



DDS

Department of Developmental Services

2006

REPORT OF THE OMBUDSPERSON



 OMBUDSPERSON

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The Office of the Ombudsperson's Mission Statement:

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.

I. Introduction:

The Independent Office of the Ombudsperson was established on June 29, 2001 in accordance with Public Act No. 99-271 (Sec. 17a-210a).

Sec. 17a-210a. Ombudsperson. (a) The Commissioner of Mental Retardation shall establish an independent Ombudsperson Office within the Department of Mental Retardation that is responsible for receiving and making recommendations to the Commissioner for resolving complaints affecting consumers under the care or supervision of the department and or any public or private agency with which the department has contracted for the provision of services.

(b) The director of the Ombudsperson office shall report monthly to the Council on Mental Retardation established by section 17a-210 and by December 15, 1999 and annually thereafter, to the joint standing committee of the General Assembly having cognizance of matters relating to public health.

As mandated by statute, the Office of the Ombudsperson is submitting its annual report for January 1, 2006 through December 31, 2006.

One of the primary functions of this entity is to provide information and assistance to individuals and families receiving services from the Department of Mental Retardation (the Department is now recognized as *The Department of Developmental Services, DDS*). The Office of the Ombudsperson (The Office) facilitates resolution of complaints raised by constituents regarding access to services and equity in treatment from the DDS.

The Office establishes and maintains relationships with DDS department staff, private providers and other agencies in order to facilitate resolution of complaints or concerns by consumers or their families. By directing complaints to the appropriate administrative unit, the Office follows up on unresolved issues when no formal dispute resolution procedure exists. The Office disseminates information on its Web Site to its readers regarding rights and methods of dispute

resolution. Some unresolved concerns require redirection to additional agencies and specific administrators to initiate a resolution process. Currently, the Office of the Ombudsperson is limited to serving only clients of the Department of Developmental Services and is prohibited from addressing labor and management problems as well as employee grievances.

II. Year in Review for the Office of the Ombudsperson:

In 2006, the Office of the Ombudsperson addressed over 581 new cases involving issues or concerns involving DDS. This equates to a 12% increase in the number of cases referred to the Office from the previous calendar year. Major areas of concern in 2006 included: Information and Referral (181 cases), Placement Inquiries (54 cases), Quality Improvement (48 cases) and Case Management (41 cases).

Some of the issues the Office of the Ombudsperson advocated for during the year were:

- Updating and replacing DDS fleet vehicles
- Improving the safety of consumers who use wheelchairs during transport
- Increase staffing for oral health care and access to dental care
- Emergency preparedness planning for DDS consumers

In 2006, the DDS continued to identify vehicles that required replacement for various reasons i.e., service records and mileage. During the year, DDS replaced 56 handicapped accessible vehicles. However, additional vehicles still needed to be purchased to modernize the fleet. The process required to purchase the different types of vehicles that DDS consumers needed required time and specialized knowledge. Each vehicle required different types of floor plans that had the ability to secure the newer types of powerchairs that our consumers currently use.

Powerchairs that are built today are larger and heavier and most are made specifically for each individual's needs- unlike chairs made within the past five to seven years. While the size and weight of powerchairs have increased, handicapped accessible wheelchair vehicles have remained constant. Many facilities that transport individuals to day programs voiced their concern that these new larger chairs created unique problems. This issue prompted the establishment of the Vehicle Advisory Committee (VAC). The committee consisted of

employees of fleet operations at the Department of Administrative Services (DAS), DDS business office, the vendor and the Ombudsperson.

It became apparent that to safely secure and transport the same amount of individuals using the same DDS vehicles, either a bigger vehicle was needed or a floor plan that could carry four large powerchairs needed to be designed. After consultation with the vendor, the vendor selected several different types of floor plans for review.

The VAC recommended that the DDS implement specific protocols. The DDS standardized all safety protocols in consultation with this recommendation. The vendor provided training for all employees who transported DDS consumers. Included in this training were ADA and National Highway Transportation Traffic Safety Administration (NHTSA) requirements for securement of wheelchairs during transport.

The VAC recommended:

- Development of Standardized Training Programs for all employees involved in securing varying types of wheelchairs for transport including ADA and NHTSA requirements.
- Review of adaptive/commercial equipment. Retrofitting and design elements for new vehicles.
- Review plans to ensure consistent and comprehensive approach to vehicle usage: including completion of checklist before and after transport.

Other issues that the Ombudsperson advocated for included:

- The Ombudsperson, a longtime proponent of increased oral health care for individuals with intellectual disabilities, advocated with the assistance of the Council for Mental Retardation, for an increase in Dental Staffing. The Office assisted DDS by becoming a member of the Dental Coordinator Search Committee.
- The Office was involved in various meetings regarding Emergency Preparedness for persons with disabilities in the event of a catastrophe requiring a mass evacuation. The

Ombudsperson assisted in researching national trends in emergency preparedness planning for the consumers of DDS. This Office worked collaboratively with the Quality Improvement Division of DDS to ensure a seamless transition for an emergency evacuation during a crisis.

The Ombudsperson met with members of the Department of Health and Human Services Legal Division regarding how a strict interpretation of the Health Insurance Portability and Accountability Act (HIPAA) precludes progress in developing an emergency preparedness plan for individuals with intellectual disabilities. One of the results was to revise methods and adapt a standardized document for obtaining releases with regard to maintaining compliance with HIPAA.

On the National Level, the Ombudsperson Chaired the President's Committee for People with Intellectual Disabilities (PCPID) Employment Subcommittee. The subcommittee advocated for:

- Employment
- Asset Development Programs for individuals with Intellectual Disabilities
- Waivers, Savings Instruments

<http://www.acf.hhs.gov/programs/pcpid/index.html>

While attending the Asset Development Roundtable in Washington, D.C., sponsored by the PCPID, several goals for expanding employment opportunities for persons with intellectual disabilities were discussed.

- Review existing service delivery models to enhance the outcomes of effective approaches.
- Encourage private/public sector partnerships that lead to increased work opportunities for persons with mental retardation.
- To re-establish criteria and definitions for successful employment outcomes to ensure that programs are designed to meet the full range of consumer interests and capacities.
- To provide current information profiling the demographics of the working service population. Where are they more often found and what service delivery models appear to be the most effective in meeting their needs?
- To explore private sector tax-based incentives which would lead to expanded interest in directly or indirectly producing work opportunities for persons with mental retardation.

- To identify existing and innovative strategies which strengthen the familial support systems that produce lasting and valuable work life.
- To relate Committee activities and outcomes to the true-life fulfillment needs and interests of persons with mental retardation.

Another goal of the Asset Development Roundtable was to heighten the awareness and explore the availability and accessibility of these various savings instruments available to persons with intellectual disabilities. In addition to PCPID, co-sponsors included the Office of Community Service (OCS), the Office of the Secretary for Asset Planning and Evaluation (ASPE) and the National Council on Disabilities (NCD).

The PCPID Employment Subcommittee made several specific recommendations at the Roundtable:

- A blended waiver that allowed persons with intellectual disabilities the opportunity to gain meaningful employment that eliminated obstacles such as income limits that discontinue medical benefits.
- Qualified Savings Account (QSA). This account allows persons with intellectual disabilities the opportunity to save and participate in long-term savings accounts. The QSA allows individuals including family members to save a determined amount of money that can be used for various activities including training, higher education, transportation; including buying their own vehicles, vacations, etc. while still allowing the consumer to maintain their medical benefits.

III. Year 2006 - Concerns:

The Office of the Ombudsperson addressed over **581 issues** involving complaints or concerns directed to the DDS for calendar year **2006**. This total does not include ongoing cases or current projects. This Office showed a **12% increase** in cases reviewed when compared to the previous year's total of 520 concerns.

As noted above, the Office of the Ombudsperson was established in the latter part of June 2001.

The table lists the total number of concerns from 2001-2006.

Year 2001, first six months of activity	Concerns 110
Year 2002	Concerns 220
Year 2003	Concerns 355
Year 2004	Concerns 443
Year 2005	Concerns 520
Year 2006	Concerns 581

IV. Areas of Concern:

During the past year the Office of the Ombudsperson reviewed 581 concerns/complaints/issues common to the DDS.

Concerns were divided into **16 categories.**

- **Abuse/Neglect**
- **Quality Improvement**
- **Case Management**
- **Day Programs**
- **Dental Services**
- **Eligibility**
- **Guardianship**
- **Emergency Management**
- **HIPAA**
- **IFS Waiver**
- **Information & Referral**
- **Medicaid Benefits**
- **Respite**
- **Placement Inquiry**
- **Self-Determination**
- **Transportation**

V: Comprehensive Monthly Statistical Report for 2006

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

Client	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total Resolved
Concerns													
Abuse/Neglect	2	1	3	4	1	2	2	4			2	3	100%
Guardianship	1	1	2	1		1		2	1	1	2	2	100%
Case Management	5	2	5	5	5	5		5	5	1		3	95%
Day Programs	2	4	3	5	4		2	4	4	6	4	2	90%
Dental Services	2	1	1	1	1	2	3	2	1	1	2	2	85%
Eligibility	2	2	4	4	5	3	1	2		1	2	1	75%
IFS Waiver**	2	3		5	6	1	2				2		90%
Information & Referral	12	12	15	17	15	11	15	17	21	17	14	15	100%
HIPAA***	4	1	2	2	2	2	2	2					100%
Medicaid	3	2	2	3	3	2	1	1	1	1	1	1	95%
Placement Inquiry	5	1	4	7	8	6		5	7	5	5	1	80%
Respite	3	2	2	3	2	2	2	2	1	1	2	2	75%
Self-Determination	1	2	2	7	5		1	3	2			2	100%
Emergency Management	3	1	1	1		2			1				100%
Quality Improvement	3	2	5	11	6	6	2	2	1	3	4	3	100%
Transportation		3	3	1	1	2		2		1	3		98%
TOTAL													
REVIEWED	50	40	54	77	64	47	33	53	45	38	43	37	<u>93%*</u>

*Due to the nature of issues and concerns that this office receives it is unlikely that all issues can be resolved to 100%. An example of this would be a call requesting placement immediately or respite during a specific holiday weekend. This office must adhere to state statutes and cannot break agency policies or regulations for an individual's gain.

**IFS: Individual and Family Support

***HIPAA: Health Insurance Portability and Accountability Act