

**The Independent Office of the
Ombudsperson for Mental Retardation**

Annual Report 2004

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I. Introduction:

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

I a. The Office of the Ombudsperson's Mission Statement:

The Independent Office of the Ombudsperson for Mental Retardation 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 Mental Retardation Council, the State Legislature and the DMR Commissioner in order to better direct the resources of the department and to improve service to our consumers and/or their families.

II. Year 2004 – Concerns/Issues

The Office of the Ombudsperson for calendar year 2004, addressed **443 concerns/issues** with reference to complaints and/or problems families and/or consumers were having with the Department of Mental Retardation. This total does not include ongoing cases or current projects. The total number of concerns/issues that this Office addressed represents a **25% increase** when compared to the calendar year of 2003.

As noted above, the Office of the Ombudsperson was established on June 29, 2001, in accordance with Public Act No. 99-271, (Sec. 17a-210a). During the Office's first six months of operation, approximately 110* concerns/issues were examined.

The activity for the Office for the following years is shown in the table below:

Year 2001	Concerns 110*
Year 2002	Concerns 220
Year 2003	Concerns 355
Year 2004	Concerns 443

The increase in the number of cases reviewed can be attributed to increased outreach, attending family forums, speaking and referrals from persons who have contacted the Office for assistance.

III. Categories of Concern:

The Office of the Ombudsperson used 17 distinct categories to separate the **443 concerns/issues** for calendar year 2004:

Categories of Concerns/Issues:

- Abuse/Neglect
- Birth to Three
- Budget Cuts
- Case Management
- Guardianship
- (Residential) Placement
- Dental
- Eligibility
- Information Referral
- Individual Supports
- Individual Support Agreement
- Medicaid Benefits
- Private Provider
- Respite
- Quality Assurance
- Self-Determination
- Forensics

IV. Statutory Authority

As required by Public Act No. 99-271, (Sec. 17a-210a), and mandated by statute, the Office of the Ombudsperson is submitting its annual report for January 1, 2004 through December 31, 2004.

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 or of 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-270 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.

Each month the Office of the Ombudsperson meets with the Council on Mental Retardation, the Commissioner of the Department of Mental Retardation, the Deputy Commissioner of the Department of Mental Retardation (DMR) and the Directors of the DMR. It submits a monthly report and answers any questions regarding the report or the DMR in general during its regularly scheduled monthly meeting.

V. Monthly Statistical Report

This chart shows the number of concerns/issues, reviewed by this office, broken down into categories used by this office for calendar year 2004.

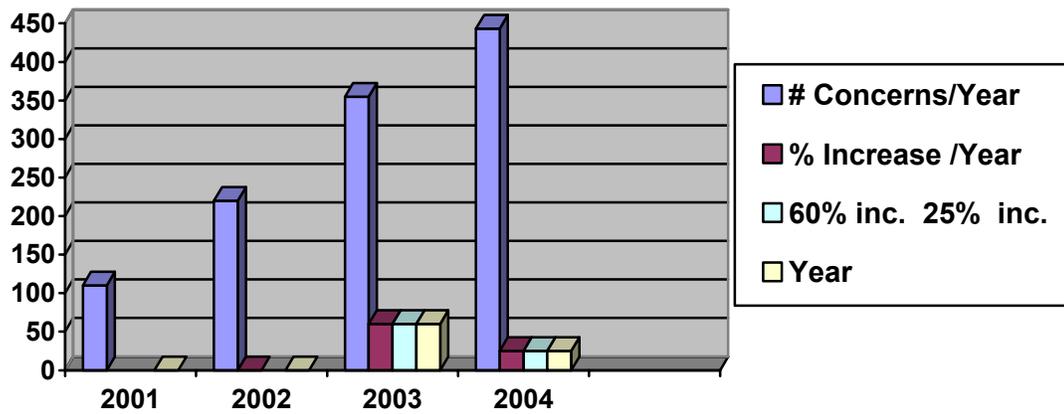
Client Concerns	Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	SUM	% TOTAL
Abuse/Neglect	1	2					1	3		1	1	1	10	2.26%
Birth to Three			1										1	0.23%
Budget				1	1								2	0.45%
Case Management	2	6	3	4	3	4	2	3	3	4	4	4	42	9.48%
Day Programs	2	1	2	3		2	3	4	4	4	3	3	31	7.00%
Dental Services	1		3	5	3	3	2	2	3		1	1	24	5.42%
Eligibility	3	2	2			1			1	3	1	3	16	3.61%
Forensics					1								1	0.23%
Guardian		2									2		4	0.90%
HIPAA*		2									1		3	0.68%
Information & Referral	10	6	11	9	10	11	12	11	13	10	7	10	120	27.09%
Individual Supports	6	4	4					4			1		19	4.29%
Individual Support Agree.				4					4	2		2	12	2.71%
Medicaid		2	5		3	1	1	2	2	3	1	3	23	5.19%
Placement Inquiry	4	4	8	4	4	3	5	7	4	6	8	6	63	14.22%
Private Provider Inquiry											1		1	0.23%
Respite	3	3	1	2	2	1	3	1	1	2	2	2	23	5.19%
Quality Assurance	2	1	3	2	3	1	1				4		17	3.84%
Self-Determination	1	3	1	3	4	2	3	3	4	3	1	3	31	7.00%
TOTAL# ADDRESSED	35	38	44	37	34	29	33	40	39	38	38	38	443	100%**

*HIPPA, Health Insurance Portability and Accountability Act

**The ability to resolve 100% of all concerns is unrealistic due to the nature of certain requests. This Office makes every effort within its statutory purview to resolve all concerns regarding service inequity.

VI. Percentage increase of concerns/issues per year

This chart indicates the growing number of concerns/issues per year broken down by the percentage increase:



2002 220 concerns
2003 355 concerns 60% increase
2004 443 concerns 25% increase

VII. Year in Review for the Department of Mental and Retardation:

The Office of the Ombudsperson resolved some major initiatives, gained support for existing initiatives and began work on new programs in 2004. Some of these initiatives:

- **Eligibility-** Update of the eligibility process for Deaf and hearing-impaired individuals with a diagnosis of mental retardation. Among the recommendations made were:
 1. Increase the number of TDD's at Eligibility Unit
 2. Shorten the timeframe for applications being sent out
 3. Contact Commission for Deaf and Hearing-Impaired (CDHI) to hire more interpreters to assist with eligibility application process

- **Transportation** -This office has been looking into the condition of DMR's fleet since late 2002. Worked with Director of DMR Quality Assurance to assist with the planning of standardizing the steps required for securing consumers who use wheelchairs for transportation.
- The Office became aware that DMR's CFO wanted to discuss a long-term plan to replace many vehicles that were becoming older and obsolete, while researching the condition and mileage of all vehicles used by the DMR to transport consumers

The Office started looking into the problems with DMR's fleet when families contacted this Office asking why mechanical repairs for DMR fleet vehicles, especially wheelchair accessible vans, took an inordinate amount of time to repair. Families were concerned that the extended periods of down time caused consumers to miss their day programs and other activities due to lack of transportation. This Office found that the solution to this problem was not an easy one to point a finger at; the maintenance of fleet vehicles is performed by service technicians in two fleet garages, owned and maintained and by the Department of Administrative Services (DAS).

To resolve this problem, the Ombudsperson's Office collaborated with DMR's business office to express our concerns to the Department of Administrative Services. During a meeting with the DMR's business office, we discussed what the major issues were and how best to correct them. Finally, we requested a meeting with DAS staff to discuss ways to rectify the timeliness of fleet repair.

Once our concerns were listed we went to work to correct the problem.

1. # vehicles currently in the shop for repair
2. # wheelchair vans, mileage and years of service
3. average length of time vehicles are in for repair
4. how or if the delays effect client services, day programs, and if additional vehicles are available to use when current vehicles are down
5. # vehicles in garage for mechanical repair and # in for body shop repair
6. fiscal impacts if any

Collectively, we agreed that repairs were taking longer than expected. Although, it was agreed that safety was often cause for the delay. Not only must a vehicle to be repaired but it must also be thoroughly checked for wear and obsolescence. The additional time spent was deemed a necessity before transporting any consumers in these vehicles.

The DMR determined, after many meetings, that other options needed to be addressed. The replacement of older vehicles and the addition of additional wheelchair vans became our goal. While not the easiest approach, but most certainly the safest way to correct this reoccurring repair problem, it was determined that additional funding was needed to replace and in many cases add new vehicles to the Department of Mental Retardation's fleet.

After receiving approval from the Office of Policy Management (OPM) to purchase new vehicles we would then meet with DAS to give them an accurate accounting of how many and what type vehicles were needed.

○ The improvement of **Oral Health Care** for individuals with mental retardation has always been a priority of this Office. The Office of the Ombudsperson initiated a number of activities to address this growing problem for people with disabilities, specifically individuals diagnosed with mental retardation. Beginning in 2004, this office found that the lack of access and availability, (a limited number of dentists who would except Medicaid XIX), for dental services for individuals with mental retardation a concern that could no longer be overlooked:

1. Met with the Commissioner and Director of Health & Clinical Services and family members to discuss options the department had for improving dental care for its' consumers.
2. Looked into 2004 State Oral Health Collaborative Systems (SOHCS)
3. Continue to collaborate with the President's Committee for Persons with Intellectual Disabilities (PCPID) to make oral health care a priority for our Annual Report submitted to the President in 2005.

VIII. Accomplishments

-Eligibility Unit purchased an additional TDD to assist in expediting the application process for individuals who are deaf or hearing-impaired.

-The budget office, OPM agreed to hear our argument for purchasing and replacing new vehicles. Waiting for their decision to go ahead with purchase.

-The President's Committee for Persons with Intellectual Disabilities, (PCPID) agreed to make dental health care a priority for our next Annual Report. I will serve on the sub-committee for dental health care.

-Re-appointed to serve as a Commissioner on the Commission on Human Rights and Opportunities (CHRO), an appointed position that is voted on by the General Assembly.

-Chosen to receive the Secretary of State's 2003 Public Service Award given to appointed individuals in recognition of their service on one or more of the State of Connecticut boards and commissions.

-Assist in statewide American for Disabilities Act activities for the Office of the Governor.

IX. PRESIDENT'S COMMITTEE ON INTELLECTUAL DISABILITIES

Re-appointed by President George W. Bush to serve on the President's Committee for Persons with Intellectual Disabilities (PCPID). As a member of the President's Committee for Persons with Intellectual Disabilities (PCPID) and Chairperson to the Sub-Committee for Employment, I advocated on a national level for the following:

- Establishment of Qualified Disability Savings Accounts (QDSA) for individuals with intellectual disabilities and their families to promote long term planning and savings to advance personal and economic freedom.
- Improving Dental Access for persons with a diagnosis of mental retardation/ intellectual disabilities.

The completion of the 2004 Annual Report, titled: *A Charge We Have to Keep: A Road Map to Personal and Economic Freedom for Persons with Intellectual Disabilities in the 21st Century*. The 2004 Report to the President offers recommendations within the conceptual framework of the challenges and goals outlined in the President's *New Freedom Initiative (NFI)* for people with disabilities.

We identified key goals of developing technology, setting high standards, finding more jobs and respecting the rights of people with intellectual disabilities.

The President's Committee for Persons with Intellectual Disabilities (PCPID) raised these important questions:

“Why can't people with intellectual disabilities have a savings account?”

“How can the image of people with intellectual disabilities be improved in our society?”

“How can people with intellectual disabilities engage more fully in the workforce when they are scared about losing their benefits?”

“How can people with intellectual disabilities live productive lives when they are forced to negotiate a maze of bureaucratic regulations?”

The Report has a Companion Booklet, one of the first of its kind, written for people with intellectual disabilities (self-advocates).

PCPID's Reports to the President

http://www.acf.hhs.gov/programs/pcpid/pcpid_reportstopres.html

Full Report: ([html](#), [pdf 3049k](#)) **Companion Booklet:** ([html](#) , [pdf 1660k](#))

We understand that it will take time to change the decades-old policies that have created unnecessary barriers to opportunities for Americans with intellectual disabilities. However, we are determined to bring about these changes.

Objectives for 2005 PCPID

- Continue national advocacy for improved dental care for persons with mental retardation
- Proposal to the President's Committee, PCPID that the federal government create a special savings plan for families of people with disabilities to save for the future. Entitled the “Qualified Disability Savings Account”, this program would provide a unique savings vehicle, much like a 529 plan for a college education, to encourage families to save for future needs and services. The proposal was unanimously approved by the Committee and incorporated in the final report of recommendations presented to President George W. Bush in the fall of 2004.

X. Conclusion

The annual report for 2005 will immediately follow. The annual report will show the progress made in oral health care for individuals with a diagnosis of mental retardation. Also, the additional vehicles purchased for the DMR fleet will be specified.

Nationally, the progress made in advocating for improved oral health care has finally become a priority and the steps for improvement will be discussed.

END