



DDS

Department of Development Services

2007 Annual Report of the Ombudsperson



Information/Referrals

Guardianship

Respite

**Nursing Home
Oversight**

Case Management

Advocacy

Day Programs

Client Rights

**Quality
Improvement**

MISSION

The Independent Office of the Ombudsperson for the Department of Developmental Services works on behalf of consumers and their families. The Office addresses complaints or problems regarding access to services or equity in treatment. Contact the Office for information regarding rights and methods of dispute resolution concerning consumers and/or their families. The results and nature of complaints and concerns are communicated to the Department of Developmental Services Council, the State Legislature and the DDS Commissioner in order to better direct the resources of the department and to improve service to our consumers and/or their families.

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Introduction

The Independent Office of the Ombudsperson, hereinafter referred to as the Office, was established on June 29, 2001 in accordance with Public Act NO. 99-271 (Sec. 17a-210a). The Office is located within the Central Office of the State Department of Developmental Services (DDS) in Hartford, Connecticut.

The Office's proximity and familiarity with department heads allows for direct access to consumer's information. This collaboration allows for improved advocacy for individuals and their families. The Office maintains a strong policy of confidentiality and consumer protection by keeping clients informed of the role of the Ombudsperson. Individuals, by word-of-mouth or past experience, have steadily utilized the Office's services since its origination in 2001, (see Chart #1).

As mandated by Public Act NO. 99-271 (Sec. 17a-210a), the Office is submitting its 2007 Annual Report.

Abstract

The Department of Developmental Services is divided into three regional offices: the North Region, the South Region, and the West Region including the Southbury Training School. The Office of the Ombudsperson receives referrals for services through DDS case managers, consumers and their families, DDS Councils, Legislative Inquiries, the Ombudsperson's web-link, DDS newsletters, 2-1-1 info-line, and other state agencies referrals.

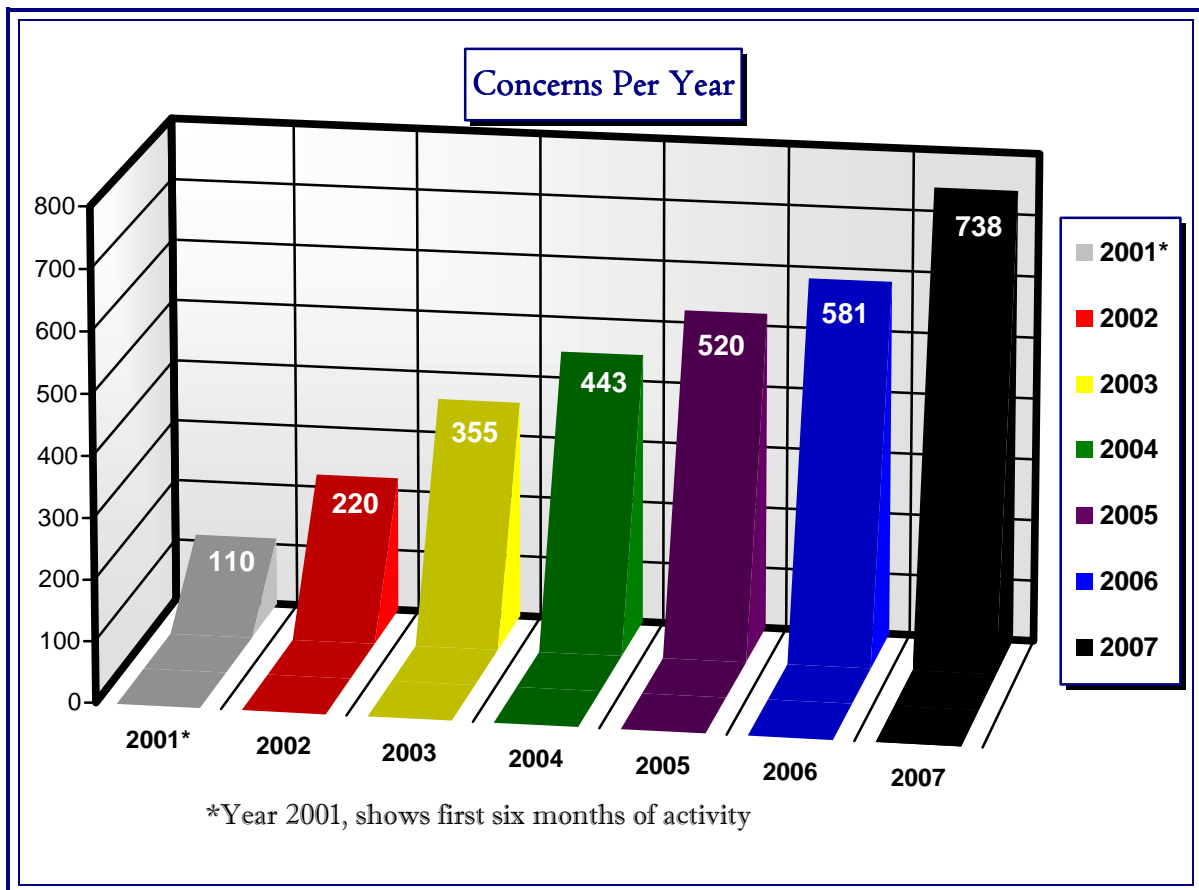
Cases are resolved by researching and investigating the complaint after it has been called into the office. Most times, this requires collaborating with CO staff, DDS regional staff and other state agencies that may be involved with the issue in an ancillary capacity. The Office is mandated to assist only individuals who are eligible for DDS services. The Office cannot address employee or labor grievances.

After the Office has concluded its investigation into a complaint, its findings are then communicated back to the individual who issued the complaint.

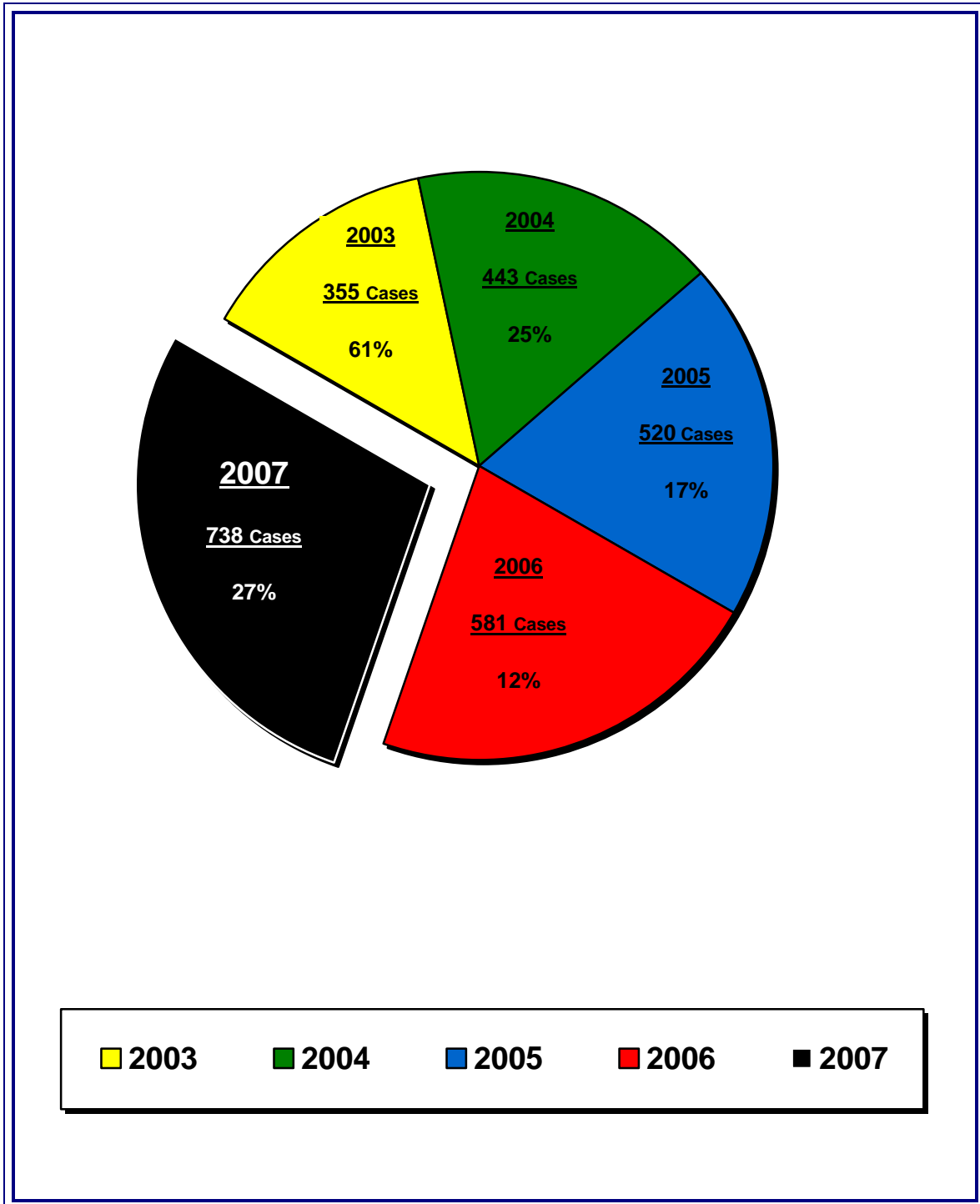
The Office maintains a database that logs all concerns and keeps track of all resolutions. In 2007, this Office addressed *over 738 cases* that involved complaints, inquiries and concerns involving the Department of Developmental Services. This total marked a *27%* increase in the number of cases that the Office addressed in 2006. Approximately *94%* of these cases were resolved or closed. Since the origination of the Office of the Ombudsperson in July 2001, roughly three thousand cases have been logged.

Aggregate Concerns

CHART #1



Total Case % Increases 2003-2007



Areas of Concern

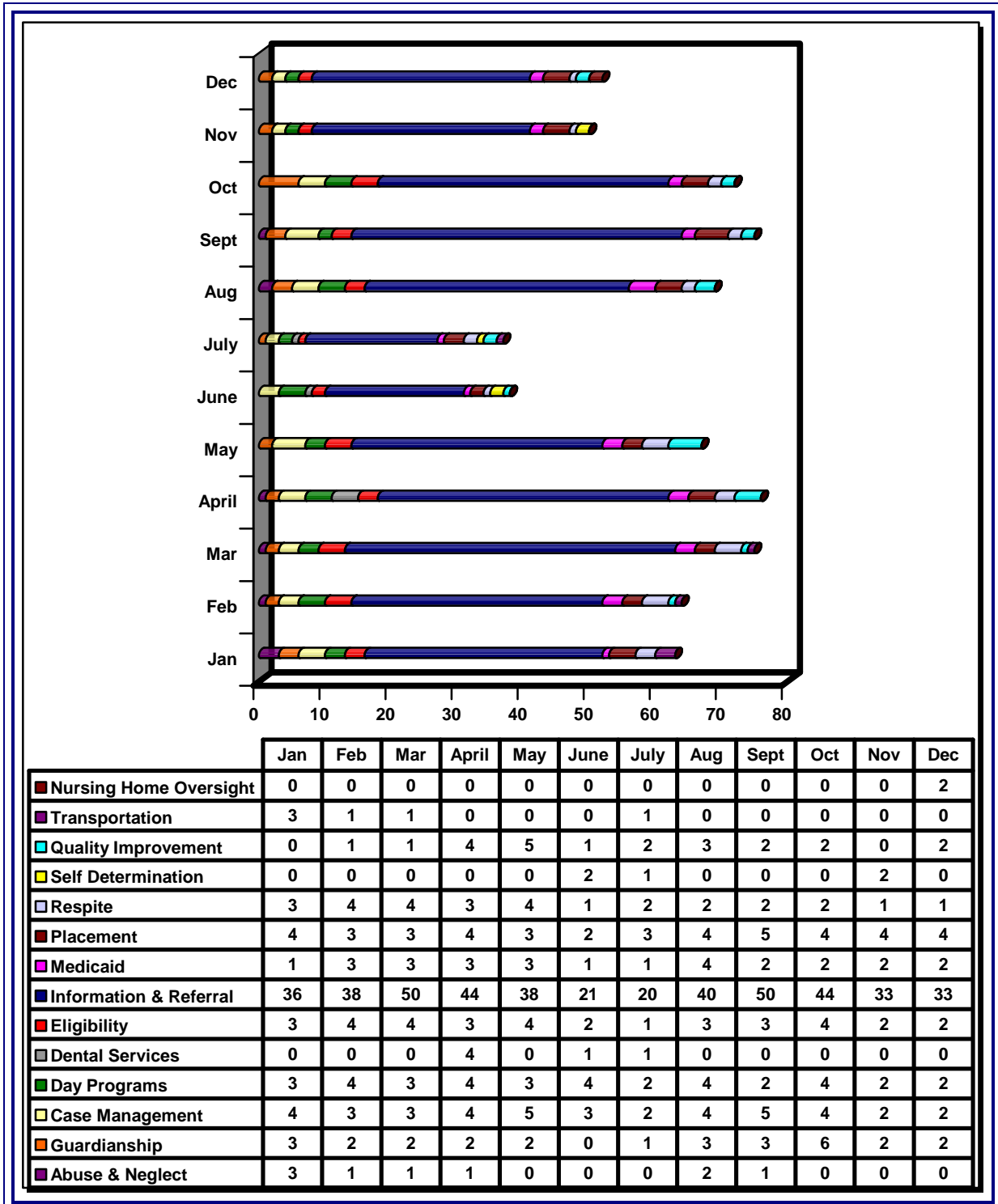
Concerns were grouped into fourteen categories

- | | | |
|--|---|---|
| <input type="checkbox"/> Abuse and Neglect | <input type="checkbox"/> Quality Improvement | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Information & Referrals | <input type="checkbox"/> Medicaid Benefits | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Day Programs | <input type="checkbox"/> Dental Services | <input type="checkbox"/> Eligibility |
| <input type="checkbox"/> Guardianship | <input type="checkbox"/> Placement | <input type="checkbox"/> Self-Determination |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Nursing Home Oversight | |

The Office separates concerns each month by category. These areas of concern include but are not limited to access to services and equity in treatment. Some categories are added or removed when required.

The Monthly Statistical Chart shows the total number of concerns for each month broken down into specific categories for the calendar year.

Comprehensive Monthly Statistical Chart for 2007



Year in Review for the Office of the Ombudsperson

In December of 2007, the Office implemented additional advocacy for the most vulnerable population of the Department of Developmental Services. Consumers of the DDS for a multiplicity of reasons, including rehabilitation, reside at Skilled Nursing Facilities (SNFs). The Office visited consumers residing at SNFs and spoke with residents regarding any issues they may have with their care and treatment. Additionally, the Office advocated for several consumers who expressed a desire to live in the community.

Specifically, the Office verified whether residents at SNFs have Case Management Services, availability of Day Programs, and access to Recreational Programs. The Office developed and uses a standardized checklist that addresses a variety of advocacy and health questions during each visit. The checklist was developed by the Office with input from DDS OBRA nurses to be used for all consumers residing in SNFs.

Using the checklist for trend analysis, the Office made several recommendations for systemic change for consumers residing at SNFs. These recommendations were communicated to the Commissioner, DDS Deputy Commissioner, Central Office Health Director, Central Office Utilization Nurse, DDS Aging Coordinator, the Regional OBRA Nurses, as well as the DDS Long Term Care Case Managers.

The Ombudsperson recommended the following to the Department of Developmental Services for implementation:

- Improving communication between hospitals and long-term care facilities including DDS case managers when a death of a DDS consumer occurs.
- A need for more case manager visits to facilities including an audit of each caseload.
- Updating and maintaining current contact information in consumer's charts and DDS's e-CAMRIS database, i.e., emergency phone numbers, guardian information, allergies, Doctors, etc.

- ❑ The need for DDS to develop a separate OBRA file, assign a case manager who communicates a follow-up with OBRA.
- ❑ Initiated Office oversight of DDS consumers residing at SNFs in December 2007.
- ❑ Developed and currently utilizing standardized checklist for visits to SNFs.
- ❑ Involved with the interview process in search of a DDS Dental Coordinator.
- ❑ Member of the Vehicle Advisory Committee. The committee reviewed transportation topics that dealt with the health and safety of both consumers and staff. One priority of this committee is to work towards developing plans that will ensure a consistent and comprehensive approach to vehicle usage.
- ❑ Worked with DAS and DDS in researching specific information associated with the cost of the proposed bill, HB 5537. Department was asked by the Office of Legislative Review to provide fiscal note for costs associated with implementing the proposed bill. This bill will require all vehicles to have an “occupant restraint belt” attached to wheelchair lift when “loading” and “unloading” individuals who use wheelchairs. This belt will prevent individuals from accidentally rolling off lift while the lift is in motion. This belt will be required on all vehicles that transport individuals using wheelchairs by the DDS as well as all private providers.
- ❑ In July 2007, the Department of Mental Retardation changed its name to the Department of Developmental Services (DDS). The Office complied by changing all appropriate information.

The Office is also working collaboratively with DDS on many quality of life recommendations for the department’s consumers.

President's Committee for People with Intellectual Disabilities

- National participation: PCPID—Congressman Crenshaw introduced the Financial Security Accounts for Individuals with Disabilities Act of 2007. This bill mirrors many of the same saving vehicles that our Employment Subcommittee has proposed during my last term on the President's Committee. The bill as introduced reads, H.R. 2370—TITLE: To amend the Internal Revenue Code of 1986 to provide for the establishment of financial security accounts for the care of family members with disabilities. SPONSOR: Rep. Crenshaw, Ander [FL-4] (introduced 5/17/2007) – COSPONSORS (23) LATEST MAJOR ACTION: 5/17/2007. Referred to House Committee. Status: Referred to the House Committee on Ways and Means.
[http://thomas.loc.gov/cgi-bin/query/z?c110:H.R.2370:](http://thomas.loc.gov/cgi-bin/query/z?c110:H.R.2370)

The President's Committee for People with Intellectual Disabilities is also spotlighting attention on crime victim's issues for persons with disabilities and plans on including related recommendations on its upcoming report to the President. On a separate front, the U.S. Department of Health and Human Services is now working on studying maltreatment of individuals with disabilities across the lifespan in comparison to those without disabilities and this baseline data that is being collected will pave the way for a more concerted approach in the future as public policy continues to develop within this arena.

On May 21, the U.S. Supreme Court ruled in *Winkelman v. Parma City School District*, 05-983, that parents need not hire a lawyer to sue public school districts over their children's special education needs. The decision came in the case of an Ohio student with Autism Spectrum Disorder, whose parents argued they were effectively denied access to the courts because they could not afford a lawyer. The Court's opinion can be found at <http://www.supremecourt.us/opinions/06pdf/05-983-pdf>.