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EDITION

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# Developments

A Newsletter from the Developmental Disabilities Administration

## CHANGE IN DDA LEADERSHIP

On January 30, the Department of Health and Mental Hygiene (DHMH) announced the retirements of Diane K. Coughlin and Scott M. Uhl, and appointed Nancy Kirchner as acting director and Audrey S. Waters as acting deputy director for DDA, effective March 1. Ms. Kirchner most recently served as director of the Southern Maryland Regional Office of DDA. Ms. Waters has held various positions within DHMH, most recently as the DDA chief financial officer. Please see page 8 for further details on the retirements of Diane, Scott and others.



Nancy Kirchner, Acting  
Director, DDA



Audrey Waters, Acting  
Deputy Director, DDA

# March is Colorectal Cancer Month

## Learn the Signs and Risks

From the desk of Connie Urquhart

**What is colorectal cancer?** Colorectal cancer is malignant cells found in the colon or rectum. The colon and the rectum are part of the large intestine, which is part of the digestive system. Because colon cancer and rectal cancers have many features in common, they are sometimes referred to together as colorectal cancer. Cancerous tumors found in the colon or rectum also may spread to other parts of the body.

**Symptoms:** Colorectal cancer usually has no symptoms early on, when treatment is most successful. However, if you have any of the following symptoms, see your physician.

- A change in bowel habits such as diarrhea, constipation, or narrowing of the stool that lasts for more than a few days
- Rectal bleeding or blood in the stool
- Cramping or gnawing stomach pain
- Decreased appetite
- Vomiting
- Weakness or fatigue
- Jaundice – yellowing of the skin and eyes

### **Risk Factors:**

- **Age** - most people who have colorectal cancer are over age 50, however, it can occur at any age.
- **Diet** - Colorectal cancer is often associated with a diet high in fat and calories, and low in fiber.
- **Polyps** - Benign growths on the wall of the colon or rectum are common in people over the age of 50, and are believed to lead to colorectal cancer.
- **Personal History** - People who have had colorectal cancer, as well as ovarian, uterine or breast cancers, have a slightly increased risk for colorectal cancer.
- **Family History** - People with a strong family history of colorectal cancer or polyps in a first-degree relative (parent or sibling before the age of 60 or in two first-degree relatives of any age) have an increased risk for colorectal cancer.
- **Ulcerative Colitis** – People who have ulcerative colitis, an inflamed lining of the colon, have an increased risk for colorectal cancer.
- **Obesity**
- **Physical inactivity**
- **High-fat and/or low-fiber diet**
- **Alcohol consumption**
- **Diabetes**

### **Prevention:**

You can reduce your risk of colorectal cancer by following these tips:

- Have a colonoscopy, a screening procedure that also provides an opportunity to remove polyps that can change into cancer over time.
- Exercise. Even brisk walking several times a week can help.
- Eat a balanced diet that is low in fat and high in fiber. For some people, aspirin or calcium can reduce their risk.

### **Treatment:**

Specific treatment for colorectal cancer will be determined by your physician based on:

- Your age, overall health, and medical history.
- Extent of the disease.
- Your tolerance for specific medications, procedures, or therapies.
- Expectations for the course of this disease.
- Your opinion or preference.

### **Treatment may include:**

- Colon surgery
- Radiation therapy/Chemotherapy

# Handling Medicare Part D Prescription Drug Plan Complaints

by Connie Urquhart

Medicare Part D Prescription Plan complaints (i.e., grievances) should be directed to the affected member's Medicare drug plan. If you are making a complaint on behalf of a beneficiary, or if you have made a complaint and a reasonable amount of time has passed without resolution, or if the beneficiary has a dire or urgent need, CMS recommends the following process:

- 1. Contact the Medicare drug plan directly with the complaint.** The fastest way to get an issue resolved is to contact the plan. Making initial contact through the 1-800-MEDICARE helpline or by direct contact with CMS does not expedite the complaint.
- 2.** The plan enters the complaint in its tracking system. Complaints are resolved as quickly as the beneficiary's health condition requires, but no later than 30 days after receiving the complaint unless extended by the plan for an additional 14 days. If the complaint relates to refusal by the plan to grant a beneficiary's request for an expedited coverage determination or expedited re-determination, and the beneficiary has not yet purchased or received the drug, the plan must respond to the complaint within 24 hours. The Medicare drug plan should be able to let you know when the beneficiary or his or her authorized representative can expect a response.
- 3.** If follow-up is necessary, it should be conducted with the Medicare drug plan.
- 4.** If the complaint is not resolved in a timely manner, contact 1-800-MEDICARE. The complaint will be logged in by the 1-800-MEDICARE and transmitted by a development contractor the next day for upload into CMS' s Complaint Tracking Module (CTM).
- 5.** The plan will receive the complaint from CMS through CTM with specific guidelines (including timeframes) for closing the complaint.

If the complaint is not resolved after completing steps 1 – 5, follow-up with your CMS Regional Office via e-mail to the Regional Office's Part D mailbox: *CMSpartDCompliants\_RO3@cms.hhs.gov*

Do not follow-up with 1-800-MEDICARE because the Customer Service Representatives do not have access to the Complaint Tracking Module and cannot provide status or resolution. If you follow-up with 1-800-MEDICARE, there will be a duplicate entry in the CTM.

Contact Connie Urquhart at 410-767-5624 or by e-mail at *Urquhartc@dhhm.state.md.us* if you have further questions or need additional information regarding Medicare Part D.

# Transitioning Youth Update

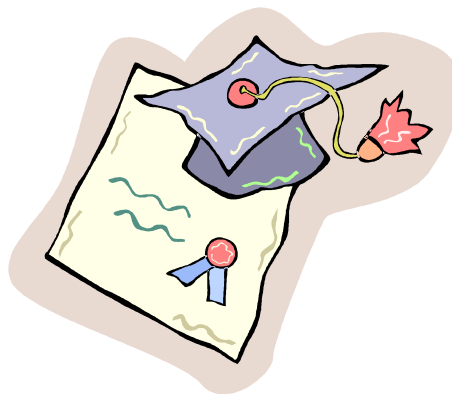
By Colleen Gauruder

Effective for the 2006-2007 school calendar year, all students with disabilities who are receiving special education services will receive an "Exit Document" when they graduate or exit from their school system. The Exit Document is a companion to the Maryland High School diploma and the Maryland High School Certificate of Completion. The document is the result of recent reauthorization of the Individuals with Disabilities Education Act (IDEA) language that requires all students with disabilities who have Individualized Education Programs (IEP) to receive a "Summary of Performance."

The Exit Document is intended to provide information about the "student's high school experience, as well as the anticipated supports that the student may need when transitioning to the next phase of his/her life." The document will serve as a "snapshot" at the time the student graduates/exits school and is not intended to reflect the student's entire life span. The document will be developed by school personnel with input from the student and the student's family. The Exit Document contains the following ten sections: demographic information, course of study, educational supports, employment preferences, personal interest, personal attributes, employment supports, work history, references and skill rating.

The Exit Document will become the property of the student upon graduation/exit. It will be dependent upon the student to share the document with others at his/her own discretion. The document may prove to be a very useful tool for DDA resource coordinators and providers in beginning to identify the individual's interests, abilities, skills and employment preferences. However, since the document belongs to the individual, he/she may need some encouragement to share the document with their resource coordinator or provider.

For more information about the Exit Document, contact Tom Barkley, Maryland State Department of Education, Division of Special Education/Early Intervention Services, Transition Specialist at 410-767-0811.



# DORS Public Meetings

The Maryland Division of Rehabilitation Services (DORS) and the State Rehabilitation Council invite consumers, colleagues and other interested people to come to public meetings to talk about DORS programs and services. Topics of interest include but are not limited to:

- Waiting list and priority of services
- DORS programs and services for high school students
- Progress on the Governor's Employment Initiative for persons with acquired brain injuries

The meetings will be held on Monday, March 19 in Frederick, on March 20 in Baltimore, on March 22 in Wheaton, and on March 27 in Easton. For more information, contact 1-888-554-0334 or visit [www.dors.state.md.us](http://www.dors.state.md.us)

## Transportation Update

### New requirements for FTA Sections 5310 Grants

By Colleen Gauruder

Over the next several months DDA providers will receive invitations from the Maryland Transit Administration (MTA) inviting you to participate in the development of a regional plan to improve transportation services for people with disabilities, older adults and individuals with lower incomes. This Coordinated Transportation Plan will serve as a blueprint for improving mobility options in the region, and meet new requirements for projects and services funded through the Federal Transit Administration's Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute - JARC), and Section 5317 (New Freedom) Programs. Beginning in FY 2008, projects funded through the Section 5310, JARC and New Freedom Programs must be derived from this locally developed plan, and therefore it is vital that current and prospective applicants for these funds are involved in the planning process.

Input from DDA providers and a wide range of stakeholders on the transportation needs and issues in your region is a key component in the development of the Coordinated Transportation Plan, which will be developed by MTA and the KFH Group.

Stay tuned for announcements of upcoming transportation forums. More information on the forum and Coordinated Transportation Plan is available on the project Web site at [www.kfhgroup.com/MDCoordinationPlans](http://www.kfhgroup.com/MDCoordinationPlans). We encourage anyone unable to attend the forum in their region to use this site to stay involved in the planning process, transportation providers in the region who are unable to attend are asked to complete and submit the "Agency Transportation Survey" form available through the Web site.

## SAVE THE DATE

The Maryland Respite Care Coalition (MRCC) is hosting its **10th Annual Respite Awareness Day Conference** on **Monday, October 22** at the Maritime Institute and Training Center in Linthicum Heights. This year's conference theme is *A Decade of Respite Awareness*. Details regarding the conference will be available in late spring. MRCC encourages you to plan now to attend the conference to gain and share information, and to network with other professionals and care givers representing a variety of disciplines across the lifespan. A Request for Proposals (RFP) for the conference was recently distributed. MRCC invites you to respond to the RFP as soon as possible. Proposals must be received by the close of business on Friday, March 30. If you would like a copy of the RFP or have questions regarding it or the conference, contact Connie Urquhart by e-mail at [urquhartc@dhhm.state.md.us](mailto:urquhartc@dhhm.state.md.us) or by phone at 410-767-5624.

**The Brain Injury Association of Maryland (BIAM)** will hold its annual conference on March 29 and 30, at the Maritime Institute in Linthicum Heights. The purpose of the two day conference is to provide state-of-the-art information about brain injury treatment, services, research, and advocacy and to improve collaboration and networking between individuals with brain injury, families and professionals. CEUs will be given. Artists who have disabilities will be displaying and selling their work and there will be a silent auction. For more information or a brochure, contact the BIAM office at 410-448-2924 or [info@biam.org](mailto:info@biam.org).

The Mid-Atlantic Coalition for Supporting Parents with Cognitive Challenges will hold its second annual **A Chance to Parent Conference** in conjunction with the World of Possibilities Disability Expo on May 18 at the Maryland State Fairgrounds in Timonium. The keynote speaker will be John Lutzker, Ph.D., executive director of the Marcus Institute in Atlanta. Other guest speakers will be Maurice Feldman, Ph.D. of Brock University in Ontario, Canada, and Susan Yuan of the University of Vermont. There will also be discussions by a parent panel and a legal panel. For more information, contact Bernadette Irwin at 410-298-2645 or [Irwin@kennedykrieger.org](mailto:Irwin@kennedykrieger.org).

## Trainings

There is a Mealtime Management all day in-service at the Holly Center for professionals and direct care workers on March 7 from 10 a.m.– 3 p.m. Lunch will be served. This in-service is presented by a multi-disciplinary team of professionals from Holly Center and the community. The in-service is to address safe eating habits, diet interpretation and positioning people for the safest way to eat. Please contact Andrea Jones at 410-334-6936 or [ajjones@dhhm.state.md.us](mailto:ajjones@dhhm.state.md.us) to register or for further information.

Remember to consult the DDA training calendar on our Web site, [www.ddamaryland.org](http://www.ddamaryland.org), regularly for information on both DDA-sponsored and other trainings of interest. If you have information on an upcoming training or conference to post on the DDA Web site, contact Kim Bennardi at [kbennardi@dhhm.state.md.us](mailto:kbennardi@dhhm.state.md.us).

The Regional Nurses will be celebrating the one year anniversary of the new RN Orientation course and the DDA Medication Curriculum during March. It seems like yesterday when we developed this educational material for nurse professionals and direct care workers. To date, the Regional Nurses have trained approximately 500 registered nurses who are working in the DD field.

## DDA— Western Region by Karen Post

As we crossed the threshold from the end of 2006, going into the second half of Fiscal Year 2007, the DDA Western Regional Office (WRO) took time to reflect upon what had been accomplished from July 1 through December 31. Just a few of the indicators are high-lighted here. The WRO remains fully staffed (18 employees). From July through December, 157 new applications for DDA funded services were received and processed. We were able to delete 243 requests from the Waiting List, primarily as a result of individuals getting sufficient service to resolve one or more service needs. However, the Western Regional Office was working with 1,637 active service requests as of December 2006. Consistent with the experience of the last several years, about two-thirds of the total service requests are for support services. By the end of December, implementation of this year's Waiting List Initiative was well under way, with about 80 percent of the allocation committed or priority individuals identified for development of Service Funding Plans. By the time this newsletter is distributed; it is likely that all Western Region Waiting List Initiative Funds will be committed.

Waiver Conversions have continued at a brisk pace and participation in the New Directions Waiver is also growing. By the end of December Western Region counted nine individuals with approved plans who were participating in self-directed services, two additional individuals anticipating submission of plans in the near future and one new inquiry from an individual considering self-directed services. Over 445 fiscal packets were processed for a combination of individuals being served by Western Region providers, packets submitted to other regions for WRO clients being placed with providers headquartered in those other regions, funding adjustment forms, and 432 contract packets.

The two State Residential Centers in the Western Region began the second round of reviews that included resource coordinators in the process of identifying the most integrated settings portion of the annual planning process. Both facilities offer respite services and are accredited at this time by The Council on Quality and Leadership. It is anticipated that about six individuals in the Western Region will have opportunities to move from the State Residential Centers to Community residential services before the current fiscal year ends.

The Western Region Community Health Services Liaison (nurse) participated in 28 PASRR Evaluations. Overall, from July to December staff of the Western Regional Office made 169 site monitoring visits to licensed day and residential sites, for a variety of reasons that included visits to homes needing close monitoring, visits initiated in response to a request from the Office of Health Care Quality, and visits to newly opened sites. At the end of December, there were 266 licensed sites currently operating in Western Region. Several training events were arranged, sponsored, or co-sponsored by the DDA Western Regional Office, many focusing on best practices and information related to self-direction.

Overall, the first six months of FY '07 were very productive. One area that we would like to focus on is further availability of residential providers in the Western Region for individuals in the 18 to 21 age range and individuals with dual diagnosis. The relatively small size of the Western Region has contributed to difficulty in development of these services in the past, but it remains an area in which we hope to attract more resources for the future.

# Partings

Since the beginning of 2007, DDA has had several key staff retire. We wish to take this opportunity to thank each of them for their many years of dedication to the Administration and extend our best wishes on their future endeavors.

The retirees and their years of service as state employees are:

**Diane K. Coughlin**, DDA director, retired in January with more than 30 years of service.

**John Whittle**, deputy director of the Central Maryland Regional Office, retired in January with more than 18 years of service.

**Rochelle Schneiderman**, accountant lead from the Central Maryland Regional Office, retired in February with more than 32 years of service.

**Scott M. Uhl**, DDA deputy director, retired in February with 34 years of service.

*On January 30, Diane K. Coughlin, composed this letter with the request that it be included in the next edition of the newsletter.*

Dear Colleagues:

As I leave the Developmental Disabilities Administration (DDA) after 12 years as director, I'd be remiss if I did not thank you for being a partner with DDA as we have worked to improve the service delivery system for people with disabilities and their families. When I reflect on the many accomplishments: Great Oaks closure, regulatory reform, new payment systems, the Ask Me! Project, the New Directions waiver, the Robert Wood Johnson Foundation grant, the quality assurance system, the waiting list initiative, etc., I am struck by how much we did together.

As a system we have moved forward. I am so grateful to resource coordinators, providers, advocates, self advocates and staff for the guidance and support that you have given me. It has been a privilege and a joy to engage in this work with you. In the past few weeks as I prepared to leave DDA, many of you have acknowledged my work. I am humbled by your kind words and in writing this I want to share the accolades with you. Truly, not one accomplishment was mine alone and each one represented the collective efforts of many fine people. I want to share the credit with you and to thank you for making my years at DDA so rewarding and fulfilling.

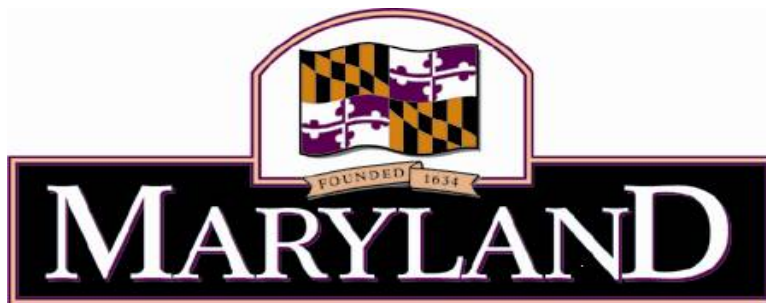
Individually and collectively, you are the stewards of our system, and I know that you will continue to guide it so that people with disabilities are supported in living the lives that they have chosen.

Sincerely,

Diane K. Coughlin

**Developmental Disabilities Administration**  
**201 W. Preston Street**  
**Fourth Floor**  
**Baltimore, MD 21201**

*Developments - Winter 2007 Edition*



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**A Newsletter from the Developmental Disabilities Administration**

**Maryland Department of Health and Mental Hygiene**

**Martin O'Malley, Governor**

**Anthony S. Brown, Lt. Governor**

**John M. Colmers, Secretary**

**Michelle A. Gourdine, M.D., Deputy Secretary for Public Health Services**

**Nancy Kirchner, Acting Director**

**201 West Preston Street**

**Baltimore, Maryland 21201**

**410-767-5600**

**[www.ddmaryland.org](http://www.ddmaryland.org)**

*The services and facilities of the Maryland Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex or national origin and applies to the provisions of employment and granting of advantages, privileges and accommodations."*

*"The Department in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from*

*DHMH services, programs, benefits and employment opportunities."*