



DATE: March 4, 2019
TO: Public Health Committee
FROM: Julia Wilcox, Manager of Advocacy & Public Policy, The Alliance
RE: H.B. 6527 AN ACT REQUIRING ADDITIONAL OVERSIGHT OVER GROUP HOMES BY THE DEPARTMENT OF DEVELOPMENTAL SERVICES.

Good afternoon Senators Abrams, Representative Steinberg, Senator Somers, Representative Petit and distinguished members of the Public Health Committee:

My name is Julia Wilcox, Manager of Advocacy & Public Policy, at the CT Community Nonprofit Alliance (The Alliance). The Alliance is the statewide advocacy organization representing nonprofits, with a membership of more than 300 community organizations and associations. Nonprofits deliver essential services to more than half a million people each year and employ almost 14% of Connecticut's workforce.

The Alliance is opposed to H.B. 6527 An Act Requiring Additional Oversight Over Group Homes by the Department of Developmental Services. The bill proposes to require the Department of Developmental Services (DDS) to provide additional, unspecified oversight over DDS-operated or funded group homes. While The Alliance supports without reservation the need for appropriate, consistent oversight of the care provided for individuals with disabilities, we caution against the unintended consequences that may result from additional or excessive oversight, which may prove to be intrusive and/or counter-productive.

We urge the Committee to consider the existing multiple levels of oversight, and the impact that additional, excessive oversight would have upon the quality of life for the residents of DDS group homes. Residential placements within the community provide opportunities to enhance the abilities and independence of residents in the least restrictive, most appropriate environment. The health and safety of each individual remains the primary consideration.

There are three primary areas of concern related to increased oversight for individuals residing in DDS-funded group homes in the community:

1. **Invasion of Privacy:** There have been ongoing discussions in the past, regarding the intrusive nature and impact of unannounced visits upon the residents of Community Living Arrangements (CLA). Currently, there are a required number of unannounced inspections. While these are a necessary component to effective oversight, the number of inspections has decreased over time as an acknowledgment of the unintended, negative impact upon the residents. Just last year, the legislature unanimously passed Public Act 18-32, which gave the DDS Commissioner discretion to determine the appropriate number of unannounced visits CLAs receive.
2. **Disruption of Services:** Unannounced inspections frequently take place during the busiest time of day for the group homes (morning preparation for work, medication administration, etc.) This results in an interruption of their routine and daily living schedules. In addition, there is often a negative impact with regard to the emotional and/or behavioral response of some residents, to having a stranger in their personal space (general living areas and/or their bedroom, etc.).

- 3. Inappropriate Diversion of Scarce Resources:** The time and resources necessary for additional oversight in general would better serve the individuals through enhanced staffing, additional staff training, or any number of areas where they would directly benefit.

More than 90% of people receiving residential services through the DDS system are supported by community providers, who are all held to intense and rigorous quality standards. A 2012 study by the General Assembly's Program Review and Investigations (PRI) Committee looked at the experience of 17 group homes for people with intellectual and developmental disabilities that had been converted from state to nonprofit operation. The study found that DDS operated group homes converted from public to private settings had fewer deficiencies after the conversion than before, illustrating how quality – as measured by DDS inspection outcomes – does not deteriorate in private settings, and may even improve.

The study found nonprofit-run homes received nearly 40 percent fewer deficiencies when inspected than when the same homes were run by state government, and that only 13 percent of the private homes were cited for “plan of correction” deficiencies, while 38 percent of state-run homes were cited. The study states that, “In all categories there were fewer deficiencies after the conversion to private homes,” and “the average percentage drop in the total number of deficiencies was 44 percent.”

The PRI study concluded that “although public settings cost more, the quality of care provided does not appear superior to that in private settings. Licensing and inspection results for all residential homes and facilities show how on average community residences have fewer deficiencies per home, fewer serious condition reports and better compliance in implementing corrective actions.”

In the existing DDS Provider Certification and Licensing Process, Qualified Providers must meet the standards established in the DDS Home and Community Based Services Waiver (HCBS). Certification is achieved and maintained by the qualified provider by participating in and meeting the expectations of the department's quality system in the area of level of care determinations, individual plans and service delivery, outcome achievement, provider qualifications, individuals' health and welfare, compliance with financial requirements, and implementing quality improvement plans to address issues identified by department staff or the provider organization. In addition, reviews based on the CLA regulations evaluate developmental and clinical services provided to individuals living in licensed group homes. Reviews also identify environmental issues that could affect health and safety, and gauge compliance with department policy.

DDS Quality Service Reviews (QSR) of group homes are an additional layer over oversight. The QSR measure “personal outcomes and provider support expectations across all service delivery settings. The QSR evaluates the quality of supports delivered by the licensed, qualified provider and assesses the individual's satisfaction with services and supports.”

Finally, in addition to the QSR process, DDS oversight currently includes audits of qualified providers conducted by the Audit, Billing, and Rate Setting Services Unit. The DDS Division of Investigations receives and investigates reports of abuse or neglect of individuals with intellectual disability.

I urge you to take no action on H.B. 6527. Thank you for your time and consideration.

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