

# 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 – 2,726**

**(total filled count as of June 30, 2013)**

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

**Recurring operating expenses - \$1,005,731,867**

**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.**

## **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 individuals 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 also 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.

### **Five Year Plan**

DDS created an ambitious Five Year Plan (2012-2017) that includes over twenty-five goals. Successful attainment of these goals requires DDS to realign its values, priorities, and distribution of resources to fit the new mission and direction of the agency. Two of the goals have been completed. Progress has been achieved in the remaining goals. It is anticipated that all twenty-five goals will be addressed to a significant degree by the end of the Five Year Plan.

The new mission was created through input from stakeholders including consumers, families, providers, and DDS staff. Staff from partnering agencies, community leaders, and national experts also provided suggestions for consideration. In the last year, four meetings were held to help stakeholders understand how the new mission and values impact their work and lives. At these meetings, stakeholders participated in activities designed to create stronger team collaboration and engaged in various types of brainstorming discussions designed to help them think about new ways that their work could be implemented. Results of these mission activities include changes in policies and procedures; re-design of roles and responsibilities, implementation of new pilot projects, and other changes to the department's infrastructure. A new mission website page was created to highlight new ideas and to showcase new collaborations.

### **Director of Family Support Strategies and Advocacy**

The Director of Family Support Strategies and Advocacy was filled in June of 2012. The Director has met with more than 30 family groups in the last year and has partnered with the Connecticut Council on Developmental Disabilities to help form the Connecticut Cross Disability Lifespan

Alliance, an organization formed to help individuals and families use existing resources more effectively and to work collaboratively to improve the lives of people with disabilities. A new section of the DDS website has also been designed specifically for families. This new area of the website provides families with valuable community-based resource information. It is hoped that use of the website will help strengthen families across the lifespan; will result in better planning, and in turn, will reduce the need for expensive crisis-related supports.

In June 2013, DDS and the Connecticut Council on Disabilities were one of five state partnerships awarded a four-year *Supporting Families Community of Practice* grant from The Administration on Intellectual and Developmental Disabilities (AIDD). The purpose of the grant is to identify and implement policies and practices that will serve as a national framework for states to use to support individuals and their families across the lifespan. The *Community of Practice* is designed to include ideas, innovations and recommendations not only from the states identified but from the broader community. Each state is required to form a team with partners from their service system including members from self-advocacy and family organizations, universities, education, aging and other contributing organizations. The end result of the Supporting Families Community of Practice grant

initiative will be a more effective and efficient use of agency resources to meet the needs of people who live with their families or in their own homes.

### **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 close to forty 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. The task force conducted an analysis of existing public and private sector emergency preparedness and response plans. Results of the analysis were shared with all public and private service providers who participated. 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 Planning for and Responding to Emergencies Involving People Who Experience Disabilities. As of July 2013, close to 4000 municipal, regional, and state emergency planners and first responders across Connecticut participated in this training.

DDS staff maintained 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 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 continued 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, DDS Central Office, and Southbury Training School 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 contacted all of DDS qualified providers and encouraged them to establish self advocacy groups.

Due to the outreach of the Self Advocate Coordinators there has been a 58% increase of consumer participation in self advocacy groups across the state which has also shown an increase in the number of Self Advocacy Groups established.

**2. Representing consumer viewpoints** on agency committees, workgroups, cross disability organizations, and sister state agencies and organizations. Self Advocacy, 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. DDS and Planned Parenthood of Southern Connecticut have partnered to promote healthy relationships and the SACs have organized and supported the Healthy Relationship Series in each of the three regions to promote understanding and knowledge of healthy relationships for both consumers and their identified “safe person”.

**3. Encouraging consumers to have more influence in policy development.** The SACs assisted the DDS Commissioner in creating and launching the new DDS Mission and Vision. SACs continue to promote People First Language. They work to assure all of the DDS policies and procedures include Respectful Language, are focused on consumers and their families, and simplified to promote better communication to the people served. They have also worked on committees to develop DDS funding rates for waived services.

**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 and an Abuse, Neglect and Bullying training - “Degrees of Mean” - for both consumers and staff. They continue to train families and consumers about hiring and managing staff, living in healthy relationships, options for transitioning from school to work, and self-determination for all consumers.

**5. Creating materials written for and by people with developmental disabilities.** The SACs continue to promote and provide information on their website – DDS “Consumer Corner” for both consumers and families. Sharing success stories, DDS Mission and Vision information, material on the Home and Community Based Services (HCBS) waivers and the consumer’s choices of supports and services, and topic trainings such as Human Rights, “Degrees of Mean”, “Speak Up Speak Out-Self Advocacy”, “Understanding When I Need a Guardian”, and “Why Work – Real Work for Real Pay!” are a few of the presentations and materials shared with consumers and families.

## **Improvements/Achievements 2012-2013**

### **Individuals Served:**

In FY 13, DDS served 9,346 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 123 people from the Emergency List. Also, 203 waiver participants received additional funding to fully meet their needs. The department provided community residential supports for 70 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 260 new high school graduates and 90 individuals receiving day age-out funding. This is the seventh year that DDS has operated the DDS Voluntary Services Program (VSP) for children who have intellectual disability and behavioral health needs. As of June 30, 2013, the total number of children served in DDS VSP was 504.

## **Employment Initiative**

DDS continues to work closely with the Department of Rehabilitative Services and the Department of Education to improve employment outcomes for students graduating from high school. Staff from all three of these agencies collaborate on a variety of state teams and group projects that are focused on producing better employment outcomes for people with disabilities. In the last year, sixteen staff from the Birth to Three program were re-assigned to new transition advisor positions that were created by the Department of Administrative Services. These positions are critical in helping to make sure that students with intellectual disability receive appropriate educational programs that focus on employment.

Targeted case study technical assistance was provided to case managers who requested consultation in helping individuals on their caseload to find, get and keep competitive employment. These case studies have been written up in a training manual that will be disseminated to all case managers. Additional training continues to be provided through job developer networks and through joint training opportunities offered by the Department of Rehabilitation Services (DORS), the Association of People Supporting Employment First (APSE) and DDS. DDS also created a Memorandum of Understanding with DORS so that benefits counseling continued to be available to people with intellectual disability, despite the discontinuance of federal Work Incentives Planning and Assistance Program (WIPA) funding. DDS continues to receive best practice employment information through its membership and participation in national Supported Employment Leadership Network (SELN) activities.

A DDS staff attended the National Governors' Conference this past spring. DDS staff are working with staff from the Governor's office, the Department of Mental Health and Addiction Services and DORS to implement action plans that were created at the conference.

## **Aging Services:**

More than 2,973 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. Within fiscal year (FY) 2013, DDS added two more case managers to the MFP unit and assisted 26 people to transition from long-term care settings to community settings. To date, 56 consumers have moved from long-term care settings to community settings under MFP.

## **Division of Autism Services:**

The Division of Autism Spectrum Services closed out the year serving 78 adults and 25 children with Autism Spectrum Disorder (ASD) who do not have intellectual disability. These individuals are served through a Home and Community Based Services (HCBS) waiver which was approved by the legislature in 2012 and approved by the Centers for Medicare and Medicaid Services (CMS) effective January 1, 2013. Services may include: life skills training, job coaching, community mentoring and behavioral supports. Data is collected and initial evaluations indicate substantial progress towards life goals.

In addition to waiver services, the autism division has been working on a statewide interagency plan to create a seamless coordinated system of care for individuals with ASD. The first step, completed in April 2013, was a feasibility study of such a system. The feasibility study culminated in recommendations for the creation of an autism spectrum disorder advisory council and five related subcommittees. In June of 2013 a retreat was held to bring together members of the feasibility study workgroup and other stakeholders to kick-off implementation of the study recommendations.

Subcommittee work started in July 2013. The autism advisory council will begin meeting in the fall of 2013.

**Case Management:**

DDS continues to review case management processes and identify areas to streamline, simplify, and to eliminate duplicative review as well as enhance technology support. A number of work process improvements have been implemented in FY 2013. Streamlining of the Quality Review process and additions to the Electronic Case Note System were made which will allow case managers to complete more reviews and monitoring visits in less time. Modification in the manner in which annual Individual Plan (IP) dates are calculated has greatly reduced the paperwork necessary when an IP needs to be rescheduled due to circumstances. DDS has also eliminated the need for case managers to update redundant information in the DDS client database system (CAMRIS) that has been captured in other automated or web-based systems. The department has plans for continued information technology enhancements during FY14 that will result in additional efficiencies in case management and related DDS business processes. This includes the development of a web-based client information system that is currently underway.

**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 917 individuals statewide in FY13, including 178 children.

**Federal Reimbursement:**

During FY 2013, the department generated \$523,230,482 in federal Medicaid reimbursement (regular reimbursement totaled \$484,570,445 minus \$38,660,037 in retroactive rate adjustments). In FY13, 9,346 people participated in the Home and Community Based Services Waiver Program. This is a net reduction of 708 individuals from the FY12 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 8,333 new referrals in FY13, less than 1% decrease from FY12. Over the course of the year, 9,345 eligible children from all 169 towns received early intervention services. During FY13, 28 general, six autism-specific, and three deaf/hard-of-hearing specific programs. An additional three general and three autism-specific programs that previously held contracts continued to serve children under time-limited contracts to continue services until children enrolled exited the program. The Birth to Three System for the seventh 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 99% 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%, 52% 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, approximately 50% do not require special education services in kindergarten during the 2012-2013 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. Qualified Providers receive a Certification status based on provider quality data. 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 Office:**

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 FY 2013, the Council's budget was \$681,469 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 (1) the licensing regulations for Community Living Arrangements and for Community Companion Homes (previously Community Training Homes); and (2) the contracting regulations concerning Individualized Home Supports and Continuous Residential Supports. The department is also in the process of amending the Early Intervention Services for Infants and Toddlers and Their Families regulations and developing regulations concerning autism spectrum disorder.

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.