



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

July 14, 2011

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 and HG § 7-1006 (c))**

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 Ms. Renata J. Henry, Deputy Secretary for Behavioral Health & Disabilities at (410) 767-3167.

Sincerely,

Renata J. Henry
Deputy Secretary, Behavioral Health & Disabilities
Maryland Department of Health & Mental Hygiene

Catherine A. Raggio
Secretary
Maryland Department of Disabilities

Enclosure

Cc: Joshua M. Sharfstein, M.D.
Jill Porter
Sarah Albert, MSAR #8519
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 2011

Background

House Bill 794 Chapter 396, entitled *Developmental Disability – Written Plan of Habilitation – State Residential Centers*, was signed into law as Health General Title 7-1006, effective July 1, 2005. This statute requires resource coordinators to be part of the development of a Written Plan of Habilitation (WPH) for all people residing in State Residential Centers (SRCs). The WPH is developed by the person, a resource coordinator, and a treating professional on an annual basis or more often as requested, includes recommendations regarding the most integrated setting appropriate for the person 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 needs in the most integrated setting. The Developmental Disabilities Administration (DDA) was required to develop the planning protocol and written format for the plan of habilitation to be used by each SRC.

In July 2005, the DDA formed an Advisory Committee to advise and assist with implementing the requirements of this statute. The Advisory Committee provided input into the development of regulations for implementation of the statute, the format for the WPH, data collection, staff training, and development of strategies to overcome barriers to receiving services in the most integrated setting. The Committee includes representatives from The Arc Maryland, resource coordination entities, SRCs, Maryland Department of Disabilities, and the Maryland Commission on Disabilities.

A series of reports describing the progress in implementing the statute and summarizing information collected from the Written Plans of Habilitation have been provided since July 2006. A table summarizing these reports is contained in Appendix 1. The current report is the seventh submitted to the Maryland General Assembly, and the sixth to include a full 12 months of data.

Prior training and revisions to the WPH Information Form were completed during the March 1, 2006 to February 28, 2007 reporting period. The changes have resulted in increased consistency in reporting and significantly greater agreement between resource coordinators and treating professionals regarding most integrated setting recommendations.

In December 2007, the focus of the WPH Advisory Committee was broadened to include discussion of activities related to implementation of the Money Follows the Person (MFP) grant (see Appendix 2). This broadening of focus came about as a result of recognition that the interests, activities and goals of the WPH and Money Follows the Person initiatives are similar. Since that time, the Committee has been focusing on providing advice to the DDA on addressing barriers to community placement, implementation of MFP rebalancing activities and continued implementation of WPH requirements.

WPH implementation efforts continue throughout the State and on September 1, 2009 the system became automated requiring no written data entry. Training on the WPH module in the Provider Consumer Information System –The DDA’s management system (PCIS2) was provided in August 2009.

It is important to note that barriers identified by both treating professionals and resource coordinators are based on their experience with historical transitions. Historically, the data does not reflect the actual exploration or coordination of services for people to transition. As of June 2009, if no opposition has been identified, a referral to the Regional Office is to be generated by the team. In addition, “Community Capacity” and “Funding Not Available” can no longer be checked as a barrier unless the Regional Office has communicated this as a barrier to the team in response to a referral for transitioning to the community.

The current WPH Information Form was modified this calendar year to reflect decision making for the person, his/her participation during the meeting, and how opposition was determined as recommended by the Advisory Committee. Training on the new WPH Information form was provided to treating professionals and resource coordinators in February 2011 and the new form was subsequently enacted via PCIS2 to users.

Findings and Analysis

The information described in this report reflects data collected for the time period of March 1, 2010 through February 28, 2011. The DDA continues to implement Money Follows the Person activities depicted in Maryland’s Operational Protocol approved by the Centers for Medicaid & Medicare. Maryland has two remaining State Residential Centers. These are the Holly Center in Salisbury and the Potomac Center in Hagerstown, Maryland. The Brandenburg Center closed June 30, 2011 and the last person transitioned to the community on April 29, 2011.

During this reporting period, a WPH was completed for a total of 120 people statewide [Brandenburg Center – 7; Holly Center – 79; Potomac Center – 34. During the previous reporting period WPH were completed for 135 people. The decrease reflects the people who transitioned from SRC’s during the months of March 2010 through February 2011.

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 (see Appendix 3). 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 need for successful transition to community settings.

Residential Services Most Integrated Setting:

Statewide, 96% (115 of 120) of the people were recommended for community residential services as the most integrated setting by both resource coordinators and treating professionals. These 115 people reside in Western Maryland (41) and on the Eastern Shore (79). This data is very similar to the report to the Maryland General Assembly in July 2010, in which resource coordinators and treating professionals recommended community as the most integrated setting for residential services for 94% of the people (127 of 135).

Day Services Most Integrated Setting:

Statewide, 96% (51 of 53) of the people, currently receiving day services at the SRCs, were recommended for community day services as the most integrated setting by both resource coordinators and treating professionals. Two resource coordinators recommended that two persons living at the Potomac Center did not receive day services in the community. Statewide, 56% (67 of 120) of the people living at SRCs included in this reporting period currently 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 2010, in which resource coordinators and treating professionals recommended community as the most integrated setting for day services for 97% of the people (50 out of 51). It is somewhat significant to note that the number of people receiving day services in community-based settings decreased 6% from the previous period. This is likely attributable to changes in medical status or enhanced employment opportunities on SRC grounds.

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

Barriers to Most Integrated Residential Setting:

Opposition continues to be the most identified barrier for 100% (120 of 120) of the people, making this the most frequently cited barrier. This is consistent with the findings reported to the Maryland General Assembly in July 2010, in which 92% (124 of 135) of the people in the reporting period were noted to have opposition cited as a barrier. Opposition is defined as the person, family member or legal guardian indicating their resistance to or disagreement with the person leaving a SRC to move into a more integrated setting. In the current reporting period, opposition was expressed by 12 people, 98 family members and 49 legal guardians. SRC staff and resource coordinators work with the person, family member or legal guardian to educate them about options, introduce them to more integrated settings and otherwise attempt to address their concerns. Using the People Connections peer mentoring program, through a contract with The Arc Maryland, people with disabilities (self-advocates) who reside in community settings have met with some of the people residing in state residential centers to provide them with information about receiving supports in community settings. These peer mentoring meetings have also provided opportunities for personal connections with people living in community settings. Family members at SRCs are also offered an opportunity to receive family to family mentoring provided by the Friends and Family TIES mentoring program operated through a contract with Shared Supports Maryland. The DDA has also contracted with staff through the Money Follows the Person Demonstration Grant from the Center for Medicare and Medicaid Services (CMS) to work at the Brandenburg, Holly and Potomac Centers with people, family and guardians to address their specific concerns regarding the provision of services in community settings.

“Community Capacity” was cited as a barrier for 33% (40 of 120) of the people in this reporting period, making this the second most frequently cited general category of barriers. This is consistent with the findings reported to the Maryland General Assembly in July 2010. Citing “Community Capacity” as a barrier indicated that an appropriate provider not currently available. The DDA is working to address these barriers by creating awareness of the need for specialized resources, providing training and support to develop these resources, and by providing information regarding housing resources including opportunities for people to control their own housing through rental and homeownership programs.

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 MFP Bridge Subsidy Demonstration (funded as a rebalancing initiative through the MFP grant) Program which is assisting 18 (1 pending) 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 housing authorities across the state (all invited to participate in the program listed more fully in Appendix 4). The MFP Statewide 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 is no longer accepting new applicants because all funding has been or will be or continue to be allocated until the person transitions to permanent housing.

When examining the subcategories within barriers statewide, the three most frequently cited barriers to community residential services were: “Family Opposition” (98), “Legal Guardian (49),

and “Appropriate Housing Not Identified Currently Available” (39). These subcategories remain generally consistent with the July 2010 report to the Maryland General Assembly.

As in the previous period Family Opposition is reported disproportionately higher at the Holly Center compared to the other Centers (Brandenburg (2), Holly (67), and Potomac Center (29)). The DDA is having continuing discussions with stakeholders and Holly Center management staff to seek solutions to this issue. Legal guardian opposition is also disproportionately noted for Holly Center (41)). This is consistent with previous reporting periods. The Potomac Center data reflected disproportionate inflated percentages for Community Capacity specifically appropriate housing not identified currently available (37), appropriate provider not currently available (35) and appropriate roommate not identified (34).

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 (120)	100%
Brandenburg Center	Opposition (3)	3%
Holly Center	Opposition (80)	66%
Potomac Center	Opposition (37)	31%

Day Setting:

Barriers to receiving services in the most integrated day setting were identified for people from this reporting period who were not currently receiving community-based day services that was recommended by the resource coordinator or the treating professional. Statewide, Opposition was cited as a barrier to receiving day services in the most integrated setting for 96% (51 of 53) of the people, making this the most frequently cited barrier. In addition, “Community Capacity” was cited for 25% of the people (9 of 51) statewide. When examining the subcategories within barriers statewide, the three most frequently cited barriers to day services in the most integrated setting were: “Family Opposition” (32), “Legal Guardian” (17), and “Appropriate Provider Not Currently Available” (9). These findings are all consistent with the previous reporting period. The only significance again in this area is a disproportionate amount of opposition by families at the Holly Center (31).

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	100%

	(43)	
Brandenburg Center	Opposition (0)	0
Holly Center	Opposition (35)	82%
Potomac Center	Opposition (8)	18%

Support and Service Needs

Resource coordinators and treating professionals listed a myriad of supports and services needed by people to receive residential and day services in the most integrated setting. These needs were listed regardless of availability. 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 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.

Statewide Residential Service and Support Needs - Frequency of Citation				
Category	Subcategory	Subcategory	Subcategory	Subcategory
Interdisciplinary Services	Resource coordination and advocacy 120	Nutrition therapy/Dietary services 120	Assistance with ADLs 120	OT/PT (sensory stimulation, services for the blind, mobility, etc.) 100
Staffing Requirements	Certified Medication Technician 120	Certified Nursing Assistant (CNA) 120	As needed nursing assessment/intervention 120	Awake overnight supervision 120
Environmental Characteristics	Physical Accessibility	Sensory Accessibility	Perimeter Alarm	Safety Modifications

Statewide Residential Service and Support Needs - Frequency of Citation				
	109	29	29	14
Transportation	Staff Assistance 120	Wheelchair Accessibility 93	Public 9	Not Applicable
Community Integration	Support for Relationship Building 120	Assistance w/ Family Visits 118	Mobility Skills Training 30	Peer Mentoring 13
Legal Services	Medical Surrogacy 92	Support making decisions (not by agency/SRC staff) 81	Medical Guardian 68	Legal Representation 58
Service Characteristics	Alternative Living Unit 120	SRC 8	Community Supported Living Arrangement 7	Not Applicable

The most frequently cited areas were resource coordination and advocacy, nutrition therapy/dietary services, assistance with ADL's, support for relationship building, Alternative Living Unit (120)

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.

Day Service and Support Needs – Frequency of Citation				
Category	Subcategory	Subcategory	Subcategory	Subcategory
Interdisciplinary Services	Resource Coordination and advocacy 120	Assistance with ADL's 120	Nutrition therapy/Dietary services 120	OT/PT (sensory stimulation, services for the blind, mobility etc 84
Staffing Requirements	As needed physician assessment 115	Daily nursing assessment 12	n/a	n/a
Environmental Characteristics	Physical Accessibility 110	Sensory Accessibility 29	Perimeter Alarm 20	Safety Modifications 11
Transportation	Staff Assistance 120	Wheelchair Accessibility 93	Public 9	n/a
Community Integration	Support for Relationship Building 120	Mobility Skills Training 30	Support for developing community connections 23	Peer Mentoring 12

Legal Services	Support making decisions (not by agency/SRC staff)	Legal Representation	Guardian of Person	Financial Guardian
	81	56	11	7
Service Characteristics	Day Habilitation	Vocational Training	Medical Day	Retirement
	100	46	21	6

The most frequently cited areas were resource coordination and advocacy, assistance with ADL's, staff assistance, support for relationship building (120), Physical Accessibility (110), and Day Habilitation (100).

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	96
	Durable Medical Equipment	91
Assistive Technology	Adaptive Mealtime Equipment	90

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	93
	Durable Medical Equipment	91
Assistive Technology	Adaptive Mealtime Equipment	89

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 March 1, 2010 – February 28, 2011” depicted in Appendix 5.

Overall, there continues to be significant agreement between resource coordinators and treating professionals regarding the most integrated setting for both residential and day services for 117 out of 120 people. Statewide, both resource coordinators and treating professionals agree that the State Residential Center is the most integrated setting for 3 people (Potomac 2, and Holly 1). There were two disagreements regarding the most integrated setting for day and residential services. Two

Resource Coordinators indicated that the SRC was the most integrated day and residential setting. The treating professionals indicated that the community was the most integrated day and residential settings.

The DDA has implemented several strategies to overcome the barriers to receiving services in the most integrated setting during this reporting period.

- Three staff persons assist with the implementation of the Money Follows the Person project and assist with implementing strategies to overcome barriers to community living at the State Residential Centers. Staff members include a Statewide Transition Coordinator and two Community Placement Specialists (CPS). One CPS is based out of the Holly Center and has primary responsibility for people transitioning from the Eastern Shore. The other CPS is split between Potomac Center (four days a week) and DDA Headquarters (one day), and is primarily responsible for people transitioning from Western Maryland.
- 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.
- Family mentoring through monthly large group programming (instructional and therapeutic) is available statewide. Mentor/mentee in person or via phone mentoring is available. Friends & Family Together IN Enhancing Support (TIES) continues outreach frequently partnering with the broad spectrum of transition team members including resource coordinators, day and residential community staff, SRC & DDA staff, and people and their families residing at a SRC. Blended trainings increase opportunities for working collaboratively among disciplines as well as heighten the need to keep the emphasis on a person's needs and desires when selecting a day and residential provider or a system that maximizes a person's independence.
- 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.
- DHMH MFP Tracking System allows DDA to enter information related to obtaining the MFP Consent Form and track participants involvement in MFP projects.
- Essential Lifestyle Planning (ELP), a person centered planning methodology, can be requested via MFP staff, SRC staff, and Friends & Family TIES 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.
- The DDA continues to devote resources to Rebalancing Initiatives delineated in the MFP Operation Protocol. These initiatives include Employment as the 1st Option for people of working age who receives DDA services, Rebalancing Budget Allocation (Supports Intensity Scale) re-determining peoples budgets based on specific factors is now in committee with forthcoming recommendation to the DDA, and recommendations for Eliminating Restraints for behavioral purposes are now being prioritized. For additional information please see Appendix 2.
- The WPH Advisory Committee recommendations were incorporated in the current WPH Information form (see Appendix 6) capturing additional information about decision making, efforts to maximize the person's participation in the Individual Habilitation Plan meeting including the use of assistive technology, and determining opposition Form revisions were

completed, statewide training was offered in February 2011 for all treating professionals and resource coordinators, and all staff utilize the revised electronic WPH Form.

- The WPH Advisory Committee recommends that the resource coordinators and treating professionals focus on providing information and education opportunities to the people statewide who have indicated opposition to community residential placement. People Connections will partner with MFP & SRC staff, and Friends & Family TIES to provide this training to people residing at SRCs opposed to community residential placement.
- The barriers are being addressed using a variety of strategies. Both the DDA Headquarters and Regional Offices work on an ongoing basis to provide information regarding opportunities for receiving a license to provide services in Maryland. In addition, both resource coordinators and treating professionals have received additional training regarding the criteria required to select “Capacity” as a barrier. It was noted that “Capacity” may have been selected without specific knowledge regarding an actual lack of capacity for the person. Staff has been requested to provide a referral for community transition to the regional office for any person for whom “Opposition” is not an identified barrier. If, in pursuing community transition, a capacity issue is identified, the regional office would communicate this to the person and their team. It is only at this point that “Capacity” could be selected as a barrier. Staff has also been instructed to ensure that they have received information regarding actual lack of capacity prior to selecting this as a barrier for anyone who also has “Opposition” as a barrier.

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

Summary – Written Plan of Habilitation Reports

Date	Time Period	Number of WPH	Most Integrated Setting Resource Coordinator		Most Integrated Setting Treating Professional		#1 Barrier		Comments
			Residential	Day [Ⓞ]	Residential	Day *	Residential	Day	
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
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 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 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 2010	3/1/09 to 2/28/10	135	Community 127 (94%) SRC 8	Community 50 (98%) SRC 1	Community 127 (94%) SRC 0	Community 50 (98%) SRC 0	Opposition 124 (92%)	Opposition 46 (90%)	Form updated & automated 9/1/09; New barrier confirmation process introduced.
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

Note: ① Where the individual is not currently receiving services in the most integrated setting.

Appendix 2

**Developmental Disabilities Administration
Money Follows the Person Rebalancing Initiatives**

- **Strategic Planning:** Reshaping programs and services to enhance community capacity and access to quality services as part of systems change/rebalancing.
- **Rebalancing Budget Allocations:** Creating equitable distribution of resources through redesign of the existing system for identifying and funding service and support needs in the community.
- **Essential Lifestyle Planning:** Development of essential lifestyle plans for people transitioning to community settings from State Residential Centers. These plans will provide vital information needed to design individualized transition plans and appropriate community supports and services.
- **Ask Me Surveys:** The Ask Me survey, a quality of life survey for people with disabilities by people with disabilities, will be conducted for people residing in State Residential Centers prior to their transition, one year following transition and two years following transition. The results of this survey will enable the DDA to analyze quality of life issues related to transition from an institution to the community.
- **Rental Assistance:** Provision of rental assistance to people through the DDA/MFP Bridge Subsidy Program will enable them to receive supports and services in their own home or apartment. This rental assistance will be prioritized for people transitioning from State Residential Centers, people currently residing in an ALU who wish to rent a place of their own thereby creating community capacity in residential services, people currently residing at mental health in-patient settings and people transitioning from nursing facilities.
- **Incentives for Expanding and/or Creating Supported Employment Activities:** Provision of incentives to community providers to expand and/or create supported employment activities which will improve access to integrated employment supports for people who have traditionally been viewed as unemployable due to the severity of their disabilities, with an eye to expanding options for currently institutionalized people.
- **Implementation of Employment Systems Change Recommendations:** Shift in philosophical basis and service delivery infrastructure through implementation of recommendations from the State Employment Leadership Network related to expanding capacity and improving the quality of the opportunities for currently institutionalized people.
- **Data Management:** Development and implementation of data management strategies based on a strategic data set. These strategies will enable the DDA to

collect and analyze data from programs and services to improve and create quality initiatives in the community-based service system.

- **Consultation:** Provision of consultative services from subject matter experts to assist the DDA with designing and implementing transition services and changes to the system to expand or create community capacity and quality monitoring and assurance activities.
- **Community Respite Care Cooperative on the Eastern Shore and Western Maryland:** Providing families time off from care of a loved one with a developmental disability allowing for relief from the daily responsibilities of care. Respite services will be provided in a community-based setting in lieu of an institution.
- **Rosewood Resource Coordination:** Comprehensive intensive case management provided in a compressed duration by a Resource Coordinator facilitating the mandated discharge from Rosewood. The Resource Coordinator participates with the team in the Essential Lifestyle Planning meeting to facilitate person centered referrals to providers, initiates individual and family visits to perspective providers, assists with provider selection, and participates with the team in the review of the service funding plan and in the discharge meeting.
- **Behavioral Support Consortium:** Collaboration of providers and behavioral experts sharing behavioral resources including staff training, crisis response, and wraparound services that maintain people with challenging behaviors to remain in community placements.

Appendix 3

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

Q.A

You have 0 Workflows and 10957 Notifications since 06/14/2011 at 09:08 AM. [Refresh Count](#)

Reed, Wayne

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<u>WPH</u>	<u>Incident</u>	<u>Investigation</u>
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Most Integrated Setting 3/01/2010 through 2/28/2011

Day Services - Statewide and by Center Where the Consumer is NOT Currently in that Setting

STATEWIDE: RC = 51 individuals, TP = 53 individuals

Most Integrated Setting: Day Community Where Current Setting is State Residential Center
 51 consumers - Resource Coordinator indicated Community
 53 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

BY CENTER:

State Center: Brandenburg

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

Most Integrated Setting: Day Community Where Current Setting is State Residential Center
 43 consumers - Resource Coordinator indicated Community
 43 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
 8 consumers - Resource Coordinator indicated Community
 10 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: Rosewood

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

- Consumer
- Rates
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- Attendance
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- MMIS
- Logs

Q.A

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Reed, Wayne

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WPH	Incident	Investigation
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Most Integrated Setting 3/01/2010 through 2/28/2011 Residential Services - Statewide and by Center

STATEWIDE: RC = 120 individuals, TP = 120 individuals

Most Integrated Setting: Residential **Community**
 115 consumers - Resource Coordinator indicated Community
 117 consumers - Treating Professional indicated Community

Most Integrated Setting: Residential **State Residential Center**
 5 consumers - Resource Coordinator indicated State Residential Center
 3 consumers - Treating Professional indicated State Residential Center

BY CENTER:

State Center: Brandenburg

Most Integrated Setting: Residential **Community**
 4 consumers - Resource Coordinator indicated Community
 4 consumers - Treating Professional indicated Community

Most Integrated Setting: Residential **State Residential Center**
 0 consumers - Resource Coordinator indicated State Residential Center
 0 consumers - Treating Professional indicated State Residential Center

State Center: Holly

Most Integrated Setting: Residential **Community**
 79 consumers - Resource Coordinator indicated Community
 79 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**
 32 consumers - Resource Coordinator indicated Community
 34 consumers - Treating Professional indicated Community

Most Integrated Setting: Residential **State Residential Center**
 4 consumers - Resource Coordinator indicated State Residential Center
 2 consumers - Treating Professional indicated State Residential Center

State Center: Rosewood

Most Integrated Setting: Residential **Community**
 0 consumers - Resource Coordinator indicated Community
 0 consumers - Treating Professional indicated Community

Most Integrated Setting: Residential **State Residential Center**
 0 consumers - Resource Coordinator indicated State Residential Center
 0 consumers - Treating Professional indicated State Residential Center

Consumer

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<u>WPH</u>	<u>Incident</u>	<u>Investigation</u>
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Barriers - General Category 3/01/2010 through 2/28/2011
Day State-wide and by center

Category	Statewide	Brandenburg	Holly	Potomac	Rosewood
Opposition	43	0	35	8	0
Court Placement	4	0	0	4	0
Community Capacity	9	0	1	8	0
Funding requested and Not Currently Available	0	0	0	0	0

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**Barriers - General Category 3/01/2010 through 2/28/2011
Residential State-wide and by center**

Category	Statewide	Brandenburg	Holly	Potomac	Rosewood
Opposition	120	3	80	37	0
Court Placement	4	0	0	4	0
Community Capacity	40	1	2	37	0
Funding requested and Not Currently Available	0	0	0	0	0

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**Barriers count - 3/01/2010 through 2/28/2011
Day, State-wide and by center**

Category	Issue	Statewide	Brandenburg	Holly	Potomac	Rosewood
Opposition	Legal Guardian	17	0	16	1	0
Opposition	Family	32	0	31	1	0
Opposition	Individual	8	0	0	8	0
Court Placement	Yes	4	0	0	4	0
Community Capacity	Appropriate provider not currently available	9	0	1	8	0
Community Capacity	Appropriate psychiatric services not identified/currently available	8	0	0	8	0
Community Capacity	Appropriate medical services not identified/currently available	1	0	0	1	0
Funding requested and Not Currently Available	Yes	0	0	0	0	0
Funding requested and Not Currently Available	Appropriate plan not yet developed	0	0	0	0	0
Funding requested and Not Currently Available	SFP not approved	0	0	0	0	0

Consumer

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Barriers count - 3/01/2010 through 2/28/2011
Residential, State-wide and by center

Category	Issue	Statewide	Brandenburg	Holly	Potomac	Rosewood
Opposition	Legal Guardian	49	1	41	7	0
Opposition	Family	98	2	67	29	0
Opposition	Individual	12	1	2	9	0
Court Placement	Yes	4	0	0	4	0
Community Capacity	Appropriate provider not currently available	37	1	1	35	0
Community Capacity	Appropriate psychiatric services not identified/currently available	14	0	0	14	0
Community Capacity	Appropriate medical services not identified/currently available	15	0	0	15	0
Community Capacity	Appropriate housing not identified currently available	39	1	1	37	0
Community Capacity	Appropriate roommate not identified	34	0	0	34	0
Funding requested and Not Currently Available	Yes	0	0	0	0	0
Funding requested and Not Currently Available	Appropriate plan not yet developed	0	0	0	0	0
Funding requested and Not Currently Available	SFP not approved	0	0	0	0	0

Supports Service count – 03/01/2010 through 2/28/11 Day, State-wide and by center

Category	Issue	Statewide	Brandenburg	Holly	Potomac	Rosewood
Interdisciplinary Service	Resource coordination and advocacy	120	4	75	41	0
Interdisciplinary Service	Assistance with ADLs	120	4	77	39	0
Interdisciplinary Service	Medical Services (other than routine)	33	1	19	13	0
Interdisciplinary Service	Psychiatric services	42	1	24	17	0
Interdisciplinary Service	Psychotherapy/counseling	8	0	1	7	0
Interdisciplinary Service	Behavior support services	72	2	46	24	0
Interdisciplinary Service	OT/PT (sensory stimulation, blind mobility, etc.)	84	4	50	30	0
Interdisciplinary Service	Speech Pathology	66	4	56	6	0
Interdisciplinary Service	Nutrition therapy/Dietary services	120	3	74	43	0
Interdisciplinary Service	Sign language interpreter	1	0	0	1	0
Interdisciplinary Service	Interpreter - Non-English speaking	0	0	0	0	0
Interdisciplinary Service	OT (sensory stimulation, blind mobility, etc.)	14	2	8	4	0
Interdisciplinary Service	PT	16	2	13	1	0
Interdisciplinary Service	Speech/Language Therapy	14	2	11	1	0
Interdisciplinary Service	Augmentative Communication System	12	0	11	1	0
Interdisciplinary Service	Swallowing Assessment/Treatment	1	0	1	0	0
Staffing Requirements	Daily physician assessment	0	0	0	0	0
Staffing Requirements	Daily physician intervention	0	0	0	0	0
Staffing Requirements	As needed physician assessment	115	1	74	40	0
Staffing Requirements	Daily nursing assessment	12	2	7	3	0
Staffing Requirements	Daily nursing intervention	3	0	2	1	0
Staffing Requirements	As needed nursing assessment/intervention	120	4	72	44	0
Staffing Requirements	1:1 supervision	20	0	11	9	0
Staffing Requirements	Certified Nursing Assistant	120	2	79	39	0

Category	Issue	Statewide	Brandenburg	Holly	Potomac	Rosewood
Staffing Requirements	Certified Medication Technician	104	5	58	41	0
Staffing Requirements	Skilled Nursing Assistant	1	0	1	0	0
Staffing Requirements	Daily nursing intervention - cannot be delegated	2	0	2	0	0
Staffing Requirements	1:1 supervision - continuous	3	0	2	1	0
Staffing Requirements	1:1 supervision - intermittent	6	0	4	2	0
Environmental Characteristics	Physical accessibility	110	4	71	35	0
Environmental Characteristics	Sensory accessibility	29	1	26	2	0
Environmental Characteristics	Perimeter alarm	20	0	10	10	0
Environmental Characteristics	Safety modifications	11	0	6	5	0
Transportation	Wheelchair accessible	93	3	63	27	0
Transportation	Public	9	0	5	4	0
Transportation	Staff Assistance	120	3	76	41	0
Community Integration	Support for relationship building	120	4	76	40	0
Community Integration	Mobility skills training	30	0	26	4	0
Community Integration	Peer mentoring	12	0	7	5	0
Community Integration	Self-Advocacy training	6	0	3	3	0
Community Integration	Support for developing community connections	23	0	14	9	0
Legal Service	Medical guardian	67	2	55	10	0
Legal Service	Medical surrogacy	92	3	55	34	0
Legal Service	Support making decisions (not by agency/SRC staff)	81	5	30	46	0
Legal Service	Legal representation	56	5	4	47	0
Legal Service	Guardian of person	11	0	9	2	0
Legal Service	Financial guardian	7	0	5	2	0
Service Characteristics	Competitive Employment	0	0	0	0	0
Service Characteristics	Self-employment	0	0	0	0	0
Service Characteristics	Supported Employment	3	0	0	3	0
Service Characteristics	Day Habilitation	100	3	56	41	0
Service Characteristics	Vocational Training	46	0	40	6	0

Category	Issue	Statewide	Brandenburg	Holly	Potomac	Rosewood
Service Characteristics	Medical Day	21	0	21	0	0
Service Characteristics	Psychosocial	0	0	0	0	0
Service Characteristics	Volunteer	0	0	0	0	0
Service Characteristics	Senior Program	3	1	1	1	0
Service Characteristics	Retirement	6	1	3	2	0
Service Characteristics	Community learning	0	0	0	0	0
Service Characteristics	Self-directed Services (New Directions)	0	0	0	0	0

**Supports Service count - 03/01/2010 through 2/28/2011
Residential, State-wide and by center**

Category	Issue	Statewide	Brandenburg	Holly	Potomac	Rosewood
Interdisciplinary Service	Resource coordination and advocacy	120	5	76	39	0
Interdisciplinary Service	Assistance with ADLs	120	3	76	41	0
Interdisciplinary Service	Medical Services (other than routine)	71	5	51	15	0
Interdisciplinary Service	Psychiatric services	65	1	43	21	0
Interdisciplinary Service	Psychotherapy/counseling	9	0	0	9	0
Interdisciplinary Service	Behavior support services	74	2	48	24	0
Interdisciplinary Service	OT/PT (sensory stimulation, blind mobility, etc.)	100	5	62	33	0
Interdisciplinary Service	Speech Pathology	76	4	65	7	0
Interdisciplinary Service	Nutrition therapy/Dietary services	120	5	76	39	0
Interdisciplinary Service	Sign language interpreter	0	0	0	0	0
Interdisciplinary Service	Interpreter - Non-English speaking	0	0	0	0	0
Interdisciplinary Service	OT (sensory stimulation, blind mobility, etc.)	18	3	10	5	0
Interdisciplinary Service	PT	20	3	15	2	0
Interdisciplinary Service	Speech/Language Therapy	17	2	14	1	0
Interdisciplinary Service	Augmentative Communication System	12	0	11	1	0
Interdisciplinary Service	Swallowing Assessment/Treatment	4	0	3	1	0
Staffing Requirements	Daily physician assessment	0	0	0	0	0
Staffing Requirements	Daily physician intervention	0	0	0	0	0
Staffing Requirements	As needed physician assessment	120	4	76	40	0
Staffing Requirements	Daily nursing assessment	13	3	7	3	0
Staffing Requirements	Daily nursing intervention	4	1	2	1	0
Staffing Requirements	As needed nursing assessment/intervention	120	3	74	43	0
Staffing Requirements	1:1 supervision	24	0	13	11	0

Category	Issue	Statewide	Brandenburg	Holly	Potomac	Rosewood
Staffing Requirements	Certified Nursing Assistant	120	4	80	36	0
Staffing Requirements	Certified Medication Technician	120	4	74	42	0
Staffing Requirements	Skilled Nursing Assistant	4	0	2	2	0
Staffing Requirements	Awake overnight supervision	120	4	73	43	0
Staffing Requirements	Daily nursing intervention - cannot be delegated	5	1	4	0	0
Staffing Requirements	1:1 supervision - continuous	1	0	0	1	0
Staffing Requirements	1:1 supervision - intermittent	9	0	7	2	0
Environmental Characteristics	Physical accessibility	109	4	71	34	0
Environmental Characteristics	Sensory accessibility	29	1	26	2	0
Environmental Characteristics	Perimeter alarm	29	1	14	14	0
Environmental Characteristics	Safety modifications	14	1	6	7	0
Transportation	Wheelchair accessible	93	3	63	27	0
Transportation	Public	9	0	5	4	0
Transportation	Staff Assistance	120	5	73	42	0
Community Integration	Support for relationship building	120	4	77	39	0
Community Integration	Mobility skills training	30	0	26	4	0
Community Integration	Assistance with family visits	118	2	70	46	0
Community Integration	Peer mentoring	13	0	7	6	0
Community Integration	Self-Advocacy training	6	0	3	3	0
Community Integration	Support for developing community connections	24	0	15	9	0
Legal Service	Medical guardian	68	2	55	11	0
Legal Service	Medical surrogacy	92	3	55	34	0
Legal Service	Support making decisions (not by agency/SRC staff)	81	5	29	47	0
Legal Service	Legal representation	58	5	6	47	0
Legal Service	Guardian of person	12	0	10	2	0
Legal Service	Financial guardian	7	0	5	2	0
Service Characteristics	Alternative Living Unit	120	3	76	41	0
Service Characteristics	Community Supported Living Arrangement	7	0	7	0	0

Category	Issue	Statewide	Brandenburg	Holly	Potomac	Rosewood
Service Characteristics	Individual/Family Support Services	0	0	0	0	0
Service Characteristics	Individualized Family Care	0	0	0	0	0
Service Characteristics	SRC	8	0	2	6	0
Service Characteristics	Self-directed Services (New Directions)	0	0	0	0	0

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<u>WPH</u>	<u>Incident</u>	<u>Investigation</u>
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**Tech Needs count - 03/01/2010 through 2/28/2011
Day, State-wide and by center**

Category	Issue	Statewide	Brandenburg	Holly	Potomac	Rosewood
Assistive Technology	Adaptive mealtime equipment	89	4	70	15	0
Assistive Technology	Adaptive switches	57	1	54	2	0
Assistive Technology	Communication device	64	0	61	3	0
Assistive Technology	Braille materials	0	0	0	0	0
Therapeutic Medical Equipment	Safety supports	93	4	60	29	0
Therapeutic Medical Equipment	Durable medical equipment	91	3	61	27	0
None	None	42	1	23	18	0

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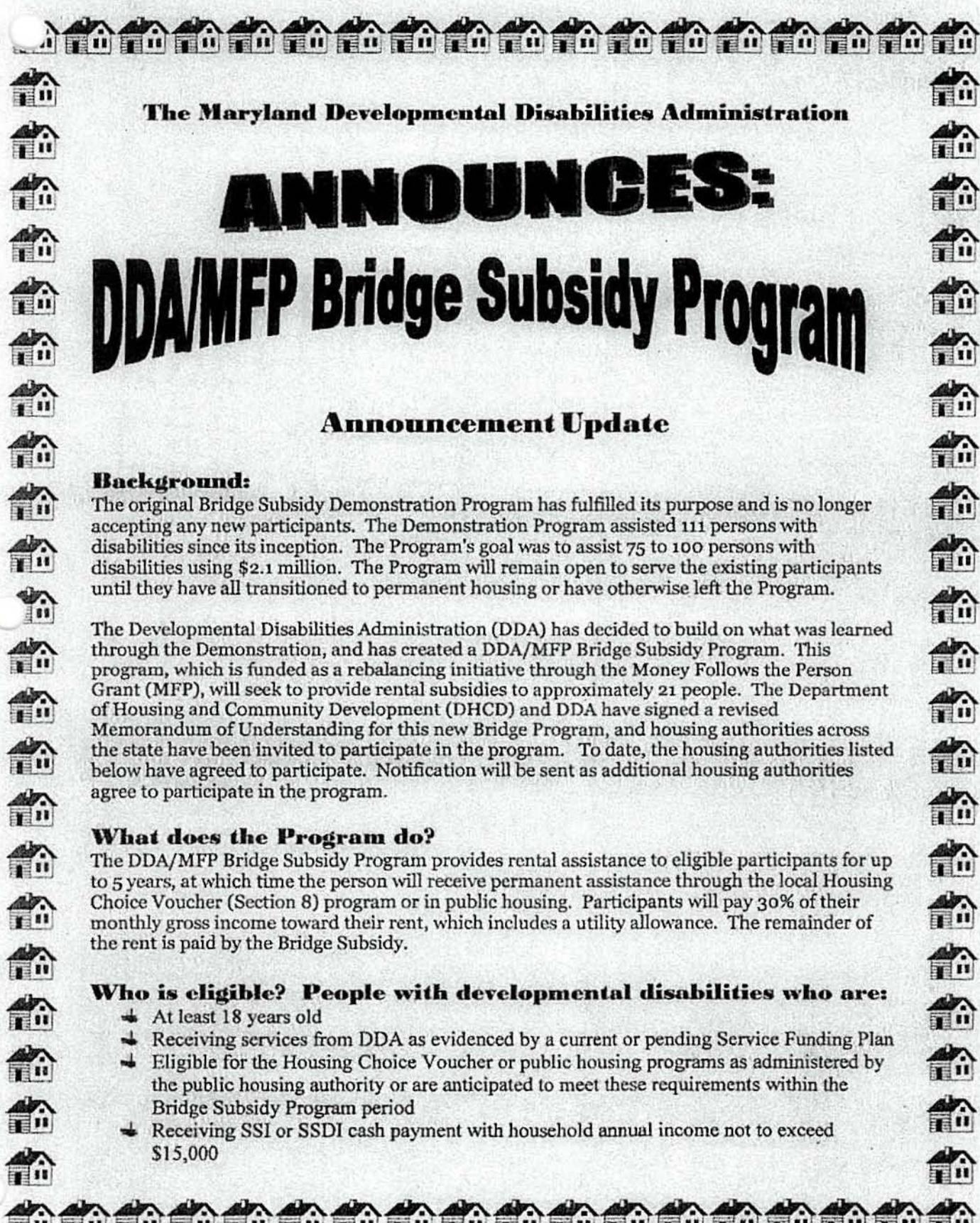
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[Investigation](#)

Tech Needs count - 03/01/2010 through 2/28/2011
Residential, State-wide and by center

Category	Issue	Statewide	Brandenburg	Holly	Potomac	Rosewood
Assistive Technology	Adaptive mealtime equipment	90	4	70	16	0
Assistive Technology	Adaptive switches	58	2	54	2	0
Assistive Technology	Communication device	64	0	63	1	0
Assistive Technology	Braille materials	0	0	0	0	0
Therapeutic Medical Equipment	Safety supports	96	4	62	30	0
Therapeutic Medical Equipment	Durable medical equipment	93	3	63	27	0
None	None	41	1	23	17	0

APPENDIX 4



The Maryland Developmental Disabilities Administration

ANNOUNCES:

DDA/MFP Bridge Subsidy Program

Announcement Update

Background:

The original Bridge Subsidy Demonstration Program has fulfilled its purpose and is no longer accepting any new participants. The Demonstration Program assisted 111 persons with disabilities since its inception. The Program's goal was to assist 75 to 100 persons with disabilities using \$2.1 million. The Program will remain open to serve the existing participants until they have all transitioned to permanent housing or have otherwise left the Program.

The Developmental Disabilities Administration (DDA) has decided to build on what was learned through the Demonstration, and has created a DDA/MFP Bridge Subsidy Program. This program, which is funded as a rebalancing initiative through the Money Follows the Person Grant (MFP), will seek to provide rental subsidies to approximately 21 people. The Department of Housing and Community Development (DHCD) and DDA have signed a revised Memorandum of Understanding for this new Bridge Program, and housing authorities across the state have been invited to participate in the program. To date, the housing authorities listed below have agreed to participate. Notification will be sent as additional housing authorities agree to participate in the program.

What does the Program do?

The DDA/MFP Bridge Subsidy Program provides rental assistance to eligible participants for up to 5 years, at which time the person will receive permanent assistance through the local Housing Choice Voucher (Section 8) program or in public housing. Participants will pay 30% of their monthly gross income toward their rent, which includes a utility allowance. The remainder of the rent is paid by the Bridge Subsidy.

Who is eligible? People with developmental disabilities who are:

- At least 18 years old
- Receiving services from DDA as evidenced by a current or pending Service Funding Plan
- Eligible for the Housing Choice Voucher or public housing programs as administered by the public housing authority or are anticipated to meet these requirements within the Bridge Subsidy Program period
- Receiving SSI or SSDI cash payment with household annual income not to exceed \$15,000



- Enrolled in or have applied to the participating PHA Housing Choice Voucher or public housing waiting list
- Willing to live or work in the geographic area served by the participating PHA
- Willing to complete tenant and financial training within 3 months of enrollment in the program
 - Participants who cannot benefit from training due to a disability may have an exemption with assurances that the need is met otherwise (i.e. from the participants support system)
- Willing to sign a Participant Commitment Form stating agreement to abide by the requirements of the program for the duration of the subsidy
- Willing to Sign a Certification of Applicant Eligibility form stating that they meet the program eligibility requirements
- Have a current Individual Plan which addresses the supports and/or services needed for the participant to live successfully in the community in either a Community Supported Living Arrangement (CSLA), Individual Support Services (ISS) or self-directed services
- Willing to adhere to participant guidelines as defined by the participating PHA, i.e.
 - No criminal behavior
 - Pay bills on time
 - Maintain a clean and repaired environment

Participants can share housing with other people, including family. When sharing housing with other people who meet the eligibility criteria, each person will be considered a separate participant with regard to the income eligibility requirement. When sharing housing with others who do not meet the eligibility criteria, the total household gross income may not exceed \$15,000 annually.

What are the DDA Eligibility Priorities?

The source of funding for the DDA/MFP Bridge Subsidy Program requires that applicants be prioritized as follows:

- People transitioning from an institution (nursing facility, State Residential Center, SETT, state psychiatric facility) who will receive services in either a Community Supported Living Arrangement (CSLA), Individual Support Services (ISS) or self-directed services
- People transitioning from an Alternative Living Unit or group home to either a Community Supported Living Arrangement (CSLA), Individual Support Services (ISS) or self-directed services
- People who are currently receiving services/supports from DDA, are homeless* or in imminent danger of homelessness** and will transition to either a Community Supported Living Arrangement (CSLA), Individual Support Services (ISS) or self-directed services

*Homelessness is defined as: having no fixed address; living temporarily with family or friends; residing in a shelter for the homeless; residing in temporary housing provided by an entity other than the individual's family, such as a motel/hotel or hostel or residing in a structure not intended for human inhabitation.

**Imminent danger of homelessness evidenced by possession of a current eviction notice; possession of a notice to foreclose; written intent to evict by a family member with whom the person resides or imminent (within 2 months) discharge from an institution with no plan for a community residence.





Where is the Program available?

The program is currently available in the following participating jurisdictions:

- ↓ Allegany County
- ↓ Anne Arundel County
- ↓ Caroline County
- ↓ Carroll County (except Westminster)
- ↓ City of Cumberland
- ↓ Dorchester County
- ↓ Frederick County
- ↓ Garrett County
- ↓ Harford County
- ↓ Kent County
- ↓ Somerset County
- ↓ Talbot County (except Easton)
- ↓ Washington County (except Hagerstown)
- ↓ Wicomico County
- ↓ Worcester County

Additional jurisdictions have been invited to participate. Notification will be provided as jurisdictions are added.



When will the Program open?

The program is currently open for applications.



How can I apply?

Interested individuals should contact their resource coordinator or service provider. Please contact Diane Dressler, DDA Statewide Housing Specialist, at 410-767-5568 to discuss eligibility prior to submitting applications.

To determine eligibility and process an application the following are required:

- ↓ Proof of age (copy of birth certificate, state issued ID card, etc)
- ↓ Proof of income (W-2, paystub from last pay period of the calendar year, etc.)
- ↓ Proof of SSI/SSDI cash payment (most recent award letter)
- ↓ Copy of Service Funding Plan for in-home supports
- ↓ Brief description from the Individual Plan of the supports and/or services needed for the participant to live successfully in the community
- ↓ Participant Commitment Form with original signature
- ↓ Certification of Applicant eligibility with original signature
- ↓ Landlord/PHA Contact Form



APPENDIX 5

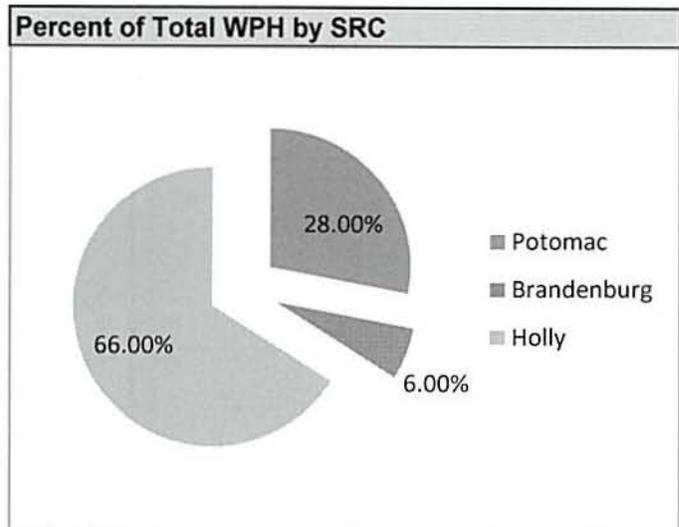
Written Plans of Habilitation for People in State Residential Centers
March 1, 2010 - February 28, 2011

State Residential Center - 120 WPH	
Brandenburg	7
Holly	79
Potomac	34

Barrier General Categories - Residential	
Opposition	120
Community Capacity	40
Court Ordered Placement	4

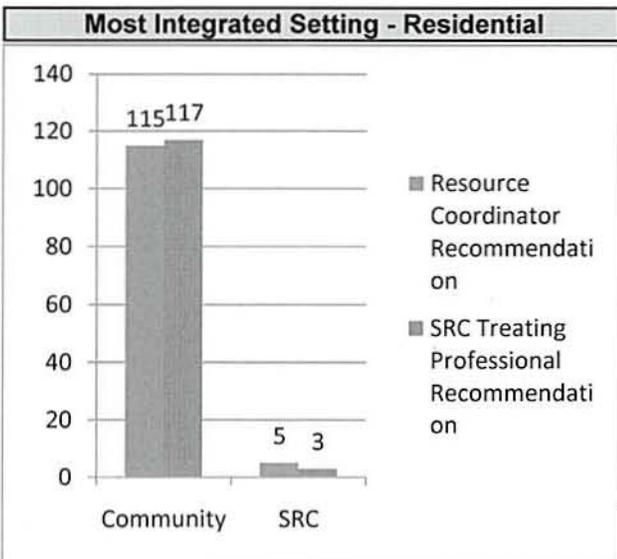
Barrier General Categories - Day	
Opposition	43
Community Capacity	9
Court Ordered Placement	4

Note: More than one barrier could be reported for each individual

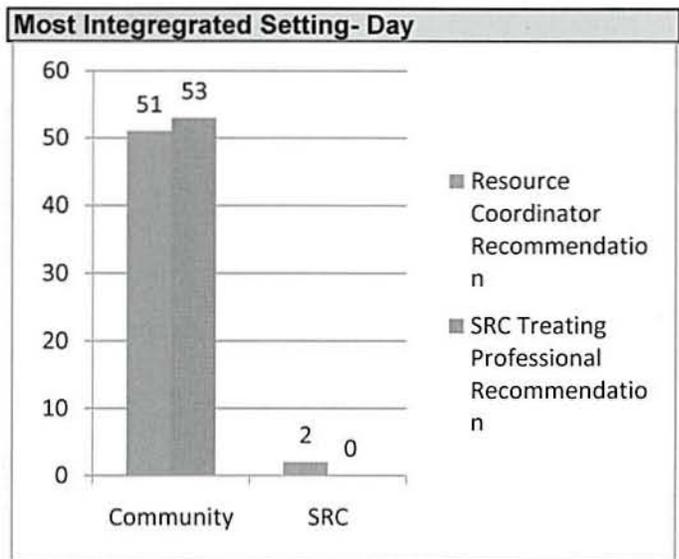


Total number of WPH = 120

Note: SRC = State Residential Center



Note: SRC refers to State Residential Center



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

Most Frequent Support/Service and Technology Needs			
Residential Service		Day Service	
RC & Advocacy	120	RC & Advocacy	120
Nutrition Therapy/Dietary Services	120	Assist w/ ADL's	120
Assist w/ ADL's	120	Staff Assistance	120
Support for Relationship Building	120	Support for Relationship Building	120
Alternative Living Unit	120	Physical Accessibility	110
Residential Technology		Day Technology	
Safety Supports	96	Safety Supports	93
Durable Medical Equipment	93	Durable Medical Equipment	91
Adaptive Mealtime Equipment	90	Adaptive Mealtime Equipment	89

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.

APPENDIX 6

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Add New Habilitation Form

Fields marked with an asterisk * are required.

- [Part A](#) [Part B](#) [Part C](#) [Part D](#) [Part E](#)

* Date of Written Plan of Habilitation Mtg: format: mm/dd/yyyy

Information about the individual

* Choose consumer

SSN

Last Name: State Residential Center

First name: Current Day Setting

Date of Birth: Date of SRC Admission format: mm/dd/yyyy

Gender

Decision Making

Does the person make their own decisions? Yes No

If Yes: Personal Medical Legal Financial

Does the person have a surrogate decision maker? Yes No

If Yes: Personal Medical Legal Financial

Does the person have a guardian? Yes No

If Yes: Personal Medical Legal Financial

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

If Yes: Personal Medical Legal Financial

Written Plan of Habilitation Assessed by:

* Choose interviewer

Last name:

First name:

Agency & Office

Date Completed: format: mm/dd/yyyy

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

* 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:

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

2 Category: Staffing Requirements

Day

- Daily physician assessment
- Daily physician intervention
- Daily nursing assessment
- Daily nursing intervention - cannot be delegated
- As needed nursing assessment/intervention - cannot be delegated
- Certified Nursing Assistant
- Certified Medication Technician
- Skilled Nursing Assistant
- 1:1 supervision - continuous
- 1:1 supervision - intermittent

3 Category: Environmental Characteristics

Day

- Physical accessibility
- Sensory accessibility
- Safety modifications

4 Category: Transportation

Day

- Wheelchair accessible
- Public
- Staff Assistance

5 Category: Community Integration

Day

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

6 Category: Legal Services

Day

- 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

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

Residential

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

Residential

- Physical accessibility
- Sensory accessibility
- Safety modifications

Residential

- Wheelchair accessible
- Public
- Staff Assistance

Residential

- Support for relationship building
- Mobility skills training
- Peer mentoring
- Self-Advocacy training
- Support for developing community connections
- Assistance with family visit

Residential

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

Residential

- Alternative Living Unit

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

- Community Supported Living Arrangement
- Individual/Family Support Services
- Individualized Family Care
- Self-directed Services (New Directions)
- 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 device
- Braille materials

Other: Describe in box below

Residential

- Adaptive mealtime equipment
- Adaptive switches
- Communication device
- Braille materials

Other: Describe in box below:

2 Category: Therapeutic Medical Equipment

Day

- Safety supports
- Durable medical equipment

Residential

- Safety supports
- Durable medical equipment

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

Day

- None

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

If no, date referral was made to Regional Office: _____

format: mm/dd/yyyy

1 Category: Opposition

- Day Documented in record in past 12 months?
- Legal Guardian Yes No
 - Family Yes No
 - Individual Yes No

2 Category: Court Ordered Placement

- Day
- 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

Date referred to Regional office: _____ format: mm/dd/yyyy

4 Category: Funding

- Day
- Appropriate plan not yet developed
 - SFP not approved

If no, date referral was made to Regional Office: _____

format: mm/dd/yyyy

- Residential Documented in record in past 12 months?
- Legal Guardian Yes No
 - Family Yes No
 - Individual Yes No

- Residential
- Yes

- 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: _____ format: mm/dd/yyyy

- 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

2 Category: Court Ordered Placement

- Day
- 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

4 Category: Funding requested and Not Currently Available

- 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

- Residential
- Request conditional release from the court
 - Provide court information about community options

- 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

Day

- Ensure request remains current
- Work with provider to develop appropriate plan

Residential

- Ensure request remains current
- Work with provider to develop appropriate plan

Save

Cancel

WRITTEN PLAN OF HABILITATION INFORMATION FORM DEFINITION OF TERMS

*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.

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 is 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 is 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.