



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

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 an 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 of 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

cc: Dennis R. Schrader, Secretary DHMH
Webster Ye, Director, DHMH Office of Governmental Affairs

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

Report on Written Plans of Habilitation for Individuals in State Residential Centers
By the Maryland Department of Health and Mental Hygiene's Developmental Disabilities
Administration and
the Maryland Department of Disabilities
October 2016

INTRODUCTION

Pursuant to House Bill 794, Chapter 396 of the Acts of 2005, adopted in the Maryland Annotated Code's Health-General Article at §7-1006(c) (effective July 1, 2005), the Developmental Disabilities Administration ("DDA") and the Department of Disabilities ("DoD") are required to submit an annual report summarizing the statewide and regional data provided by State Residential Centers concerning their residents' written plans of habilitation. State Residential Centers are required to report to DDA and DoD their residents' written plans of habilitation and any updates thereto.

A State Residential Center's written plan of habilitation must be developed initially and reviewed on an annual basis (or more often as requested) by the individual, a treating professional, and a resource coordinator who is not employed by or under contract with the State Residential Center. Each plan must be completed using a DDA-approved form and must include the following information:

- The treating professional's and resource coordinator's separate recommendations regarding most integrated setting appropriate to meet the individual's needs;
- A description of the services, supports, and technology that are required for the individual to receive services in the most integrated setting appropriate to meet his or her needs;
- A list of barriers (including community capacity or systems) preventing the person from receiving these services, supports, and technology required for the individual to live in the most integrated setting if community services are determined to be the most integrated setting appropriate to meet the individual's needs; and
- A plan to overcome barriers to most integrated setting.

The information in this report summarizes statewide and regional data collected on State Residential Centers' written plans of habilitation for the time period of March 2, 2015 through March 1, 2016. This report provides DDA's summary of its findings regarding treatment professionals' and resource coordinators' recommendations of the most integrated settings for residential and day services for the State Residential Centers' residents. This report also provides DDA's summary of its findings regarding the barriers to the provision of recommended 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 eligible individuals with developmental disabilities to receive appropriate services and supports that enable the individual to live in the most integrated community setting appropriate to meet the individual's wants and needs. DDA funds and oversees these services primarily through a wide array of community-based services delivered through a network of independent, licensed providers as well as through State-operated forensic and residential facilities.

Maryland's DDA operates two State Residential Centers where individuals with developmental disabilities reside and receive services and treatment: the Holly Center in Salisbury and the Potomac Center in Hagerstown. The Holly Center provides services primarily to Eastern Shore residents and currently serves a population ranging in age from 28-89 years old. The 57 residents at the Holly Center have guardians or surrogate decision makers. The Potomac Center currently provides services to Marylanders ages 19-76 and serves people from all regions of the state. Of the 45 residents at Potomac Center, 15 have guardians, 10 have surrogate decision makers, 7 have others who help with decisions, and 13 make their own decisions.

The State Residential Center population is composed of three groups, each of which is eligible for federal reimbursement under the Medicaid pursuant to DDA's Home & Community-Based Services Waiver (the "Waiver"):

- 1) Individuals with profound disabilities who have resided at the State Residential Centers for most of their lives and prefer to remain there (Both Holly and Potomac Centers);
- 2) Individuals with significant disabilities who have not resided in a State Residential Center or other institution for most of their lives, but are currently in need of facility-based services until community supports are identified (Both Holly and Potomac Centers); and
- 3) Individuals with multiple disabilities, often developmental disabilities (including intellectual 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

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.

Pursuant to and in accordance with applicable law and regulation, admissions to State Residential Centers are determined by the Department of Health and Mental Hygiene's Deputy Secretary for DDA based on whether the individual meets applicable criteria for admission set forth in federal and state law and regulations and does not have community resources identified and/or available. The Deputy Secretary's decision is reviewed by an Administrative Law Judge. People are discharged from these facilities when DDA can attest that the plans for services following State Residential Center services are appropriate and meet the needs of the person. Discharge resources include the statewide network of DDA-licensed providers, the Maryland Behavioral Health Administration ("BHA") providers, and other available resources. For the forensic population, release from a current court-ordered commitment to a Department of Health and Mental Hygiene facility is required for discharge.

FINDINGS AND ANALYSIS

The information in this report summarizes statewide and regional data collected from State Residential Centers for the time period of March 2, 2015 through March 1, 2016 (hereinafter the "Reporting Period"). The data includes 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).² During this reporting period, written plans of habilitation were completed for 102 residents statewide. This includes 57 at the Holly Center and 45 at the Potomac Center. The reporting census has declined from the three previous reporting periods (117, 115, and 110, respectively).

The annual target of at least 20 Money Follows the Person ("MFP") transitions each calendar year was met in 2015 and is on target for 2016. MFP initiatives transition Medicaid-enrolled individuals from institutions (State Residential Centers as well as other institutions such as nursing facilities) to the community where the individuals maintain their Medicaid coverage and have it delivered through various home- and community-based services programs. During the current Reporting Period, 29 individuals moved to the community as Money Follows the Person transitions. This includes 11 from the Potomac Center, 3 from the Holly Center and 15 from nursing facilities.³

In a continuing positive trend, Potomac Center has transitioned an additional 5 residents since March 2016. This will be reflected in the next annual report.

² Potomac Center had 45 residents who had written plans of habilitation meetings during this reporting period. Thirty written plans of habilitation were completed with information obtained from both a treating professional and a resource coordinator to finalize completed plans. 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. Structured oversight across the Administration will resolve this issue. One personnel resource is now managing the meetings and documentation thereof, instead of the previous system when four different managers were coordinating

³ 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. Potomac Center had an additional 5 community discharges for a forensic population that does not qualify for MFP during this reporting period.

Most Integrated Setting Recommendations

During the Reporting Period, the treating professional and/or the resource coordinator made the following recommendations regarding the most integrated setting appropriate for the 102 individuals in State Residential Centers:

- With respect to residential services, the treating professional and/or the resource coordinator recommended:
 - that community-based residential services were appropriate for 92 of the 102 individuals (90%) in State Residential Centers; and
 - that State Residential Centers were appropriate for 10 of the 102 individuals (10%).
- With respect to day services, the treating professional and/or the resource coordinator recommended:
 - that community-based day services were appropriate for 97 of the 102 individuals (95%); and
 - that State Residential Centers were appropriate for 5 of the 102 individuals (5%).

This is depicted in Integrated Settings Tables 1 and 2 below.

INTEGRATED SETTINGS TABLE 1 - Residential Services

	INDIVIDUALS		
RECOMMENDED MOST INTEGRATED SETTING	HOLLY CTR	POTOMAC CTR	STATEWIDE
RESIDENTIAL - Community	52	40	92
RESIDENTIAL - SRC'S	5	5	10
Total	57	45	102

INTEGRATED SETTINGS TABLE 2 - Day Services

	INDIVIDUALS		
RECOMMENDED MOST INTEGRATED SETTING	HOLLY CTR	POTOMAC CTR	STATEWIDE
DAY SERVICES - Community	52	45	97
DAY SERVICES - SRC'S	5	0	5
Total	57	45	102

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 recommended 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, very few 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 of that person, indicating their resistance to, or disagreement with, the person leaving a State Residential Center to move into a more integrated setting. Court-Ordered Placement means the individual has been admitted to the State Residential Center under the order of a Maryland court and, therefore, cannot be discharged without court approval. Community Capacity means that an appropriate provider was not currently available.

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. Opposition was cited as a barrier for 60 of 92 individuals (65%) statewide. Community Capacity was cited as Potomac Center's most prevalent barrier, effecting 21 of 40 individuals (53%) residing there in this reporting period.

Barriers Table 2 provides a more in-depth look at the Opposition Barrier.

BARRIERS TABLE 1	RESIDENTIAL SERVICES		
	INDIVIDUALS		
BARRIERS	HOLLY CTR	POTOMAC CTR	STATEWIDE
Opposition	47	13	60
Community Capacity	5	21	26
Court Placement	0	6	6

BARRIERS TABLE 2	RESIDENTIAL			
	INDIVIDUALS			
BARRIERS	Cited By:	Holly Ctr	Potomac Ctr	Statewide
Opposition	Individual Only	0	1	1
Opposition	Family Only	26	1	27
Opposition	Legal Guardian Only	15	1	16
Opposition	Family & Legal Guardian	6	2	8
	Guardian & Individual	0	6	6
	Family & Individual	0	2	2

Day Setting

Of the 97 individuals recommended for community-based day services, 38 individuals (39%) received day services in the community during the time period (28 individual from the Holly Center and 10 individuals from the Potomac Center) as recommended. The remaining 59 of the 97 individuals received day services in the State Residential Center in which they reside: 35 at Potomac Center and 24 at Holly Center.

Barriers Table 3 shows the number of times each category was cited in the written plans of habilitation as a barrier to receiving day services in the most integrated setting. Community Capacity was cited as a barrier for 39 of 59 individuals (66%) who receive day services in the State Residential Centers.

Barriers Table 4 provides a more in-depth look at the Opposition Barrier.

BARRIERS TABLE 3	DAY SERVICES		
INDIVIDUALS			
BARRIERS	HOLLY CTR	POTOMAC CTR	STATEWIDE
Opposition	7	5	12
Community Capacity	17	22	39
Court Placement	0	8	8

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

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
- Behavior Support Services
- Psychiatric Services
- Assistance with activities of daily living
- Nutrition therapy/dietary services
- Community Integration
 - Support for relationship building and developing community connections
 - Family Visits
 - Planned visits to community providers annually
 - Community Connections
 - Self-advocacy training
 - Mobility skills training
- Environmental Characteristics
 - Physical Accessibility
 - Safety Modifications
 - Sensory Accessibility
- Technology Needs
 - Adaptive mealtime equipment
 - Incorporating Assistive Technology information in transition plans
 - Adaptive switches
 - Communication devices
 - Braille materials
- Therapeutic Medical Equipment
 - Durable medical equipment
 - Safety supports
 - Retrofitted homes specific to individual needs
- Legal Services
 - Guardianship of the individual
 - Support in making decisions, from someone other than facility staff
 - Medical Guardianship
 - Medical surrogacy
- Transportation Needs

Discussion

DDA is committed to eligible individuals with developmental disabilities receiving services and supports in the most integrated setting appropriate and will continue to utilize the data received from written plans of habilitation to: (1) identify individuals who may be able to receive services in community settings; (2) identify the barriers that prevent individuals from receiving day and residential services in the most integrated settings; and

(3) work with DDA's 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 continues to provide resource coordinators and treating professionals training on the United States Supreme Court's decision in *Olmstead v. L.C. ex rel. Zimring*, 527 U.S. 581 (1999). In that case, the Supreme Court mandated states to provide services in community settings to individuals with disabilities when (1) treatment professionals have determined community placement is appropriate; (2) transfer is not opposed by the individual; and (3) placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with disabilities. The directors and staff of the two State Residential Center will continue to meet to review best practices, measures, outcomes, training resources, and system needs. Quality assurance and enhancement strategies will continue to ensure systems and services are appropriately delivered, including planning and discharge efforts. Additionally, the State Residential Centers' 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's Director of Advocacy Support and the Regional Advocacy Specialists in each regional office are actively involved in planning meetings. These individuals are self-advocates who, from this personal experience, have the skills and knowledge to support people in services get supports that will provide the person a meaningful life. The Advocacy Supports Department's loyalty is with the people receiving services from DDA. This staff will work with people in the State Residential Centers to assist with transitions into community-based services.
- DDA continues to partner with the Maryland Developmental Disabilities Council and the 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 continue to 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 individual's 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 skilled at presenting community options and 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 each 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.
- DDA continues to conduct provider recruitments across the state to attract qualified providers potentially increasing capacity. This effort to increase community provider capacity yielded one national agency which is now licensed in the State of Maryland and providing services to nearly a dozen individuals with intellectual disabilities and mental health needs. This resource has proven helpful in discharging people from Potomac Center as well as avoiding potential admissions to the state residential center.
- 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 eligible Marylanders who currently reside in the community as well as in facilities, and include the following initiatives:
 - *DDA Bridge Subsidy Program* - This program helps expedite access to subsidized rental housing for individuals with developmental disabilities. 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 Department of Health and Mental Hygiene (“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.