



Published by the Connecticut Department of Developmental Services

Governor Dannel P. Malloy | Commissioner Terrence W. Macy, Ph.D. | Deputy Commissioner Joseph W. Drexler

Spring 2014

Message from Commissioner Terrence W. Macy, Ph.D.



Terrence W. Macy, Ph.D.
Commissioner

The Department of Developmental Services has been very busy over the last several months participating with our family and self-advocate partners as well as a wide variety of community organizations building a larger variety services and supports.

One of the areas we have focused on is building a more diverse set of residential options for families. Currently 6,981 people live in family settings with another 1,372 living at home with some form of in-home supports. The largest percentage of people who receive residential supports outside of the family home, live in group homes. While we have reduced our reliance on large institutional and large group home settings we have not made any policy decisions to eliminate group homes from our residential options list. We have however moved to smaller three-bed homes known as Continuous Residential Supports (CRS). These settings provide comprehensive

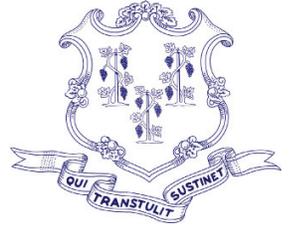
residential supports. 585 people live in these settings. We are also assisting people who wish to live in less structured settings to move into a variety of more person-centered residential options. In the last few months, 28 people have been supported to make those transitions. For years, DDS has supported persons living in their own homes. Today more than 1,600 people have chosen this type of support.

As we have explored ways to think about expanding our supports we have engaged in two major systems change projects. The “Living the Mission” initiative is focused on the enormous potential for change that is found in our private provider community. Last fall, DDS conducted training for many of our providers with one of the nation’s leading consultants on Person Centered Planning, Michael Smull. He spoke about how services to the people we support and their families can be provided in nontraditional ways. Two of Michael’s associates are veteran Executive Directors of large agencies who have transformed their services. Together with Michael, they are mentoring eight provider agencies. The providers include the largest agency in the state down to one of our smallest providers.

DDS staff also recently met with Michael and his team to prepare to support the innovative work that agencies are beginning to explore. We see ourselves as partners and are deeply committed to helping provider agencies expand their support services. We see this “Living the Mission” project as a way to restructure our current system to be more responsive to families diverse service needs.

The second project, “The Community of Practice” is a way to plan how the future will look. Over 250 stake holders which includes family members, self-advocates and people from the community are participating in this project. The project is described in more detail on page 11.

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Continuing the focus on People and Families First, DDS has been doing a significant amount of work with self-advocates. Self-advocates play a central roles in all of our systems changes. Our ten Self-Advocate Coordinators (SACs), employed by DDS, have become agency policy advisors on many important issues. SACs participate in many significant projects including one concerning bullying and another concerning Healthy Relationships. The SACs are located in each DDS region as well as in central office. Additionally, there are a growing number of self-advocates throughout the state increasing from less than 200 to over 500 today.

These are only a few of the many initiatives we are working on to address the needs of all of the individuals and their families served by DDS.

DDS Waiting List Update

The Department of Developmental Services (DDS) maintains a residential waiting list for individuals who meet certain criteria. The list has two categories, Emergency and Priority One and is comprised of individuals who need immediate residential placement and individuals who need placement within one year. The Emergency list includes individuals who have no home, or who have an elderly caregiver that is ill or who have behaviors that cannot be managed in their own homes. The Priority One list includes individuals who have a pressing need for services. The waiting list is made up of individuals who currently receive no residential supports and they need supports either in their own home, with their family, with a host family or in a residential setting.

Additionally, DDS maintains a Planning List for individuals who have residential needs and have been assigned either a Priority Two or Three status indicating they want or will need services in two or more years. Their need is not considered urgent, critical or immediate and they are therefore classified as being on the Planning List. Over the years, the department has developed a process for determining whether a person should be placed on the waiting list or planning list. The case manager forwards a request for service and additional information to the Regional Planning and Resource Allocation Teams (PRAT). PRAT ensures that all individuals served by the department are treated fairly and equitably in the allocation of resources. The PRAT teams in each region are comprised of a director from Individual and Family Support, Self-Determination, Private Administration, and Public Services. Collectively, these individuals have significant experience in assessing an individual's urgency of need. The regional PRAT meets at least once a month and reviews each individual's request. Based on the available funding, PRAT determines what supports would be required to meet an individual's needs. Since individuals typically require funding for many years and only a small amount of new funding becomes available in any given year, PRAT must weigh many factors and balance competing funding requests in order to provide appropriate services to the greatest number of individuals.

Another process in determining an individual's needs is the Level of Need (LON) Assessment. The LON helps to identify strengths and challenges that could affect the health and safety of an individual. It also identifies areas of support that may need to be addressed. Each individual is assigned a LON score, which is one of many assessments that the PRAT team considers in determining placement on the Waiting or Planning Lists.

The department also considers other residential needs in addition to the waiting and planning lists. There are individuals who receive residential supports and services but need additional supports and others who are funded by another state agency. Also, there are individuals who live in DDS Campus facilities or Long Term Care settings who wish to move into a community residential home.

In order to keep individuals and families informed, DDS issues a Management Information Report (MIR) quarterly which lists statistical data on the department's services including information on the waiting and planning lists. The MIR can be found on the front page of the department's website at www.ct.gov/dds listed under Featured Links.

The December 2013 MIR, reported the number of people on the waiting and planning lists. The chart below lists the numbers of individuals who receive no residential supports.

Waiting List		Planning List	
Emergency	37	Priority Two	853
Priority One	598	Priority Three	304

Transitioning into DDS, Plan Now or Later?

Thinking about your child's future often comes at the time of a big transition, such as moving from pre-school to kindergarten, elementary school to middle school or middle school to high school. However, probably the most important transition you will face is when your child is between the ages of 18-21-years-old and you begin to think not just about the next step but also about the rest of their lives.

The Department of Developmental Services (DDS) believes that it is important to not wait until high school graduation to think about the future. With that in mind, DDS has been working with Birth to Three providers to communicate to families that they need to start planning when their child is much younger.

DDS has an aggressive transition program that communicates to families to work with your educators on developing an Individualized Education Program (IEP) that is driven by future outcomes and is centered on your child. The Regional Transition Teams have been visiting high schools and informing parents of DDS processes, from the eligibility application to Title 19 and the DDS waivers. Even though high school is a good time to talk about the realities of services for your child, the department recommends that you start earlier in getting your child involved in activities, such as volunteering and school clubs that help them understand they have a choice in their future. Considering these types of activities will help you and your child decide what best fits their individual needs for the future.

DDS is not alone in this process. We continue to partner with the Department of Rehabilitation Services and the State Department of Education to collaborate our efforts in helping your family succeed in a smooth transition into DDS. As an example, this past year over 250 high school graduates successfully transitioned to employment or alternative day supports. Our goal is to help you understand the DDS system and how we can support you and your family's future.

Employment Corner

Over the past year, the Department of Developmental Services (DDS) Employment Steering Committee continued to increase job opportunities for DDS consumers focusing on industry-based training programs. The successful partnership with Connecticut companies has created a growing case management referral base which has helped more individuals find work.

A DDS provider, Community Enterprises, continued their participation on the committee and played a major role in sharing job opportunities. The provider, a partner in the successful Walgreens Initiative in Connecticut, offered tours for individuals, families and case managers at Walgreens, HomeGoods and other companies.

The national State Employment Leadership Network (SELN), a subgroup of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) visited Connecticut and assessed our employment progress. Their report is due in May 2014.

The Individual Supported Employment Rate Group has determined success with our rate structure that incentivizes employment for providers. We have increased participant numbers in supported employment and increased funding to providers who provide those services.

For more information on the DDS Employment Initiatives and other resources please visit the DDS website at www.ct.gov/dds and click on Employment and Day Services.

Employment Success Stories

Seamless School to Work Transition

Bailey is a recent graduate from a large school district where she participated in the district's transition program for 18-21 year olds. She had a successful work experience in the high school cafeteria. She demonstrated increased independence, a strong work ethic and good social skills. Impressed with this young woman's initiative, the company, who is the food service vendor, offered her full time employment prior to her completion of school. The school district's transition program continued to provide job-coaching support and implemented a fading of staff supports throughout the remainder of Bailey's last year. Upon staff's exit, the DDS Case Manager had the budget constructed with hours for employment checks instead of ongoing coaching. A local service provider was prepared to coordinate any needed future support to assist her to maintain employment. Through pro-active planning, their team worked effectively to support Bailey in a seamless transition from school to full time work.

DDS/Bureau of Rehabilitation Services (BRS)/Local Education Agency (LEA) Collaboration for School to Work Transition

Modine just finished her last year of public school at a regional transition program. She enjoyed her work experiences and was very interested in having a job. Her strongest assets are her personality, work ethic and ability to follow through. The school staff pursued employment opportunities based on her interests and skills. Modine was hired by a local supermarket as a custodian for a specific department for 20 hours per week. She had been referred to BRS and they provided support for her training. DDS and BRS collaborated for ongoing support services using the long-term support sign off request. DDS was prepared to provide support once she exited school. Additionally, on going employment support services were planned with a service provider who she was already familiar with. Through collaboration of funding resources and supports, Modine has a paid job as she begins her future.

Job Customization

Mike has been working part time for a D.J. business for over a year. It took time, effort and the right team to make this job a reality. Mike wanted a job of his own for a long time but he had only experienced volunteer work. His family members were strong employment advocates and "kept the torch lit" for an employment goal. With the help of his team, he began to work with a new service provider. Through a series of person-centered planning meetings, the new provider focused on his strengths and interests, taking an individualized approach to job development. Mike had a strong interest in music and radio. The provider visited a neighborhood D.J. business that had various business related tasks to complete that required consistent attention as well as a need for an organized person. The employer proved to be a willing and understanding partner in hiring and supporting Mike to perform these tasks. Through a customized employment process, Mike was able to realize his dream of having his own job. He continues to enjoy work and to reward himself at the end of each week by making and designing music mixes.

Utilizing Personal Networks

Joquan works part time for 20 hours a week at a restaurant and catering company. Through personal family connections he was able to find a job opportunity that allowed him to utilize his personable social skills. In the morning he cleans the restaurant, working as a team with his co-workers to prepare for the day. In the afternoon, he accompanies a driver to make deliveries for catering orders. Joquan hires and manages his own staff to provide him support on the job. Through personal connections, Joquan found a job that matches his desire to work with people in a friendly environment which enables him to earn his own wages.

Technology Leads to Independence



Ray Moncrease points to a sensor on his stove that alerts him if there is a problem. The sensor is part of technology that helps Ray live independently.

When you meet Ray Moncrease, 31 of Meriden, you are immediately enamored with him. He captures you with his life story. Mr. Moncrease is one of the first people in Connecticut with an intellectual disability who have mastered the art of technology.

Through the help of the ARC of Meriden-Wallingford and the support of the Department of Developmental Services (DDS), Mr. Moncrease now lives an independent life. During the past year, the ARC and DDS partnered with Assisted Living Technologies in Meriden to create a state of the art apartment for Mr. Moncrease.

As part of his daily routine, Mr. Moncrease manages his own technology that keeps him on track with his medications and provides him a safe environment. For example, the kitchen stove has a sensor that automatically shuts off when it has been on too long,

and an electronic medication box notifies him when it is time to take his medication. If he doesn't, there are several more layers of notification including phone calls that will contact him. There is also a button in the bathroom in case of an emergency and finally, Mr. Moncrease can easily connect via SKYPE on the internet to speak with his trained staff.

All of these advances in home monitoring have given Mr. Moncrease a new lease on life.

"I didn't like having staff around all the time," said Mr. Moncrease. "Because of this technology, I can live a more independent life."

DDS estimates that it costs 30 percent less a year for someone like Mr. Moncrease to live on their own with technological assistance. The cost benefits don't compare to the opportunity Mr. Moncrease has experienced living on his own.

The Tech House is just one way that DDS is pursuing better use of technology to improve the lives of the people we support. DDS has received an employment grant from the Connecticut Council on Developmental Disabilities to help increase employment outcomes for people with intellectual disability through the use of iPad technology. This project is called Supporting Employment with Technology. The New England Assistive Technology (NEAT) Center at Oak Hill has been selected as the project vendor to implement the project. DDS and NEAT will be working with providers, who support employed individuals, to improve communication and organizational skills, increase independence and enhance social skills. This pilot is a small-scale preliminary project being conducted in order to evaluate feasibility and develop recommendations for system-wide training needed to advance the use of iPad technology to a broader DDS audience.

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The Community of Practice technology committee is researching a variety of ways to support more effective ways of using technology with the consumers we serve. The technology committee is in the process of creating a two year action plan to address the committee's goals. Additional information about the Community of Practice activities can be found on page 11 of this newsletter. DDS Waiver Services and Systems Design committee are exploring remote monitoring devices and developing policies for appropriate supervision of individuals using technology. These are just a few of the exciting technology projects that are currently occurring at DDS.

Demonstration Assistive Technology Device Locations

Assistive Tehnology (AT) Device Demonstration Sites

An Assistive Technology (AT) Device Demonstration is an opportunity for a person to interact with an AT device, learn about the different features and compare with other similar devices. An AT Device Demo allows a person to make an informed decision about whether the device is the right one. You can have an AT Device Demo at one of these partner agencies:

The New England Assistive Technology (NEAT) Center Oak Hill

The NEAT Center Is located on the corner of Holcomb and Coventry Streets (on the property of CIB/Oak Hill) in Hartford, Connecticut. You can go try out Assistive Technology devices, participate in AT device demonstrations, participate in their lending library, donate used equipment or buy AT devices. To find out more about NEAT, visit their website: www.neatmarketplace.org or call toll free (866) 526-4492.

Disability Resource Center in Fairfield County

The Disability Resource Center in Fairfield County (DRCFC) is one of five Independent Living Centers in Connecticut. DRCFC is a satellite center for NEAT that offers an Assistive Technology Demonstration Center and Equipment Recycling Center at their location, 80 Ferry Blvd., Suite 210 in Stratford. Visit their website: www.drcfc.org or call (203) 378-6977.

Eastern CT Assistive Technology (ECAT) Center

Located in Willimantic, Connecticut, Eastern CT Assistive Technology Center (ECAT) is an AT Demonstration Center that has a computer access station, equipment for persons with visual or hearing impairments and learning disabilities and devices to reduce barriers in the workplace. ECAT is located at Windham Regional Community Council, 872 Main St., Willimantic, CT. (860) 423-4534. EASTCONN provides training and professional development to educators who work with students with disabilities on Assistive Technology devices and services in partnership with the Connecticut Tech Act Project. They offer a demonstration center as well as an AT lending library. Visit their website: <http://www.cttechact.com/>

Western CT Assistive Technology (WCAT) Center

Located at the Western Connecticut Area Agency on Aging (WCAAA), the WCAT Center offers the opportunity for residents of Western Connecticut to view a variety of Assistive Technology devices for daily living, aging in place, computer access and more. Visit WCAAA at 80 Progress Lane, Waterbury, CT or contact them via their website or phone at 800-994-9422. Visit their website:

http://www.cttechact.com/device_demo/#sthash.nJWiyNmB.dpuf.

Family Resources

DDS is comprised of three regions statewide— North, South, and West. Each DDS Region has established its own Helpline, Resource Team, and Family Grant program. Resources from the Individual and Family Support Resource Team are available to individuals who reside at home with their families, regardless of whether or not they have a DDS Case Manager.

The allocation of services and supports is contingent primarily upon existing family resources and DDS availability, although other factors may also be considered. Below is some brief information about these supports and services and information on how to access these supports.

Helpline

The DDS Helpline was established statewide to assist individuals and families who are eligible for DDS services and who currently do not have an assigned DDS Case Manager. Individuals and families can receive assistance from the Helpline with referrals for family support resource team, completing applications for Individual and Family Support (IFS) grants, DDS respite centers, answering general questions, referrals to other agencies, and assistance with benefits. To access your Regional Helpline, please use the information below.

DDS NORTH REGION	DDS SOUTH REGION	DDS WEST REGION
Location: East Hartford Office 1-877-437-4577 Email: DDS.NR.ifshelpline@ct.gov	Location: New Haven Office 1-877-437-4567 Email: DDS.SR.ifshelpline@ct.gov	Location: Cheshire Office 1-877-491-2720 Email: DDS.WR.ifshelpline@ct.gov

Resource Teams

Each of the DDS regions has established resource teams, which are actively providing individuals and families' supports and services within their homes and communities. These professional supports include but are not limited to: family support assistance, education advisors, transition advisors and nursing, behavioral, psychology and consultative services (i.e. occupational therapy, physical therapy, speech and language). Resources are not entitlements and are subject to availability in the region within which the individual resides. These resources can be accessed through referral by contacting your assigned case manager or the regional helpline.

Family Grants

Families who have children who live in their home and who are not receiving DDS waiver services can request one-time Individual and Family Support (IFS) grant funding to cover expenses that cannot be covered by other resources. IFS grants are not intended for routine or ongoing supports and services but can be used to pay for temporary or one-time respite or recreation supports. Requests for IFS grant funding can be made to the regional helpline or to an assigned case manager. These funds are subject to availability. Families can use this funding to hire friends and family members to provide respite or companion services, or they can hire an agency to provide these services. DDS has a contract with Rewarding Work to assist families to find staff to provide respite and other in-home services. More information about this online service can be found at <http://www.rewardingwork.org/>. Families can find agencies that provide respite services at <http://www.ct.gov/dds/cwp/view.asp?a=3620&q=424134>. The department has been able to distribute over \$3 million in grants annually, based on current legislative funding approvals.

Family Resources

All parents need some quality time away from their children. Parents need time to be alone or to have time to renew and refresh important relationships. They need time without their children to relax and enjoy themselves, or simply to be able to do needed chores that are hard to accomplish when a dependent child is around.

All children need time away from their parents in order to grow and to learn to be more independent. Children also need time alone, time to attend to important relationships without being under the watchful scrutiny of parents, and time to have fun and explore what it means to be age 10, 15, 20, etc.

The additional responsibilities that can occur when raising a child with a disability often results in parents having a hard time trying carve out respite time for themselves, and they may have difficulty arranging quality recreation time for their child who has a disability. The below are some respite and recreation strategies that can help families develop a healthy, more connected lifestyle.

Respite and Recreation Strategies

Family Networking

Some families are able to create a strong network of support on their own where siblings, extended family members, neighbors and friends, all help to ensure that each family member has the respite and social opportunities they need to reduce stress and have a healthy balanced life. Other families participate in family support groups to learn strategies to help grow and expand their network of support and to help remind them how to foster quality social time as an important part of their family routine. The Connecticut Family Support Network is funded by DDS to help families discover ways that family-to-family support can help them to be a stronger, more networked family.

Assistive Technology

Some families use assistive technology to help ensure that their child who has a disability can be more independent. Increased independence allows families more flexibility and increases opportunities for children and their parents to go their own ways for periods of time. Families can visit one of the five technology demonstration sites in Connecticut to learn about the different types of assistive technology that is available to help support increased independence. Information about these demonstrations sites and about other technology projects supported by DDS are described in other articles in this newsletter.

Community Supports

Some families are successful in connecting their child to inclusive community activities. Participation in these activities allows their child to have greater independence away from their families and gives parents the freedom to attend to other things while their child is busy connecting and making friends with others. DDS funds Best Buddies and Special Olympics to help individuals participate in inclusive recreation activities. DDS also has recreation staff available in each region to help families to connect to inclusive activities in their communities.

Eligibility Services

Aging services, veteran services and other social services agencies also provide respite services. Families can call 211 or search 211 resources at <http://www.211ct.org/informationlibrary/Documents/AdultRespite-CareChildrensRespiteCare.asp> for additional respite information about respite services available in Connecticut. Families are also encouraged to contact the Connecticut Lifespan Respite Coalition to learn about the many ways that this organization works to address the respite needs of families. More information about this group can be found at <http://ctrespite.org/index.php>.

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The Department of Developmental Services (DDS) unveiled a New Family Website specifically developed for individuals and families associated with DDS services and supports. The new site features services that span the life of individuals with intellectual disability.

“I am very pleased that we’re able to launch this website and hope it will be a constant resource to families. We listened to families about the need for this guide and worked with them to create it,” said DDS Commissioner Terrence W. Macy, Ph.D. “I very much appreciate the significant amount of time and energy that went into the development of this learning tool and hope it will grow with additional resources over time.”

The new site was developed over the last year with input from families, individuals, providers and DDS staff and focuses on the six stages of a lifespan; Birth to Three, Early Childhood, ages 3 -8, School Years, ages 9-15, Transition to Adulthood, ages 16-21, Adulthood, ages 22-65 and Retirement, over 65. The site is unique in that it asks and answers the same questions for each phase of life. Visitors will find information regarding Advocacy and Rights, Healthy Living, Education, Community Connections, Finance and Benefits and Planning for the Future all geared toward the specific phases of life.

“The creation of the family website pages was a huge undertaking that would not have been possible without the dedication and commitment of the family website team,” said Robin Wood, DDS Director of Family Support Strategies and Advocacy. “The website team considers the family website to be an evolving process that will continue to improve over time.”

The website project was part of the department’s Five Year Plan and focuses on the DDS Mission. “The mission of the Department of Developmental Services is to partner with the individuals we support and their families, to support lifelong planning and to join with others to create and promote meaningful opportunities for individuals to fully participate as valued members of their communities.”

Please visit the DDS website at: www.ct.gov/dds to view the New Family Website.

DDS Partners with Union to Form Training Academy

The Department of Developmental Services (DDS) Training Academy for Family Support recently held its first training for 35 DDS employees. Under an agreement with DDS and the Service Employees International Union (SEIU) District 1199, a pilot Training Academy was approved to provide union members an opportunity to learn new skills, enhance their current skills and to better understand the goals of providing individual and family supports.

“As our service system moves from institutional and large group homes settings to person-centered services, we wanted to find a means to use the staff’s years of experience in a new way,” said Commissioner Terrence W. Macy, Ph.D. “I had two goals for the Academy. The first was to give DDS staff the skills they will need to be a vibrant part of our future array of community-based services and the second was to give families effective staff resources who will meet their everyday needs.”

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Division of Autism Spectrum Services Update

It has been a busy year for the Division of Autism Spectrum Services. With the Centers for Disease Control (CDC) recently reporting a prevalence of 1 in every 68 children with Autism Spectrum Disorder (ASD), we know there is a great need for our services in the community. We now support 114 individuals through our autism waiver. They get a variety of services including: life skills coaching, job coaching, social skills groups and community mentoring.

The Division is proud of all of our waiver participants when we hear about all of the great things they are doing every day. For example, one of our waiver participants applied for a job at a local store and received not one, but two job offers within a week of his working interview. We also have two waiver participants in self-advocate positions on our Autism Spectrum Disorder Advisory Council (ASDAC). ASDAC is made up of 23 parents, professionals, state agency staff, legislators, and self-advocates who contribute greatly to the field. We work on a variety of issues and oversee the work of five active subcommittees who are working on training, credentialing, and resources. Two other subcommittees are also working on pilot programs for in-home behavioral supports as well as social and recreational opportunities.

The Division has also been able to bring in a national speaker to discuss systems change and creating a comprehensive system for autism in Connecticut. Dr. Peter Doehring is the author of the book "Autism Services Across America". He was very impressed with all of the work we are doing in Connecticut and commented that we are heading in the right direction.

Finally, we have hired two Autism Resource Specialists whose job it is to work with people waiting for services. They have been busy with outreach activities to resource fairs, schools and transition events as well as conducting home visits and assisting families who have children on our wait list. Our future plans include a self-advocate series, more trainings and providing more networking opportunities. We look forward to keeping the momentum going and continuing to meet the needs of individuals on the autism spectrum and their families.

DDS Awarded Community of Practice National Grant

Connecticut is one of five states to receive a national grant to participate in a five year Supporting Families Community of Practice study. Other states selected were: Oklahoma, Tennessee, Washington and the District of Columbia. Grant partners include the National Association of State Directors for Developmental Disability Services (NASDDDS), the University of Missouri-Kansas City, the Institute for Human Development (UMKC-IHD), the Human Services Research Institute (HSRI) and the National Association of Councils on Developmental Disabilities (NACDD). The goal of the Community of Practice is to identify and implement policies and practices that will serve as a national framework for states to use to support individuals with intellectual and developmental disabilities and their families across the lifespan.

A kick-off event for the Connecticut Supporting Families Community of Practice was held the third week of September at St. Thomas Seminary in Bloomfield. Over 170 invited guests participated in the daylong conference. The conference offered an opportunity for participation by parents, self-advocates and representatives from key policy, program and planning agencies and the co-hosts, DDS and the Council on Developmental Disabilities to examine supports and services in Connecticut. Both DDS and the Council are responsible for implementing the project in the state and partnering with the other states.

Ten Community of Practice committees were formed to follow up on ideas discussed at the September conference. Committee membership includes a wide range of stakeholders including DDS consumers, family members, provider staff, DDS staff, other state agency personnel and members of community organizations. The committees meet monthly through both videoconferencing and face-to-face meetings. Information about the committees can be obtained by contacting Robin Wood at robin.wood@ct.gov, or by calling (860) 418-6035. Committees will be reporting on the actions they have taken and their progress at the next large group Community of Practice event, which will be held in September, 2014.

DDS Waiver Information

What Is a Waiver?

The federal Centers for Medicare and Medicaid Services (CMS) waives certain rules in order to provide support in a non-institutional setting. Connecticut submits an application outlining the supports and services it proposes to provide. CMS reviews this application and approves it. The waivers are generally for a five year period and allow the state to specify the population it will serve and what services it will provide in that waiver.

The federal government reimburses Connecticut 50% of the cost of services and supports for people enrolled in a Home and Community Based Services (HCBS) Waiver. This reimbursement helps the state to fund programs that might otherwise not be affordable. The reimbursement is received through an individual's Medicaid number, therefore, a person must be enrolled in Medicaid to participate.

DDS currently has five Home and Community Based Service (HCBS) Waivers

Intellectual Disability (ID) Comprehensive Support Waiver (Comp) is for services delivered in licensed settings, and it provides employment support, vocational, and in-home services needed for people who require an intensive level of support to remain on their own or in their family home.

Intellectual Disability (ID) Individual and Family Support Waiver (IFS), provides in-home, employment, vocational, and family supports services for people who live on their own or in their family home.

Intellectual Disability (ID) Employment and Day Supports Waiver (EDS), provides day, vocational, and family support services for people who live on their own or in their family home.

Autism Spectrum Waiver provides life skills and community mentoring to empower people to live on their own or with their family.

Early Childhood Autism Waiver provides young children aged three and four years-old who are diagnosed with autism spectrum disorder and who have significant deficits in adaptive behaviors as well as severe maladaptive behaviors. Services are designed to improve skills in receptive and expressive communication, social interaction and activities of daily living, while reducing the inappropriate or problematic behaviors often associated with autism, using teaching techniques based on Applied Behavior Analysis.

What Is Medicaid?

Medicaid, also referred to as Title19 or the Husky Health program in Connecticut, is a state/federal partnership providing preventative, acute, and long-term services and supports to a wide variety of individuals and families. Medicaid in Connecticut is administered by the Department of Social Services (DSS). States and the federal government share the cost of the Medicaid program. DDS services are considered health care services for children and adults with disabilities and through our HCBS Waivers, the federal government will share the costs. Medicaid is required for waiver enrollment. <https://connect.ct.gov/access/>

What Services Are Provided Through The Waivers?

DDS Waiver services are used in combination with natural supports, local community supports, and Medicaid state plan services to provide a level of support that enables people to remain in the community and to meet their health and safety needs.

continued on next page

DDS Waiver Information *continued from previous page*

Why Should a Person Enroll In the Waiver?

- Enrolling in a waiver enables you to obtain services and supports from DDS. People already receiving services also have to enroll so Connecticut receive all the federal matching funds for which it is eligible. State Statute (law) requires waiver enrollment in most cases. *Connecticut General Statute 17a-218(g)*
- When needs increase over time, those enrolled in the waiver will be eligible for an increased level of services and supports in a timely fashion.
- By enrolling in a waiver, individuals can earn more monthly income and still retain their Medicaid health benefits. Persons in the Working Disabled program are eligible for waiver services as well.

How Does a Person Enroll in a Waiver?

DDS notifies people who are on the DDS Waiting List when there is an available opening on a waiver through the Regional Planning and Resource Allocation Team (PRAT) process. If you are eligible for the waiver program at that time, you and your team will start the Individual Plan process and complete the waiver application, and if necessary a Medicaid application. If you already are receiving services, your case manager can help you determine if you are eligible for the waiver and help complete the application process.

What Happens if a Person Does Not or Cannot Enroll?

- DDS will work with you and your family to determine if you need to enroll in a waiver to obtain or keep services from DDS. If you do but choose not to enroll at that time, DDS will not offer you most services, such as, day or vocational services and residential supports. If a family believes that their son or daughter is ineligible due to assets, staff from the department's Division of Legal and Government Affairs will review the particular financial circumstances to assist in a resolution.
- If you are willing to enroll in a waiver, but cannot because you have excess assets, DDS will assist you in arranging a spend down to reduce those assets to become eligible, or you would privately pay for your services until you become waiver eligible. If DDS assists you in reducing your assets, DDS will reserve funding for you so you can enroll in the waiver when you meet Medicaid eligibility requirements and continue with your services.

What Options Does a Person Have In Service Delivery?

You will have an individual budget allocation that includes all the services and supports you and your support team decided would best meet your needs within the DDS rates and cost standards. How much service and support you are eligible for is decided based on your assessed Level of Need. There are a number of choices you have in how the services and supports are provided to you.

Qualified Providers:

Many agencies across the state have met the qualifications to be a provider and are enrolled with DDS to offer waiver services. Each region has a listing of all those agencies and can help you with arranging services. The list is also available on the DDS website.

Self-directed:

You can choose to directly hire the staff who will work with you and be the employer yourself. If you do this, you decide who to hire, fire, how much to pay, schedules, benefits, and job duties. Self-directing services requires that you use a Fiscal Intermediary to handle the transfer of funds, payroll, tax filing, and reporting duties.

DDS Goes LEAN

The Department of Developmental Services (DDS) is part of Governor Dannel P. Malloy's transformation of state government initiative which focuses on making government more transparent, controlling costs and simplifying processes for Connecticut residents and businesses.

The DDS LEAN project has had a very successful year using Kaizen, a highly respected business tool developed by Toyota that analyzes processes, then streamlines them and eliminates waste in both time and money. For DDS, LEAN looks at practices through the eyes of the person receiving services and identifies ways for improvement creating clear expectations and standardizing work.

The goal of LEAN is to eliminate waste by reducing redundant work, multiple approvals, transportation and other wastes of resources which will give employees more time to focus on their core jobs. Over the past year, DDS has taken the LEAN approach to improving the Planning and Resource Team (PRAT) allocation process, the Eligibility Determination process, the Quality of Service Review (QSR) process, and the Birth to Three payment process.

In looking at these four areas, DDS was able to streamline the paperwork, eliminate some processes and in the end developed a better work flow that enables employees to be more responsive and better support individuals and families. Although, it takes time to implement all the practices that are examined through the LEAN process, it does provide a framework for accountability by creating clear expectations and standardizing work.

Over the next year, DDS plans to continue developing a culture of continuous improvement through sustaining the projects in process, providing more training to DDS staff, and engaging more workers in LEAN improvement activities. The goal is to develop a workforce that looks to add value and reduce waste in our daily work lives.

Employment Success Stories *continued from page 5*

Self Determination

Gordon works 20 hours per week at a local retail store. He previously had been working on a group supported employment work crew. He advocated for himself in his planning meetings and as a result set several personal goals. He expressed that he wanted to work competitively and earn better wages and that he wanted to improve his literacy skills. To achieve his employment goals he identified the need for transportation, flexible work hours and child-care. Through his perseverance, along with the support of his family and team, a company located on the public bus route offered him hours compatible with his child-care. Gordon also pursued reading classes and received an award from the learning center for his improvement in literacy skills. These increased skills not only helped him on the job but also at home so he could read to his child. He recently learned of the parent support groups offered by the Self Advocate Coordinators in his region.

Through self-determination and advocacy Gordon is achieving his goals and building a bright future.

Direct to Families

Department of Developmental Services
460 Capitol Ave
Hartford, CT 06106

We Walk together
Over the Span
of a Lifetime...

DDS Healthy Eating Pilot Program a Success



DDS South Region Healthy Eating Pilot Program members

The Department of Developmental Services (DDS) started a pilot program for an exercise and healthy eating social-support group that has been having tremendous success. Utilizing the Nike Fuel Band, the pilot program encourages participants to exercise and track their performance while also teaching independent skills around food choices and consumption. With an initial group of eight participants and four staff, the group lost a combined total of nearly 100 pounds in the first six months and reported increased happiness in a post-test.

The pilot is geared toward helping individuals to make healthy choices for themselves, enhance their participation in the community where they live, and ultimately enjoy a more robust quality of life.

Kathryn Yukness, New Haven, who enjoys wearing the fuel band and burning calories. “We get to practice as a group and then I can go home and do some of these things on my own.”