

*STATE OF CONNECTICUT OR*

EDWARD R. MAMBRUNO



for Developmental Services

*DDS Council Monthly Report*



**Ned Lamont**  
*Governor*

**Jordan Scheff**  
*Commissioner*

*August 2019*

**Personnel 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 additional info regarding the issues and concerns of individuals who contacted my office.

In addition, I spoke with other contacts at agencies eg. DCF, Public Health, DSS and the Client Rights and Grievance Specialist, Office of the Commissioner DMHAS.

**MEETINGS**

New England ADA Center, Director of ADA Training and Assistance

Council on Developmental Disabilities

DORS CDHI met regarding interpreters.

Department of Mental Health and Addiction Services, Client Rights and Grievance Specialist

Quarterly Private Provider Meeting

Meeting with members of Deaf community to go over issues

Met with Training department to go over ADA PowerPoint presentation

Met with University of Hartford, Doctoral PT students.

Meeting with members of Deaf and Hard of Hearing community

- Communication Meeting DDS CO
- ADA Video Presentation Completed
- ADA Notices Placed in DDS Public Areas
- ADA Legal Notices published in Hartford Courant
- a will and Distributed DVDs of ADA video presentation to private providers

- DDS ADA Training Video linked to YouTube
  - DDS at 100% compliance for ADA Training Video
- ❖ Attended Leadership Meeting in Waterbury to show ADA Training Video to Private Providers and Staff and answered any questions they may have regarding the content of the video.
  - ❖ Attended ADACC (ADA) Conference in Newington
  - ❖ Met with Department of Mental Health and Addiction Service sure that s, Client Rights and Grievance Specialist, Tit a le II ADA Coordinator to go over handicapped parking standards
  - ❖ Served on interview panel for selection of Director Position in region.
  - ❖ Attended March 16<sup>th</sup> Disability Summit at Mohegan Sun. Dropped into DDS Individual and Family support table as well as CCH informational booth.



- Met with Deaf and Hard of Hearing Community at the Legislative Office Building. Answered inquiries into specific DDS questions.
  - Contacted U0biDuo, a company that provides a tablet that enables hearing-impaired and Deaf and Hard of Hearing to communicate interactively. Waiting on information and questions to be researched and answered by company.
- ◆
- ❖ Submitted Annual Report for last three years, 2015 – 2018. The office of the Ombudsman is statutorily mandated to complete an annual report and submit to committees of cognizance in the General Assembly, as well as Commissioner and DDS Council.



- Annual Report of the Ombudsman 2015-2018

## Concerns | Issues

- I received a call from an administrator from Windham Hospital emergency room last night. At this time, a DDS individual has been in the emergency room waiting for services. According to the administrator, this individual had been told they would be receiving a certain number of hours of in-home supports and question why they the family were told that, by DDS, and now could not produce.

In addition, the administrator told me that she was assisting mom because mom is Spanish speaking only.

Called region who agree and told that they had plans are to get additional hours of Individualized Home Support in the home. However, mom needs to sign specific papers which she has been tardy at doing adding to the delay. The region had requested through an ARF –a temporary family support worker to go into the home – but that is only going to provide intermittent hours.

The mom agreed to change behaviorist– The region will need to provide a translator to work alongside the behaviorist.

Individual at this time has multiple needs that at this time has the region looking at a hospital out of state. Region is waiting on mom to sign off on some changes e.g. behaviorist to expedite things.

- Continuing to assist family and provider with a placement change. Communicating with family and provider what individual will need for move to DDS public.

Extremely difficult and rare situation where family and provider question every decision.

- Received several complaints regarding fiscal intermediary that receives timesheets for day and residential payment from DDS.

Individual/provider has 3 employees who do not receive their paycheck because of the allegedly " ...antiquated system that they currently have "

This individual states that they spent too much time on the phone correcting their mistakes and even when they do tell them what the issue was many times is not corrected.. This issue has caused this specific provided to lose many employees that are not assured they will be paid and/or paid on time .

This individual/provider is asking if they could go on DDS's "Electronic Timesheets ". They state that they are losing employees faster than they can hire them.

Called the operations department at CO and gave them this individual's information and request to be put on the electronic system as soon as it goes online.

- Update:

Individual who needed individual supports and part of the Community 1st Choice program in-home was still waiting for personal care assistance (PCA) to be trained how but was told nursing was overwhelmed at the time and could not give a definitive time frame when they would be available. Even though individual receives Home Health Aides from the VNA Monday through Friday, the individual is authorized for additional hours on the weekends. The VNA has been unable to staff these hours for the past several months. Region sought the assistance of a number of other nursing agencies, without success.

After multiple contacts with CFC to follow up, region received a return call from a supervisor who indicated that the paperwork was then submitted to Hartford , in a timely manner, but “the nurses in Hartford are backed up.”

Called and e-mailed DSS commissioner’s head secretary to see if she could help expedite service. Case manager and region had been working well with family but now it had reached emergency status where individual could be at risk.

Individual is now waiting for PCAs (personal care assistance) to be trained and then they will cover the hours on the weekend. .

Without the Region and Case Manager, working very closely with this family this individual would have been placed in a nursing home and or a hospital.

### *Areas of Concern*

○ Case Management -	4
○ Case Management Requests -	3
○ Day Program –	4
○ Eligibility -	3
○ Funding/Budget -	5
○ Guardianship –	3
○ Health & Safety –	2
○ HIPAA -	
○ Placement –	4
○ Birth to 3-	1
○ School District services-	1
○ Autism-	1
○ Mental Health Issues	3
○ DDS Information/Referral	12
○ NON-DDS Referrals	15
○ ADA, compliance, insurance, disability, housing,	22
○ DDS Nursing	3
○ Family Intermediary	240* not counted in total

ISSUES/CONCERN TOTAL – 86

Aggregate 326\*

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