

## Department of Developmental Services (DDS) Annual Notifications

The following information is provided to educate you about your rights and responsibilities for DDS services as supported by the DDS Mission and Vision. For additional details and information on any of these topics please go to the DDS website [www.ct.gov/dds](http://www.ct.gov/dds) and look under the *Important Links* title for “Annual Notifications”. There you will find a list with links to all the topics.



### **Citizenship and Advocacy**

- ❖ **You must remain on Medicaid to continue to receive DDS-funded services.** Failure to stay enrolled in Medicaid may result in the termination of your funding from DDS. This means you, or your legally liable relative would be responsible for the cost of your care. Being on Medicaid allows for enrollment on one of the three DDS Medicaid Waivers, where your services are partially funded through Medicaid directly.
- ❖ **Legal Liability** – You, or your legally liable relative, may be liable for the cost of your care. Liability is determined based on income and assets. Legally liable relatives are defined as your spouse or parents if you are under the age of 18. This is a requirement of all people receiving Medicaid benefits.
- ❖ **Person-centered Planning/Self Determination** is a process designed to listen and take direction from you and those who know you best, so the team can capture your desires and translate them into a plan of action.
- ❖ **You have a choice of services and service providers.** The funding you receive for services is ‘portable.’ This means you can change your services and service provider as your needs change. DDS has a list of Qualified Providers on its website.
- ❖ **Your status on the waiting list** for residential and day services is noted on the signature page of your Individual Plan.
- ❖ **Participation in DDS Funded Surveys** As a recipient of DDS supports and services you may be asked to participate in an annual survey as part of the department’s continuous improvement plan and waiver oversight process. Your feedback is vital to helping the department figure out what is working, and where improvement is needed to ensure that supports and services are meaningful and effective at meeting your goals.
- ❖ **You have Civil Rights and Human Rights** Make sure you know your human and civil rights. Do you have anyone you can tell if you have not been treated well? Do you have someone you can talk to when you have a problem or complaint? Are you interested in participating in a self-advocacy meeting? Your case manager can help you get connected to these groups.
- ❖ **Local, State, and Federal Laws** As a citizen of your community and resident of Connecticut, you are subject to all Local, State, and Federal Laws.
- ❖ **Voter registration** If you are at least 17, turning 18 before election day, and are a US Citizen, one of your civil rights is the right to vote. If you need assistance registering with your town, please notify your case manager and they can help you.
- ❖ **Notice under the Americans with Disabilities Act (ADA)** Connecticut’s Department of Developmental Services (DDS) will not discriminate against a qualified individual with a disability based on the disability in its services, programs, or activities. DDS will provide appropriate aids and services, upon request, that assist in effective communication for a qualified person with a disability so he or she may participate equally in DDS’s programs, services, and activities. DDS will make all reasonable modifications to DDS policies and programs to ensure that persons with a disability have an equal opportunity to enjoy all DDS programs, services, and activities. Please see the full policy on the DDS website.

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- ❖ **DDS Complaint Process under the ADA** DDS' ADA complaint process is established to meet the requirements of the Americans with Disabilities Act of 1990. It may be used by any individual the department serves or their families who wish to make a complaint alleging discrimination in the provision of services, activities, programs, or benefits by Connecticut's DDS based on a person's disability. Complaints may be filed with the Independent Ombudsperson, Shannon Jacovino [Shannon.Jacovino@ct.gov](mailto:Shannon.Jacovino@ct.gov).
- ❖ **Funeral planning and End of Life Decisions** Each person's IP should address their burial plans. Your case manager will bring this subject up with you. This does not mean it has to be discussed during the meeting but there should be a plan to address burial plans. Visit the DDS website for more information.
- ❖ **Regional Advisory and Planning Councils** Each DDS region has an advisory and planning council composed of individuals we serve, family members, community providers, and DDS staff. This group consults and advises the regional director on the needs of individuals with intellectual disability in their region, the regional budget, and other matters as deemed appropriate by the council.
- ❖ **If you have been Involuntarily Placed with DDS by the Probate Court.** You, and your representative, if you have one, have the right to request a hearing with the Probate court to review your placement status. Speak to your case manager if you have any questions about this process.
- ❖ **If you do not agree** with the service decisions made by DDS, there are several ways you can have a decision reviewed. Begin by asking to speak to a Case Management Supervisor or Assistant Regional Director. If you are not satisfied, you can ask your case manager for a Programmatic Administrative Review (PAR), initiate a Medicaid Fair Hearing Request when appropriate, or contact an Independent Ombudsperson at 1-866-737-0331.



### **Safety and Security**

- ❖ **You have the right to be free from Abuse or Neglect.** On the DDS website, you will find more information about reporting abuse or neglect. <https://ct.gov/dds>. Suspected abuse or neglect should always be reported to the Abuse Investigation Division by calling **1-844-878-8923**
- ❖ **Incident Reports.** Your service provider is mandated to report certain incidents to your family or legal guardian and DDS. If there are other things you would like reported, notify your case manager.
- ❖ **Privacy Practice for Protected Health Information. (HIPAA)** Federal/State laws and DDS policy ensure that a person's individually identified health information is kept private. Definitions of what constitutes this information are on the DDS website. You will be given notice of DDS' legal duties and privacy policy practices with respect to your protected health information.
- ❖ **Quality Service Reviews (QSR).** The department regularly reviews all service providers. Names are selected at random. If your name is selected, you will be contacted to participate in the quality review. This may involve a personal interview with you and your support staff, observation of your support staff while they provide supports and a review of documentation. Your case manager will be conducting these reviews annually as well.



### **Healthy Living**

- ❖ **Preventative Health Maintenance:** DDS has a responsibility to monitor the health and safety of individuals who receive DDS supports and services. You and your team will review a guideline for preventative health maintenance annually.

Detailed information on these topics is available at [www.ct.gov/dds](http://www.ct.gov/dds) or from your DDS case manager.