

# Department of Developmental Services



## *At a Glance*

**TERRENCE W. MACY, Ph.D., Commissioner**

**Joseph W. Drexler, Esq., Deputy Commissioner**

**Established – 1975**

**Statutory authority –**

**Conn. Gen. Statutes Chap. 319b – 319c**

**Central office – 460 Capitol Avenue,**

**Hartford, CT 06106**

**Number of full-time employees – 2,840**

**(total filled count as of June 30, 2012)**

**Number of consumers served – 21,002**

**Recurring operating expenses - \$1,047,822,183**

**Organizational structure – Services and supports for 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: Autism, Employment, Aging, Birth to Three; Legal and Government Affairs; Equal Opportunity Assurance; Investigations; Quality Management; Legislative and Executive Affairs; and Family Support Strategies and Advocacy. The Office of the Deputy Commissioner oversees and directs the following divisions: Budget and Contracting; Information Technology; Audit and Rate Setting; Waiver Services; Health Services; Communications and Website Management; and Policy and Strategic Planning. The department operates three regional offices, and provides or funds residential, day program and family support services. The Independent Office of the Ombudsperson for Developmental Services and the Council on Developmental Disabilities are housed within the department.**

## **Mission**

***The mission of the Department of Developmental Services (DDS) was recently updated with input from multiple stakeholders and is in final draft form. The revised Mission of DDS is to partner with the individuals we support and their families, to support lifelong planning and to join with others to create meaningful opportunities for individuals to fully participate as valued members of their communities.***

## **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. The Autism Division operates a program for adults with autism spectrum disorder who do not have intellectual disability. The Birth to Three System assists and strengthens the capacity of families to meet the developmental and health-related needs of infants and toddlers who have delays or disabilities.

## **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 Services and Public Protection (DESPP) continued their collaborative relationship established in 2002. DDS, in association with the Emergency Management Division of DESPP, 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.

An emergency preparedness task force of DDS private and public service providers was established in the spring of 2012. The task force will conduct an analysis of existing public and private sector emergency preparedness and response plans. The goal of the task force is to identify and share creative, efficient, and effective emergency preparedness and response practices, as well as highlight opportunities for enhancements to existing emergency preparedness and response plans thereby lessening the harmful effects a major disaster could have on the individuals we support.

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 2012, more than 2500 municipal, regional, and state emergency planners and first responders across north central Connecticut participated in this training.

DDS staff maintain an active membership in the following statewide emergency management committees: the Inter-Agency Supportive Care Shelter Workgroup, the Mass Care Task Force, and the Pandemic Interagency Strategic Planning Taskforce.

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

DDS staff continues 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 department employees who also receive services from DDS. The SACs ensure that consumers have an active role in the development and evolution of the department's service system. The SACs work with DDS staff in each of DDS's 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** through assisting self advocacy groups to create and implement monthly Fun, Advocacy, Brain Power (FAB) activities and spreading the word about advocacy and important issues for people with intellectual disability. Over the last year, the SACs have been contacting all of DDS qualified providers and encouraging them to establish self advocacy groups. Several new groups have been established across the state.

**2. Representing consumer viewpoints** on agency committees, workgroups, cross disability organizations, and sister state agencies and organizations. Employment and building healthy relationships have been the focus of the SACs this past year. They have been involved in a variety of employment activities, committees, conference development with DDS and Connect-Ability, the Department of Education, and the Department of Rehabilitation Services. SACs 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 promote People First Language including proposing and working to pass the Respectful Language bill, Public Act No.11-16. The SACs have advised the DDS Commissioner in creating a new DDS Mission and Vision. They have worked on committees to develop DDS funding rates for waived services. The SACs are reviewing all DDS policies and procedures to increase their focus on consumers and their families and to simplify them where possible.

**4. Enhancing the consumer's perspective in trainings provided by the department.** The SACs presented to the Connecticut People First Self Advocacy Conference, participated in the STS Healthy Living Conference and trained employees through the DDS On Board Training. The SACs also developed a Human Rights Training for both consumers and staff. They train families and consumers about hiring and managing staff, living in healthy relationships, and self determination for all consumers.

**5. Creating materials written for and by people with developmental disabilities.** The SACs developed, with DDS Communications Division staff, the "Consumer Corner" website designed to highlight consumer topics and information. "Consumer Corner", launched in July 2011, can be accessed on the DDS website. SACs provide materials for the website Including Employment Idol videos. SACs help consumers to understand Home and Community Based Services (HCBS) waivers and the consumer's choices of supports and services.

## **Improvements/Achievements 2011-12**

### **Individuals Served:**

In FY 12, DDS served 8,638 individuals under the HCBS waivers. DDS priorities were persons with an emergency need for residential supports and additional funding for HCBS waiver participants with increased needs. During the year DDS provided residential resources to 52 people from the Emergency List. Also, 349 waiver participants received additional funding to fully meet their needs. The department provided community residential supports for 53 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 242 new high school graduates and 74 individuals receiving day age-out funding. This is the sixth year that DDS has operated the DDS Voluntary Services Program (VSP) for children who have intellectual disability and behavioral health needs. During the past year, the total number of children served in DDS VSP was 491 with 40 children transferring to this program from DCF.

### **Employment Initiative:**

In the past year, DDS has focused on working collaboratively with the Department of Rehabilitative Services to improve employment outcomes for individuals with intellectual disability who are served by both agencies. A pilot project for students is currently underway. This pilot is being implemented by staff from the Department of Education, the Department of Rehabilitative Services and DDS. The intent of this pilot is to develop best practices that can be replicated by all schools in Connecticut so that greater numbers of students with intellectual disability transition from high school directly to a competitive job.

A Memorandum of Understanding (MOU) with the Department of Rehabilitative Services has been created. This MOU requires that executives from each agency meet at least twice a year to share data, discuss outcomes and plan strategies to enhance joint services provided to individuals with intellectual disability. The MOU also requires that regional staff from both agencies meet at least quarterly, that joint training occurs on a regular basis, and that infrastructure is developed so questions and concerns are addressed jointly and in a timely manner.

DDS has developed a variety of new marketing materials and put all of this information on a new employment website. This website can be found at <http://www.ct.gov/dds/cwp/view.asp?a=4189&q=492514>.

Training for stakeholders on this material is ongoing. Three regional Job Developer Networks have also been developed. Training and technical assistance is provided to job developers who participate in the regional networks by the Connecticut chapter of Advancing Employment, Connecting People (APSE), which promotes the employment of people with disabilities, and by the Department of Rehabilitation Services Ticket-to-Work staff.

DDS continues to improve its rate and reimbursement systems to strengthen employment outcomes among individuals with intellectual disability receiving support. The funding incentives that were created last year continue to be refined and improved.

With funding provided by the Connecticut Department of Social Services Connect-Ability Medicaid Infrastructure Grant (MIG), DDS was able to create a benefits guide titled, "Real Work for Real Pay: A Benefits Guide for Individuals Served by DDS. More than 300 DDS stakeholders attended trainings on the Benefits Guide material.

**Aging Services:**

More than 3,146 individuals age 55 and over 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 added three staff members to the MFP Unit at DDS and in FY12 seventeen individuals transitioned from long-term care. To date, 30 consumers have moved from long-term care settings to community settings under MFP.

**Division of Autism Services:**

The Division of Autism Services closed out the year with 78 participants from the Greater New Haven and Greater Hartford areas. The Autism Division in conjunction with DCF has submitted to CMS an Autism Medicaid Home and Community Based waiver to provide services to a number of children and adults who have a diagnosis of autism spectrum disorder, experience developmental delays, and do not 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, which has 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 FY12, 799 individuals were served statewide, including 345 children.

**Case Management:**

In 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 qualify for case management services. Help Line staff assist individuals and families to apply for DDS Family Support Services and refer families to appropriate community resources and services. DDS continues to review case management processes and identify areas to streamline, to simplify, to eliminate duplicative review and to enhance technology support. In January 2011 DDS launched a single Electronic Case Note system that allows DDS to bill for Targeted Case Management. A number of work process improvements are being implemented. The department has plans for continued information technology enhancements during FY13 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 1,320 individuals statewide in FY12, including 327 children.

**Federal Reimbursement:**

During FY 2012, the department generated \$470,913,448 in federal Medicaid reimbursement (regular reimbursement totaled \$477,675,100 minus \$6,761,652 in retroactive rate adjustments). In FY12, 8,638 people participated in the Home and Community Based Services Waiver Program. This is a net reduction of 150 individuals from the FY11 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 8,419 new referrals in FY12, a 2% decrease from FY11. Over the course of the year, 9,333 eligible children from all 169 towns received early intervention services. During FY12, nine autism-specific, three deaf/hard-of-hearing specific and 32 general programs served children throughout the state. A Request for Proposals was issued in October 2011 to re-bid the contracts for all types of Birth to Three programs. As a result of a very competitive process, 28 general, six autism-specific, and three deaf/hard-of-hearing specific programs were selected for FY13 contracts. An additional three general and three autism-specific programs that previously held contracts were issued time-limited contracts to continue services until children enrolled exited the program. The Birth to Three System for the sixth consecutive year, received the highest determination of "meets compliance" from the U. S. Department of Education, indicating that the system 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. In examining three functional outcomes for children, 59%, 51% and 70% 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 2011-2012 school year.

**Quality Management Division:**

DDS's Quality Management Division's role is to ensure that the 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 actions when required. The QSR includes elements from previous departmental quality assurance activities and CMS's quality system expectations. The 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 regulation review process.

Providers participate in self-assessment activities to evaluate the effectiveness of their own service and quality management systems. In Fiscal Year 2012, 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.

**Five Year Plan:**

From May through September 2011, Commissioner Macy conducted listening tours with numerous DDS stakeholder groups including individuals DDS supports, their families, public and private staff, DDS's many partners from other state agencies and persons from the community at large. A draft plan was put forward for public comment, posted online and two public hearings were held on November 1 and 2, 2011. The final DDS Five Year Plan (2012-2017) was submitted to the legislature in February 2012.

There are 25 goals in the plan, which are broken down into the following categories: Employment (Goals 1-2); The person and family have key roles (Goals 3-8); Community Living (Goals 9-14); Quality Services and Supports (Goals 15-22) and an Informed Workforce (Goals 23-25).

As many of the goals address systemic changes that need to be made to the DDS service delivery systems, many of them will take time and much input from a spectrum of stakeholders. Conversations have been initiated with DDS staff to prioritize the order in which these goals will be addressed. A new position "Individual and Family Advocate" will facilitate the implementation of the Five Year Plan and DDS staff will play key roles, along with other stakeholders, in working towards specific goals. Limited resources must be used wisely to address the goals collectively and systematically.

**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.

**Council on Developmental Disabilities:**

The Connecticut Council on Developmental Disabilities is an independent entity, established by Governor Malloy's Executive Order No. 19 and 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 2011-2012 the Council's budget was \$724,261 for initiatives on public information and education; emergency preparedness; aging in place in the community; housing; employment; supporting parents with cognitive limitations; medical safeguards

through training hospital staff on the rights of persons with disabilities; inclusion in faith based communities; adult and youth self-advocacy and self-determination; and Partners in Policymaking leadership training.

**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.