



State of Connecticut
Department of Developmental Services

DDS

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**Department of Developmental Services (DDS) Responses
To Public Comment on the Department's Regulations
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Signing Duplicate Medical Orders

I take care of several developmentally disabled adults who live at group homes and attend sheltered workshops. I have to sign several pages of medical orders for each person every 90 days or so and this is an activity that I essentially do for free as it occurs outside of patient visits and I cannot bill for it.

The current regulations (I think from DMH or DDD) require I sign an original copy of each page for the group home and then a second copy of each page for the sheltered workshop. The orders arrive as NCR (newer version of carbon paper) triplicate forms and once I sign the top page, my signature appears on all 3 copies. Then I have to again sign one of the copies again so the pages that go to the sheltered workshop have an original signature and not a carbon copy. This amounts to a lot of wasted time for me. Eventually with electronic records, both places will just have to look at a computer and see that I have electronically approved a single set of orders.

I suggest modifying the law or regulations so the physician can sign one set of orders and if they want a copy at the sheltered workshop, they can accept the carbon copied signature that appears on the page they receive.

Jeffrey M. Kagan, MD

Department of Developmental Services Response

As the Department of Developmental Services (DDS) revises its *Administration of Medications: Residential Facilities, Respite Centers, Day Programs, Community Training Homes, and Individual and Family Supports* regulations, the department will consider the use of electronic signatures on original orders, the use of carbon copies of original orders, and other changes to reflect new technologies while protecting our consumers rights to safe and appropriate medical care.

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Parent Fees

The CT Birth to Three program serves infants and toddlers with developmental delays. This program originates in the federal IDEA law. Within the last 10 years, the state of CT through DDS established a parent fee system for parents of infants and toddlers with developmental delays in order to generate more revenue for the program. Children who are eligible to receive services have significant delays in development. We continue to lose families in this system because the fee is too high. This defeats the intent of this program which is early identification of a developmental need in order to provide services that may improve their developmental level so they are not in need of the expensive preschool education services. Parents are required to allow their

insurance plans to be billed for services and in addition need to pay a parent fee. This is counterproductive to the goal of the program. When children enter the public school system at the age of 3, parents are not required to pay a parent fee. So the policy is also not consistent with school policy. The parent fee is not a requirement of the federal law that governs this program and is counterproductive to helping children.

Department of Developmental Services Response

The CT Birth to Three System has existed as an entitlement program since the early 1990s. Prior to the legislation that created the statewide Birth to Three System to serve all eligible children regardless of geographic area, early intervention services were inconsistently provided across the state and only as funding allowed. DDS data shows that the number of children referred to Birth to Three since 1996 has increased by ninety-six percent. This increase in the number of families served has translated into an increase in the cost of maintaining the system. Part C of the Individuals with Disabilities Education Act (IDEA), under which the CT Birth to Three System is established, is not permanently authorized by the federal government, leaving it as a discretionary program for states to provide. In the IDEA Part C Regulations, a state can charge families a cost participation fee as long as the fee does not apply to families who are unable to pay and the fee does not apply to those early intervention services which must be provided at no cost. Currently in Connecticut state and federal funds cover approximately 80% of the cost of Birth to Three services. In order to cover the remaining 20% of costs, the state requires that both health insurance plans and families contribute to the cost of services.

Public school system programs that a child may attend at the age of three are administered under Part B of IDEA, which is permanently authorized by the federal government and requires that a free, appropriate public education (FAPE) be offered to all eligible children. Third-party reimbursement may be sought from private insurance and/or Medicaid by these public school programs, however, parents are not charged any fees.