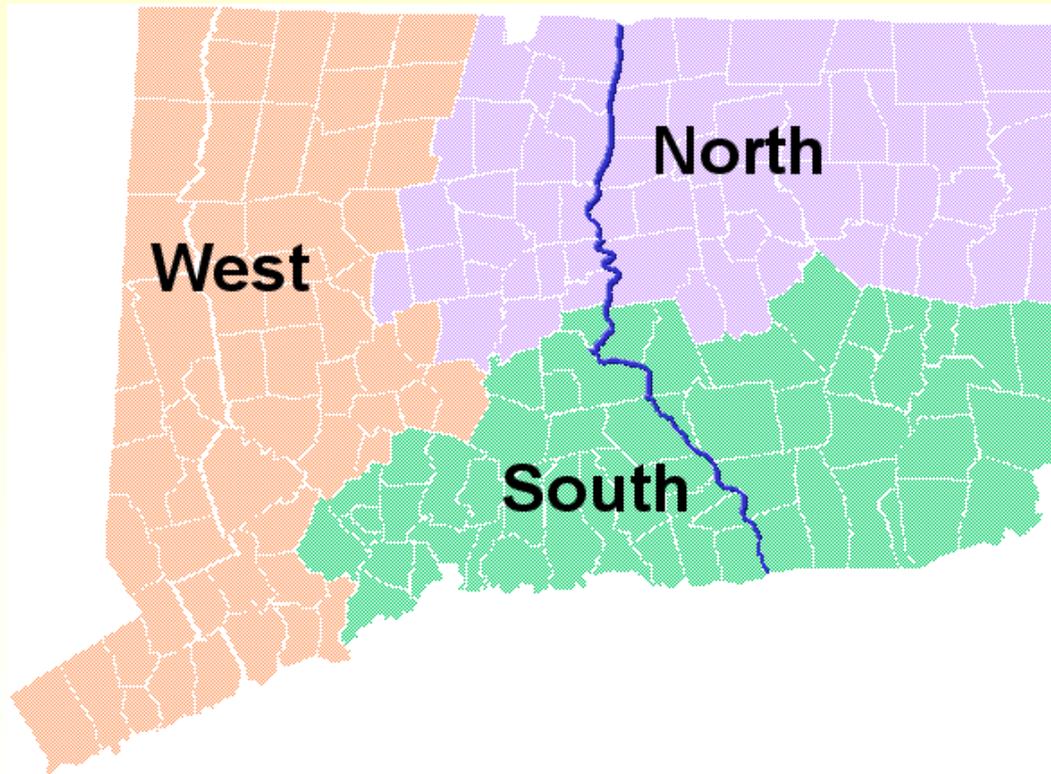




# CT DDS Overview

December 21, 2012

# DDS



# Who do we serve?

- DDS serves **15,999** people
- 5,069 Infants and toddlers with developmental delays are enrolled in the Birth to Three System
- A total of 21,068 individuals and families are served through DDS **and** the Birth to Three System

MIR September 2012

# Who do we serve?

- Males and Females
- Across the lifespan 3-96
- Private Insurance
- Medicaid
- Medicare

# Eligibility

1. Significant deficits in ***intellectual functioning***
  - IQ profile <70 on standardized IQ test
2. Deficits in ***adaptive behavior***
  - evaluate using standardized measure
  - consistent profile across social, economic & self-help domains
3. Manifest during ***developmental period***
  - clear evidence of both intellectual and adaptive deficits prior to age 18
  - medical records, school records, standardized testing

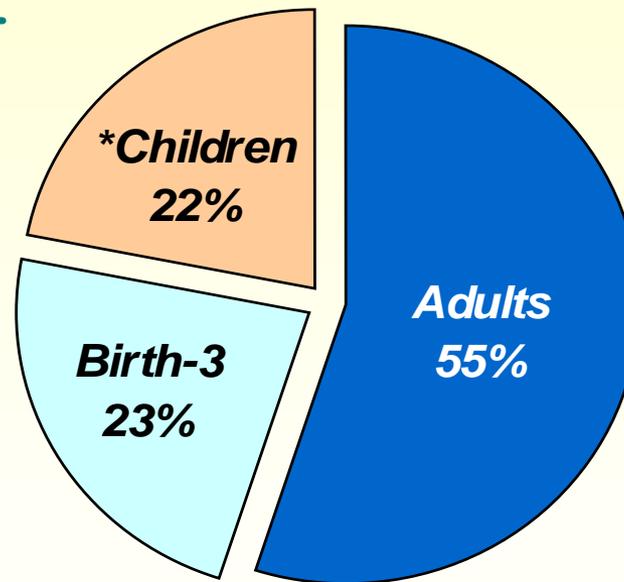
*Plus individuals with Prader Willi Syndrome*

# Eligibility

- DDS eligibility is not based on income
- Medicaid eligibility is required to receive waiver services

# Who We Serve

**DDS SERVES PEOPLE WITH  
INTELLECTUAL DISABILITIES  
ACROSS ALL DEVELOPMENTAL  
STAGES**



DDS serves approximately 100 people with Autism Spectrum Disorder diagnosis

← INFANCY – CHILDHOOD – ADOLESCENCE – ADULTHOOD – SENIOR YEARS →

# Where People Live

**About 62% of the people served by DDS live in their own home or family home**

9,955 live with family or own home

# Places people live

Key:

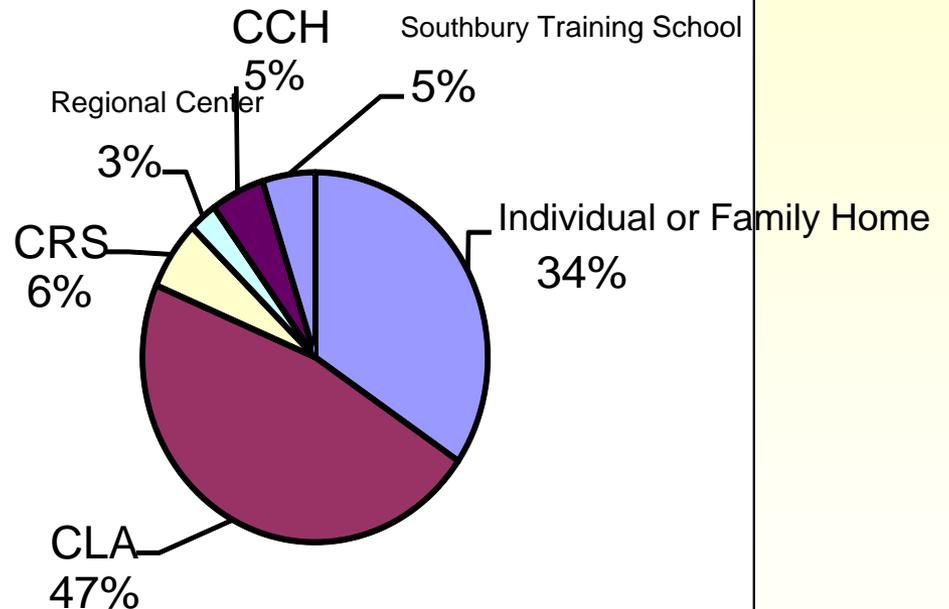
**CLA**- Group home  
24/7 support

**CRS**- Group setting  
3 or less not  
licensed

**Regional Centers**-  
campus setting

**CCH**- Community  
Companion Homes

## Residential Supports



Group settings - 5248

Family or own home - 9955

# Medicare and Medicaid Eligible

- 15,999 Individuals currently eligible for DDS
- Estimate 3,000 are dually eligible for Medicare and Medicaid\*
- Individuals can live in any setting
- 200 plus qualified provider agencies

➤ \* national trend

# Challenges

- Multiple Surrogates
- Accessibility
- Person Centered Care

# Multiple Surrogates

- Individuals
- Parents (are not necessarily legal guardian if person 18 or older)
- Legal Guardians(Plenary/limited)
- Conservators
- Spouses
- Family members
- Group Home managers
- Nurses
- Health Care Coordinators
- Case managers
- Direct Care professional
- Self directed staff

# Accessibility

- Physical Access-
- Provider Access- historically hard to find medical providers willing to work with individuals
- Communication accommodations- how and with whom
- Healthcare disparities- inadequate focus on health promotion and prevention

# Person Centered Care

- Treat each person not their disability
- Individual habilitation and rehabilitation expectations
- “Nothing about me with out me”
- Engage surrogates without violating a person’s rights

# Opportunities

- Establish a learning collaborative to educate providers on healthcare and barriers

# Opportunities

## ➤ Utilize DDS expertise

(DDS Pilot for Healthcare Coordination)

## ➤ DDS Case manager not care coordinator

- State employee-exam
- Average case load 40 individuals
- Coordinates Individual plan, resource and referral not direct services

# Opportunities

- Develop Care Coordination that reduces duplication or detracts from the individual outcomes

# Opportunities

- Support individuals and their surrogates to make informed decisions about preventative healthcare
- Healthcare needs are underserved-hard to coordinate the care
- Qualified practitioners

# Articles

- Nursing Perspectives on Cancer Screening in Adults With Intellectual and Other Developmental Disabilities
- Women With Cognitive Limitations Living in the Community: Evidence of Disability-Based Disparities in Health Care
- Patient and Parent/Guardian Perspectives on the Health Care of Adults With Mental Retardation
- Colonoscopy and Colorectal Cancer Screening in Adults with Intellectual and Developmental Disabilities: Review of a Series of Cases and Recommendations for Examination



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