



Dannel P. Malloy
GOVERNOR

Morna A. Murray PHD
DDS Commissioner

DDS Council Monthly Report

October 2016

Personnel contacted

I contacted Regional Directors, Assistant Regional Directors, Case Manager Supervisors, Case Managers, Quality Management Director, QI Supervisors and Division heads if I needed information regarding the issues and concerns of individuals who contacted my office.

In addition, I spoke with other contacts at agencies i.e. DCF, Public Health, DSS and DMHAS.

Concerns \ Issues

- I received a call from an individual who receives supports from DDS and is very well known to the regional staff. Individual was upset and asked me if I could intervene and help him terminate one in his staff who, he alleges, is and has been interfering with his civil rights by not allowing him to make his own life decisions. Spoke with this individual many different times trying to glean from him what is happening that is causing him to feel this way and what I can do to be of assistance to him. Contacted the Region and was told this was not the case and explained possible reasons why he had called me. The region stated they would have to case manager reach out to individual. Since this individual did not receive what he wanted to hear from me he began calling the Commissioner's office daily. Since this individual had contacted Margaret several times as well, we thought it would be best if we were able to speak with the Case Manager Supervisor about specific concerns individual raised that we would like clarified. We scheduled a conference call with the CM Supervisor who expressed to us that there were some issues that needed to be looked into to verify whether they had happened the way we were told. These were the issues that we had wanted clarification on. -It was determined that one possibility for this call was boredom and inactivity. Therefore, we suggested that they look a part-time job. This individual had been active for some time and now he is just hanging around. Individual was used to having a social life. The plan to look for employment was well received by all and would be discussed at the upcoming IPP. We believe that the option of employment is something that needs to be addressed and after that everything else should fall in place. Hopefully, being engaged for four or more hours a day you will eliminate fixating on staff activity and their alleged wrongdoing. We asked the Case Manager Supervisor to keep us informed of current activity.

- A DDS individual who calls frequently to let off steam contacted the Commissioner's office to see if he could tell her how to run the agency since "...he knows more than anyone else about ID". Individual was very upset because he was transferred to another individual with expertise on the matter of his call.

I have been returning this individual's calls to the Commissioner but, determined not to call him back and let his case manager call him to see if she could get to real reason for the call and why they were so angry.

The case manager called me back and stated that this individual did not mention the call when they spoke. She stated that she believed he was having a bad day and needed to vent. This individual does not like to be told what to do and she believes that the first time he called that is what happened.

We had determined that I would call this individual back when a call was placed to the Commissioner by them. We now have determined that we were encouraging this type of behavior and that now the case manager would return all calls unless certain things change.

- Mom placed a call to let me know that she cannot get a hold of her son who lives in the privately run residence.

After speaking with mom for some time it was determined that she was no longer the Guardian. This explains why she was not receiving return calls or the same type of information she was used to from the case manager.

She went on to explain that a relative is now the Guardian and that it was her belief that they were taking advantage of him financially. I asked if she had specifics or details and she told me that when and if she gets the opportunity to speak with her son he always asks for money. She went on to say that he sometimes refuses to take her call asked where his money was going, I told her that unfortunately it was his prerogative whether or not to take her call and that no one could force him. She told me that she had thought the Guardian was telling him not to take her calls.

Contacted the region due to the many concerns she raised to get a better understanding of situation.

Region stated that mom was upset because even though they told her they could not speak with her because of HIPAA/confidentiality. She believes that because she was past Guardian DDS should still be allowed to speak openly and answered any question she asks.

I spoke with mom prefacing my conversation with, "because you are not the Guardian I can only speak with you in generalities". She seemed to understand this and I told her that I should not even be speaking to her at all but will suddenly you get the reasons why DDS is doing and will continue to do what they have when you call.

Told mom that if she wanted to have the type of relationship she had in the past then she needed to resolve issues at home with family. If this did not work or she did not want to pursue this tactic then she would have to go to court and try to regain guardianship.

Mom was very incensed that they were able to take her guardianship away and that her son only spoke with her, now, when he needed money. I told her at least she still speaks with her son and that she could build a relationship from there.

Called region and asked if case manager could call mom so that she knows that at least DDS is still there for her. I told them that they did not need to abruptly tell her because of HIPAA... I asked if they could speak with her without totally ignoring her issues but while still following strict confidentiality.

After evaluating the situation spoke with region about how the guardianship was set up at this point. They told me that they were looking into possibly a change with someone who is more impartial because staff had questioned the guardianship could not disagree with some of the concerns mom had initially brought up.

- Administrator from hospital called to ask why a DDS supported individual was still residing at hospital.

I told administrator that just because the hospital thinks it is okay for this individual to return to their DDS supported residence DDS still needed to evaluate individual.

I called region who stated that they were waiting for the clinical psychologist to give them the medical determination. After that, they would need to assess whether they could return to previous residence.

This particular administrator kept calling daily until I finally stated that the health of this individual was my priority and not their bottom line. Told them that when it was determined they were healthy enough to leave they would leave.

October 2016

Areas of Concern

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| ○ Case Management - | 4 |
| ○ Case Management Requests - | 2 |
| ○ Day Program – | 2 |
| ○ Eligibility - | 2 |
| ○ Funding/Budget - | 4 |
| ○ Guardianship – | 2 |
| ○ Health & Safety – | 1 |
| ○ HIPAA - | 1 |
| ○ Information/Referral – | 14 |
| ○ Placement – | 3 |
| ○ Birth to 3- | |
| ○ School District services- | 1 |
| ○ Autism- | 3 |

ISSUES/CONCERN TOTAL –39

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