STATE OF CONNECTICUT

EDWARD R. MAMBRUNO **MBUDSPERSON** for Developmental Services

DDS Council Monthly Report



Dannel P. Malloy GOVERNOR

Morna A. Murray PHD DDS Commissioner

DDS Staff contacted

Contacted Regional Directors, Assistant Regional Directors, Case Manager Supervisors, Case Managers, Quality Management Director, QI Supervisors, Abuse/Neglect Director and/or liaisons and Division heads if I needed specific or additional information regarding the issues and concerns of individuals that contacted my office.

November 2016

In addition, I spoke with other contacts at DCF, Public Health, DSS and DMHAS, CHRO, DAS, Private Providers, Nonprofits, Advocacy Groups, New England ADA Center etc..

Concerns\ Issues

• Received three calls from different individuals, not guardians, seeking information about family members.

Two of these individuals, at one time, had been their Guardian and because of this distinction felt that this entitled them to receive the same information and briefings from their assigned Case Manager.

One individual knew that they were only entitled to this information as Guardian but thought by going directly to the Commissioner's office they could avoid HIPAA and confidentiality rules and regulations and receive the information they were seeking.

-In most cases like these I try to determine whether they are contacting the Commissioner or me because they already know that HIPAA and confidentiality regulations preclude me from telling a non-Guardian what they have not been told by their case manager or whoever they reached out to for this information.

However, in select cases where family members truly do not know that they are no longer Guardian or do know, I give them a very general synopsis of what they are asking for that can only be disclosed to the Guardian. I make sure that I do not disclose anything that is confidential.

I also discuss with them, if asked, how to go about getting guardianship back. I did this recently where a woman who had been Guardian lost her guardianship because of the lengthy hospitalization.

• Individual who receives supports from DDS contacted the Commissioner to complain about staff not doing enough to resolve an issue she is having with can individual she lives with.

Individual states that a roommate that she lives with can get physically aggressive at times with her and staff never seems to be able to catch her in the act while it is happening. This individual would like this person removed from this residence.

Asked if she had told her case manager about this situation.

-Told this person that the next time it happens to immediately let the nearest staff know and to "calmly describe" exactly what happened and how it came about i.e. reasons.

Tells staff that this behavior is unacceptable and they need to put a plan in place so that it does not happen again and that they (this individual) do not have to fear that it will happen.

Individual asked if they could tell staff that they spoke with me and I told them, "yes if you feel it would help situation". Told individual to call me if it happened again.

Called Case Manager told her that I had been called by this individual and asked if she could visit her at the residence. Asked Case Manager if this was reported to Protection & Advocacy as an abuse/neglect, and that I would call them if it hadn't. She stated that she would call.

- It has been two weeks and have not received another call from this individual.

➢ Update:

DDS's Division of Investigations (DOI) will conduct an investigation of alleged allegation. This took place last week.

• Individual who lives in a "secure residence" called to ask if I could intervene upon their behalf so that they could can receive certain things that they had been able to have before but no longer can, due to particular actions/ behaviors.

Told this individual that this was a plan put into place because of exactly what he had told me about his behavior. Told this individual that once he had corrected this behavior that the "Team" would reevaluate their situation and determine what if anything could be changed.

I told this individual that this plan was put in place for his safety and that he knew this already. I told him that I could not overrule the Regional Director's decision and/or the Commissioner's. It became quite obvious to me that this had been the reason for the call.

This individual is extremely intelligent and manipulative.

Called region spoke with ARD who filled me in on individual's past and reasons why they were contacting me now. Had ARD send me some of information that would assist in helping me get a better handle on this individual.

• Dad called office to ask why he has not heard from the Autism Department for a couple years now since putting in paperwork for services and supports.

-Asked dad if family member, which dad had been referring to, had a dual diagnosis of ID and Autism. When dad told me that they were on the Autism spectrum only, I told him that the services that he and requested and was referring to were obtained through DDS by having an Intellectual Disability and going through the eligibility process. I explained the eligibility process to him and pointed out the differences between services provided to eligible individuals with ID and individuals on the autism spectrum. Dad wanted to know if and when DDS might be providing some of these supports he had mentioned for individuals with autism.

Spoke with dad about receiving supports through different autism organizations that provide what he is seeking for his daughter.

• Individual who has been receiving services from the Department for many years called to complain to the Commissioner about DDS and its staff.

Individual knows to call Case Manager but feels empowered when he can call the Commissioner to complain. Usually, I will return this individual's call however; this time call was more than his usual political bloviating involving crude and vindictive language.

Discussed call with Commissioner's Executive Sec., Margaret (who took call initially) and thought it would be best if we made his Case Manager aware of this particular tirade. We also discussed how we could have her listen to phone call since we felt that this call exhibited some mental health issues that may need to be addressed by a professional.

November 2016

Areas of Concern

| 0 | Case Management - | 6 |
|---|----------------------------|----|
| 0 | Case Management Requests - | 4 |
| 0 | Day Program – | 2 |
| 0 | Eligibility - | 4 |
| 0 | Funding/Budget - | 4 |
| 0 | Guardianship – | 5 |
| 0 | Health & Safety – | 3 |
| 0 | HIPAA - | 3 |
| 0 | Information/Referral – | 19 |
| 0 | Placement — | 4 |
| 0 | Birth to 3- | I |
| 0 | School District services- | I |
| 0 | Autism- | 3 |

ISSUES/CONCERN TOTAL -59