



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

February 5, 2016

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

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

RE: Report on Written Plan of Habilitation for People in State Residential Centers
(HB 900 – Chapter 502 of the Acts of 2010)

Dear President Miller and Speaker Busch:

Enclosed you will find a report pursuant to Health- General §7-1006 which requires the submission of annual report to 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 information collected from Coordinators of Community Services (CCS) and treating professionals regarding the most integrated setting for people living in SRCs. The report also contains a brief description of various efforts to assist people transitioning from a SRC to a community based service.

If you have any questions or require additional information, please feel free to contact Bernard Simons, Deputy Secretary for Developmental Disabilities, at (410) 767-5607 or at Bernard.simons@maryland.gov.

Sincerely

Bernard Simons
Deputy Secretary
Developmental Disabilities Administration

Carol Beatty
Secretary
Maryland Department of Disabilities

Enclosure

C: Van T. Mitchell
Allison Taylor

Report to the Maryland General Assembly Health-General Article §7-1006(c)(4)(i)

Written Plan of Habilitation for Individuals in State Residential Centers
Department of Health and Mental Hygiene
Maryland Department of Disabilities
December 2015

INTRODUCTION

House Bill 900, Chapter 502 of the Acts of 2010, formerly House Bill 794, Chapter 396 of the Acts of 2005, signed into law as Health-General Article §7-1006, effective July 1, 2005, requires the Developmental Disabilities Administration (DDA) to submit an annual report summarizing data provided by State Residential Centers concerning their residents' written plans of habilitation. A written plan of habilitation is developed initially - and reviewed on an annual basis, or more often as requested - by the individual, a resource coordinator, and a treating professional. Plans include 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 work in the most integrated setting;
- A list of barriers preventing the person from receiving these services, supports, and technology in the most integrated setting; and
- A plan to overcome barriers to most integrated setting (added in 2013).

The information described in this report reflects data collected on written plans of habilitation for the time period of March 2, 2014 through March 1, 2015. Findings on recommendations of the most integrated settings for residential and day services are provided below, followed by barriers to the provision of residential and day services in the most integrated settings. The report concludes with a discussion of support, service, and technology needs in residential and day settings for successful transitions to community settings.

BACKGROUND

DDA provides a coordinated service delivery system designed to allow individuals with developmental disabilities to receive appropriate services oriented toward the person's wants and needs in the most natural and integrated settings in the community. DDA services are provided primarily through a wide array of community-based services delivered through a network of non-profit providers, as well as through forensic and residential facilities.

Maryland has two State Residential Centers - Holly Center in Salisbury and Potomac Center in Hagerstown - where individuals with developmental disabilities reside and receive services and treatment; Potomac Center currently is providing services to Marylanders ages 19-76 and will serve people from all regions of the state. Holly Center provides services primarily to Eastern Shore residents and currently serves a population ranging in age from 27-88 years old.

The State Residential Center population is composed of three groups, each of which is eligible for federal reimbursement:

- 1) Individuals with profound disabilities who have resided at the State residential centers and prefer to remain there (Holly and Potomac Centers);
- 2) Individuals with significant disabilities who have not resided in a DDA institution for most of their lives but are in need of facility-based services until community supports are identified (Holly and Potomac Centers); and
- 3) Individuals with multiple disabilities, often intellectual and developmental disabilities coupled with mental illness and other mental disorders (including substance- and alcohol- related needs and significant trauma histories), who have likely been previously admitted to facility-based settings (Potomac Center).

Additionally, Potomac Center serves a forensic population who are admitted by court orders under the Criminal Procedure Article. The forensic population is composed of individuals who have received orders from a court that the Potomac Center is the proper facility to provide care to them. The level of needs vary in this population, and their care is completely funded with State funds.¹

Admissions to State Residential Centers follow Health-General statutes, are determined by the DDA Director whose decision is reviewed by an administrative law judge, and are available only for residents who require active treatment and do not have community resources identified and/or available. People are discharged from these facilities when DDA can attest that the plans for services following residential services are appropriate and meet the needs of the person. Discharge resources include the statewide network of DDA providers, Behavioral Health Administration (BHA) providers and other system resources. For the forensic population, release from an active court-ordered commitment to a Department of Health and Mental Hygiene facility is required for discharge.

FINDINGS AND ANALYSIS

The information described in this report reflects data collected for the time period of March 2, 2014 through March 1, 2015, from information contained in the written plans of habilitation completed by treating professionals and resource coordinators or from treating professionals only (when information from resource coordinators was not provided.)¹ During this reporting period, written plans of habilitation were completed for 110 residents statewide. This includes 66 at the Holly Center and 44 at the Potomac Center. The reporting census has declined from the two previous reporting periods (117 and 115, respectively).

The annual target of at least 20 Money Follows the Person transitions each calendar year was met in 2014 and is on target for 2015. Money Follows the Person initiatives transition Medicaid-enrolled individuals from institutions to the community where the individuals maintain their Medicaid coverage and have it delivered through home- and community-based services programs. During the current reporting period, 23 individuals moved to the community as Money

¹ Please note that individuals can transition from one population to another at Potomac Center; *i.e.*, a forensic resident can have his/her court-ordered status closed and then be admitted as part of the State Residential Center population, or a State Residential Center resident may encounter the criminal justice system and become a forensic resident.

Follows the Person transitions. This includes seven from the Potomac Center, one from the Holly Center and 15 from nursing facilities.²

In a continuing positive trend, Potomac Center has transitioned an additional 10 residents since March 2015, doubling the same rate reported last year.

Most Integrated Setting

During the reporting period, community based residential services were recommended as the most integrated setting for 102 individuals in State Residential Centers (93%). State residential centers were recommended as the most integrated setting for residential services for eight individuals (7%). As for day services, 105 of 110 individuals (95%) were recommended for community based day services as the most integrated setting appropriate for the individual. This is depicted in Integrated Settings Table 1 and 2.

Of the 105 individuals recommended for community day services, 45 individuals received day services in the community during the time period (43%). The remaining individuals received day services in the facility in which they reside. Just over half of Holly Center's population accessed day/vocational services outside of the facility (34 persons) at either Dove Pointe or Somerset Community Services community-based agencies. One quarter of Potomac Center's population (11 persons) utilized community based services provided by Lycher, Spectrum Supports, Star, Unified Community Connections, and Washington County Human Development Council. Holly Center provides day and vocational services onsite to 32 residents, while Potomac Center provides the same services onsite to 33 residents. Residents receive community-based day services because they have been grandfathered into the community arrangement.

¹ Potomac Center had 44 residents who had written plans of habilitation meetings during this reporting period. Twenty-nine written plans of habilitation were completed with information from both a treating professional and a resource coordinator. Fifteen written plans of habilitation had information available only from a treating professional at time of report. The absent resource coordination data are attributed to providers operating outside of the Western Region, where the Potomac Center is located, and is being addressed through contract monitoring by each of the DDA Regional Offices. Tighter controls across the Administration will resolve this issue.

² The MFP numbers do not account for total discharges from each facility. Other types of discharges would include deaths, facility transfers, and community placements not covered by MFTP criterion.

INTEGRATED SETTINGS TABLE 1 - Residential Services

	INDIVIDUALS		
RECOMMENDED MOST INTEGRATED SETTING	HOLLY CTR	POTOMAC CTR	STATEWIDE
RESIDENTIAL - Community	60	42	102
RESIDENTIAL - SRC'S	6	2	8
Total	66	44	110

INTEGRATED SETTINGS TABLE 2 - Day Services

	INDIVIDUALS		
RECOMMENDED MOST INTEGRATED SETTING	HOLLY CTR	POTOMAC CTR	STATEWIDE
DAY SERVICES - Community	61	44	105
DAY SERVICES - SRC'S	5	0	5
Total	66	44	110

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 the most integrated setting for both residential and day services. When reporting these barriers, resource coordinators and treating professionals often reported more than one barrier for each individual. Therefore, more barriers than the number of individuals with written plans of habilitation were reported. Additionally, some residents were assessed as having no barriers identified.

Barriers are divided into three general categories: Opposition, Court-Ordered Placement, and Community Capacity. Opposition is defined as the person, or a 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. Court-Ordered Placement means the individual has been admitted to the facility under the order of a Maryland court.²

² Funding was named in prior reports as a barrier to services. However, it is no longer a barrier due to The Money Follows the Individual Act, codified in the Annotated Code of Maryland, Health-General Article §15-137, which states:

(a) *The Department may not deny an individual access to a home and community based services waiver due to a lack of funding for waiver services if:*

1. *The individual is living in a nursing facility at the time of the application for waiver services;*

Residential Setting:

Barriers Table 1 shows the number of times each category was cited in the written plans of habilitation as a barrier to placement in the most integrated residential setting. Barriers Table 2 provides a more in-depth look at the barrier cited most frequently statewide, Opposition, which was cited for 66 of 110 individuals (60%). Community Capacity was cited as Potomac Center's most prevalent barrier, effecting 21 of 44 individuals (48%) residing there in this reporting period.

BARRIERS TABLE 1	RESIDENTIAL SERVICES		
	INDIVIDUALS		
BARRIERS	HOLLY CTR	POTOMAC CTR	STATEWIDE
Opposition	52	14	66
Community Capacity	0	21	21
Court Placement	0	6	6

BARRIERS TABLE 2	RESIDENTIAL SERVICES			
		INDIVIDUALS		
BARRIER	Cited By:	Holly Ctr	Potomac Ctr	Statewide
Opposition	Individual Only	0	10	10
Opposition	Family Only	26	11	37
Opposition	Legal Guardian only	15	1	16
Opposition	Family & Legal Guardian	11	3	14

Day Setting

Barriers Table 3 shows three categories of barriers to receiving day services in the most integrated setting. Barriers Table 4 provides a more in-depth look at the most frequently identified statewide barrier, Community Capacity, which was cited for 16 of 65 individuals who receive day services in the State residential centers (25%), followed closely by Opposition as a barrier. Of the 110 individuals with written plans, 45 are not considered to have barriers to receiving day services in the most integrated setting because they receive community-based day services (34 individuals from the Holly Center and 11 individuals from the Potomac Center.)

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2. *At least 30 consecutive days of the individual's nursing facility stay are eligible to be paid for by the Program;*
 3. *The individual meets all of the eligibility criteria for participation in the home and community-based services waiver; and*
 4. *The home and community-based services provided to the individual would qualify for federal matching funds.*

While the law only references nursing facilities, Department of Health and Mental Hygiene policy applies the requirements to all institutions.

BARRIERS TABLE 3	DAY SERVICES		
		INDIVIDUALS	
BARRIERS	HOLLY CTR	POTOMAC CTR	STATEWIDE
Opposition	7	7	14
Community Capacity	3	13	16
Court Placement	0	5	5

BARRIERS TABLE 4	DAY SERVICES			
		INDIVIDUALS		
BARRIER	Cited By:	Holly Ctr	Potomac Ctr	Statewide
Opposition	Individual Only	0	6	6
Opposition	Family Only	2	1	3
Opposition	Legal Guardian only	5	0	5
Opposition	Family & Legal Guardian	5	0	5

Support and Service Needs

There are a number of supports and services identified in the written plans of habilitation as being needed by individuals in order for them to receive residential and day services in the most integrated setting. These supports and services include the following,

- Interdisciplinary Services
 - Resource coordination and advocacy
 - Assistance with activities of daily living
 - Nutrition therapy/dietary services
 - Behavior Support Services
- Community Integration
 - Support for relationship building and developing community connections
 - Self-advocacy training
 - Mobility skills training
- Environmental Characteristics
 - Safety Modifications
 - Physical Accessibility
 - Sensory Accessibility
- Technology Needs
 - Assistive Technology
 - Adaptive mealtime equipment
 - Adaptive switches
 - Communication devices
 - Braille materials

- Therapeutic Medical Equipment
 - Safety supports
 - Durable medical equipment
- Legal Services
 - Support in making decisions, from someone other than facility staff
 - Medical surrogacy
 - Guardianship of the individual
 - Medical Guardianship
- Transportation Needs

Discussion

DDA is committed to individuals receiving services and supports in the most integrated setting appropriate, and will continue to utilize the data received from written plans of habilitation to: identify individuals who may be able to receive services in community settings; identify the barriers that prevent individuals from receiving day and residential services in the most integrated settings; and work with our community partners to alleviate these barriers. A multi-faceted approach to addressing the barriers identified in this report will be implemented, including:

- The Money Follows the Person initiative employs three staff persons. Through Money Follows the Person Operational Protocol (approved by the Centers for Medicare & Medicaid Services), DDA has projected 20 annual transitions through the end of the Money Follows the Person demonstration project in 2019.
- DDA will continue to provide resource coordinators and treating professionals training on *Olmstead v. LC*, 527 U.S. 581 (1999), a United States Supreme Court case that mandated states to provide services in community settings to individuals with disabilities. The two State Residential Center directors, along with their staff, will continue to meet to review best practices, measures, outcomes, training resources and system needs. Quality assurance and enhancement strategies will continue to assure systems and services are appropriately delivered, including planning and discharge efforts. Additionally, State Residential Center leadership has been actively involved in enhancing the scope of community provider capacity and services, which will continue to be implemented as new provider organizations enter Maryland and begin to provide services.
- DDA has employed a Director of Advocacy Support at Headquarters and a Regional Advocacy Specialist in each regional office. These individuals are self-advocates who are responsible for handling inquiries about services on a peer to peer basis and to support people in learning to advocate for themselves. This staff will work with people in the State Residential Centers to assist with transitions into community-based services.

- DDA is partnering with the Maryland Developmental Disabilities Council and the non-profit advocacy group People on the Go to sponsor Project STIR training around the state. Project STIR – Steps Towards Independence and Responsibility – is designed to help individuals speak up for themselves, to know themselves, and to share their needs, ideas, and feelings with those around them. Individuals residing at the Potomac and Holly Centers will be offered the opportunity to participate in Project STIR training.
- To ease concerns of family members, DDA now provides a letter to family members of people transitioning from the State Residential Centers into community-based services indicating that if the individual's needs are not adequately met or if a health and safety issue arises, the individual can return to the State Residential Center.
- Essential Lifestyle Planning, a State program focused on person-centered planning methodologies, is another tool that can be utilized to help individuals overcome barriers to achieving their most integrated setting. The person-centered planning process assists individuals, families, and guardians with recognizing the strengths of individuals with developmental disabilities and the many opportunities for the personal growth that a community living situation can foster. The program can be accessed by contacting Money Follows the Person, State Residential Center, and DDA staff.
- Coordinators of Community Services (CCS, formerly known as Resource Coordinators) are available to assist individuals transitioning from an institutional setting to a community-based service.
- DDA's regional offices are able to distribute up to \$700 to Money Follows the Person- eligible individuals transitioning to their own home or apartment. The money can be used for expenses such as transportation, groceries, or deposits for utilities.
- The Community Pathways Waiver includes "transition services," which are one-time only expenses for individuals transitioning from an institutional or non-residential site to the community. The opportunity for transition services has been expanded from 60 days in advance of transition to 180 days in advance of a transition. The increased time will provide individuals the opportunity to plan for, and purchase, items that will facilitate their transition to a community residential setting.
- The Balancing Incentive Payment Program grant awarded the State 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 statewide approach to expand community-based care. The grant also funds new investments to transition individuals from nursing homes to the community, the adoption of a better screening tool to identify people who need services, and the formation of new consumer

council. Additional information can be found at https://dhmh.maryland.gov/longtermcare/Pages/Maryland-Money-Follows-the-Person.aspx_

- Through collaborations among DDA, the Department of Disabilities (DoD), and the Department of Housing and Community Development (DHCD), housing options are available to Marylanders who currently reside in the community as well as in facilities, and include the following initiatives:
 - *DDA Bridge Subsidy Program* - Helps expedite people with disabilities' access to subsidized rental housing. Through this \$2.1 million program, people with disabilities and their families who would otherwise be on a long waitlist for other subsidized housing programs receive rental assistance for up to three years. At the conclusion of the three-year term, each participant will receive permanent assistance through the local Public Housing Authority's Housing Choice Voucher or in a public housing program. The program will serve approximately 78 participants.
 - *Housing Programs* - The State of Maryland and Harry and Jeanette Weinberg Foundation Affordable Rental Housing Opportunities Initiative for Persons with Disabilities ("Weinberg Apartments") is private-public collaboration among The Harry and Jeanette Weinberg Foundation, DHCD, DoD and DHMH. The Weinberg Foundation has provided \$2 million to support the designation of subsidized, accessible apartments that are offered to people with disabilities who have a very low income.
 - HUD Section 811 Rental Assistance Project is a federally-funded collaboration among DoD, DHCD and DHMH. In 2013 and 2015, Maryland received two grants from the U.S. Department of Housing and Urban Development totaling \$20.8 million to implement the Section 811 Project Rental Assistance Programs. These funds will assist people with disabilities, many transitioning from institutional settings or at risk of homelessness, to live independently in the community of their choice by providing affordable housing coupled with available supports and services.
 - The Maryland Partnership for Affordable Housing is a coalition of State agencies, stakeholders, and advocates seeking to influence developers to build more affordable units for people with disabilities, including people residing in State Residential Centers.

³ To access the full waiver application, please visit the DDA website at <https://mmcp.dhmh.maryland.gov/waiverprograms/Documents/Community%20Pathways%20Waiver%20Application.pdf>.