STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Developmental Disabilities Administration

November 8, 2013

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House H-107
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House
State House, H-101
Annapolis, MD 21401-1991

Re: **Report on Written Plan of Habilitation for People in State Residential Centers**
        (HB 794 – Chapter 396 of the Acts of 2005)

Dear President Miller and Speaker Busch:

Enclosed please find a report pursuant to House Bill 794, Developmental Disability – Written Plan of Habilitation – State Residential Centers. Health General Article §7-1006 which passed during the 2005 Session of the General Assembly. The report summarizes the Department's efforts in ensuring that written plans of habilitation are developed for people residing in State Residential Centers (SRCs) and includes charts that reflect regional and statewide information collected from resource coordinators and treating professionals regarding the most integrated setting for people living in SRCs. In addition. the report includes a brief analysis of the information.

If you have any questions or need more information, please do not hesitate to contact Mr. Patrick Dooley. Maryland Developmental Disabilities Administration at (410) 767-5600.

                                            Sincerely,

Patrick Dooley   Catherine A. Raggio
Acting Director,   Secretary
Maryland Developmental Disabilities Administration   Maryland Department of Disabilities

Enclosure

Cc: Joshua M. Sharfstein. M.D.
    Marie Grant
    Rhonda Workman

Report to the Maryland General Assembly

Written Plan of Habilitation for People in State Residential Centers
Department of Health and Mental Hygiene
Maryland Department of Disabilities
July 2013

BACKGROUND

The Developmental Disabilities Administration (DDA) provides a coordinated service delivery system so that individuals with developmental disabilities receive appropriate services oriented toward the goal of integration into the community. These services are provided through a combination of state residential centers and a wide array of community based services delivered through a network of non-profit providers. Maryland has two state residential centers - the Holly Center in Salisbury and the Potomac Center in Hagerstown, Maryland. These state residential centers have the flexibility to tailor programming to meet the unique needs of clients. The Holly Center provides needed services to people who are intellectually disabled and are admitted to the facility, while working to integrate them into less restrictive settings in the community. Services provided include residential care, treatment, and supports to assist individuals to reach their maximum potential. The Potomac Center provides therapeutic interventions in support of people with intellectual disabilities to lead meaningful lives in the community. Individuals admitted to the Potomac Center receive supports and resources to assist them in meeting defined needs during transitional periods in their lives.

House Bill 794 Chapter 396, entitled *Developmental Disability – Written Plan of Habilitation – State Residential Centers,* was signed into law as Health General Article §7-1006, effective July 1, 2005. This statute requires resource coordinators to be part of the development of a Written Plan of Habilitation for all people residing in state residential centers The Written Plan of Habilitation is developed by the individual, a resource coordinator, and a treating professional on an annual basis or more often as requested, and includes recommendations regarding:

- The most integrated setting appropriate for the person in which to live and work;
- A description of the services, supports and technology needed by the person to live and/or work in the most integrated setting; and
- A list of barriers preventing the person from receiving these services, supports and technology in the most integrated setting.

These requirements were established by an advisory committee, formed by DDA, which included representatives from The Arc Maryland, resource coordination entities, state residential centers, Maryland Department of Disabilities, and the Maryland Commission on Disabilities. The committee has also played a critical role in advising DDA on addressing barriers to community placement and implementing the Money Follows the Person (MFP) rebalancing activities.

Since July, 2006, the DDA has submitted a series of reports to the Maryland General Assembly on the progress of implementing the statute and summarizing information collected from the written plan of habilitation. A table summarizing these reports is contained in Appendix 1. The current report is

the ninth submitted to the Maryland General Assembly, and it is the eighth to include a full 12 months of data.

FINDINGS AND ANALYSIS

The information described in this report reflects data collected for the time period of February 29, 2012 through March 1, 2013. During this reporting period, written plans of habilitation were completed for a total of 115 people statewide [Holly Center – 60; Potomac Center – 55]. During the previous reporting period, written plan of habilitations were completed for 123 people. This decrease in the number of completed written plan of habilitations is due to DDA's efforts to improve the process for transitioning individuals to the community. As more individuals transition to the community, fewer are being served in the state residential centers.

Additionally, during this reporting period, 25 people [5 from the Potomac Center, 2 from the Holly Center, and 18 from Nursing Homes] moved to the community as Money Follows the Person (MFP) transitions. Holly Center transitions during this reporting period are reportedly successful and serve as an example for families with members living at the Holly Center where community is the recommended most integrated setting.

The data summarized in this report includes the data from both the treating professional and the resource coordinator, and represents the information contained in these Written Plans of Habilitation (Appendix 2). Additional data were collected on the barriers to supporting people in integrated settings. It should be noted that some data elements represent duplicative counts or recommendations from both resource coordinators and treating professionals specifically related to identification of barriers. The resource coordinator and treating professional are able to choose multiple data elements which result in duplicative counts. Other data elements represent unduplicative counts from the resource coordinator or treating professional.

The data reported on the most integrated setting for a person to receive services is based on the following:

➤ Review of the services, supports and technology needs of the person;
➤ Assessment of the types of services, supports and technology needs currently being provided in community settings; and
➤ Determination regarding whether the services, supports and technology needs of the person could be provided in a community setting.

Findings on recommendations for residential and day services are provided below, followed by barriers to the provision of residential and day services. The report concludes with a discussion on support and service needs in residential and day settings and technology needs for successful transition to community settings.

Residential Services Most Integrated Setting:

Of the 115 written plans of habilitation completed during this reporting period, 110 – 96% - recommended community residential services as the most integrated setting. These 110 people reside

in Western Maryland (51) and on the Eastern Shore (59). This data represents an increase to the report to the Maryland General Assembly in July 2012, in which resource coordinators and treating professionals recommended community as the most integrated setting for residential services for 93% of the people (115 of 123).

Day Services Most Integrated Setting:

Statewide, 98% (61 of 62) of the people receiving day services at the state residential centers were recommended for community day services as the most integrated setting by both resource coordinators and treating professionals. Statewide, 46% (53 of 115) of the people living at state residential centers receive their day services in a community-based setting. Given that these people are currently receiving day services in the most integrated setting, no recommendation regarding the most integrated setting was required from the treating professional or resource coordinator. This data is very similar to the report to the Maryland General Assembly in July 2012, in which resource coordinators and treating professionals recommended community as the most integrated setting for day services for 100% of the people (53 of 53). Similar to the findings in the 2012 WPH Report the number of people receiving day services in community-based settings decreased 11% from the previous period.

Barriers to the Most Integrated Setting

Barriers are defined as obstacles preventing or inhibiting a person from receiving services and supports in the most integrated setting appropriate to meet the person's needs. Barriers to the most integrated setting were reported for people who are not currently in that setting for both residential and day services. Barriers were divided into four general categories: "Opposition", "Court Ordered Placement", "Community Capacity", and "Funding requested and not currently available". Opposition is defined as the person, family member or legal guardian indicating their resistance to or disagreement with the person leaving a state residential center to move into a more integrated setting. "Community Capacity" means that an appropriate provider was not currently available.

When reporting these barriers, resource coordinators and treating professionals reported more than one barrier for many people and therefore the data reported is duplicative.

Residential Setting:

Opposition continues to be the most identified barrier for 78% (90 of 115) of the people, making this the most frequently cited barrier. This represents similar findings reported to the Maryland General Assembly in July 2012, in which 79% (97 of 123) of the people in the reporting period were noted to have opposition cited as a barrier. In the current reporting period, opposition was expressed by 4 individuals, 69 family members and 32 legal guardians.

"Community Capacity" was cited as a barrier for 23% (26 of 115) of the people in this reporting period, making this the second most frequently cited general category of barriers. This is a 5% decrease with the findings reported to the Maryland General Assembly in July 2012.

The two remaining general barriers "Court Ordered Placement" and "Funding requested and not currently available" were not cited frequently by resource coordinators and treating professionals.

There is a small subset of court ordered individuals in the "Transitions" program at the Potomac Center. These individuals are forensically involved and in the latter stages of receiving additional supports before returning to the community via DDA licensed providers. As previously stated in the Background section, resource coordinators and treating professionals received training on Olmstead, State laws and departmental policies thus reducing citations for "Funding requested and not currently available".

When examining the subcategories within statewide general barriers to opposition, the three most frequently cited barriers to community residential services were: "Family Opposition" (69), "Legal Guardian (32), and "Appropriate provider not currently available" (17). These subcategories remain generally consistent with the July 2012 report to the Maryland General Assembly.

As in the previous period Family Opposition is reported higher at the Holly Center (70) compared with the Potomac Center (20). Legal Guardian Opposition is also reported higher at the Holly Center (28) compared with the Potomac Center (4). The Potomac Center data reflected disproportionate inflated percentages for Community Capacity specifically appropriate provider not currently available (20), appropriate roommate not identified (18), and appropriate housing not identified currently available (18).

The table below represents the Opposition barrier to the most integrated residential setting expressed as percentages:

General Category Barriers to Most Integrated Residential Setting		
	#1 Barrier	Percent
Statewide	Opposition (90)	100%
Holly Center	Opposition (70)	78%
Potomac Center	Opposition (20)	22%

Day Setting:

Statewide, Opposition was cited as a barrier to receiving day services in the most integrated setting for 42% (26 of 62) of the people, making this the most frequently cited barrier. When examining the subcategories within barriers statewide, the two most frequently cited barriers to day services in the most integrated setting were: "Family Opposition" (20) and "Legal Guardian" (10). These findings are similar to the previous reporting period. The only significance again in this area is a greater opposition by families at the Holly Center (25) compared to the Potomac Center (1).

The table below represents the barriers to the most integrated day setting expressed as percentages:

General Category Barriers to Most Integrated Day Setting		
	#1 Barrier	Percent
Statewide	Opposition (26)	100%
Holly Center	Opposition (25)	96%
Potomac Center	Opposition (1)	4%

Support and Service Needs

Resource coordinators and treating professionals listed a number of supports and services needed by people to receive residential and day services in the most integrated setting. For reporting purposes, the data related to services, supports, and technology needs were listed as unduplicated numbers. Where the resource coordinator and treating professional both listed the same service, support, and/or technology need, it was counted only once.

Residential Service and Support Needs:

Service and support needs are divided into seven categories: "Interdisciplinary Services", "Staffing Requirements", "Environmental Characteristics", "Transportation", "Community Integration"," Legal Services" and "Service Characteristics". Several of the services within the "Interdisciplinary Service" category can be grouped into subcategories. Behavioral Health Services include psychiatric services, psychotherapy/counseling and behavior support services. Therapeutic services can be grouped into Occupational Therapy/Physical Therapy (OT/PT) services, speech/language pathology and nutrition/dietary services. Services within the "Staffing Requirements" category can also be grouped into subcategories. Staffing requirements are largely medical in nature, which include daily physician assessment, daily physician intervention, as needed physician assessment, daily nursing assessment, daily nursing intervention, as needed nursing assessment/intervention, Certified Nursing Assistant (CNA), Certified Medication Technician (CMT), and Skilled Nursing Assistant.

The table below lists the most frequently cited service and support needs within each category given the above described groupings.

The most frequently cited areas were resource coordination and advocacy (131), staff assistance (128), support for relationship building (125), and Alternative Living Unit (125).

Statewide Residential Service and Support Needs - Frequency of Citation				
Category	**Subcategory**	**Subcategory**	**Subcategory**	**Subcategory**
Interdisciplinary Services	Resource coordination and advocacy 131	Assistance with ADLs 111	Nutrition therapy/Dietary service 101	Behavior support services 76
Staffing Requirements	Certified Medication Technician 121	Awake overnight supervision 115	Certified Nursing Assistant 107	As needed nursing assessment/ intervention 96
Environmental Characteristics	Safety Modifications 97	Physical Accessibility 95	Sensory Accessibility 12	Perimeter alarm 4
Transportation	Staff Assistance 128	Wheelchair Accessibility 78	Public 5	Not Applicable
Community Integration	Support for Relationship Building 125	Assistance w/ Family Visits 119	Support for developing community connections 104	Self-Advocacy training 20
Legal Services	Support making decisions (not by agency/SRC staff) 93	Medical surrogacy 79	Legal Representation 74	Medical Guardian 36
Service Characteristics	Alternative Living Unit 125	SRC 9	Community Supported Living Arrangement 2	Individual/Family Support Services 1

Day Service and Support Needs:

Day service and support needs are also divided into the same seven categories, and have been analyzed using the groupings stated above. The table below lists the most frequently cited service and support needs within each category given these groupings.

The most frequently cited areas were resource coordination and advocacy (131), staff assistance (128), and support for relationship building (124).

Day Service and Support Needs – Frequency of Citation				
Category	**Subcategory**	**Subcategory**	**Subcategory**	**Subcategory**
Interdisciplinary Services	Resource Coordination and advocacy 131	Assistance with ADL's 109	Nutrition therapy/Dietary services 79	Behavior support services 77
Staffing Requirements	Certified Nursing Assistant 98	As needed nursing assessment/ intervention 97	Certified Medication Technician 73	1:1 supervision – intermittent 70
Environmental Characteristics	Safety Modifications 96	Physical Accessibility 95	Sensory Accessibility 11	Perimeter Alarm 4
Transportation	Staff Assistance 128	Wheelchair Accessibility 77	Public 5	N/A
Community Integration	Support for Relationship Building 124	Support for Developing Community connections 104	Self-Advocacy Training 18	Mobility Skills Training 10
Legal Services	Support making decisions (not by agency/SRC staff) 89	Medical Surrogacy 71	Legal Representation 43	Medical Guardian 36
Service Characteristics	Day Habilitation 103	Vocational Training 29	Medical Day 22	Senior Program 7

Technology Needs

Technology needs are divided into two categories: Assistive Technology and Therapeutic Medical Equipment.

The following table lists the most frequently cited technology needs within each category for residential settings.

Most Frequently Cited Technology Need – Residential Services		
Category	**Need**	**Frequency**
Therapeutic Medical Equipment	Safety Supports	95
	Durable Medical Equipment	85
Assistive Technology	Adaptive Mealtime Equipment	68
	Communication device	51
	Adaptive switches	41

The following table lists the most frequently cited technology needs within each category for day settings.

Most Frequently Cited Technology Need – Day Services		
Category	**Need**	**Frequency**
Therapeutic Medical Equipment	Safety Supports	96
	Durable Medical Equipment	84
Assistive Technology	Adaptive Mealtime Equipment	67
	Communication device	49
	Adaptive switches	39

SUMMARY

The information described in this report reflects twelve months of data. These data are highlighted in the dashboard entitled "Written Plans of Habilitation for People in State Residential Centers February 29, 2012 – March 1, 2013" depicted in Appendix 3.

Overall, there continues to be significant agreement (97%) between resource coordinators and treating professionals regarding the most integrated setting for residential services for 110 of 115 people. There is even greater agreement (98%) between resource coordinators and treating professionals regarding the most integrated setting for day services for 61 of 62 people. One Resource Coordinator indicated that the state residential center was the most integrated setting for one person residing at the Potomac Center. Statewide, both resource coordinators and treating professionals agree that the state residential center is the most integrated residential setting for one person (at Holly Center). There were four disagreements regarding the most integrated setting for residential services. Four Resource Coordinators indicated that the state residential center was the most integrated residential setting. The treating professionals indicated that the community was the most integrated residential settings.

The DDA has a multi-faceted approach to address the barriers previously identified in the findings and analysis. The DDA is committed to people receiving services and supports in the most integrated setting.

The following strategies are used to address the barrier of opposition:

➢ *Family Mentoring* through monthly large group programming (instructional and therapeutic) was available statewide through this reporting period. Mentor/mentee in person or via phone mentoring was also available. Friends & Family Together IN Enhancing Support continued outreach frequently partnering with the broad spectrum of transition team members including resource coordinators, day and residential community staff, state residential center and DDA staff, and people and their families living at a state residential center. Blended trainings increased opportunities for working collaboratively among disciplines as well as heightened the need to keep the emphasis on a person's needs and desires when selecting a day and residential provider or a system that maximized a person's independence.

➢ *Peer Mentoring* efforts are currently in place, and membership continues to expand. Recent changes increase community education, community experience and offsite community

integration activities that relate to transitioning. Additional information about peer mentoring can be found at http://mmcp.dhmh.maryland.gov/longtermcare/SitePages/Home.aspx.

- *Essential Lifestyle Planning (ELP)*, a person centered planning methodology, can be requested via Money Follows the Person (MFP), state residential center, and Department staff. Similar plans were critical to the development of community placement and transition plans for the Rosewood and Brandenburg closures. The Person Centered Planning process was also critical to assisting people, family and guardians with recognizing the many strengths they or their family member have and the many opportunities for personal growth a community living situation can foster.

- *MFP Staff*-Three staff persons assist with the implementation of the Money Follows the Person (MFP) project and assist with implementing strategies to overcome barriers to community living at the State Residential Centers. Staff members include a Statewide Housing & Transition Coordinator and two community placement specialists. One community placement specialist is based out of the Holly Center and has primary responsibility for people transitioning from the Eastern Shore. The other community placement specialist is split between Potomac Center and Office of Health Services, and is primarily responsible for people transitioning from Western Maryland along with people moving to the community from nursing facilities in the DDA's southern and central regions. During the 2012 calendar year the DDA transitioned 26 people (written plan of habilitation reporting period is different from calendar year) from institutional settings to the community as Money Follows the Person (MFP) participants. The DDA has projected 20 MFP annual transitions in Maryland's Operational Protocol (approved by CMS) through the end of the Money Follows the Person (MFP) demonstration in 2019.

Strategies to address the barrier of community capacity:

- *Bridge Subsidy*-Affordable and accessible housing remains a barrier for all people with disabilities seeking to transition from an institution to the community. One strategy to address the barrier is the DDA's current Money Follows the Person (MFP) Bridge Subsidy Demonstration Program (funded as a rebalancing initiative through the Money Follows the Person (MFP) grant) which is assisting people with disabilities obtain rental subsidies and move to the community or create capacity for others to move into places that the new participants once occupied. This is in partnership with the Department of Housing and Community Development (DHCD) and the DDA signed a revised Memorandum of Understanding along with select housing authorities across the state (all invited to participate in the program listed). The Money Follows the Person (MFP) Statewide Housing & Transition Coordinator monitors all parameters of the program until the person transitions to permanent housing or otherwise leaves the program. The DDA built on lessons learned through prior bridge subsidy demonstration programs. As of February 2011, the DDA has allocated all of its resources due to the tremendous need for rental subsidies for people with disabilities.

- *Affordable Housing Efforts*-The DDA is an active and full participant with partnering (including Medicaid, Department of Housing and Community Development, and the Department of Disabilities) agencies in statewide efforts.

The Weinberg Foundation will provide $1 million over two years to be used as grant funds to cover capital costs in developments otherwise receiving DHCD financing. On January 28, 2013 the Weinberg Foundation announced it will expand its initial funding by $1 million. DHCD will refer interested nonprofit owners of projects receiving DHCD financing. The first Weinberg units became available for occupancy in the spring of 2013. Weinberg units will house nonelderly disabled households at 15-30% Area Median Income (AMI) who pay 30% of their income for rent. DHMH will qualify eligible disabled households and refer tenants to the units on lease-up and turnover.

The Maryland Partnership for Affordable Housing (MPAH) is a coalition of state agencies, stakeholders, and advocates seeking to influence developers to build more affordable units for people with disabilities. Another goal is to create a database (now operational) of people with disabilities depicting their accessibility needs. These prospective tenants would be ready to lease-up when available and affordable units are identified. The units would be rented to people with disabilities thus minimizing loss of rent to property owners that occurs when units remain vacant. Additional information is available on the Departments of Disabilities and Housing and Community Development websites.

On April 30, 2013, the Maryland Department of Housing and Community Development (DHCD) announced that the State of Maryland will receive approximately $11 million from the U.S. Department of Housing and Urban Development (HUD) through HUD's Section 811 Project Rental Assistance Demonstration (PRA Demo). The PRA Demo program provides rental assistance to extremely low-income persons with disabilities, many of whom are transitioning out of institutional settings or are at high risk of homelessness. The DDA participates in MPAH along with Medicaid, DHCD, DOD, and others. Additional information can be found on the Departments of Disabilities and Housing and Community Development websites.

System wide Enhancements

➤ *Provider Training*-The DDA continues to provide training to community providers through DDA regional offices (RO) led by RO training coordinators. For fiscal year 2014, the Statewide Training Plan will support the DDA's strategic plan by coordinating training throughout the state on topics required by law for staff working in DDA licensed facilities as well as topical and best practices in the field.

➤ *Balancing Incentive Payment Program (BIP) Grant*-The state of Maryland was awarded more than $106 million in federal grant funding to further efforts to provide long term care in community based settings rather than institutions. The grant award is an integral component of a broad state approach to expand community-based care. Other aspects include new investments to transition individuals from nursing homes to the community, adoption of a better screening tool to identify people who need services, and formation of new consumer council. A request for proposals is being formulated to fund pilot projects relating to strengthening long term supports and services in the community. Additional information can be found at http://mmcp.dhmh.maryland.gov/longtermcare/SitePages/Home.aspx.

➢ *Assisting Individuals with Transition Related Expenses*-MFP staff work with Regional Offices to distribute up to $700 to MFP eligible people transitioning to their own home or apartment for Centers for Medicare & Medicaid Service reimbursable expenses. These may include expenses related to transportation, initial groceries or deposits for utilities. For additional information please see the MFP Operational Protocol.

➢ *Improving quality*- On January 15, 2013 the DDA published a revised Policy on Reportable Incidents and Investigations (PORI). This was followed by system wide training for all licensed providers. The DDA continues to work with the Office of Health Care Quality and Medicaid to monitor licensed providers and maintain home and community based waiver program standards. Additional information on DDA's PORI policy can be found at http://mmcp.dhmh.maryland.gov/longtermcare/SitePages/Home.aspx.

➢ *Transition of DDA Delivery Resource Coordination System*-Effective July 1, 2013 the DDA transitioned the current resource coordination service delivery methodology for all people receiving services from the DDA to targeted case management (TCM) for all Medicaid eligible and DDA rate based service for non-Medicaid eligible. The transition provided standardized scope of services, deliverables, rates, and increased federal matching funding. Additional information on DDA's TCM system can be found at http://mmcp.dhmh.maryland.gov/longtermcare/SitePages/Home.aspx .

➢ *Move to electronic Individual Plans*-The DDA transitioned to an automated plan developed at a person's annual meeting. The changes will allow the DDA to more effectively monitor and the person's progress towards their goals, quality of services, and compliance with state and federal rules. Additional information on automated plans can be found at http://mmcp.dhmh.maryland.gov/longtermcare/SitePages/Home.aspx .

➢ *Rebalancing Budget Allocation* (Supports Intensity Scale or SIS) - The DDA is in the final stages of a pilot of SIS. The SIS is a norm referenced assessment of a person's support needs in personal, work-related, and social activities. This information is used to identify and describe the types and intensity of the supports an individual requires. Additional samples were needed to complete the algorithm. The time line is dependent on the successful completion of sample targets in both phases including people receiving DDA funded supports and people in process to receive DDA funded supports. Additional SIS information can be found at http://mmcp.dhmh.maryland.gov/longtermcare/SitePages/Home.aspx.

➢ *Long Term Services and Support (LTSS) Integrated Waiver Tracking System Care Tracking System*-Medicaid with the assistance of an experienced Information Technology contractor developed an enhanced integrated comprehensive system across some of the five Medicaid waivers. LTSS tracks case management and improves monitoring of individual community transitions by capturing MFP services (housing assistance, quality of life surveys referrals, transition related timeline and CMS MFP reporting requirements). For people with developmental disabilities data is currently only captured for MFP participants. Additional information on LTSS can be found at http://mmcp.dhmh.maryland.gov/longtermcare/SitePages/Home.asp.

The DDA will continue to utilize the data received through this process to identify people who may be able to receive services in community settings, to identify the barriers that prevent people from receiving day and residential services in the most integrated settings, and to work with our community partners to alleviate these barriers.

Appendix 1

2013 Summary – Written Plan of Habilitation Reports (2006 – 2013)

Date	Time Period	Number of WPH	Most Integrated Setting Resource Coordinator		Most Integrated Setting Treating Professional		#1 Barrier		Comments
			Residential	Day①	Residential	Day *	Residential	Day	1=Where the person is not currently receiving services in the most integrated setting
July 2013	2/29/12 To 3/1/13	115	Community 110 (96%) SRC 5	Community 60 (98%) SRC 1	Community 114 99% SRC 1	Community 61 100% SRC 0	Opposition 90 78%	Opposition 26 43%	Form revised March 2013 to include MIS for both TP & RC and progress section added
July 2012	3/1/11 to 2/28/12	123	Community 115 (93%) SRC 8	Community 53 100%) SRC 0	Community 117 95% SRC 6	Community 53 100% SRC 0	Opposition 97 79%	Opposition 30 57%	New staff member training(s)
July 2011	3/1/10 to 2/28/11	120	Community 115 (96%) SRC 5	Community 51 (96%) SRC 2	Community 117 (98%) SRC 3	Community 53 (100%) SRC 0	Opposition 120 (100%)	Opposition 43 (81%)	Form updated, Statewide training for RC and TP in 2/2011
July	3/1/09	135	Community	Community	Community	Community	Opposition	Opposition	Form updated &

2010	to 2/28/10		127 (94%) SRC 8	50 (98%) SRC 1	127 (94%)	50 (98%) SRC 0	124 (92%)	46 (90%)	automated 9/1/09; New barrier confirmation process introduced.
July 2009	3/1/08 to 2/28/09	195	Community 191 (98%) SRC 4	Community 100 (100%) SRC 0	Community 190 (97%) SRC 5	Community 100 (100%) SRC 0	Opposition 146 (75%)	Opposition 69 (68 %)	Rosewood closed: 139 transitioned to community
July 2008	3/1/07 to 2/29/08	322	Community 309 (96%) SRC 12 (4%)	Community 194 (100%) SRC 0	Community 308 (96%) SRC 13 (4%)	Community 194 (100%) SRC 0	Opposition 229 (71%)	Opposition 150 (77%)	Statewide training for RC and TP, use of new reporting form on 3/1/07 with Glossary of Terms
July 2007	3/1/06 to 2/28/07	352	Community 325 (92%) SRC 27	Community 214 (93%) SRC 2	Community 128 (36%) SRC 224	Community 74 (32%) SRC 4	Opposition 251	Opposition 159	First full year of data
July 2006	3/1/06 to 5/4/06	67	Community 60 (90%) SRC 3	Community 34 (87%) SRC 0	Community 22 (33%) SRC 44	Community 7 (18%) SRC 2	Opposition 48	Opposition 25	Initial use of WPH Reporting Form (3/1/06), initial reporting for Holly Center, training for all TP and RC(s)

Appendix 2

Consumer	Rates	Budget	Contracts	Provider	Attendance	Payments	Reports	MMIS	Logs

Q.A	PASRR

You have 0 Workflows and 16673 Notifications since 05/07/2013 at 02:59 PM   Refresh Count

Reed, Wayne

Home   Logout

WPH	Incident

Most Integrated Setting 02/29/2012 through 3/1/2013
Day Services - Statewide and by Center Where the Consumer is NOT Currently in that Setting

STATEWIDE: RC = 61 individuals, TP = 61 individuals

Most Integrated Setting: Day
Community Where Current Setting is State Residential Center
60 consumers - Resource Coordinator indicated Community
61 consumers - Treating Professional indicated Community

Most Integrated Setting: Day
State Residential Center Where Current Setting is Community
1 consumers - Resource Coordinator indicated State Residential Center
0 consumers - Treating Professional indicated State Residential Center

BY CENTER:
State Center: Holly
Most Integrated Setting: Day
Community Where Current Setting is State Residential Center
33 consumers - Resource Coordinator indicated Community
33 consumers - Treating Professional indicated Community

Most Integrated Setting: Day
State Residential Center Where Current Setting is Community
0 consumers - Resource Coordinator indicated State Residential Center
0 consumers - Treating Professional indicated State Residential Center

State Center: Potomac
Most Integrated Setting: Day
Community Where Current Setting is State Residential Center
27 consumers - Resource Coordinator indicated Community
28 consumers - Treating Professional indicated Community

Most Integrated Setting: Day
State Residential Center Where Current Setting is Community
1 consumers - Resource Coordinator indicated State Residential Center
0 consumers - Treating Professional indicated State Residential Center

Consumer | Rates | Budget | Contracts | Provider | Attendance | Payments | Reports | MMTS | Logs

Q.A | PASRR

You have 0 Workflows and 16673 Notifications since 05/07/2013 at 02:59 PM   Refresh Count

Reed, Wayne

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WPH | **Incident**

Most Integrated Setting 02/29/2012 through 3/1/2013
Residential Services - Statewide and by Center

STATEWIDE: RC = 115 individuals, TP = 115 individuals

Most Integrated Setting: Residential

Community
110 consumers - Resource Coordinator indicated Community
114 consumers - Treating Professional indicated Community

Most Integrated Setting: Residential

State Residential Center
5 consumers - Resource Coordinator indicated State Residential Center
1 consumers - Treating Professional indicated State Residential Center

BY CENTER:
State Center: Holly

Most Integrated Setting: Residential

Community
60 consumers - Resource Coordinator indicated Community
60 consumers - Treating Professional indicated Community

Most Integrated Setting: Residential

State Residential Center
1 consumers - Resource Coordinator indicated State Residential Center
1 consumers - Treating Professional indicated State Residential Center

State Center: Potomac

Most Integrated Setting: Residential

Community
50 consumers - Resource Coordinator indicated Community
54 consumers - Treating Professional indicated Community

Most Integrated Setting: Residential

State Residential Center
4 consumers - Resource Coordinator indicated State Residential Center
0 consumers - Treating Professional indicated State Residential Center

Consumer | Rates | Budget | Contracts | Provider | Attendance | Payments | Reports | MMIS | Logs

Q.A | PASRR

Reed, Wayne

You have 0 **Workflows** and 16673 **Notifications** since 05/07/2013 at 02:59 PM.   Refresh Count

Home   Logout

WPH | **Incident**

Barriers - General Category 02/29/2012 through 3/1/2013
Day State-wide and by center

Category	Statewide	Holly	Potomac
Opposition	26	25	1
Court Placement	1	0	1
Community Capacity	4	2	2
Funding requested and Not Currently Available	2	0	2

Consumer	Rates	Budget	Contracts	Provider	Attendance	Payments	Reports	MMIS	Logs

Q.A	PASRR

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WPH	Incident

Barriers - General Category 02/29/2012 through 3/1/2013
Residential State-wide and by center

Category	Statewide	Holly	Potomac
Opposition	90	70	20
Court Placement	3	0	3
Community Capacity	26	3	23
Funding requested and Not Currently Available	17	1	16

Consumer	Rates	Budget	Contracts	Provider	Attendance	Payments	Reports	MMIS	Logs

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WPH   **Incident**

Barriers count - 02/29/2012 through 3/1/2013
Day, State-wide and by center

Category	Issue	Statewide	Holly	Potomac
Opposition	Legal Guardian	8	8	0
Opposition	Family	18	18	0
Opposition	Individual	1	0	1
Court Placement	Yes	1	0	1
Community Capacity	Appropriate provider not currently available	3	1	2
Community Capacity	Appropriate psychiatric services not identified/currently available	2	0	2
Community Capacity	Appropriate medical services not identified/currently available	2	1	1
Funding requested and Not Currently Available	Yes	0	0	0
Funding requested and Not Currently Available	Appropriate plan not yet developed	2	0	2
Funding requested and Not Currently Available	SFP not approved	0	0	0

Consumer	Rates	Budget	Contracts	Provider	Attendance	Payments	Reports	HMIS	Logs

QA	PASRR

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WPH	**Incident**

Barriers count - 02/29/2012 through 3/1/2013
Residential, State-wide and by center

Category	Issue	Statewide	Holly	Potomac
Opposition	Legal Guardian	28	24	4
Opposition	Family	60	43	17
Opposition	Individual	4	2	2
Court Placement	Yes	3	0	3
Community Capacity	Appropriate provider not currently available	20	0	20
Community Capacity	Appropriate psychiatric services not identified/currently available	8	0	8
Community Capacity	Appropriate medical services not identified/currently available	11	1	10
Community Capacity	Appropriate housing not identified currently available	18	0	18
Community Capacity	Appropriate roommate not identified	18	0	18
Funding requested and Not Currently Available	Yes	0	0	0
Funding requested and Not Currently Available	Appropriate plan not yet developed	17	1	16
Funding requested and Not Currently Available	SFP not approved	1	1	0

Consumer | Rates | Budget | Contracts | Provider | Attendance | Payments | Reports | MMTS | Logs

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WPH | **Incident**

Supports Service count - 02/29/2012 through 3/1/2013
Day, State-wide and by center

Category	Issue	Statewide	Holly	Potomac
Interdisciplinary Service	Resource coordination and advocacy	115	61	54
Interdisciplinary Service	Assistance with ADLs	94	61	33
Interdisciplinary Service	Medical Services (other than routine)	11	3	8
Interdisciplinary Service	Psychiatric services	32	7	25
Interdisciplinary Service	Psychotherapy/counseling	6	0	6
Interdisciplinary Service	Behavior support services	67	35	32
Interdisciplinary Service	OT/PT (sensory stimulation, blind mobility, etc.)	11	3	8
Interdisciplinary Service	Speech Pathology	3	1	2
Interdisciplinary Service	Nutrition therapy/Dietary services	71	41	30
Interdisciplinary Service	Sign language interpreter	1	1	0
Interdisciplinary Service	Interpreter - Non-English speaking	0	0	0
Interdisciplinary Service	OT (sensory stimulation, blind mobility, etc.)	30	17	13
Interdisciplinary Service	PT	38	26	12
Interdisciplinary Service	Speech/Language Therapy	23	23	0
Interdisciplinary Service	Augmentative Communication System	26	25	1
Interdisciplinary Service	Swallowing Assessment/Treament	18	16	2
Staffing Requirements	Daily physician assessment	2	2	0
Staffing Requirements	Daily physician intervention	0	0	0
Staffing Requirements	As needed physician assessment	7	5	2
Staffing Requirements	Daily nursing assessment	9	6	3
Staffing Requirements	Daily nursing intervention	0	0	0
Staffing Requirements	As needed nursing assessment/intervention	90	45	45
Staffing Requirements	1:1 supervision	11	0	11
Staffing Requirements	Certified Nursing Assistant	86	57	29
Staffing Requirements	Certified Medication Technician	72	26	46
Staffing Requirements	Skilled Nursing Assistant	12	11	1
Staffing Requirements	Daily nursing intervention - cannot be delegated	7	6	1
Staffing Requirements	1:1 supervision - continuous	15	7	8
Staffing Requirements	1:1 supervision - intermittent	60	46	14
Environmental Characteristics	Physical accessibility	82	53	29
Environmental Characteristics	Sensory accessibility	11	10	1
Environmental Characteristics	Perimeter alarm	4	1	3
Environmental Characteristics	Safety modifications	84	57	27
Transportation	Wheelchair accessible	67	48	19
Transportation	Public	5	1	4
Transportation	Staff Assistance	112	61	51
Community Integration	Support for relationship building	110	59	51
Community Integration	Mobility skills training	10	8	2
Community Integration	Peer mentoring	4	1	3
Community Integration	Self-Advocacy training	16	12	4
Community Integration	Support for developing community connections	89	59	30
Legal Service	Medical guardian	32	29	3
Legal Service	Medical surrogacy	61	35	26
Legal Service	Support making decisions (not by agency/SRC staff)	82	32	50

Legal Service	Legal representation	42	1	41
Legal Service	Guardian of person	29	21	8
Legal Service	Financial guardian	8	5	3
Service Characteristics	Competitive Employment	1	0	1
Service Characteristics	Self-employment	2	1	1
Service Characteristics	Supported Employment	4	1	3
Service Characteristics	Day Habilitation	95	50	45
Service Characteristics	Vocational Training	27	21	6
Service Characteristics	Medical Day	16	16	0
Service Characteristics	Psychosocial	0	0	0
Service Characteristics	Volunteer	0	0	0
Service Characteristics	Senior Program	7	0	7
Service Characteristics	Retirement	2	1	1
Service Characteristics	Community learning	0	0	0
Service Characteristics	Self-directed Services (New Directions)	0	0	0

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WPH   Incident

Supports Service count - 02/29/2012 through 3/1/2013
Residential, State-wide and by center

Category	Issue	Statewide	Holly	Potomac
Interdisciplinary Service	Resource coordination and advocacy	115	61	54
Interdisciplinary Service	Assistance with ADLs	96	61	35
Interdisciplinary Service	Medical Services (other than routine)	29	18	11
Interdisciplinary Service	Psychiatric services	59	27	32
Interdisciplinary Service	Psychotherapy/counseling	14	6	8
Interdisciplinary Service	Behavior support services	68	35	33
Interdisciplinary Service	OT/PT (sensory stimulation, blind mobility, etc.)	12	3	9
Interdisciplinary Service	Speech Pathology	2	2	0
Interdisciplinary Service	Nutrition therapy/Dietary services	90	57	33
Interdisciplinary Service	Sign language interpreter	1	1	0
Interdisciplinary Service	Interpreter - Non-English speaking	0	0	0
Interdisciplinary Service	OT (sensory stimulation, blind mobility, etc.)	50	30	20
Interdisciplinary Service	PT	60	38	22
Interdisciplinary Service	Speech/Language Therapy	32	32	0
Interdisciplinary Service	Augmentative Communication System	28	28	0
Interdisciplinary Service	Swallowing Assessment/Treament	35	32	3
Staffing Requirements	Daily physician assessment	1	1	0
Staffing Requirements	Daily physician intervention	0	0	0
Staffing Requirements	As needed physician assessment	7	5	2
Staffing Requirements	Daily nursing assessment	8	6	2
Staffing Requirements	Daily nursing intervention	0	0	0
Staffing Requirements	As needed nursing assessment/intervention	90	42	48
Staffing Requirements	1:1 supervision	12	0	12
Staffing Requirements	Certified Nursing Assistant	94	58	36
Staffing Requirements	Certified Medication Technician	105	59	46
Staffing Requirements	Skilled Nursing Assistant	17	14	3
Staffing Requirements	Awake overnight supervision	102	61	41
Staffing Requirements	Daily nursing intervention - cannot be delegated	11	8	3
Staffing Requirements	1:1 supervision - continuous	11	5	6
Staffing Requirements	1:1 supervision - intermittent	68	49	19
Environmental Characteristics	Physical accessibility	82	53	29
Environmental Characteristics	Sensory accessibility	11	10	1
Environmental Characteristics	Perimeter alarm	4	1	3
Environmental Characteristics	Safety modifications	85	57	28
Transportation	Wheelchair accessible	68	49	19
Transportation	Public	5	1	4
Transportation	Staff Assistance	112	61	51
Community Integration	Support for relationship building	111	60	51
Community Integration	Mobility skills training	11	9	2
Community Integration	Assistance with family visits	106	54	52
Community Integration	Peer mentoring	9	6	3
Community Integration	Self-Advocacy training	18	13	5
Community Integration	Support for developing community connections	89	58	31
Legal Service	Medical guardian	32	28	4

Legal Service	Medical surrogacy	69	37	32
Legal Service	Support making decisions (not by agency/SRC staff)	85	33	52
Legal Service	Legal representation	71	23	48
Legal Service	Guardian of person	29	21	8
Legal Service	Financial guardian	9	5	4
Service Characteristics	Alternative Living Unit	112	60	52
Service Characteristics	Community Supported Living Arrangement	2	0	2
Service Characteristics	Individual/Family Support Services	1	1	0
Service Characteristics	Individualized Family Care	0	0	0
Service Characteristics	SRC	5	1	4
Service Characteristics	Self-directed Services (New Directions)	0	0	0

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Tech Needs count - 02/29/2012 through 3/1/2013
Day, State-wide and by center

Category	Issue	Statewide	Holly	Potomac
Assistive Technology	Adaptive mealtime equipment	57	46	11
Assistive Technology	Adaptive switches	32	31	1
Assistive Technology	Communication device	39	38	1
Assistive Technology	Braille materials	1	0	1
Therapeutic Medical Equipment	Safety supports	84	60	24
Therapeutic Medical Equipment	Durable medical equipment	75	54	21
None	None	35	4	31

Reed, Wayne

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Tech Needs count - 02/29/2012 through 3/1/2013
Residential, State-wide and by center

Category	Issue	Statewide	Holly	Potomac
Assistive Technology	Adaptive mealtime equipment	58	47	11
Assistive Technology	Adaptive switches	33	32	1
Assistive Technology	Communication device	41	41	0
Assistive Technology	Braille materials	1	0	1
Therapeutic Medical Equipment	Safety supports	84	60	24
Therapeutic Medical Equipment	Durable medical equipment	75	54	21
None	None	35	4	31

Date of Written Plan of Habitation Mtg:

Information about the individual

Last name: **State Residential Center**

First name: **Current Day Setting**

Date of Birth: **Date of SRC Admission**

SSN

Decision Making

Does the person make their own decisions?	○ Yes	○ No

If Yes: ☐ Personal ☐ Medical ☐ Legal ☐ Guardian

Does the person have a surrogate decision maker?	○ Yes	○ No

If Yes: ☐ Personal ☐ Medical ☐ Legal ☐ Guardian

Does the person have a guardian?	○ Yes	○ No

If Yes: ☐ Personal ☐ Medical ☐ Legal ☐ Guardian

Has the person designated someone to help them make decisions?	○ Yes	○ No

If Yes: ☐ Personal ☐ Medical ☐ Legal ☐ Guardian

Written Plan of Habilitation Assessed by:

Last name:

First name:

Agency & Office:

Date Completed:

Participation in the development of the plan

Did the individual attend their annual IP/WPH meeting?	○ Yes	○ No
Did the individual actively participate in the meeting?	○ Yes	○ No
If the individual did not actively participate, did the resource coordinator and treating professional meet with them to get input?	○ Yes	○ No

If the individual did not actively participate, briefly state why in the box below

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Communication Supports Used to Facilitate Involvement of the Individual in Developing the Written Plan of Habilitation

☐ Augmentative Communication device ☐ Interpreter - Non-English Speaking ☐ Sign Language Interpreter ☐ None

Other - describe in box below

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SUPPORTS & SERVICES NEEDED

A What are the supports and services does the individual require? (Please check all that apply)

1 Category: Interdisciplinary Services

Day	Residential
☐ Resource coordination and advocacy	☐ Resource coordination and advocacy
☐ Assistance with ADLs	☐ Assistance with ADLs
☐ Medical Services (other than routine)	☐ Medical Services (other than routine)
☐ Psychiatric services	☐ Psychiatric services
☐ Psychotherapy/counseling	☐ Psychotherapy/counseling
☐ Behavior support services	☐ Behavior support services
☐ OT (sensory stimulation, blind mobility, etc.)	☐ OT (sensory stimulation, blind mobility, etc.)
☐ PT	☐ PT
☐ Nutrition therapy/Dietary services	☐ Nutrition therapy/Dietary services
☐ Speech/Language Therapy	☐ Speech/Language Therapy
☐ Augmentative Communication Device	☐ Augmentative Communication Device
☐ Swallowing Assessment/Treatment	☐ Swallowing Assessment/Treatment
☐ Sign language interpreter	☐ Sign language interpreter
☐ Interpreter - Non-English speaking	☐ Interpreter - Non-English speaking

2 Category: Staffing Requirements

Day	Residential
☐ Daily physician assessment	☐ Daily physician assessment
☐ Daily physician intervention	☐ Daily physician intervention
☐ Daily nursing assessment	☐ Daily nursing assessment
☐ Daily nursing intervention	☐ Daily nursing intervention
☐ As needed nursing assessment/intervention - cannot be delegated.	☐ As needed nursing assessment/intervention - cannot be delegated.
☐ Certified Nursing Assistant	☐ Certified Nursing Assistant
☐ Certified Medication Technician	☐ Certified Medication Technician
☐ Skilled Nursing Assistant	☐ Skilled Nursing Assistant
☐ 1:1 supervision - continuous	☐ 1:1 supervision - continuous
☐ 1:1 supervision - intermittent	☐ 1:1 supervision - intermittent
	☐ Awake overnight supervision

3 Category: Environmental Characteristics

Day	Residential
☐ Physical accessibility	☐ Physical accessibility
☐ Sensory accessibility	☐ Sensory accessibility
☐ Safety modification	☐ Safety modification

4 Category: Transportation

Day	Residential
☐ Wheelchair accessible	☐ Wheelchair accessible
☐ Public	☐ Public
☐ Staff Assistance	☐ Staff Assistance

5 Category: Community Integration

Day

- ☐ Support for relationship building
- ☐ Mobility skills training
- ☐ Peer mentoring
- ☐ Self-advocacy training
- ☐ Support for developing community connections

Residential

- ☐ Support for relationship building
- ☐ Mobility skills training
- ☐ Peer mentoring
- ☐ Self-advocacy training
- ☐ Support for developing community connections
- ☐ Assistance with family visits

6 Category: Legal Services

Day

- ☐ Medical guardian
- ☐ Guardian of person
- ☐ Financial guardian
- ☐ Medical surrogacy
- ☐ Support making decisions (not by agency/SRC staff)
- ☐ Legal representation

Residential

- ☐ Medical guardian
- ☐ Guardian of person
- ☐ Financial guardian
- ☐ Medical surrogacy
- ☐ Support making decisions (not by agency/SRC staff)
- ☐ Legal representation

7 Category: Service Characteristics (Please check only one each for day and residential services)

Day

- ○ Competitive Employment
- ○ Self-employment
- ○ Supported Employment
- ○ Day Habilitation
- ○ Vocational Training
- ○ Medical Day
- ○ Psychosocial
- ○ Volunteer
- ○ Senior Program
- ○ Retirement
- ○ Community learning
- ○ Self-directed Services (New direction)

Other: Describe in box below.

Residential

- ○ Alternative Living Unit
- ○ Community Supported Living Arrangement
- ○ Individual/Family Support Services
- ○ Individualized Family Care
- ○ Self-directed services (New Direction)
- ○ State Residential Center

Other: Describe in box below.

TECHNOLOGY NEEDS

B What technology does the individual need to live and work (Please check all that apply)?

1 Category: Assistive Technology

Day

- ☐ Adaptive mealtime equipment
- ☐ Adaptive switches
- ☐ Communication assistance
- ☐ Braille materials

Other: Describe in box below.

Residential

- ☐ Adaptive mealtime equipment
- ☐ Adaptive switches
- ☐ Communication assistance
- ☐ Braille materials

Other: Describe in box below.

2 Category: Therapeutic Medical Equipment

Day

☐ Safety supports

☐ Durable medical equipment

3 Category: None(the individual has no medical/technology needs)

Day

☐ None

Residential

☐ Safety supports

☐ Durable medical equipment

Residential

☐ None

MOST INTEGRATED SETTING

C

Based on the individual's service, support and technology needs, what is the most integrated setting for this individual? (Please answer this question without regard to barriers.)

Day

○ SRC ○ Community

Residential

○ SRC ○ Community

If the SRC is determined to be the Most Integrated Setting, please indicate the primary reason the individual's needs cannot be met in a community setting.

Day

Residential

BARRIERS TO MOST INTEGRATED SETTING

D

Are there any identifiable barriers to placement in the most integrated setting?

Day

○ Yes ○ No

Residential

○ Yes ○ No

1 Category: Opposition Day	Documented in record in past 12 months?		**Residential**	Documented in record in past 12 months?	
☐ Legal Guardian	○ Yes	○ No	☐ Legal Guardian	○ Yes	○ No
☐ Family	○ Yes	○ No	☐ Family	○ Yes	○ No
☐ Individual	○ Yes	○ No	☐ Individual	○ Yes	○ No

2 Category: Court Ordered Placement

Day

☐ Yes

Residential

☐ Yes

3 Category: Community Capacity

Day

☐ Appropriate provider not currently available
☐ Appropriate psychiatric services not identified/currently available
☐ Appropriate medical services not identified/currently available

Residential

☐ Appropriate provider not currently available
☐ Appropriate psychiatric services not identified/currently available
☐ Appropriate medical services not identified/currently available
☐ Appropriate housing not identified currently available
☐ Appropriate roommate not identified

Date referred to regional office

Date referred to regional office

4 Category: Funding

Day

☐ Appropriate plan not yet developed

☐ SFP not approved

Residential

☐ Appropriate plan not yet developed

☐ SFP not approved

PLAN TO OVERCOME BARRIERS TO MOST INTEGRATED SETTING

E

What plans have been made to overcome the barriers indicated in Section D of this form? (Please indicate at least one plan to overcome each barrier identified In Section D.)

1 Category: Opposition

Day

☐ Provide information about community options
☐ Arrange for visit to community program

☐ Contact MFP staff for referral to peer mentoring
☐ Contact MFP staff for referral to family mentoring

☐ Continue peer mentoring

☐ Continue family mentoring

☐ Specialized Person-center Planning

Residential

☐ Provide information about community options
☐ Arrange for visit to community program

☐ Contact MFP staff for referral to peer mentoring
☐ Contact MFP staff for referral to family mentoring

☐ Continue peer mentoring

☐ Continue family mentoring

☐ Specialized Person-center Planning

2 Category: Court Ordered Placement

Day

☐ Request conditional release from the court
☐ Provide court information about community options

Residential

☐ Request conditional release from the court
☐ Provide court information about community options

3 Category: Community Capacity

Day

☐ Work with Regional Office to identify/develop appropriate provider

☐ Work with Regional Office to identify/develop psychiatric services

☐ Work with Regional Office to identify/develop medical service

Residential

☐ Work with Regional Office to identify/develop appropriate provider

☐ Work with Regional Office to identify/develop psychiatric services

☐ Work with Regional Office to identify/develop medical service

☐ Work with Regional Office to identify/develop appropriate housing

☐ Work with Regional Office to identify roommate

4 Category: Funding

Day

☐ Ensure request remains current

☐ Work with provider to develop appropriate plan

Residential

☐ Ensure request remains current

☐ Work with provider to develop appropriate plan

MIS FROM BOTH INTERVIEWERS

Based on the individual's service, support, and technology needs, the treating professional's recommendation for the most integrated setting is

Day
O SRC O Community

Residential
O SRC O Community

Name of Treating Profession: [   ]

Based on the individual's service, support, and technology needs, the Resource Coordinator's recommendation for the most integrated setting is:

Day
    ○ SRC ○ Community

Residential
    ○ SRC ○ Community

Name of Resource coordinator: [   ]

PROGRESS

Provide an update addressing all identified barriers (progress made toward removing barriers and current status of all barriers)

WRITTEN PLAN OF HABILITATION INFORMATION FORM
DEFINITION OF TERMS (Revised 010311)

*DECISION MAKING

Active Participation: A person who can make their wants/needs known to others by using speech, gestures, or other communication modes.

Pre-Meeting (Best Practice Guidelines for maximizing the individual's involvement in the annual meeting.

For persons who cannot actively participate in the annual meeting, the TP and RC (separately or together) should meet with the person prior to the meeting and communicate (using familiar examples/pictures/gestures etc.) the purpose of the annual meeting. The TP and RC should solicit input and assistance from direct care staff as necessary or appropriate. In the event that the individual is unable to actively participate in the annual meeting, the TP and RC can give input based on information gathered during the pre-meeting.

A pre-meeting should take place for all individuals who are not able to be present for the annual meeting.

*COMMUNICATION SUPPORTS USED TO FACILITATE INVOLVEMENT OF THE INDIVIDUAL IN DEVELOPING THE WRITTEN PLAN OF HABILITATION

Sign Language Interpreter: A specially trained individual certified to provide sign language interpreter services.

Braille Materials: Written information presented in Braille form.

Interpreter – Non-English Speaking: An individual who is hired to interpret communication in a foreign language which is the preferred language for the individual.

Communication Device: Any device which assists the individual with expressive and receptive language. This may include hearing aids, communication boards, audible switches, computer-assisted technology, etc.

Augmentative Device: Any device that facilitates communication for an individual with limited or absent speech. Examples include communication boards and symbols that depict the things or ideas they represent.

None: No supports are needed by the individual to communicate wants, needs and preferences.

SECTION A: SUPPORTS AND SERVICES NEEDED IN THE MOST INTEGRATED SETTING

Category 1: Interdisciplinary Services

Resource Coordination and Advocacy – Resource Coordination is a service responsible for assisting in the development and review of an individual plan designed to meet the individual's

needs, preferences, desires, goals and outcomes in the most integrated setting. The resource coordinator also provides the individual with information about more integrated settings and services licensed by the DDA and assists the individual in locating services. Resource Coordination may not be provided by licensees that provide direct services.

Assistance with ADLs: The provision of supervision and/or assistance with performing activities of daily living from a staff person. These activities can include personal care, household tasks, budgeting, shopping, etc.

Medical Services (other than routine): Provision of medical services from a physician, nurse, etc. that are in addition to routine visits such as physical examinations, GYN examinations, mammograms, colon cancer screenings, dental examinations, etc.

Psychiatric Services: Evaluation, diagnosis, medication monitoring and/or psychotherapy from a licensed psychiatrist.

Psychotherapy/Counseling: Regular goal oriented sessions with a licensed healthcare professional for the purpose of discussing issues of concern, learning coping strategies, etc.

Behavior Support Services: Behavior support services include behavioral consultation, temporary augmentation of staff, behavioral training and behavioral respite. Behavioral consultation means on-site observation, assessment and evaluation of the interaction between the individual and the individual's caregiver in the context of the individual's existing programs. Behavioral consultation includes recommendations regarding the structure of the program and appropriate activities and services, and consultation, as needed, with clinical professionals. Behavior support services also means the development and implementation of a behavior plan designed to modify behavior through clinically accepted techniques.

OT/PT: Services provided by a licensed Occupational Therapist and/or by a licensed Physical Therapist.

Speech Pathology: Services provided by a licensed Speech Pathologist.

Nutrition/Dietary Services: Specialized services (in addition to regular dietary guidance) provided by a licensed Dietician. This may include services related to special diets for health conditions, food texture, etc.

Sign Language Interpreter: Services to facilitate communication provided to the deaf and hard of hearing by a certified Sign Language Interpreter.

Interpreter: Services to facilitate communication provided by a foreign language interpreter.

Category 2: Staffing Requirements

Daily Physician Assessment: Performance of a physical assessment by a physician that is required on a daily basis.

Daily Physician Intervention: Performance of a medical procedure by a physician that is required on a daily basis.

As Needed Physician Assessment/Intervention: Performance of a physical assessment and/or intervention in the individual's residence or day setting by a physician that is required on an as needed basis.

Daily Nursing Assessment: Performance of a physical assessment by a licensed nurse that is required on a daily basis.

Daily Nursing Intervention: Performance of a medical procedure by a licensed nurse that is required on a daily basis.

As Needed Nursing Assessment/Intervention: Performance of a physical assessment and/or intervention in the individual's residence or day setting by a licensed nurse that is required on an as needed basis.

1:1 Supervision: Provision of supervision for behavioral, physical, or other disability-related needs by staff who are with the individual at all times and who are not responsible for supervision of other individuals.

Certified Nursing Assistant: An individual who is certified by the Maryland Board of Nursing and who routinely performs nursing tasks delegated by a registered nurse or a licensed practical nurse for compensation that cannot be performed by a CMT or uncertified staff.

Certified Medication Technician: The Certified Medication Technician, who is not required to be a Certified Nursing Assistant, performs the delegated nursing functions of medication administration in community based settings under the supervision of a registered nurse. This person is certified by the Maryland Board of Nursing.

Skilled Nursing Assistant: Performance of medical care on a daily basis by a Skilled Nursing Assistant as licensed by the Maryland Board of Nursing.

Awake Overnight Supervision: Provision of on-site supervision in a residential setting by direct support staff who are awake during normal hours of sleep.

Non-awake Overnight Supervision: Provision of supervision by direct support staff in a residential setting during normal hours of sleep. These staff may sleep during these hours.

Category 3: Environmental Characteristics

Physical Accessibility: An environment in which an individual with physical limitations has unrestricted access to the physical environment including the entrance, kitchen, bath and bedroom while using equipment that assists with the physical limitations.

Sensory Accessibility: An environment with devices providing emergency/safety notification and/or other functions designed to meet the needs of individual with a sensory disability (i.e. blind, deaf).

Perimeter Alarm: An environment where an audible device has been installed to alert staff of the unplanned exit from the environment of an individual who must not leave the environment without supervision.

Category 4: Transportation

Wheelchair Accessible: A vehicle that has the capacity to accommodate persons who use a wheelchair or motorized scooter, as well as the wheelchair or motorized scooter itself.

Public: Modes of transportation available to the general population, which usually require a fee to use. Examples: transit bus, light rail, metro subway, cab, MARC train, train, para transit, etc.

Staff Assistance: Staff support, in addition to the driver, to provide supervision and/or support for individuals while they use transportation, usually for medical or behavioral purposes.

Category 5: Community Integration

Support for Relationship Building: Staff assistance with developing and maintaining personal relationships with others. This may include providing training in social skills, communication, human sexuality, interpersonal boundaries, working in a group, community volunteerism, etc.
Mobility Skills Training: Training in safely crossing streets, recognizing and obeying traffic and pedestrian signs, using public transportation, seeking assistance when lost or in an emergency, etc.

Category 6: Legal Services

Medical Guardian: A court appointed guardian who is limited to making medical decisions.

Medical Surrogacy: An individual who may make medical decisions as authorized by HG 5-605.

Support Making Decisions (not by agency/SRC staff): Provision of assistance with making decisions regarding healthcare, services, living arrangements, etc. by a person who is interested in the wellbeing of the individual, at the individual's request, who has no vested interest in the outcome of the decision.

Legal Representation: The use of an attorney who is admitted to practice law in Maryland.

Category 7: Service Characteristics

Day
Competitive Employment: Employment at an integrated job site; receiving comparable wages; where most of the employees do not have disabilities. The individual is an employee of the business and may or may not receive time-limited support from a service provider or similar organization.

Self-Employment: Employment in a business controlled and/or owned by the individual. The individual may require supports to successfully maintain the business.

Supported Employment: Self-employment or employment in a community business for pay with licensee funded supports; or any community based work program that includes supports necessary for the individual to achieve the desired outcomes established in the IP. Supported

employment may include volunteer work when this work is for job training and preparedness. The individual typically works 20-40 hours per week, not including commuting time.

Day Habilitation: Participation in facility based structured activities designed to increase or maintain motor skills, communication skills, personal hygiene skills, leisure skills, and community integration.

Vocational Services: Vocational services include but are not limited to: vocational assessment, job training/work skill training and placement programs, and training in social skills, acceptable work behaviors, basic safety skills, training in work-related hygiene and other skills such as money management. These services are facility based with some community based activities.

Medical Day: Participation in structured activities designed to increase or maintain skills including motor, communication, personal hygiene, leisure etc. in a setting where licensed medical services are available on-site. These individuals typically require the services of licensed medical staff throughout the day to meet their medical needs. These services are facility based.

Psychosocial: Participation in structured activities designed to increase or maintain motor skills, communication skills, personal hygiene skills, leisure skills, and community integration in a setting where specialized services are available on-site to meet the needs of individuals with a mental illness. These specialized services include but are not limited to: behavioral supports, counseling, medication administration and monitoring, and education in coping with mental illness.

Volunteer: Participation in work activities, without pay, to gain desired work experience, personal satisfaction, and to contribute to the community.

Senior Program: Participation in structured leisure activities designed to maintain the social, physical and cognitive capacity of individuals over the age of 62. These programs can be facility based or community based.

Retirement: The planned cessation of work activities after the age of 55.

Residential

Alternative Living Unit: A residence in a community setting that is owned, leased or operated by a licensee that provides residential services for individuals who, because of a developmental disability, require specialized living arrangements; admits not more than 3 individuals; and provides 10 or more hours of supervision per unit, per week.

Community Supported Living Arrangement: Services to an individual in non-vocational activities necessary to enable that individual to live in the individual's own home, apartment, family home or rental unit with no more than 2 other non-related recipients of these services, or members of the same family regardless of number.

Individual/Family Support Services: Services designed to be flexible and dynamic to meet the needs of individuals or families desiring specific areas of support and for those who have changing needs. Supports are provided by making use of resources available in the community while building on the individual's existing support network.

Individualized Family Care: A private single family residence, affiliated with a licensed IFC agency, which provides a home for up to 3 individuals with developmental disabilities who are unrelated to the care provider.

State Residential Center: An ICF/MR residential facility operated by the State of Maryland which provides services to individuals with mental retardation.

SECTION B: TECHNOLOGY NEEDS

Category 1: Assistive Technology

Adaptive Mealtime Equipment: Equipment specially designed to assist the individual with eating independently. This equipment includes but is not limited to: plate guards, large handled spoons, etc.

Adaptive Switches: Mechanical switches adapted for use by individuals with small motor deficits, including light switches, stove knobs, etc.

Communication Devices: Any device which assists the individual with expressive and receptive language. This may include hearing aids, communication boards, audible switches, computer-assistive technology, etc.

Braille Materials: Written materials that have been converted to Braille writing, for individuals with sight impairment.

Category 2: Therapeutic Medical Equipment

Safety Supports: Any device that is employed to assist in assuring the safety of the individual. Examples include helmets, walkers, canes, chest harnesses, lap trays, lifts, bedrails, foot rests, seatbelts, pelvic stabilizers, etc

Durable Medical Equipment: Equipment required to meet the medical needs of an individual. Examples include feeding tube, hearing aid, ventilator, orthopedic shoes, leg brace/foot brace, etc.

SECTION C: MOST INTEGRATED SETTING

SRC: State Residential Center: An ICF/MR residential facility operated by the State of Maryland which provides services to individuals with mental retardation.

Community: A setting in which services are provided outside of a facility/institution, i.e. alternative living unit, community supported living arrangement, individual/family supports, individualized family care, competitive employment, self-employment, supported employment, day habilitation, vocational training, medical day services, psychosocial day programs, volunteer situations, senior programs, and retirement.

SECTION D: BARRIERS TO MOST INTEGRATED SETTING

Category 1: Opposition

Legal Guardian: The provision of services in the most integrated setting in opposed by an individual who has been appointed by a court to be the legal guardian of the individual.

Family: The provision of services in the most integrated setting in opposed by a member of the individual's family.

Individual: The individual receiving services is opposed to receiving those services in the most integrated setting.

Category 2: Court Ordered Placement

Yes: The individual receiving services has been admitted to the facility under the order of a court in Maryland (Title XII), and the provision of services in the most integrated setting is not permitted by the court.

Category 3: Community Capacity

Appropriate Provider not Identified/Currently Available: A service provider licensed to provide the services required by the individual has not been identified or is not currently able to provide the needed service in the most integrated setting.

Appropriate Psychiatric Services not Identified/Currently Available: A psychiatrist has not been identified or is not currently available to provide necessary psychiatric services in the most integrated setting.

Appropriate Medical Services not Identified/Currently Available: A provider of medical services (i.e. physician, nurse, etc.) has not been identified or is not currently available to provide needed medical services in the most integrated setting.

Appropriate Housing not Identified/Currently Available: A residential setting, such as a house, apartment, condo etc. has not been located or is not currently available to meet the individual's needs in the most integrated setting. The housing needs may include accessibility accommodations, specific location, affordability, etc.

Appropriate Housemate not Identified: For individuals who choose to live with a housemate, an individual who mutually agrees to share housing has not been identified.

Category 4: Funding Requested and Not Currently Available

Yes: A formal request has been made to the appropriate DDA regional office for funding of services in the most integrated setting, and this request has been denied due to a lack of available funds for these services.

SECTION E: PLAN TO OVERCOME BARRIERS TO MOST INTEGRATED SETTING

Category 1: Opposition

Provide Information about Community Options: Provide the legal guardian, family and/or individual with information about services that are available in community settings. This information may be in the form of printed materials, invitations to provider fairs, discussions with the opposing party and staff, etc.

Arrange for Visit to Community Program: Make arrangements for the opposing party to visit community based programs where similar services to those needed by the individual.

Arrange for Contact with Individual Receiving the Service: Make arrangements for the opposing party to visit with an individual(s) who receive similar services as those needed by the individual.

Seek Advocacy Support: Seek support from an advocacy organization to assist with overcoming the barrier.

Category 2: Court Ordered Placement

Request Conditional Release from the Court: Formally request permission from the Court for the individual to receive services in the most integrated setting. This request includes a plan, and monitoring for the provision of services which accommodates the individual's forensic needs.

Provide Court Information About Community Options: Provide information to the Judge about the types and availability of services in the most integrated setting, examples of Conditional Release plans, etc.

Category 3: Community Capacity

Work with Regional Office to Identify/Develop Appropriate Provider: Provide information to the Regional Office regarding the services the individual needs to receive services in the most integrated setting, and work with the Regional Office to identify potential service providers and to explore service capacity within existing provider resources. Work with the Regional Office to explore possible new resources for the service if they are not available.

Work with Regional Office to Identify/Develop Psychiatric Services: Provide information to the Regional Office regarding the individual's service needs and explore resources to address these needs. Work with the Regional Office to identify possible new resources for psychiatric services if they are not available.

Work with Regional Office to Identify/Develop Medical Service: Provide information to the Regional Office regarding the individual's service needs and explore resources to address these needs. Work with the Regional Office to identify possible new resources for medical services if they are not available.

Work with Regional Office to Identify/Develop Appropriate Housing: Provide information to the Regional Office regarding the individual's housing needs, and work with the Regional Office to identify existing resources and/or to promote the availability of new resources to meet the need.

Work with Regional Office to Identify Housemate: Provide information to the Regional Office regarding the individual's roommate preferences, facilitate visits with potential roommates, and support the individual in the decision-making process.

Category 4: Funding Requested and Not Currently Available

Ensure request remains current: Maintain contact with the Regional Office to ensure that the need for services in the most integrated setting is known, and to ensure that funds are requested when availability exists.

Appendix 3

2013 Written Plans of Habilitation for People in State Residential Centers
Februry 29, 2012 - March 1, 2013

State Residential Center - 115 WPH	
Holly	61
Potomac	54
Barrier General Categories - Residential	
Opposition	90
Community Capacity	26
Barrier General Categories - Day	
Opposition	26
Community Capacity	4

Note: More than one barrier could be reported for each individual.
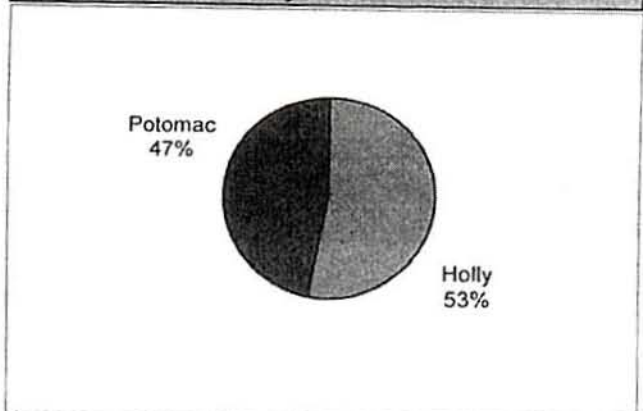
Most Integrated Setting - Residential

Legend: □ Resource Coordinator Recommendation ■ SRC Treating Professional Recommendation
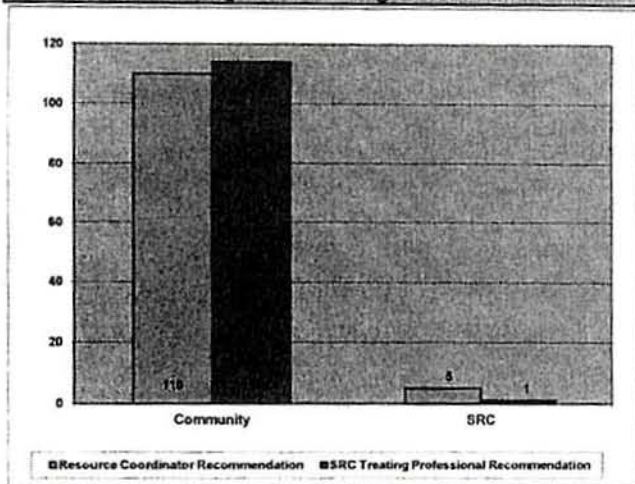
Note: SRC refers to State Residential Center

Most Frequent Support/Service and Technology Needs	
Residential Service	
Resource Coord and Advocacy	115
Staff Assistance	112
Support for relationship building	111
Assistance with family visits	106
Certified Medication Technician	105
Residental Technology	
Safety Supports	84
Durable Medical Equipment	75
Adaptive Mealtime Equipment	58

Notes: Data reflects discrete numbers of services and technology needs.
Where the Resource Coordinator and Treating Professional both listed the same service and/or technology need for a consumer, the technology need was listed once.
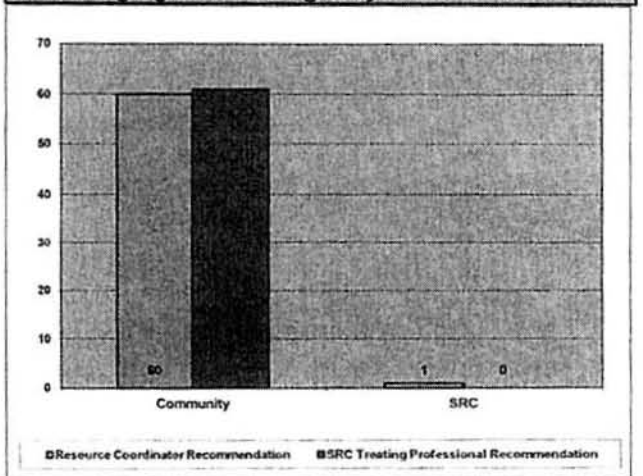
Percent of Total WPH by SRC

Potomac 47%
Holly 53%

Total number of WPH = 115
Note: SRC = State Residential Center

Most Integregrated Setting- Day

Legend: □ Resource Coordinator Recommendation ■ SRC Treating Professional Recommendation

Note: Recommendation for day services is for those not currently in that setting. SRC refers to State Residential Center.

Day Service	
Resource Coord & Advocacy	115
Staff Assistance	112
Supporf for relationship building	110
Day Habilitation	95
Safety Supports	84
Durable Medical Equipment	75
Adaptive Mealtime Equipment	57