

Connecticut State Report 2018

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The big news in Connecticut is that the state has approved a pay increase for the approximately 19,000 caregivers who staff about 170 group homes and other nonprofit agencies that receive Medicaid funding from the state. This is the first pay increase in over a decade for these individuals, some of whom are earning as little as \$11.20 per hour. The minimum wage paid to employees will be not less than \$14.75 per hour starting Jan. 1, 2019. Caregivers earning more than \$14.75 per hour and less than \$30 per hour will get a 5 percent wage hike in January. To fund those raises, the state will provide \$21.5 million to nonprofits in the 2018-19 fiscal year, and \$43.1 million in 2019-20. The state will recoup half those annual expenses through federal Medicaid reimbursement payments. It is hoped that this increase will reduce staff turnover in group homes, some of which experienced turnover of as much as 300% in 2017.

Connecticut continues to suffer from severe budget constraints and its debt crisis has gotten worse over that past few years. Group home providers have not received any increase in funding for their non-labor expenditures for more than 10 years.

Southbury Training School is still the state's largest ICF/IID. In the last year, the population dropped from 226 to 201 residents. Residential units continue to be closed. Most of these individuals are transferred to other cottages on campus. Staff relocation from closures continues as clients move to new cottages.

As we reported last year, a group of Democrats proposed closing Southbury Training school on a very short schedule, but it appears that a closing would take 3-4 years if not more. A group consisting of 2 CT representatives, 6 closure advocates and Marty Dwyer was formed to develop a closure proposal by the end of November 2017. However, as many of the closure advocates believe that many residents could be moved into apartments, the plan does not appear to us to be realistic. The group appears to have disbanded. Nonetheless, efforts to close STS and the three remaining regional centers continue.

Connecticut's private providers still do not have enough ICF level facilities and do not have anywhere near enough available beds or housing to appropriately

accommodate the large number of individuals who would be relocated should the proposals of closure be enacted. While CT's private providers say they would be pleased to meet the needs of these individuals, the concern remains that quality of care and safety will not meet the same standards.

As we also reported last year, in 2016, the Inspector General of HHS reported that CT was not in compliance with requirements for reporting critical incidents involving persons with I/DD in its group homes.

In spite of this, CT continues to convert its state-operated group homes to private sector operation. Between June 2017 and March 2018, the number of individuals living in state-operated group homes decreased from 271 to 233.

Last year, our two music therapists were laid off and the music therapy internship program was discontinued as a result. The Home & School Association has supported keeping the two therapists working on a part time basis and is in the process of setting up movement classes for residents. There are plans to expand the music program.

STS has always partnered with the town of Southbury, providing its own Fire Department and ambulance service to augment the town's services. The ambulance is now out of service and the Fire Department will be closed in a few years.

The waiting list in Connecticut continues to be a problem. According to the Department of Developmental Services, as of the end of December 2017, there were 2075 individuals on the waiting list. As of March 31, 2018, 38 of these individuals were classified as in immediate need and 573 had requested placement within one year. The figures as of March 31, 2017 were 1599 individuals on the waiting list, 11 of whom were in immediate need and 472 of whom had requested placement within one year. It is believed that there are many other individuals in need of care who are not on the waiting list. Individuals who transfer from STS or regional centers are given priority over those on the waiting list.