

## **Unanticipated Expense and Lack of Savings in Privatization**

### **From a Case Manager**

Legislators should know...a few points to focus on...DDS case management TCM reimbursement rate ~ \$250 per billable contact. Minimum contact 4 x annual x 40 cases = \$56,000. Average private CM caseload = \$845,000 worth of services ~ \$420,000 federal \$ back to the state (wavier reimbursement). Conflict free case management valued by CMS.

### **From a Therapist**

STS music therapists were laid off. Now those laid off workers are being paid to do the same work at STS, paid by individual clients who live there, by their private trusts and volunteer services. The clients who need/want music therapy can't all afford to pay for this service. So laid off workers and now "privatized."

### **A Client Put in to a Nursing Home, "Savings" for DDS**

I'm the DDS Case Manager presently assigned to [name omitted]. I first met him about 30 years ago while working at Southbury Training School. He was a very independent man who walked freely on the campus of STS. I only knew him to say hello but over the years watched him advocate leaving STS with an advocate from We Care.

Eventually he did get a community placement and many years of independence. He would walk or ride his bike freely in the community while staff from his private provider would assist him with medical appointments, shopping, bill paying and other daily living chores.

In about 2013 his health began to decline and he was placed in a few different group homes with the same private provider. In the fall of 2015 Malcolm became sick and was hospitalized. He was sent to a nursing home and while rehabbing there his private provider notified DDS that they would no longer serve him.

Today he remains in the nursing home and complains about how he again is in an institution. Ironically had Malcolm stayed at STS he would still have much more freedom and commitment from DDS than he now has. Where is our commitment to our people?

### **Unanticipated Expense to the State from Hasty Action**

Sometime in the 90s they placed our 4 residents in private homes with no consideration to them, they lost money by having to pay state staff to go in to their private homes to work with their staff for at least 4 months and when we backed off they over medicated the residents to handle them.

### **Another . . .**

I have an individual who was receiving services in public and was transferred to a private agency. The agency was unable to maintain the health & safety of the individual. They were ill equipped to provide support. The individual is so unstable this past year she overdosed on medication requiring acute hospitalization.

The budget was about \$100,000; it is now \$300,000, which still may not be enough to stabilize this individual because of the complexity of the person. The loss of experience and stability almost cost this individual's life.

### **Limitations on Private Sector Resources**

A visit to a new private group home with some former peers from SB to have coffee and snack. The gentlemen who moved from STS to this lovely home their staff were preparing dinner as we visited. They prepared coffee but had no milk in the home. They also had to share a small package of noodles and a few pieces of chicken to feed 4 grown men. The staff stated they hadn't money on their purchasing card and needed to wait until it was replenished.

### **. . . more limitations, false economies . . .**

I worked for ten years for [name omitted] Arc. In that ten years period staff never got a raise in their pay, the executive director always gave himself a bonus for \$17, 000.00 every year. Management from TCA always complained they were in the red. They claimed the State of Connecticut was not giving them enough money to run this non-profit organization.

In September 2013, I was asked to drive an agency vehicle, when I checked, the insurance had expired. I refused to drive this uninsured vehicle. After this incident, I was no longer scheduled to drive vehicles for some time.

I decided to leave this agency because they began to make changes, doing things in an unsafe manner. I was going to be put in a position where some residents would be left unsupervised, or my supervisor (who was non Union), would do my job when necessary. I spoke with Human Resources and told them I was notifying the Union about this situation. They immediately stop their project for their new DSO.

After this victory on my part, I decided the best thing for me to do was resign my position. I was still working per diem. In February 2014 I was called to cover some morning shifts. On my first day back, I went to pick up some residents. I had two residents in the vehicle and arrived at the home of the third one, I parked the vehicle, and turned the engine off, I opened the door, I got out and greeted the resident and his mother, when suddenly I saw the vehicle start sliding in reverse down the drive way. The tires were so bald they had no tread to stay on drive way. I moved quickly to the door, I got inside the vehicle and

thankfully managed to successfully stop the vehicle. It was a very scary situation. I couldn't wait to end that pick up run, and that shift. My mind keeps working thinking what could happen. Two residents could have been hurt if the vehicle kept sliding, or the third resident could have been hurt if he was one foot in the car and another one on the ground, and I could have been hurt if I were in back of the vehicle loading resident's back pack.

When I got home I told my wife how my morning went. I canceled all the shifts scheduled, and decided not to work for this agency any longer. My wife reminded me to immediately call PNA to report this incident. I found out a couple of month later that TCA stopped using this vehicle until they got new tires, however the majority of the vehicles were still driving with bad tires.

### **Additional Expense to the Client and Family from Privatization**

One of my individuals moved from her family home to a CRS. The agency was supposed to apply for rent subsidy through DDS. I had offered to help and they told me they would take care of it. For six months of her living in the CRS they didn't apply for rent subsidy. Her Social Security check couldn't cover all the expenses so the agency paid the remainder for each month without letting anyone know. They kept a tally of all this and then presented the family with a bill for \$2,500 that she owed.

### **. . . more on expense to the Client . . .**

Eight of my 18 clients were moved into Sunrise homes. I saw one of them, 6 months later. He was so heavily medicated, he didn't recognize me. Another one of my clients was accustomed to state staff taking him to the casino, the movies, or a restaurant. Soon after moving to a private house, Mark was forced to spend his own money to hire an aide to take him places, because the private provider would not pay for it. He died as a relatively young man years later, due to pneumonia complications. I am convinced that had he stayed in state care, he would still be alive today.