on the bill as amended?

Will you remark further on the bill as amended?

If not, will staff and guests please come to the well of the House. Will the members please take their seats. The machine will be open.

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THE CLERK:

The House of Representatives is voting by roll
call. Members to the chamber. The House is voting by
roll call. Members to the chamber please.

DEPUTY SPEAKER O'CONNOR:

Have all the members voted? Have all the members
voted? Will the members please check the board to
determine if your vote has been properly cast.

If all the members have voted, the machine will
be locked and the Clerk will take a tally.

Will the Clerk please announce the tally.

THE CLERK:

House Bill 5448 as amended by House "A."

Total Number voting 145

Necessary for passage 73

Those voting Yea 145

Those voting Nay 0

Those absent and not voting 6

DEPUTY SPEAKER O'CONNOR:

The bill as amended is passed.

Will the Clerk please call Calendar Number 187.

THE CLERK:

On page 8, Calendar 187, Substitute for House
Bill Number 5463, AN ACT CONCERNING PERIODIC REVIEW OF

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Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. And Mr. President, several additional items to mark. Going back to calendar page 7. Mr. President, calendar page 7, Calendar 377, House Bill 5291. Mr. President, move to place that item on the consent calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, on calendar page 11, Calendar 465, House Bill 5448. Mr. President, move to place that item on the consent calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Yes, thank you, Mr. President. Mr. President, moving to calendar page 12. Mr. President, calendar page 12, Calendar 466, House Bill 5289. Move to place that item on the consent calendar.

THE CHAIR:

Without objection, so ordered

SENATOR LOONEY:

Bill 121; calendar page 7, Calendar 377, Substitute for House Bill 5291; Calendar page 8, Calendar 398, Substitute for Senate Bill 231; calendar page 9, Calendar 442, Substitute for House Bill 5141; calendar page 10, Calendar 449, House Bill 5495; calendar page 11, Calendar 451, Substitute for House Bill 5535; Calendar 465, Substitute for House Bill 44 -- 5448; calendar page 12, Calendar 466, Substitute for House Bill 5289; Calendar 473, Substitute for House Bill 5059; Calendar 476, Substitute for House Bill 5117; calendar page 13. Calendar 478, House Bill 5290; Calendar 481, Substitute for House Bill 5119; Calendar 482, Substitute for House Bill 5120; calendar page 15, Calendar 492, Substitute for House Bill 5446; Calendar 494, House Bill 5315; Calendar 504, Substitute for House Bill 5306; calendar page 20, Calendar 532, Substitute for House Bill 5033; calendar page 21, Calendar 534, Substitute for House Bill 5543; Calendar 539, Substitute for House Bill 5350; calendar page 25, Calendar 561, Substitute for House Bill 5419; calendar page 36, Calendar 374, Substitute for House Bill 5225; calendar page 37, Calendar 415, House Bill 5131; calendar page 38, Calendar 454, Substitute for House Bill 5526.

Mr. President, that completes the items placed on Consent Calendar Number 2.

THE CHAIR:

Please call for a roll call vote. The machine will be open.

THE CLERK:

The Senate is now voting by roll on the consent calendar. Will all Senators please return to the chamber. Senate is voting by roll on the consent calendar. Will all Senators please return to the chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

Motion is adoption of Consent Calendar Number 2.

Total number voting

35

Necessary for Adoption 18

Those voting Yea 35

Those voting Nay 0

Those absent and not voting 1

THE CHAIR:

Consent calendar Number 2 passes.

Senator Looney.

SENATOR LOONEY:

Yes, thank you, Mr. President.

Mr. President, I would move that any items on the consent calendar requires additional action by the House of Representatives be immediately transmitted to that chamber.

THE CHAIR:

Without objection, so ordered, sir.

SENATOR LOONEY:

And also any other items acted upon today, not on the consent calendar requiring action by the House of Representatives. Also would move that those items be immediately transmitted.

THE CHAIR:

Seeing no objection, sir, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, I would yield to any members seeking recognition for announcements or points of personal privilege.

THE CHAIR:

At this time, I will entertain any points of

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comments from the committee?

Thank you very much, Matt.

MATT BARRETT: You're welcome.

REP. RITTER: Next we will hear from Commissioner O'Meara from DDS and he will be followed by Angelina Santamaria.

Commissioner.

COMMISSIONER PETER O'MEARA: Senator Harris, Representative Ritter and members of the Public Health Committee, I'm Peter O'Meara, commissioner of developmental services.

Thank you for raising our agency bill this session and for the opportunity to testify in support of DDS's agencies proposal in House Bill 5448, AN ACT CONCERNING THE ADMINISTRATION OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES. In the interests of time, I'll just kind of summarize the sections of the bill.

Section 1 through 6 of the bill includes several technical changes related to the birth to three program, essentially to make us consistent with the federal Individual with Disabilities Education Act and there's a number of other technical changes within the sections.

Section 7 allows members of the council on developmental services who have met the membership term limit of three consecutive two-year terms to continue as members of the council until a successor is appointed. This will help us avoid any lag until a reappointment is made.

Section 8 changes the membership of the Camp Harkness Advisory Committee to include a member representing a 501(c)(3), established to promote and support Camp Harkness and its programs.

I might add, I think in other testimony that you'll hear today that there are some recommendations about changing some, just some language in terms of references to organizations on the council in terms of the ARC of New London County. We're in support of those language changes.

Section 9 permits designees to be appointed for certain members of the statutory family support council. Currently, only commissioners are allowed to send designees. This change in Section 9 would allow the child advocate, the director of Office of Protection and Advocacy as well as the executive director of the Commission on Children to send designees to those meetings. And we're clearly in support of that.

And in Section 10, we're requesting that one of the appointments to the department's regional planning advisory councils has been an attorney practicing law. We've just had a very challenging time finding individuals because of their commitments and their practices to fulfill that. We would suggest that it would be appropriate and allow more consumer participation if we opened -- open that up.

Section 11 would allow the Department of Children and Families to share DCF investigation summaries with DDS without the consent of the subject of the investigations for the purposes of eligibility, enrollment and service planning around the voluntary

services program.

Obviously, those are very critical components of a child's life and history. And as we transition the person over to us I think it's critical that we have that information available to our service planner.

And finally, Section 12 eliminates the sunset provision of the department's abuse and neglect registry. Obviously, this is an invaluable tool in assuring that those few individuals who are employed either in public or the private sector who violate the trust of the families and our agencies, and commit acts of abuse and neglect that rise to the level of being placed on the registry, are prohibited from being employed in our field. And we find this is a very effective tool. So we would hope that we could continue with the registry.

So those are my quick summaries and I'd certainly be available to answer any questions that anyone might have.

REP. RITTER: Thank you.

Are there questions from the committee? No questions?

Thank you very much, Commissioner. We appreciate your testimony.

COMMISSIONER PETER O'MEARA: Thank you, and have a good day.

REP. RITTER: Next, we will be hearing from Angelina Santamaria and she will be followed by Senator Meyer's. Is Angelina here? Yes.

ANGELINA SANTAMARIA: First of all, I thank you, Betsy Ritter, for taking the time last year to

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a CON. And if they -- if it's not done by a year, the file is closed and have to start all over again.

And then finally, we would just ask you to think about the implications here. A radiological practice like Dr. Russo or Dr. Kaye, they're trying to decide, should we spend another couple hundred thousand dollars on something state of the art? Had been a rumor is that the hospital is going to come down the street with their own equipment with no CON. The uncertainty there could really impact professional radiological prospectuses practices.

So for the record would like to submit that by Dr. Glickstein. Thank you.

SENATOR HARRIS: Thank you, David.

Again, 5448, I skipped over by mistake. Joyce Lewis, then Mark Kovitch and Alyssa Goduti.

JOYCE LEWIS: Good afternoon. My name is Joyce Lewis. I'm the vice president of Key Human Services, a private nonprofit providing an array of services to individuals with disabilities or developmental delays since 1989. Today I'm speaking regarding Bill 5448 on the administration of the DDS systems, specific the birth to three systems, Section 6.

I did submit written testimony, so for the most part I'd like you to refer to that. I'll skip ahead because I know it's been a very long day for all of you -- to some of the facts that I would like to discuss.

This case of legislation also represents the changes, the recent changes in the birth to

three system. In parent fees in particular. In January, January 1st, families are -- have been expected to pay 60 percent more and I understand that this piece occurred previously, but I want to update you on the impact of that decision. This increase is forcing with significant developmental out of the birth to three program.

Our program, as I mentioned a small program, has lost 7 percent of our children due to the increase in fees. The impact of this withdrawal will be filled by these children and families as well as local school systems for years to come. Another lesser -- followed the group -- is the children that are eligible for birth to three services, so they're not choosing to receive services at all. No services, and in many cases, no evaluation.

We've had 20 percent of families not receive services from an eligible evaluation. These are children who have identified significant developmental delays who are choosing based on the cost of this program not to receive services.

Many families are choosing to remain in the system. These primarily our families that have already been receiving direct services and are not longer able to afford them based on the increase in fees. So they're participating in services and no-cost or service coordination only model. This program has been in existence, but has gone from 146 families in the program in July to 229 families participating at only that level in January.

Service coordination only in our program has increased by 500 percent through the month of January.

Unfortunately, these children's needs have not decreased as they are no less eligible for direct services and they need and deserve the service. Additionally there are considerably more figures and facts in there.

Another component of issues in birth to three that could be adapted with would be insurance billing. There have been many, many issues put on the table and one issue in the midyear budget about the Governor is taking back a 10 percent incentive payment from providers. That could be changed in this legislation and recommendations have been made to centralize that billing.

If that were to be considered, that this bill would be to change in the wording that would allow that to occur.

So I would ask you at this time to look into changing that and to take this opportunity to change the legislation regarding parent fees and remove those, allowing our children and families to receive full services.

Thank you very much for your time.

SENATOR HARRIS: Thank you very much.

Any questions?

Thank you.

Mark Kovitch, then Alyssa.

MARK KOVITCH: Senator Harris and Representative Ritter and the esteemed members of the Public Health Committee, I appreciate the opportunity to submit testimony. My name is Mark Kovitch. I'm the chief financial officer of Key human services. Simply put, (inaudible) I'm a CPA,

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licensed in Connecticut and Massachusetts. I've been working in nonprofits for the last seven years or working with nonprofits for the last 17 years. I'm also testifying unbuild 5448 in relation to the birth to three system, section C and Section -- Section 6c and Section 6e. Under Section 6c is where the insurance billing is.

Under the law as it sits, providers (inaudible) insurance before they can build the birth to three system so in order to do a centralized billing, has been suggested, that has to change in the law and order for that to be accomplished.

One of the things to just make you aware of the 10 percent incentive that providers can, it isn't really that much. It doesn't really cover the costs. For example, for Key, we raised \$37,000 in insurance billing last year. We were able to keep 3700. That represented 540 individual billing opportunities and only 127 paid, 25 percent, but it cost us \$24,000 to do it. So that really doesn't cover it.

So because of that and also that that isn't going to be there, the revenue is going to be gone, it would be really good to do it centralized and have a nonprofit or an agency that specialized in billing instead of specializing in birth to three services. Did seem to make sense.

The other section, I -- is section E which relates to the parent fees. Just some data on the parent fees. In the last five years, the state has collected \$3.1 million and parent fees. Okay. There's also been reports that 65 percent of the kids that go to birth to three. Don't need special ed after they're done. The cost of special ed average in the

state is \$20,000. If you take over you know, over a career of a student to rise while, that's \$243,000.

Just what the -- what Joyce had mentioned, just the 229 families that went to service coordination, that alone is going to cost the state and towns and cities \$55 million to provide special ed for the life of those kids. If they stayed in the program and get an opportunity, that wouldn't happen. This is really foolish we're just raising 3.1 million and that's not happening.

When they implemented parent fees that was 338 kids that dropped out. At current costs, that's \$82 million that cities and towns are covering right now. Those kids are in second grade right now. You go to a lot of towns and, you'll see that special ed has expanded. My daughter is in Bristol. There's a lot of special ed because of this.

This is causing this. This is causing a direct effect on towns, the increased costs. So we would ask that you change this.

You also -- if you have to cut municipal aid, you might want to remove parent fees, because you're already cutting the towns and the use most of this money for education and, you might wonder most parent fees so that this doesn't become a double hit for them.

That's my testimony. And the other piece is if anybody wants to contact us, we provide birth to services in Avon, Bristol, East Windsor, Ellington, Enfield, Farmington, Manchester, Plainville, South Windsor, Southington, Vernon and West Hartford. Any questions?

**JOINT
STANDING
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HEARINGS**

**PUBLIC
HEALTH
PART 5
1259 – 1470**



March 12, 2010
Public Health Committee Public Hearing
HB 5448 – An Act Concerning the Administration of the
Department of Developmental Services

Good afternoon. I am Alyssa Goduti, Vice President for Public Policy at the Connecticut Community Providers Association (CCPA). CCPA represents organizations that provide services and supports for people with disabilities and significant needs including children and adults with substance use disorders, mental illness, developmental, and physical disabilities.

Our members provide vital human services to hundreds of thousands of individuals across the state. We provide essential human services that keep people out of emergency rooms, hospitals, emergency shelters and prisons. Our work plays a critical role by serving as the safety net for many of our state's most vulnerable citizens.

We have several comments and questions on HB 5448, An Act Concerning the Administration of the Department of Developmental Services.

1. Why does this bill designate that DDS, as the lead agency, may provide early intervention services?

The majority of Birth to Three Services are provided through private provider organizations. However, the state does currently operate its own Birth to Three programs in each region, known as Early Connections. These state operated programs are significantly more expensive to run than those in the private sector.

The Birth to Three System recently diverted all new referrals from its private provider programs to allow for all new referrals to go directly to the state run program, Early Connections. The private provider Birth to Three programs provide the same services at a significantly lower cost than the state run Birth to Three Program. Other states focus on administration of the human service systems and maintain oversight, quality assurance and licensing. There is no need for a state run system of early intervention services when the private provider community has the capacity and the expertise to offer these services. In these difficult economic times, why isn't the state focusing on the most efficient and cost effective means of delivering Birth to Three Services? Why is this language needed to give the Department the statutory right to provide these services?

2. Section 4 (d) references state-wide rates for Early Intervention services. Are these rates meant to apply to private providers and the Early Connections Program in the

CCPA

35 Cold Springs Rd., Suite 522, Rocky Hill, CT 06087-3165
(P)860-257-7909 • (F)860-257-7777
www.ccpa-inc.org

same way? Does that mean that the state level of reimbursement for the state-run program will be at the same level as the reimbursement for private programs?

3. Section 4 (e) references the Department's right to either collect fees or designate a provider to collect fees. The Governor's proposed budget for FY11 removes the incentive for Birth to Three Programs to collect insurance billing revenue. The past practice was to allow providers to maintain 10% of those insurance billing receipts. We anticipate that removing this small incentive will result in reduced insurance collections overall. We recommend earlier this session that the Department consider centralizing all insurance billing for Birth to Three. This could help maximize collections and reduce administrative costs for Birth to Three Programs. We were pleased to hear that the Department is taking this recommendation seriously and hope to work with them to implement this change.
4. In the September 2009 Special Session the Public Health Implementer included language that would increase family monthly fees for Birth to Three by 60%. This increase is already negatively impacting enrollment. Birth to Three is a program that aims at helping families to meet the developmental and health needs of their infants and toddlers who have delays or disabilities. The program has a tremendous impact on the children and families it serves. Most notable, over 50% of the children who participate in Birth to Three do not need special education services by the age of 5. These fee increases are leading to withdrawals and a drop in enrollment, which leads to cost increases for municipalities in their special education budgets when children aren't given the vital early intervention services they need. These cost increases may ultimately end up costing the state more in the long run when children need additional help at age three through local education systems.

Any significant increase in these fees would mean that many families could no longer participate in this valuable program. When family participation fees were first implemented in 2005, 330 families ended participation in the program. During these difficult economic times when families are struggling to provide for the basic needs of their households, raising family fees for early intervention services by 60% creates a major financial burden for families. This increase is forcing some to make the difficult decision to withdraw from services, not because they don't value the services, but because they simply can't afford the additional costs. Families are focused on the immediate needs of their children. They shouldn't be put into a situation in which they have to prioritize those needs with the value of their children's growth, development and success in the future. These fee increases is harmful to the infant, toddlers and families who may no longer afford these vital services.

As you work through the remaining weeks of this session, we urge you to remember that community providers are a key part of the fiscal solution. We provide alternatives to more costly and restrictive systems of care including institutional care, emergency rooms, inpatient hospital stays and the Corrections and Judicial systems. With adequate funding we can continue to provide high quality health and human services in local communities in a cost effective and efficient way.

Esteemed Members of the Public Health Committee,

My name is Joyce Lewis, Vice President of Key Human Services, a private non profit providing an array of services to individuals with disabilities or developmental delays since 1989. Today, I am speaking regarding Bill 5448 on the administration of the DDS system; specifically the Birth to Three system, Sec 6.

I would like to thank you all for your support of Birth to Three throughout the years and especially this year. It is a clear statement of your commitment to the wellbeing and success of Connecticut's young children and their families. Thank you in advance for your support of the annualized 9 million dollar increase targeted for past growth in the program.

The recent change in parent cost participation fees is outlined in this bill. Families are now expected to pay 60% more in fees. Not only is this a draconian change in these very demanding fiscal times, but it is in conflict with both the mission of Birth to Three and the priority expressed in An Act Concerning Children in the Recession. Birth to Three's mission guarantees equal access to services for all children in Connecticut. As you will see, many families can no longer afford to access Birth to Three services. The Children in the Recession Initiative prioritizes meeting primary needs or circumstances that

compromise health or future opportunities. Birth to Three services meet both of these criteria.

This 60% increase is forcing children with significant developmental delays out of the Birth to Three program. Our program has lost 7% of our children due to the increase. The impact of this withdrawal will be felt by these children and families as well as the local school systems for years to come.

Another cohort is the children that are eligible for Birth to Three services that are not choosing to receive services at all; no services, or in many cases not even an evaluation. We have had 20% of families not proceed to services from an eligible evaluation. How will their development progress? How about the children who are not even being evaluated due to the cost of services?

Many families are choosing to remain in the system receiving only service coordination at no cost. Service Coordination has increased from 170 to 229 families in January. In our program, service coordination only has increased fourfold. Unfortunately, these children's needs merit direct services and full participation in services and supports. Deplorably, these services have been priced out of the families' reach, increasing by up to \$114 per month and capping at \$272 per month. The median income in Connecticut is \$93,000 annually. For a family in this income bracket, family cost participation increased from \$65/month to \$104/month. This is a

dramatic increase in an ongoing household expense at a time when every dollar is already stretched to its' very limits.

These are just a microcosm of the impact of the recession on children with developmental delays and their families. While Bill 5360 was not widely supported logistically; testimonies reflected agreement with the broad goals and concerns behind the bill. Birth to Three services have proven efficacy. As many as 65% of children who receive Birth to Three do not require special education services at age 5. Services are cost effective; annual costs average \$8356 per child in Birth to Three compared to \$10,000-\$15,000 per child annually in local education costs. The integration of these two statistics powerfully demonstrates the value of Birth to Three. Therefore, it is clear that full participation in services for all eligible children is a critical priority for Connecticut's future.

Please reconsider this increase in parent fees and amend it in this bill. The impact has already been dramatic with many more futures on the brink.

Birth to Three can maximize revenue through centralizing insurance billing. Centralizing insurance billing utilizing a contractor would guarantee expertise and increase collection revenue. This option is preferable to removing the 10% retention of insurance collection (currently retained by the providers) while expecting increased collection.

Thank you for your attention to the needs of our children and families. Please contact me to discuss this at 860 409 7350 x 133. I appreciate your ongoing support and commitment to Birth to Three.



Advocates for people with intellectual disabilities
and related developmental disabilities

43 Woodland Street, Suite 260, Hartford, CT 06105

Telephone: 860-246-6400 Facsimile: 860-246-6406

Website: www.arcofct.org

President
Diane Aubin
The Arc of New London County
Norwich

March 12, 2010

Executive Director
Lynn C Warner

First Vice President
Imelda Reno
The Arc of Farmington Valley
Canton

Testimony before Committee on Public Health

Re: H.B 5448 (Raised), "An Act Concerning Administration of the Department of Developmental Services"

Second Vice President
Barry Sheffel
The Arc of Meriden-Wallingford
Meriden

by

Leslie Simoes, Assist. Executive Director, The Arc of Connecticut

Secretary
Lon Baer
The Arc of Litchfield County
Torrington

Senator Harris, Representative Ritter, and Members of the Public Health Committee:

Treasurer
Anthony Recck
Futures, Inc
Middletown

I am Leslie Simoes, the Assistant Executive Director of The Arc of Connecticut, a 58-year-old statewide advocacy organization for individuals with intellectual disabilities and their families. We have 23 local chapters throughout the State that provide supports, services, and advocacy for individuals with intellectual disabilities.

Immediate Past President
Ken Cholewinski
SARAH Seneca
Guilford

I am here today to submit testimony regarding raised House Bill 5448, "An Act Concerning Administration of the Department of Developmental Services."

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The Arc of Connecticut would like to go on record stating that while it appears that most of the proposed changes regarding the administration of DDS stated in this Bill are benign to the individuals who are funded by DDS as well as pose no major impact on our 23 Local Chapters or the other Private Providers, there is an area where The Arc of Connecticut and its Local Chapter, The Arc of New London County, are concerned.

In the current Section 8, Subsection a, we are respectfully requesting this Committee to change the name the Association for Retarded Citizens of New London County to its legal and correct name The Arc of New London County. It is inappropriate to not make this change and to continue using an outdated name with a word that is considered pejorative to so many people.

The Arc/Connecticut, Inc. Member Chapters: Futures, Inc., Middletown / Greater Enfield Arc / Family Options, Watertown / The Arc of Farmington Valley / Friends of New Milford, Inc. / The Arc of Litchfield County / LOV-Arc, Westbrook / MARC, Inc., Manchester / MARC Community Resources, Portland / The Arc of Meriden-Wallingford / The Arc of Greater New Haven / The Arc of New London County / Options, Unlimited / The Arc of Plainville / The Arc of Quinebaug Valley / SARAH Inc., Guilford / SARAH Seneca Residential Services / SARAH Tuxis Residential Services / STAR, Norwalk / The Arc of Southington / Tri County Arc, Columbia / Waterbury Arc / WeCAHR, Danbury

Affiliated with The Arc of the United States

The Arc of Connecticut and our Local Chapters are certainly not advocating for more bureaucracy, but would like this Committee to remain mindful of the families, especially the children, who are being served by these very valuable programs.

Thank you for the opportunity to share this testimony with you today.

Testimony before the Public Health Committee

HB 5448 AN ACT CONCERNING THE ADMINISTRATION OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES

By Kathleen Stauffer, Executive Director The Arc of New London County

Good morning Members of the Public Health Committee. My name is Kathleen Stauffer and I am the Executive Director of The Arc of New London County. I am here this morning to testify on **HB 5448 AN ACT CONCERNING THE ADMINISTRATION OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES**

Specifically I am respectfully requesting that Sec. 8. Subsection (a) of section 17a-217a of the general statutes be repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

Please turn your attention to subsection a, number 1:

The advisory committee shall be composed of twelve members as follows: (1) The director of Camp Harkness, who shall serve ex-officio, one member representing the Southeastern Connecticut Association for Developmental Disabilities, one member representing the Southbury Training School, one member representing the Association for Retarded Citizens of New London County, one consumer representing persons who use the camp on a residential basis and one member representing parents or guardians of persons who use the camp, all of whom shall be appointed by the Governor;

With all due respect, The Arc of New London County requests a change in language for this Act that accurately reflects our name. As recent news reports would indicate, and as life experience for all of our members and the approximately 500 citizens we serve here in Southeastern Connecticut reflects, the use of the word "Retarded" in all references is offensive and unacceptable at all times.

Specifically, we request the language be changed to read:

The advisory committee shall be composed of twelve members as follows: (1) The director of Camp Harkness, who shall serve ex-officio, one member representing the Southeastern Connecticut Association for Developmental Disabilities, one member representing the Southbury Training School, one member representing the Arc of New London County, one consumer representing persons who use the camp on a residential basis and one member representing parents or guardians of persons who use the camp, all of whom shall be appointed by the Governor;

Thank you!

Hello, Senator Harris, Representative Ritter, and esteemed members of the Public Health Committee. I appreciate the opportunity to submit testimony today.

My name is Mark E. Kovitch, Chief Financial Officer of Key Human Services, a private non profit providing an array of services to individuals with intellectual disabilities or developmental delays since 1989. I am also, a Licensed Certified Public Accountant in Connecticut and Massachusetts, with seventeen years of experience providing services in public accounting firms and private industry to not-for-profit organizations. Today, I am representing Key Human Services, Inc. and providing testimony regarding Bill 5448 on the administration of the DDS system; specifically the Birth to Three System, Sec 6c and Sec. 6e.

Section 6c. Line 201 to 210

In the Governor's mid-year budget for the Department of Developmental Services (DDS), the Birth to Three Incentive Payments was removed. Currently, per contract Birth to Three providers are allowed to retain 10% of insurance receipts collected. This small incentive does not cover the cost of doing insurance billing. For example at Key last fiscal year, we had third party insurance reimbursements of \$37,620 dollars. So Key's incentive payment was \$3,762. About half of the children Key provided services for were eligible to bill insurance. Key produced well over 540 individual opportunities to bill insurance for each child. Key received payment during the fiscal year for 127 of those opportunities; about a 25% success rate. The cost to Key is well over \$24,000 in salary alone to do this.

One suggestion is to have the DDS use a central billing provider for third-party payers. Since the incentive payment does not cover the cost of billing and governor mid-year budget removes the incentive payment. A good solution would be to one organization or agency to do this function. This central billing would specialize in insurance billing. Birth to Three providers would spend all of their time providing birth to three services to the children of the state with a developmental delay. In order to do this the language in Section 6, line 201 to 202 would need to be changed. Currently, the law requires Birth to Three providers to bill insurance first then bill the Birth-to-Three System.

Section 6e. Line 222 to 227

Section 6e, Line 222 to 227 requires families to pay a parent fee for service from Birth to Three providers. Per the law the fee was increased by 60%. I have attached the Birth to Three Notice on Parent Fees, which shows the difference between the old rate and new rate. DDS implemented this fee increase as of January 1, 2010.

In last five fiscal years the Birth to Three System collected \$3,149,215 in parent fees, which I determined from the page that detailed the cost of early intervention from Birth to Three's Annual Report for the last five years, which are attached. Per a fact sheet from the Birth to Three System on result-based accountability, which I have attached, of all the children who received Birth to Three services, 65% did not require special education by kindergarten. The average annual cost of special education in Connecticut is \$20,250. The cost of special education for a student's career is \$243,000.

What has happen because of parent fees are that families are going to the "no cost option," which is service coordination. The family does not receive Birth to Three Services, but provider gives the family "case management." The children are not receiving active services and State is ~~not~~ collecting a parent fee. Also, the children will most likely need special education after kindergarten because they are not receiving services, just something like case management. In January 229 families chose this option. The cost of special education for these families over their life time is just over 55 million dollars. Why is the State passing this cost to cities and towns? If there were no parent fees, these families would be in receiving services. These parent fees generate a small amount of revenue for the State but cost Connecticut millions of dollars. So, if you need to cut municipal aid because of the budget crisis, then maybe you should look at removing parent fees. All the parent fees do is pass costs to cities and towns, therefore, will recommend this section of the law be removed.

I thank you for your time and consideration of these critically important issues. I would also encourage you to contact me to discuss the Birth to Services that we provide in the towns of Avon, Bristol, East Windsor, Ellington, Enfield, Farmington, Manchester, Plainville, South Windsor, Southington, Vernon, and West Hartford.

Please do not hesitate to contact me with any questions, or for additional information:

(860) 409-7350 ext. 121 or e-mail at mkovitch@keystonehumanservices.org.

DEPARTMENT OF DEVELOPMENTAL SERVICES


<http://www.ct.gov/dds>

AGENCY PURPOSE

- Provide case management, respite, family support, residential and employment services to DDS consumers and their families through a system of public and private providers.
- Perform as lead agency for the Birth-to-Three program serving infants and toddlers with developmental delays.
- Ensure appropriate delivery of health care services to consumers receiving DDS residential supports.
- Assist DDS consumers involved in the criminal justice system to ensure appropriate representation and services.
- Coordinate an autism pilot program for adults with autism spectrum disorder who do not also have mental retardation.
- Coordinate the Voluntary Services Program for children who have mental retardation and behavioral health needs.
- Plan and manage emergency response activities for persons receiving DDS services.

RECENT HIGHLIGHTS

WAITING LIST INITIATIVE

Successfully completed the fifth and final year of the "Waiting List Initiative" with new residential supports to 218 people, additional residential supports to 167 individuals and enhanced family supports to 107 families, serving a total of 1,598 people with residential supports and 520 with enhanced family supports over the five year period.

FEDERAL WAIVERS

Received five year renewal of the *Comprehensive HCBS (Home and Community Based Services) Waiver* by the Centers for Medicare and Medicaid Services (CMS). Began work on an *Employment and Day Supports Waiver* for anticipated CMS approval in late FY2010.

CONSUMER MILESTONES

Assisted 959 people to fully self-directed supports and 3,951 to control individual budgets for residential, employment and day services and supports.

PRIVATE PROVIDERS

Revised the qualification process for all new prospective providers and added a mandatory training component. Posted provider profiles on the DDS website so consumers and families can search for qualified providers by name or town. Qualified 188 providers.

TRANSITIONED YOUTH

Transitioned 29 youths from DCF to DDS and enrolled approximately 100 others in the Voluntary Services Program bringing the program total to 434. Reviewed requests for out-of-home placements with

the Children's Services Committee - a group consisting of representatives from DCF, SDE, DDS, the Office of the Child Advocate and families.

RESPITE CENTERS

Served approximately 1,203 individuals^o in 11 respite centers statewide.

EMPLOYMENT INITIATIVE

Launched *Employment First* initiative to promote employment of DDS consumers through Connect-Ability, Connecticut's Medicaid Infrastructure Grant, awarded to the DSS Bureau of Rehabilitation Services.

BIRTH TO THREE

Received, for the second year in a row, a determination of "meets requirements" by the Individuals with Disabilities Education Act according to the U.S. Department of Education. Served 9,112 eligible children - 3.5% of all children under the age of three on a daily basis. Added four new Birth to Three programs to ensure sufficient provider capacity in the northeast part of the state and Fairfield County and ten new autism-specific programs to ensure statewide coverage. Served approximately 250 children in autism-specific programs.

AUTISM SPECTRUM DISORDER PILOT

Operated a pilot program for 55 individuals in the New Haven and Hartford areas with autism spectrum disorder who do not have mental retardation.

RECOMMENDED ADJUSTMENTS

Reductions	2010-2011
<ul style="list-style-type: none"> • Reflect Savings in Employment and Day Services Pursuant to FY2010 Rescissions <i>\$5.9 million is removed to reflect the annualization of the new attendance-based reimbursement system begun in spring 2010 as a result of FY 2010-11 rescissions in the Employment Opportunities and Day Services account</i> 	-5,946,000
<ul style="list-style-type: none"> • Reduce Personal Services through Attrition <i>Funding is reduced in anticipation of the gradual attrition of the DDS workforce and all but the most essential positions not being refilled because of the strict hiring freeze.</i> 	-3,211,338
<ul style="list-style-type: none"> • Reduce Overtime in DDS Operated Settings <i>Savings will be realized through strict management of overtime</i> 	-2,386,800
<ul style="list-style-type: none"> • Reduce Personal Services through two Building Closures at Southbury Training School <i>Funding is reduced to reflect the consolidation of clients at Southbury Training School to permit consolidation of housing units allowing part time staff to be redeployed to cover existing direct care vacancies throughout the rest of the system</i> 	-1,190,748

Budget Summary

• Annualize FY 2009-10 Reductions	-173,099
<i>FY2010 rescission in the Clinical Services and Family Reunion accounts is annualized into FY 2011-12.</i>	
Reallocations or Transfers	
• Transfer Home Health Services Funding	500,000
<i>\$500,000 is transferred from the Department of Social Services to support home-health services and increase access for individuals and families for whom home health services have not been readily available.</i>	
Technical Adjustments	
• Annualize Personal Services Savings	-24,151,246
• Reduce Caseload in the Voluntary Services Program	-1,696,390
<i>Funding is reduced as a result of the FY2010 closure of the Voluntary Services Program and the aging out of 38 children into DDS adult services during the fiscal year.</i>	
• Annualize Transfer for DOIT Revolving Fund Realignment	-783,240
• Annualize Funding for FY 2009-10 Deficiencies	13,700,000
<i>Funding is provided to annualize the FY 2010-11 shortfalls in the Early Intervention, Workers' Compensation and Community Residential Services accounts.</i>	
• Annualize Community Development Costs	7,625,821
<i>Funding is recommended to support the FY 2011-12 costs of 17 group home conversions from public to private operation made possible by the loss of staff in the 2009 retirement incentive program.</i>	
Revenue Adjustments	
• Move Individuals Back to Connecticut	475,620
<i>Additional revenue will result by bringing 24 DDS clients (10 adults and 14 voluntary services children) back to the state permitting them to be put into waivers. An additional cost of \$476,000 required to support these placements will generate \$2.2 million in new revenue.</i>	

AGENCY SUMMARY

<i>Personnel Summary</i>	2008-2009	2009-2010	2010-2011	2010-2011	2010-2011
	Authorized	Estimated	Appropriated	Net	Revised
				Adjustments	Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	4,054	3,981	3,974	-317	3,657
<hr/>					
<i>Financial Summary</i>	2008-2009	2009-2010	2010-2011	2010-2011	2010-2011
	Actual	Estimated	Appropriated	Net	Revised
				Adjustments	Recommended
Personal Services	299,459,381	279,542,628	304,572,458	-36,854,311	267,718,147
Other Expenses	25,815,620	27,654,413	27,199,636	-783,240	26,416,396
<u>Capital Outlay</u>					
Equipment	0	95	100	-99	1
<u>Other Current Expenses</u>					
Human Resource Development	213,436	219,790	219,790	0	219,790
Family Support Grants	3,280,095	3,280,095	3,280,095	0	3,280,095
Cooperative Placements Program	20,103,553	20,679,838	21,639,755	0	21,639,755
Clinical Services	4,639,147	4,642,372	4,812,372	-170,000	4,642,372
Early Intervention	38,167,649	39,243,415	28,840,188	8,964,072	37,804,260
Community Temporary Support Services	67,315	63,949	67,315	0	67,315
Community Respite Care Programs	330,345	313,828	330,345	0	330,345
Workers' Compensation Claims	15,449,122	16,246,035	14,246,035	2,000,000	16,246,035
Pilot Program for Autism Services	723,288	1,448,917	1,525,176	0	1,525,176
Voluntary Services	0	33,138,568	32,692,416	-1,531,300	31,161,116
TOTAL - Other Current Expenses	82,973,950	119,276,807	107,653,487	9,262,772	116,916,259
<u>Pmts to Other Than Govts</u>					
Rent Subsidy Program	4,617,538	4,537,554	4,537,554	0	4,537,554
Family Reunion Program	134,616	134,900	137,900	-3,000	134,900
Employment Opportunities & Day Svcs	162,298,520	174,093,860	185,041,617	-6,014,884	179,026,733
Community Residential Services	395,021,853	385,347,857	390,498,055	16,819,414	407,317,469
TOTAL - Pmts to Other Than Govts	562,072,527	564,054,171	580,215,126	10,801,530	591,016,656
TOTAL - General Fund	970,321,478	990,528,114	1,019,640,807	-17,573,348	1,002,067,459

NOTICE

Public Act 09-03 of the September 2009 Special Session requires the Department of Developmental Services to amend the Birth to Three Regulations to (1) increase fees families pay by 60%; (2) eliminate the two months of initial service that are provided without a fee; and (3) it changed the health insurance laws to require health plans to double the maximum annual coverage for Birth to Three services to \$6400 per child per year.

Copies of the amended regulations and law are available on the Birth to Three website (www.birth23.org) under "What's New." Written comments can be sent until November 20, 2009 to: Department of Developmental Services, 460 Capitol Ave., Hartford, CT 06106 ATTN: Rod O'Connor, Legislative and Regulations Analyst or e-mailed to rod.oconnor@ct.gov. There will be a public hearing on November 12, 2009 from 2PM – 4PM and from 5PM – 8PM at the Legislative Office Building, 300 Capitol Ave., Hartford, CT Sign-up will begin one hour before each hearing.

The 60% increase in fees is expected to go into effect as of January 1, 2010 and will affect bills that will be sent in mid-February.

Proposed: #1. For families who have no health insurance or families who have health insurance and allow the state to bill for Birth to Three services

Adjusted Gross Family Income	Monthly contribution by Family Size			
	3 or fewer	4	5	6 or more
Less than \$45,000	\$ 0	\$ 0	\$ 0	\$ 0
\$ 45,000 - \$ 55,000	\$ 24	\$ 16	\$ 8	\$ 8
\$ 55,001 - \$ 65,000	\$ 32	\$ 24	\$ 16	\$ 8
\$ 65,001 - \$ 75,000	\$ 40	\$ 32	\$ 24	\$ 16
\$ 75,001 - \$ 85,000	\$ 56	\$ 48	\$ 40	\$ 32
\$ 85,001 - \$ 95,000	\$104	\$ 96	\$ 88	\$ 80
\$ 95,001 - \$105,000	\$120	\$112	\$104	\$ 96
\$105,001 - \$125,000	\$152	\$144	\$136	\$108
\$125,001 - \$150,000	\$192	\$184	\$176	\$168
\$150,001 - \$175,000	\$232	\$224	\$216	\$208
\$175,001 and above	\$272	\$264	\$256	\$248

Proposed: #2. For families who have health insurance but will not allow the state to bill for Birth to Three services

Adjusted Gross Family Income	Monthly contribution by Family Size			
	3 or fewer	4	5	6 or more
Less than \$45,000	\$ 0	\$ 0	\$ 0	\$ 0
\$ 45,000 - \$ 55,000	\$ 48	\$ 32	\$ 16	\$ 16
\$ 55,001 - \$ 65,000	\$ 64	\$ 48	\$ 32	\$ 16
\$ 65,001 - \$ 75,000	\$ 80	\$ 64	\$ 48	\$ 32
\$ 75,001 - \$ 85,000	\$112	\$ 96	\$ 80	\$ 64
\$ 85,001 - \$ 95,000	\$208	\$192	\$176	\$160
\$ 95,001 - \$105,000	\$240	\$224	\$208	\$192
\$105,001 - \$125,000	\$304	\$288	\$272	\$216
\$125,001 - \$150,000	\$384	\$368	\$352	\$336
\$150,001 - \$175,000	\$464	\$448	\$432	\$416
\$175,001 and above	\$544	\$528	\$512	\$496

Costs of Early Intervention



The Birth to Three System expenditures for FY09 were \$51,771,852 from state and federal sources. Revenue sources included parent payments and health insurance reimbursements. Only 3% of that total amount was spent on administration of the System, leaving 97% for direct services.

STATE FUNDING SOURCES	
State General Fund	\$42,854,049
State Special Revenue	\$4,275,076
Local Government	\$1,740,000
Parent Payments	\$4,202,727
Health Insurance Reimbursements	\$2,200,000
TOTAL STATE FUNDING	\$55,271,852

Medicaid claims resulted in \$4.2 million in revenue to the State General Fund, decreasing the net state contribution to Birth to Three by that amount.

The average statewide gross annual cost per child was \$11,141. After commercial insurance reimbursements, the net average cost per child was \$10,413.

STATE FY08 EXPENDITURES OF FEDERAL FUNDS ONLY	
Salaries and fringe benefits for 11-5 FTE positions (administrative & support staff)	\$1,292,453
Other expenses	\$13,020
State & Local ICC	7,015
Public awareness	30,999
Data system	48,062
Personnel development	92,110
Supervision and monitoring	242,197
Procedural safeguards	2,715
TOTAL SYSTEM COMPONENTS	1,540,326
TOTAL DIRECT SERVICES	49,834,773
TOTAL FEDERALLY FUNDED EXPENDITURES	\$4,779,075*

*\$1 million of this was Part B Child Find funding transferred from the State Department of Education.

Costs of Early Intervention



The Birth to Three System expenditures for FY08 were \$43,901,341 from state and federal sources. Revenue sources included parent payments and health insurance reimbursements. Only 3.6% of that total amount was spent on administration of the System, leaving 96.4% for direct services.

ACTIVE FUNDING

Category	Amount
State General Fund	\$1,000,000
Medicaid	\$4,300,000
Other	\$3,000,000
Total	\$8,300,000

Medicaid claims resulted in \$4.3 million in revenue to the State General Fund, decreasing the net state contribution to Birth to Three by that amount.

The average statewide gross annual cost per child was \$8,546. After commercial insurance reimbursements, the net average cost per child was \$8,451.

STATE AND FEDERAL FUNDS

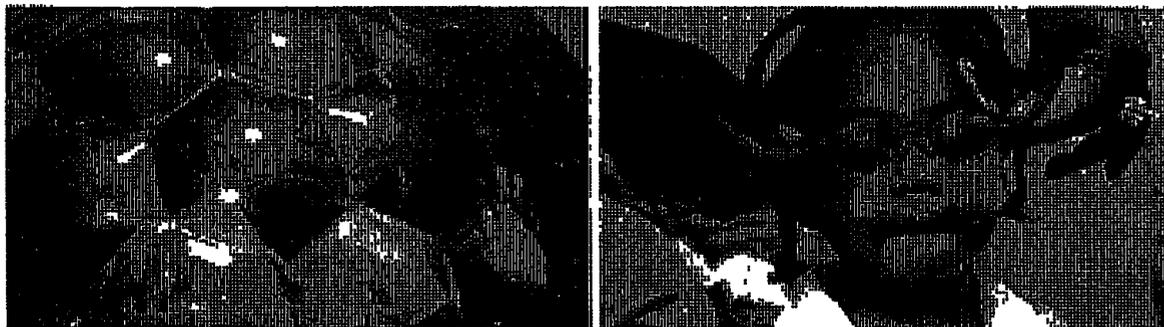
Category	Amount
State	\$1,000,000
Federal	\$42,901,341
Total	\$43,901,341

EXTRABUDGETARILY FUNDED EXPENDITURES

Category	Amount
Part B Child Find	\$1,000,000
Other	\$0
Total	\$1,000,000

*\$1 million of this was Part B Child Find funding transferred from the State Department of Education.

Costs of Early Intervention



The Birth to Three System budget for FY07 was \$36,259,664 from state and federal sources. Expenditures totaled \$40,204,701 for FY07, including parent payments and health insurance reimbursements. Only 4% of that total amount was spent on administration of the System, leaving 96% for direct services.

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*Medicaid claims resulted in \$4.4 million in revenue to the State General Fund, decreasing the net state contribution to Birth to Three by that amount.

The average statewide gross annual cost per child was \$8,546. After commercial insurance reimbursements, the net average cost per child was \$7,748.

Costs of Early Intervention



Our Budget and Expenses

The Birth to Three budget for Fiscal Year 2006 was \$33,952,728 from state and federal sources, with total system expenditures (including parent payments and health insurance) of \$37,845,845.

Medicaid claims resulted in \$4.3 million in revenue to the State General Fund, DECREASING the net state contribution to Birth to Three to \$35,484,470.

Costs of Early Intervention

Our Budget and Expenses

The Birth to Three budget for Fiscal Year 2005 was \$33,423,421 from state and federal sources, with total system expenditures (including parent payments and health insurance) of \$35,980,488. Only 5% of that total amount was spent on administration of the System, leaving 95% for direct services.

ACTUAL EXPENDITURES BY FINDING SOURCE	
FINDING SOURCE	DOLLARS
Total State Funds	\$26,964,321
Total Federal Funds	5,081,990
Commercial Insurance Funds	3,230,026
Parent Fees	704,151
TOTAL SYSTEM EXPENDITURES	\$35,980,488

Medicaid claims resulted in \$4.4 million in revenue to the State General Fund, DECREASING the net state contribution to Birth to Three by that amount.

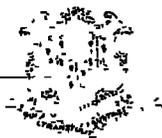
COST PER CHILD	
Average statewide gross annual cost per child was	\$7,937
After commercial insurance reimbursements, the net average cost per child was	\$7,039

State Fiscal Year 2005 (July 1, 2004 - June 30, 2005) Expenditures Part C of IDEA Federal Funding Only

CATEGORIES	DOLLARS
Salaries and Fringe for 11.5 FTE Positions (Birth to Three central office and regional staff)	\$1,295,458
Other Expenses (printing, postage, supplies, travel, equipment)	187,388
State ICC	6,292
Local ICCs	7,224
Public Awareness	61,987
Data System	47,945
Personnel Development	153,702
Supervision and Monitoring	21,706
Procedural Safeguards	3,985
TOTAL SYSTEM COMPONENTS	\$1,785,687
TOTAL DIRECT SERVICES	\$2,377,094
TOTAL PART C OF IDEA FUNDED EXPENDITURES	\$4,162,781

The available state and federal funding for Fiscal Year 2006 is \$35,676,315. With the addition of \$3,300,000 in projected commercial health insurance funding and parent payments of \$650,000, the total projected budget for the System is \$39,626,315.





M. Jodi Rell
Governor

State of Connecticut
Department of Developmental Services



Peter H. O'Meara
Commissioner

Kathryn du Pree
Deputy Commissioner

TESTIMONY OF THE
DEPARTMENT OF DEVELOPMENTAL SERVICES
TO THE
PUBLIC HEALTH COMMITTEE
March 12, 2010

Senator Harris, Representative Ritter and members of the Public Health Committee I am Peter O'Meara, Commissioner of Developmental Services (DDS). Thank you for raising our agency bill this session and for the opportunity to testify in support of DDS's agency proposals in **House Bill 5448 – An Act Concerning the Administration of the Department of Developmental Services**. I will provide an overview of what is contained in the bill's various sections.

Sections 1 through 6 include several technical changes related to the Birth to Three Program. Section 1 provides a new, more inclusive definition of "parent" for purposes of Birth to Three services that mirrors the current definition of "parent" under Part C of the federal Individuals with Disabilities Education Act (IDEA) for purposes of early intervention services. Section 2 changes the language regarding the Department's responsibility for establishing local interagency coordinating councils (LICCs). DDS would no longer be held responsible for ensuring that there is at least one LICC in each region. Currently, there are only two LICCs, one in Danbury and one in Torrington, both in the Department's West Region. DDS will continue to support established LICCs. LICCs, as defined in statute, are only concerned with young children with disabilities and we have found that with all of the broader early childhood initiatives in the state, people may find it more effective to join local early childhood planning efforts in their communities. Sections 3 and 5 correct several references to federal law in the Birth to Three statutes. Section 4 eliminates an obsolete section of the Birth to Three statutes and acknowledges that the Birth to Three System establishes rates for services. Section 6 narrows the definition of "parent", for the purpose of charging fees for Birth to Three services, to include only a "natural or adoptive parent or legal guardian." Those parents in the new more inclusive definition who would not be subject to payment of monthly fees would be grandparents or other relatives who the child is living with or foster parents.

Section 7 allows members of the Council on Developmental Services, who have met the membership term limit of three consecutive two-year terms, to continue as members of the Council until a successor is appointed. If the appointing authority does not immediately select a successor, there is oftentimes a lag between when a member must stop serving and a new member is appointed. This proposal would allow a current DDS council member to serve until a successor is appointed even if the member has served for more than three consecutive terms.

Phone 860 418-6000 ♦ TDD 860 418-6079 ♦ Fax 860 418-6001
460 Capitol Avenue ♦ Hartford, Connecticut 06106
www.ct.gov/dds ♦ e-mail ddsct.co@ct.gov
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Section 8 changes the membership of the Camp Harkness Advisory Committee to include a member representing a 501(c)(3) established to promote and support Camp Harkness and its camping programs in lieu of a member representing the Camp Harkness Booster Club. The Department understands that a member of the Camp Harkness Booster Club has not attended Advisory Committee meetings for several years and correspondence to this organization has gone repeatedly unanswered. The appointing authority for this member is the Senate Majority Leader.

Section 9 would permit designees to be appointed for certain members of the statutory Family Support Council. Current statute only permits commissioners to have designees. The Child Advocate, the executive director of the Office of Protection and Advocacy for Persons with Disabilities and the executive director of the Commission on Children would now be allowed to appoint designees.

Section 10 changes one appointment to DDS's three Regional Planning and Advisory Councils from "an attorney practicing law in the state of Connecticut who is familiar with issues in the field of mental retardation" to "an individual who is eligible for and receives services from the Department of Developmental Services." This would allow more consumer participation on the Regional Councils and eliminate a specific appointment of an attorney that was extremely difficult to fill. This section also updates a reference to the Arc of Connecticut.

Section 11 would allow the Department of Children and Families (DCF) to share DCF investigation summaries with DDS, without the consent of the subject of the investigations, for the purposes of eligibility, enrollment and service planning for children in the DDS Voluntary Services Program (VSP) when a child's annual individual plan is updated. Currently, DDS is allowed to receive these investigation summaries only when a child is applying for participation in VSP. This change would allow DDS to receive these investigation summaries for any child enrolled in VSP as part of the Department's on-going planning for the child's services. Access to DCF's investigation summaries is vital to ensure the development of an individual plan that addresses both the child's and family's needs with the goal of keeping children at home with the appropriate behavioral and in-home family supports. Information regarding previous DCF services or investigations is important to DDS in order to develop appropriate supports that will address any family dynamics or situations that might otherwise preclude the child from being able to stay at home.

Section 12 eliminates the sunset provision of the Department's Abuse and Neglect Registry. This registry is an important tool used by the Department, its providers and other state agencies to check that potential employees have not previously been referred to the registry for abuse or neglect of a DDS consumer. Without elimination of the sunset provision, the Abuse and Neglect Registry would sunset on July 1, 2012.

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 Rod O'Connor, DDS Legislative Liaison at 418-6130 with any questions.