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**Testimony of Commissioner Jane Ryder
Department of Developmental Services
Fiscal Year 2024 Budget
Joint Committee on Ways and Means
March 28, 2023**

Introduction

Good afternoon, Chairs Friedman and Barber, and other distinguished members of the Joint Committee on Ways and Means. It is my pleasure to provide you testimony on behalf of the Department of Developmental Services (DDS), which serves over 43,000 individuals with intellectual and developmental disabilities (I/DD), autism spectrum disorder (ASD), and acquired brain injuries (ABI) throughout the Commonwealth.

Each year, the number of individuals and families we serve continues to grow, and our approach to the services and supports we provide continues to evolve and expand to meet their diverse needs. As a state agency, DDS is unique in serving individuals throughout their entire lifetime, and in FY24 we anticipate our service population to expand by 3%. We also face a workforce shortage that is impacting all service sectors in Massachusetts and the nation. In partnership with our provider organizations, we continue to think creatively to ensure our population's needs are met and services are delivered. In response, DDS has developed innovative new service models, expanded the use of supportive technology, and remains focused on increasing access and equity in our service system and empowering individuals to be more independent and meaningfully engaged members of their communities.

Our goal is to make a difference in the lives of the individuals we serve. When I reflect on examples of these efforts, I think of Paul, a 60-year-old DDS individual who engaged in our Assistive Technology and Remote Supports and Monitoring services this past year. These services enabled Paul to leave his group home and move into his own apartment and live independently.

I think of our new Community-Based Day Support (CBDS) model called CBDS “Without Walls”, which provided Michael the opportunity to pursue his interests in local history by touring various museums and historical sites. This CBDS service identified Michael’s interest in becoming a tour guide, provided training and shadowing, and resulted in him now providing guided tours of Winnekenni Castle in Haverhill to other CBDS participants.

I also think of one of our alternative residential pilot programs focused on supporting our individuals’ capabilities to achieve greater independence. For example, we are working with 10 individuals diagnosed with Prader-Willi Syndrome, a genetic disorder that presents with complex health and safety concerns around food consumption. By utilizing tools like Remote Supports and Monitoring, sensors, GPS monitoring, and other assistive technologies specific to this population’s needs, participants have increased their independent time, developed skills to be more self-sufficient, and are now less-reliant on direct care staff assistance.

These are just some of the many examples of how our work at DDS has a direct impact on the individuals and families we serve. The Healey-Driscoll Administration’s House 1 budget maintains and invests in these important efforts by funding DDS at \$2.791B, a \$351M (or 14%) increase over the FY23 GAA.

Highlights of the House 1 budget include:

- **\$177.5M** in annualized Chapter 257 rate increases that maintains record investment in direct care and frontline workforce salaries;
- **\$50.1M** in new outcome-based placement incentives for our provider operated residential system that is responsive to our community’s needs and challenges;
- **\$105.6M** total funding in our Turning 22 line item (5920-5000) to transition nearly 2,800 new individuals in FY23 and FY24;

- **\$1.1M** to support a service equity review and dedicated DDS equity implementation team that will develop best practices in I/DD service delivery through a review of existing systems and structures that may inhibit the equitable implementation of DDS services;
- **\$1M** increase for the continued investment of Assistive Technology and Remote Supports and Monitoring services that promote greater independence for our individuals;
- **\$400K** to maintain programming dedicated support alternatives to traditional residential placements through coordinated care teams.

On behalf of the individuals and families we serve, I ask for your continued support of the key investments outlined in the H1 Budget and in this testimony, all of which have significant impacts on the services we provide to your constituents, districts, and the Commonwealth.

Chapter 257 Rates & Workforce

DDS and the Executive Office of Health and Human Services (EOHHS) have worked to address ongoing staffing shortages confronting the healthcare and human services sector. Staff vacancies continue to impact services, limiting the ability of some providers to return to pre-pandemic service capacities. In response, the House 1 budget maintains investments in key areas, prioritizes continued Chapter 257 rate reviews, and our push towards innovative strategies that can best support our service system.

DDS is also committed to supporting and maintaining its investments in our 128 Community-Based Day Supports (CBDS) and Supported Employment provider agencies to increase staffing and service capacities. In the past year, DDS implemented program redesign changes informed by participants, families, and providers. These efforts are strengthened by additional Chapter 257 rate increases in FY24, supported in the Chapter 257 Reserve, that will result in a total rate increase of 40+% since FY21¹, with direct care salary rate benchmarks increasing 30% during that time.

Targeted investments are also made in our Adult Long Term Residential (ALTR) programs. Our ALTR system (including ABI) serves over 9,000 individuals living in over 2,300 group home settings throughout the Commonwealth. The FY24 H1 Budget includes \$155M in annualized rate increases for ALTR programs. Further, this fiscal year, DDS announced a variety of outcome-based strategies to help support and incentivize providers to launch new residential

¹ Includes FY22 rate increase effective January 2022

program development. In the House 1 Budget, an additional \$50.1M has been included to continue these efforts in FY24.

DDS also provides residential supports to individuals through Shared Living arrangements and hourly supports to individuals who live independently in the community. The FY24 H1 Budget includes \$18.7M in annualized rate increases for Shared Living and In Home Support programs, which includes 10% increases to caregiver stipends.

Innovative Care Delivery Models

DDS continues to promote, implement, and develop alternatives to traditional models with innovative care delivery strategies. DDS is promoting established alternative models, including Shared Living and Self-Direction, scaling new services, including Remote Supports and Monitoring, and developing innovative approaches to meet the needs of our complex, diverse population. For example, the FY24 budget provides \$400K in dedicated funds for a new integrated support program to help divert individuals from 24/7 residential programs through coordinated care teams that provide case management and an array of services and supports to help participants' reach their goals and achieve greater independence.

DDS Day and Employment Programs

Community Based Day Supports (CBDS) is the Department's largest day program service with 7,500 individuals participating in meaningful day experiences through an array of skill building, enrichment, and inclusive opportunities. CBDS and Supported Employment programs, funded in line item 5920-2025, are delivered in a variety of integrated community settings determined by individual preferences and needs. However, due to ongoing staffing shortages, reduced schedules, and reticence to return in-person, average service utilization for CBDS providers is currently at 80% when compared to pre-pandemic averages. There remains considerable variability in utilization among CBDS providers and DDS is committed to understanding the barriers of lower service utilization and provider challenges in placing new referrals. To this end, the House 1 Budget funds the 5920-2025 account at \$240M to support full funding of pre-pandemic service utilization. Notably, this DDS line item no longer supports the payment of MassHealth Day Habilitation Supplemental services—now funded at MassHealth as Individualized Staffing Supports—transitioning from a DDS HCBS Waiver service to a MassHealth State Plan service as of October 1, 2022.

In light of capacity challenges of site-based CBDS programs, DDS has responded by promoting new programming models focused on local partnerships to develop more opportunities for community activities and engagement. These program changes were backed-up and supported by the first programmatic rate changes in nearly a decade, implemented in January 2022.

Notable changes include:

- Implementing CBDS “Without Walls” – a new model that provides programming for small groups of individuals outside of a central site, promoting full community integration driven by an individual’s interests and goals;
- Outlining a Community Connector/Resource Development role in Chapter 257 rates to expand partnerships with local community organizations; and
- Publishing the Blueprint for Success 2.0, a DDS strategic plan to expand meaningful day and employment opportunities that focus on person-centered and individualized services; and
- Expanding access and integration of Technology to support people to develop independence in day and employment

Technology Forward Initiative

The Department’s *Technology Forward* Initiative is dedicated to using technology to empower individuals to achieve greater independence, self-sufficiency, and access to their communities. In FY23, DDS awarded contracts to 9 providers to offer Assistive Technology (AT) services and 7 providers to offer Remote Supports and Monitoring (RSM) services. In July 2022, Massachusetts became the third state in the nation to gain approval from the Centers for Medicare and Medicaid (CMS) to add these services to our Adult Home and Community-Based Services (HCBS) waivers, ensuring DDS can sustain and further scale these service options for DDS individuals.

Over 670 individuals have been referred to Assistive Technology professionals this fiscal year, and over 280 receiving devices and solutions to achieve their goals or greater independence. Most individuals receiving specialized devices are related to communication assistance, with healthcare and medication management devices also in high demand – all of which result in greater independence, self-management, and risk reduction. The FY24 House 1 Budget builds

on the early successes of these technology-driven initiatives that support greater independence and avoid long-term costs and reduce reliance on in-person staff, expanding the Supportive Technology line item by \$1M to \$2.75M.

DDS Family Support & Respite Programs

The foundation of DDS Family Support is the 43 Family Support Centers located throughout the Commonwealth. These centers offer a wide range of support services and individualized assistance to more than 13,000 families each year.

In recent years, there has been significant demand for respite services through requests from families to Family Support Centers and DDS Service Coordinators. This fiscal year, DDS expanded its respite continuum to include drop-in respite sites, in-home respite, community outing respite, overnight respite, and flexible funding to serve over 5,800 individuals and their families.

In addition to DDS respite services, other critical Family Support services include:

- **Intensive Flexible Family Supports (IFFS) programs** assist families experiencing severe stress or crisis that place youth or young adults at risk of an out-of-home placement.
- **Autism Support Centers** provide information and referrals to programs specializing in Autism for children and adults throughout the Commonwealth. These centers reach thousands of families each year providing local information, resources, and a diverse array of center and community-based services.
- **Aging Caregivers and Individuals** focus of the continuum of services within Family Support services. In partnership with the Executive Office of Elder Affairs, Respite coalitions, Councils on Aging, and others, DDS identifies aging caregivers to promote person-centered future planning for their loved one.
- **Cultural & Linguistic Family Support Centers** serve the needs of over 1,600 individuals who face cultural or linguistic barriers in accessing services and require more individualized assistance.

DDS Autism Services

Since autism spectrum disorder (ASD) became an eligible diagnosis for DDS services in 2014, the Department continues to assess the effectiveness of its outreach and engagement with the adult and children's ASD population across the Commonwealth. The Governor's House 1 Budget increases the adult autism line item (5920-3020) to \$52.5M, a 24% increase to support the increasing number of eligible individuals with an ASD diagnosis. This year alone, eligible adult ASD individuals increased by 18%, with over 1,300 individuals between the ages of 18 and 21, leading to our continued investment in transition age youth programming.

The Children's Autism Waiver program (5920-3010) is a self-directed model for families with ASD children (ages 2-9 years old) providing specialized in-home clinical services and other supports to augment education entitlement services. This year, with the support of American Rescue Plan Act (ARPA) funding, EOHHS and DDS are implementing a three-year plan to increase Children's Autism Waiver Program enrollments by 75 new slots each year beginning with this year's applicants from the FY23 Open Interest Period.²

Turning 22 Program

Chapter 688, better known as the *Turning 22 Program*, was enacted in 1984 to provide a planning process for young adults as they leave special education and transition into the adult service system. Each year, the Turning 22 Program (5920-5000) supports hundreds of young people and their families as they transition into the Department's adult service system – in FY23 DDS identified 1,357 individuals eligible for Turning 22 services and we project a class size of 1,431 in FY24.³ In addition to the increase in enrollments, we have also seen an expansion in the number of individuals with autism-only diagnoses (no intellectual disability) who often have other behavioral and mental health conditions. Our service approach must be dynamic and collaborative to respond to the changing and more acute needs of these individuals transitioning into the adult system.

As the transition process can be complex, DDS Area Offices partner with DDS Family Support Centers, Citizen Advisory Boards (CAB), Parent Advisory Councils (PAC), local school districts, providers, and advocates to facilitate a variety of informational sessions for families and transition-age youth. Sessions include information about the DDS adult eligibility application

² See Appendix

³ See Appendix

process, the 688 referral processes, and other related topics such as guardianship, special needs trusts, and other transition considerations families face.

Acquired Brain Injury (ABI) and Moving Forward Plan (MFP)

DDS continues to manage the day-to-day operations of the ABI and Moving Forward Plan Residential Waivers on behalf of MassHealth and DDS has continued to grow its infrastructure to support the ABI and MFP Residential Waivers. In FY23, DDS expended \$242M to provide residential supports to 909 ABI and MFP Residential Waiver participants. DDS has also worked closely with MassHealth and the Massachusetts Rehabilitation Commission (MRC) on the next 5-year ABI-MFP waiver renewal. DDS and MassHealth are committed to serving more individuals through the two residential waivers with the number of waiver slots increasing by 75 in each of the 5 years of the new waiver period. The FY24 House 1 Budget provides an additional \$78M to EOHHS line item 4000-1426, which will support these expansion slots and the continued management of the residential services for these populations.

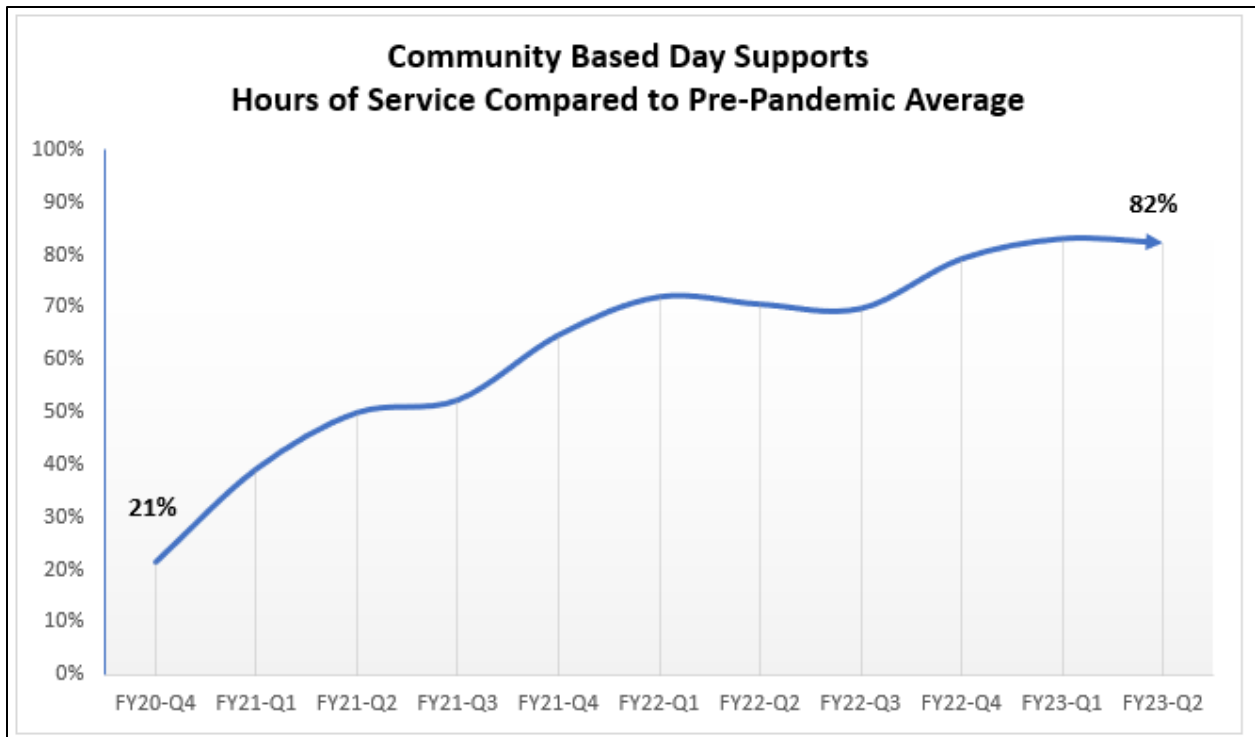
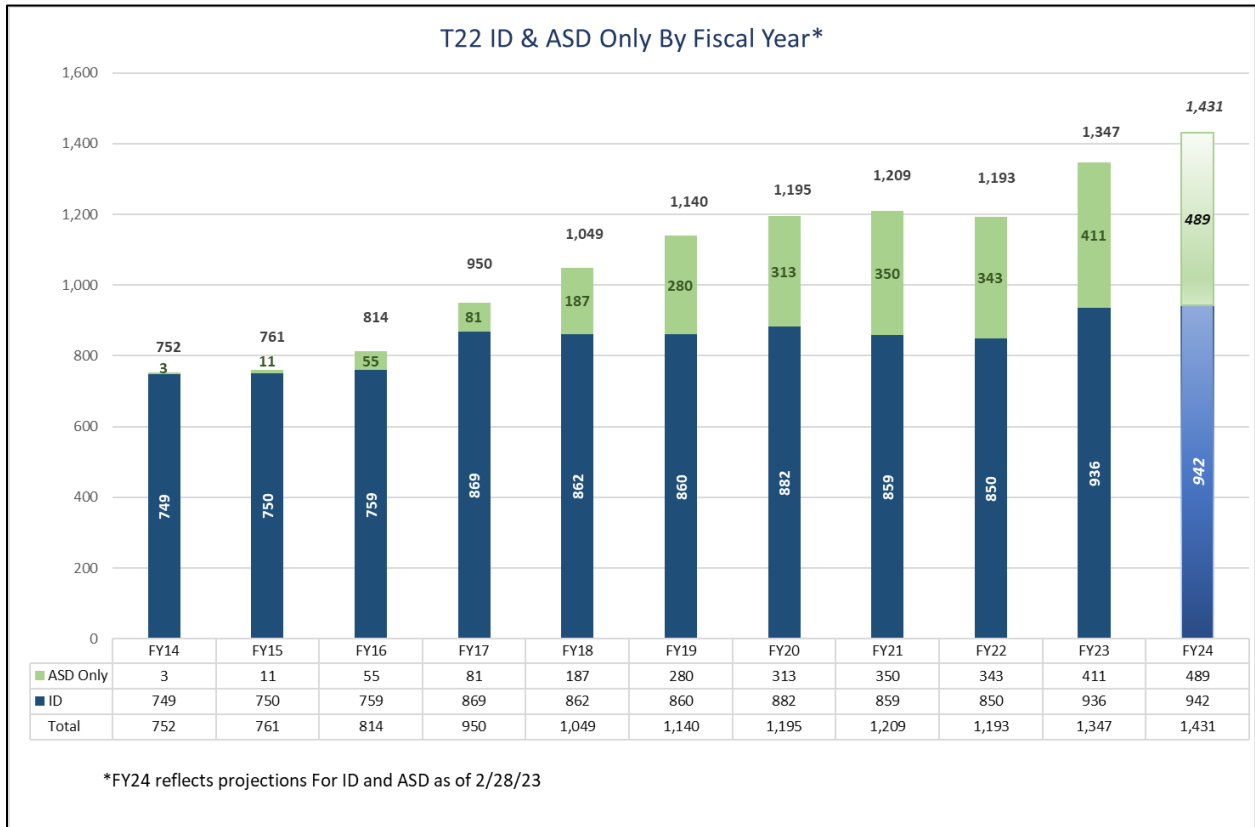
Service Equity Review and Equity Implementation Team

People with intellectual and developmental disabilities experience elevated health risks and systemic inequities. DDS proposes to develop national best practices in I/DD service delivery by pursuing a review of existing systems and structures that inhibit equitable implementation of DDS services. The FY24 House 1 Budget dedicates \$1.1M for DDS to competitively procure a study and assessment that will review DDS and provider systems, services, and structures, to develop actionable and realistic recommendations to advance equitable service delivery. Further, to assist in the implementation of study recommendations, funding supports a dedicated Equity Implementation Team. The objective of these initiatives is to ensure that equity is a central factor in our program and service delivery and is reflective of the communities we serve.

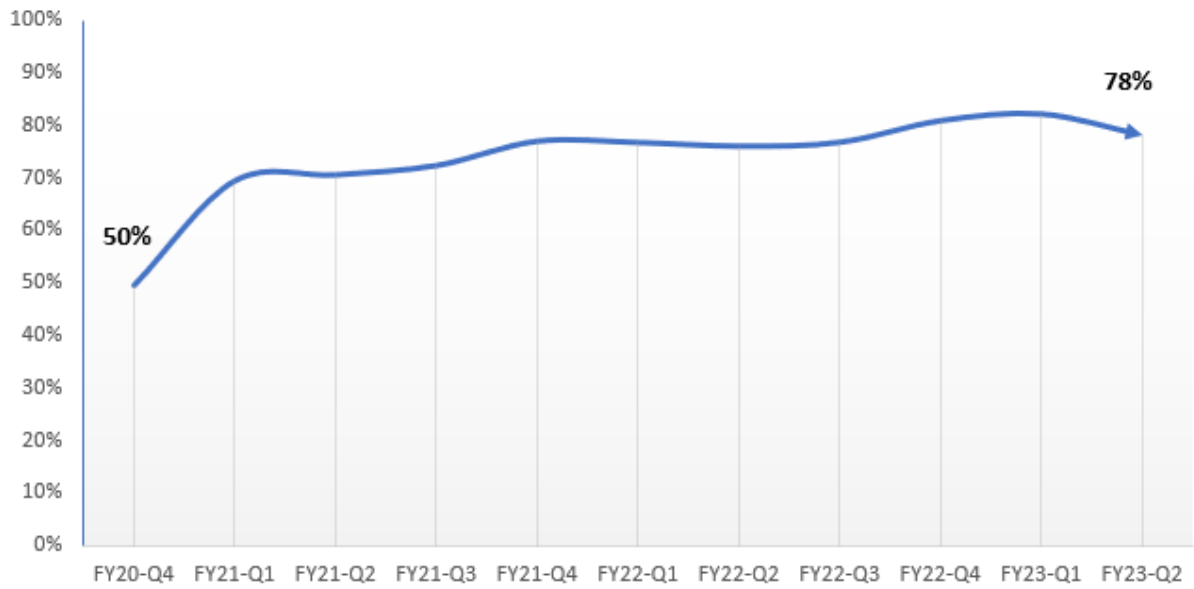
Conclusion

I am incredibly proud of the dedication, resiliency, and creativity displayed by the DDS community. Adversity continues to spark innovation – and the investments outlined in the Healey-Driscoll Administration’s House 1 Budget allows DDS to deliver for our individuals and families and make a difference in their lives. I thank you for your ongoing support of DDS and the individuals and families we serve and am always available to answer any questions you have on our FY24 Budget or any Department priority outlined in this testimony.

Appendix – Department of Developmental Services



Individual Supported Employment Hours of Service Compared to Pre-Pandemic Average



Group Supported Employment Hours of Service Compared to Pre-Pandemic Average

