

Department of Developmental Services



At a Glance

TERRENCE W. MACY, Ph.D., Commissioner

Kathryn du Pree, Deputy Commissioner

Established – 1975

Statutory authority – CGS Chapters 319b – 319c

**Central office – 460 Capitol Avenue,
Hartford, CT 06106**

Number of full-time employees – 3,108

(total filled count as of June 30, 2011)

Number of consumers served – 20,795

Recurring operating expenses - \$970,070,878

Organizational structure – Services and Supports to more than 20,000 individuals and their families, including birth-to-three services, are provided through a network of public and private providers across Connecticut. The Office of the Commissioner oversees and directs the following divisions: Administrative Services; Family and Community Services; Legal and Government Affairs; Financial Services; Equal Employment Opportunity Division; Investigations; Quality Management; Consent Decree Coordination; Legislative and Executive Affairs; and the Office of the Ombudsperson. The department operates three regional offices, various campus programs, and an Operations Center in the Central Office, which coordinates all contracted services. In addition, the department is the lead agency for the Connecticut Birth-to-Three Program.

Mission

The mission of the Department of Developmental Services is to join with others to create the conditions under which all the people we serve experience presence and participation in Connecticut town life, opportunities to develop and exercise competence, opportunities to

make choices in the pursuit of a personal future, good relationships with family members and friends, and respect and dignity.

Statutory Responsibility

The Department of Developmental Services (DDS) is responsible for the planning, development, and administration of complete, comprehensive, and integrated statewide services for persons with intellectual disability and persons medically diagnosed as having Prader-Willi Syndrome. DDS provides services within available appropriations through a decentralized system that relies on private provider agencies under contract or enrolled with the department, in addition to the state operated services. These services include residential placement and in-home supports, day and employment programs, early intervention, family support, respite, case management, and other periodic services such as transportation, interpreter services, and clinical services. In addition, the Autism Division (created pursuant to Public Act 07-4 JSS) continues to operate a program for adults with autism who do not have intellectual disability.

Public Service

The department continues to engage in a number of activities designed to improve services and the management of its public and private programs. DDS continues to be involved in initiatives designed to meet the increasing expectations of the Centers for Medicare and Medicaid Services (CMS) concerning health and welfare and quality improvement protocols for the operation of Home and Community Based Services (HCBS) waivers.

Emergency Management:

DDS and the Connecticut Department of Emergency Management and Homeland Security (DEMHS) (the Department of Emergency Services and Public Protection (DESPP) as of July 1, 2011) continued their collaborative relationship established in 2002. DDS, in association with DEMHS, has participated in more than thirty emergency exercises designed to test response readiness at federal, state and local levels. Exercises cover an array of circumstances that require emergency response, such as radiological accidents, bioterrorism, weather related events, and pandemic disease outbreaks.

DDS has developed a Pandemic Influenza Business Continuity Plan and additional Business Continuity Plans that address a disruption of services as a result of a pandemic disease outbreak or a local emergency event. These plans are updated annually.

DDS staff, in collaboration with members of the Capitol Region Council of Governments' *Capitol Region Emergency Planning Committee*, continued a training presentation titled Addressing the Needs of People with Disabilities during Emergency Circumstances. As of July 2011, almost 2,000 municipal, regional, and state emergency planners and first responders across north central Connecticut participated in this training.

DDS staff maintained an active membership in the following emergency management committees: The Inter-Agency Supportive Care Shelter Workgroup, and the Pandemic Interagency Strategic Planning Taskforce.

DDS participates on a quarterly basis with local, state and federal officials from Emergency Planning Zone towns in and around the Millstone Nuclear Power Plant to design, exercise and evaluate emergency planning and response protocols in the event of a radiological incident at the Millstone Nuclear power Plant.

DDS staff continued to forward emergency safety alerts and advisories directly to public and private service providers. Alert and advisory topics ranged from hot water temperature safety awareness to food and product recall information. Additionally, safety alerts and advisories continue to be published on the DDS website.

Self Advocate Coordinators:

DDS's Self Advocate Coordinators (SACs) are an integral part of the agency. These positions assure that consumers have an active role in the development and evolution of the department's service system. The SACs continue to assist DDS staff within each of our three regions to better understand and apply best practices in self-advocacy and self-determination for all individuals who receive services from the department. DDS Self Advocate Coordinators help lead change efforts in Connecticut by 1)expanding and enhancing self advocacy in Connecticut and assisting existing self advocacy groups to create and implement monthly Fun, Advocacy, Brain Power (FAB) activities and spread the word about advocacy and important issues for people with intellectual disability; 2)representing consumer viewpoints on agency committees, workgroups, cross disability organizations, and sister state agencies and organizations (The focus of the SACs this past year has been on employment and building healthy relationships. They have been involved in a variety of employment activities, committees, conference development with DDS and Connect-Ability, the Department of Education, and the Bureau of Rehabilitation Services. They organized and supported the Healthy Relationship Series in each of the three regions to promote healthy relationships.); 3)encouraging consumers to have more influence in policy development (SACs continue to influence the department in promoting People First Language – DDS has implemented a department Policy on Respectful Language and proposed and worked to pass the Respectful Language bill, Public Act No.11-16.); 4)enhancing the training provided by the department from a consumer's perspective (The SACs presented and participated in the Connecticut People First Self Advocacy Conference, participated in the STS Healthy Living Conference and provide ongoing training to employees through the DDS On Board Training. The SACs also developed a Human Rights Training to share with both consumers and staff. They provide ongoing trainings to families and consumers on hiring and managing your own staff and promote self determination for all consumers.); and 5)creating materials written for, and by, people with developmental disabilities (The SACs worked with DDS Communications Division staff to develop the "Consumer Corner" website designed for DDS consumers to highlight and promote consumer topics and information. "Consumer Corner" was launched in July 2011 and can be accessed by the DDS website. SACs also support the department in promoting the Home and Community Based Services (HCBS) Waiver and helping consumers to understand their choices of supports and services.)

Improvements/Achievements 2010-11

Individuals Served:

In FY 11, DDS prioritized serving people with an emergency need for residential supports and providing necessary additional funding as a result of increased need to HCBS waiver participants. During the year DDS provided residential resources to 56 people from the Emergency List. In addition, 150 waiver participants were provided additional funding to fully meet their needs. The department also provided community residential supports for 78 young adults aging out of the Department of Children and Families (DCF) or local education authorities (LEAs).

DDS provided supported employment or adult day services to 232 new high school graduates and 77 individuals receiving day age-out funding. This is the sixth year that DDS has operated the Voluntary Services Program (VSP) for children who have intellectual disability and behavioral health needs. During the past year, 27 children transferred to this program from DCF, bringing the total number of children served to 426 in the DDS VSP.

Employment Initiative:

DDS continues to promote employment of people with intellectual disability through a variety of activities. A new employment policy was created that requires Individual Plan (IP) teams to develop employment goals for all consumers who have a Level of Need (LON) score of 1, 2 or 3 and for all new high school graduates. New funding incentives were created to assist employment providers to overcome barriers which impede consumers from obtaining competitive employment. More than 450 stakeholders participated in two employment conferences held in the past year. Due to the positive feedback received from conference participants, the Department of Education requested funds from Connect-Ability to repeat the DDS School Days to Pay Days Employment Conference in December, 2011. A third Employment Idol video was developed. A second Connect-Ability Medicaid Infrastructure grant was awarded to DDS. Four part-time employment consultants were hired to assist the department to develop training and marketing materials, to provide technical assistance to providers, and to assist the department to develop the infrastructure changes needed to enhance employment outcomes for people with intellectual disability.

Aging Services:

More than 2,800 individuals over the age of 55 receive services from DDS. Aging Services continues to integrate the needs and desires of aging consumers, collects and disseminates relevant data, and shares educational information with individuals, families, DDS employees and support providers. DDS is a partner in Connecticut's "Money Follows the Person" (MFP) demonstration grant that is intended to assist with the rebalancing of Connecticut's long-term care system so that individuals can return to living in the community. DDS collaborates with DSS in the closure of Nursing Homes in Connecticut. To date 15 consumers have moved from long-term care settings to a community setting under MFP.

Division of Autism Services

The Division of Autism Services closed out the year with 71 participants from the Greater New Haven and Greater Hartford areas. The Autism Division in conjunction with DCF and DMHAS is completing data required for the application of three Medicaid Home and Community Based waivers to provide services to a limited number of children and adults who have a diagnosis of autism spectrum disorder, who experience developmental delays and who do not also have a diagnosis of intellectual disability.

Individual and Family Support Teams:

Late in 2007, the Department of Developmental Services (DDS) began offering a new support service to families of children and adults who are not enrolled in a DDS HCBS Waiver. A group of Family Support Workers is available in each region to provide in-home and community supports including respite, short-term in-home assistance, support to participate in

community activities, individualized family support, assistance to develop life skills, implementation of behavior programs, and assistance to attend medical and dental appointments.

Family Support Workers provide time-limited supports to assist families who care for their family members at home. Supports are provided by DDS paraprofessional staff who have extensive experience and training. Their services are available Monday through Saturday from morning to early evening, and on Sundays if needed. Family Support Workers are experienced with individuals who have intellectual disability and associated physical, behavioral and mental health issues. During FY11, 813 individuals were served statewide, including 293 children.

Case Management:

In July 2009, DDS, in its ongoing commitment to improving Case Management, developed a Help Line in each of the DDS Regions. The Help Line is staffed by DDS Case Managers. The Help Line is available to 3,000 families who do not have a case manager to access services. Help Line staff assist individuals and families to apply for DDS Family Support Services or refer to appropriate community resources and services. DDS continues to review case management processes and identify areas to streamline, simplify, eliminate duplication layers of review and enhance technology support. In January 2011 DDS launched a single Electronic Case Note system that also allows DDS to bill for Targeted Case Management. A number of work process improvements continue to be implemented. The department has plans for continued information technology enhancements during FY 12 that will result in additional efficiencies in case management.

Respite Program:

DDS's Respite Centers continue to be a tremendous success. DDS Respite Centers provide 24-hour care for extended weekends in comfortable home-like environments. The department has 11 respite centers that served a total of 1,328 individuals statewide in FY 11, including 346 children.

Federal Reimbursement:

During FY 2011, the department generated \$515,152,087 (regular reimbursement totaled \$459,498,852; retroactive rate adjustments totaled \$55,653,235) in federal Medicaid reimbursement. In fiscal year 2011, 8,741 people participated in the Home and Community Based Services Waiver Program. This is a net growth of 101 individuals over fiscal year 2010 enrollment. The HCBS waiver program allows for federal reimbursement for residential habilitation, day programs, and support services provided in the community.

Birth to Three System:

The Birth to Three System received a total of 8,603 new referrals in FY11, a .4% increase over FY10. Over the course of the year, 9,468 eligible children from 168 out of 169 towns received early intervention services. During FY11, nine autism-specific, three deaf/hard-of-hearing specific and 32 general programs served children throughout the state. The Birth to Three Program, for the fifth consecutive year, received the highest determination of "meets compliance" from the U. S. Department of Education, indicating that the program fully complies with the Individuals with Disabilities Education Act, Part C. Outcome data shows that 98% of families agree that Birth to Three services have helped their family to help their children develop and learn and in looking at three functional outcomes for children, 51%, 55% and 63% of the children who received at least six months of service attained age level functioning in each of the

three outcomes by the time they exited. Of all children exiting Birth to Three, 51% did not require special education services in Kindergarten during the 2010-2011 school year.

Quality Management Division:

DDS's Quality Management Division's role is to ensure expectations of the federal Centers for Medicare and Medicaid Services (CMS), existing state statutory and regulatory requirements and other quality standards are met. The department's quality system emphasizes continuous quality improvement.

The Quality Service Review (QSR) evaluates supports delivered by providers and assesses an individual's satisfaction and level of choice with services and supports. The QSR documents review findings and corrective action when required. The QSR includes elements from previous departmental quality assurance activities and CMS's quality system expectations. Data collected is used by providers and DDS for quality improvement planning. The department's regulatory compliance process for Community Living Arrangements (group homes) will transition to the QSR process when approved through the legislative regulatory review process.

Providers participate in self-assessment activities to evaluate the effectiveness of their own service and quality management systems. In Fiscal Year 2011, qualified providers were re-certified to deliver distinct services as part of the quality system's oversight process. Provider QSR data is available on the DDS website and can be used by individuals and their families to assist in choosing service providers.

Information Reported as Required by State Statute

Affirmative Action/Equal Employment Opportunity Division

Commitment to affirmative action is incorporated into all aspects of DDS's employment process including recruitment, selection, hiring, training, promotions, benefits, compensation, layoffs, and terminations. It is the objective of the department to achieve the full and fair participation of women, African-Americans, Hispanics, persons with disabilities, and other protected groups in our workforce.

The department's commitment to affirmative action is reflected in its practices for selecting outside contractors. In line with this, the department will not knowingly do business with any contractor, sub-contractor, bidder or supplier of materials who discriminates against members of a protected class. Additionally, DDS has established goals for the use of small businesses and minority and women-owned businesses and actively solicits their participation.

Culture is a major determinant in how various groups of people approach and use DDS supports and services. To this end, the department has developed strategies to nurture the development of a culturally diverse workforce, expand outreach efforts, and provide services and communications that are sensitive to the language and culture of individuals and families from diverse backgrounds. Additionally, DDS public and private providers are required to conduct organizational cultural competence self-assessments and improvement plans.

Developmental Disabilities

The Council on Developmental Disabilities is an independent entity, operating under the federal Developmental Disabilities Act (PL 106-402), composed of Governor-appointed members, and is attached administratively to the Department of Developmental Services. The mission of the Council is to promote full inclusion of all people with disabilities in community

life. In 2010-2011 the Council's budget was \$724,261 for initiatives on public information and education; aging in place in the community; moving out of nursing homes through demonstrations of service brokers and peer mentorships; social inclusion transportation; housing; opposition to the use of aversives, restraints and seclusion; parent training on inclusive education; employment; supporting parents with cognitive limitations; medical safeguards through training hospital staff on the rights of persons with disabilities; adult and youth self-advocacy and self-determination; and robotics.

Regulations:

The department is in the process of amending the licensing regulations for Community Living Arrangements and for Community Companion Homes (previously Community Training Homes). The department is also in the process of amending the contracting regulations concerning Individualized Home Supports and Continuous Residential Supports.

The Department of Social Services (DSS), in collaboration with DDS, is in the process of creating regulations concerning DDS's Home and Community Based Services (HCBS) waivers.