



DEPARTMENT OF DISABILITIES

Carol A. Beatty, Secretary

DEPARTMENT OF HEALTH

Dennis R. Schrader, Secretary

July 19, 2021

The Honorable Bill Ferguson
President of the Senate
State House, H-107
Annapolis, MD 21401

The Honorable Adrienne Jones
Speaker of the House
State House, H-101
Annapolis, MD 21401

Re: Health-General §7-1006 - Report on Written Plan of Habilitation for People in State Residential Centers (HB900/CH502 and SB465/CH 501 of the Acts of 2010) – MSAR #8519

Dear President Ferguson and Speaker Jones:

Pursuant to Health-General Article §7-1006 the Maryland Department of Health respectfully submits the attached report on the Written Plan of Habilitation for People in State Residential Centers for the reporting period of March 2, 2018 through March 1, 2019.

If you have any questions regarding this report, please contact Heather Shek, Director, Office of Governmental Affairs at (410) 767-6480 or at heather.shek@maryland.gov.

Sincerely,

Handwritten signature of Dennis R. Schrader in black ink.

Dennis R. Schrader
Secretary

Handwritten signature of Carol A. Beatty in black ink.

Carol A. Beatty
Secretary of Disabilities

cc: Bernard Simons, Deputy Secretary, Developmental Disabilities Administration
Heather Shek, Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services (5 copies), MSAR #8519

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's Developmental Disabilities Administration and
the Maryland Department of Disabilities
February 2020

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 Coordinator of Community Services ("CCS")¹ 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 CCS's separate recommendations regarding the 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 the 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, 2018 through March 1, 2019. This report provides DDA's summary of its findings regarding treatment professionals' and CCS's 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

¹ Formerly known as a "resource coordinator".

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 court-ordered (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 29-90 years old. The 51 residents at the Holly Center have guardians or surrogate decision makers. The Potomac Center currently provides services to Marylanders ages 19-77 and serves people from all regions of the state. The 49 residents at the Potomac Center also have guardians or other surrogate decision makers.

The State Residential Center population is composed of three groups, each of which is eligible for federal reimbursement through 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 court-ordered (forensic) population who are admitted by court orders under the Criminal Procedure Article. The court-ordered (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.²

Pursuant to and in accordance with the applicable federal and state laws and regulations, admissions to State Residential Centers are determined by the Maryland Department of Health's Deputy Secretary for DDA based on whether the individual meets applicable criteria for admission and whether the SRC is the most integrated setting for the individual. The Deputy

² Please note that individuals can transition from one population to another at Potomac Center; *i.e.*, a court-ordered (forensic) resident can have his/her court-ordered (forensic) 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 court-ordered (forensic) resident.

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 court-ordered (forensic) population, release from a current court-ordered commitment to a Maryland Department of Health 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, 2018 through March 1, 2019 (hereinafter the "Reporting Period"). The data includes information contained in the written plans of habilitation completed by treating professionals and CCS. During this reporting period, written plans of habilitation were completed for 99 residents statewide. This includes 51 at the Holly Center and 48 at the Potomac Center³.

Money Follows the Person ("MFP") has met or exceeded benchmarks since the beginning of the demonstration in 2008, excluding the most recent calendar years of 2018 and 2019. The program was originally scheduled to end in 2018, but was granted a short-term extension in 2019. This allowed transitions to re-start after a brief delay at the beginning of the year. 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 reporting period, 14 individuals moved to the community as Money Follows the Person transitions. This includes 7 from the Potomac Center, 0 from the Holly Center, 0 from a chronic hospital, and 7 from nursing facilities.⁴

The Money Follows the Person Demonstration (MFP) is currently awaiting further guidance from the Centers for Medicare and Medicaid Services on how the short-term extensions and funding additions will impact the program throughout 2020 and 2021. MFP transitions are expected to at least continue until December 31, 2020. Individuals who participate in MFP are participants for 365 days. MFP transitions receive a 75% enhanced match from the federal Medicaid program, whereas normal transitions through the Home and Community based waiver services receive a 50% match. Any transition after December 31, 2020 will receive the 50% match and will not be a MFP transition. After the end of the MFP demonstration, the State of Maryland will continue to have obligations via the State's Money Follows the Individual policy (MFI), thus ensuring funding for waiver slots are made available for individuals who transition from an institution to the community

Most Integrated Setting Recommendations

³ One individual at the Potomac Center did not have a recorded Written Plan of Habilitation completed during the reporting period.

⁴ 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 MFP criterion.

During the reporting period, the treating professional and/or the CCS made the following recommendations regarding the most integrated setting appropriate for 99 individuals in State Residential Centers:

- With respect to residential services, the treating professional and/or the CCS recommended:
 - that community-based residential services were appropriate for 65 of the 99 individuals (66%) in State Residential Centers; and
 - that State Residential Centers were appropriate for 34 of the 99 individuals (34%).

- With respect to day services, the treating professional and/or the CCS recommended:
 - that community-based day services were appropriate for 75 of the 99 individuals (77%); and
 - that State Residential Centers were appropriate for 24 of the 99 individuals (23%).

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 ⁵	STATEWIDE
RESIDENTIAL - Community	20	45	65
RESIDENTIAL - SRC'S	31	3	34
Total	51	48	99

INTEGRATED SETTINGS TABLE 2 – Day Services

INDIVIDUALS			
RECOMMENDED MOST INTEGRATED SETTING	HOLLY CTR	POTOMAC CTR	STATEWIDE
DAY SERVICES - Community	28	47	75
DAY SERVICES - SRC'S	23	1	24
Total	51	48	99

⁵ For one individual, the treating professional and CCS did not agree on the most integrated setting. These numbers, and the statewide sums, reflect the recommendations of the treating professional.

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, CCS 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. Fourteen plans at Potomac Center did not identify any barrier to community placement, as residents were in active and final process of discharge at time of the WPH writing.

Generally, there are three categories listed as barriers to placement. Historically barriers have been divided into three general categories: Opposition, Court-Ordered (Forensic) 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 32 of 65 individuals (49%) statewide. Community Capacity was cited as Potomac Center's most prevalent barrier, affecting 26 of 48 individuals (54%), but only 3 of 20 individuals (15%) at Holly Center were similarly affected. Potomac Center's increase in the number of individuals residing there is related to court ordered placement increases resulting from the overflow from the Secure Evaluation and Therapeutic Treatment ("SETT") Program. Additionally, beginning September 2017, Potomac Center expanded its Transitions Program, transferring civil or criminal admissions from State Psychiatric hospitals.

Barriers Table 1

BARRIERS TABLE 1	RESIDENTIAL SERVICES		
INDIVIDUALS			
BARRIERS	HOLLY CTR	POTOMAC CTR	STATEWIDE
Opposition	17	15	32
Community Capacity	3	26	29
Court Placement	0	10	10

Barriers Table 2

BARRIERS TABLE 2	RESIDENTIAL			
		INDIVIDUALS		
BARRIER	Cited By:	Holly Ctr	Potomac Ctr	Statewide
Opposition	Individual Only	0	7	7
Opposition	Family Only	8	1	9
Opposition	Legal Guardian only	0	1	1
Opposition	Family & Legal Guardian	9	1	10
	Family & Individual	0	0	0
	Guardian & Individual	0	2	2
	Individual, Family, & Guardian	0	3	3

Day Setting

Of the 75 individuals recommended for community-based day services, 24 individuals (31%) received day services in the community during the time period (23 individuals from the Holly Center, and 1 from the Potomac Center). The remaining 76 of the 99 individuals received day services in the State Residential Center in which they reside: 48 at Potomac Center and 5 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 24 of 76 individuals (32%) who receive day services in the State Residential Centers.

Barriers Table 3

BARRIERS TABLE 3	DAY SERVICES		
	INDIVIDUALS		
BARRIERS	HOLLY CTR	POTOMAC CTR	STATEWIDE
Opposition	2	14	16
Community Capacity	0	24	24
Court Placement	0	10	10

Barriers Table 4

BARRIERS TABLE 4	DAY SERVICES			
		INDIVIDUALS		
BARRIERS	Cited By:	Holly Ctr	Potomac Ctr	Statewide
Opposition	Individual Only	0	7	7
Opposition	Family Only	1	0	1
Opposition	Legal Guardian only	0	1	1
Opposition	Family & Legal Guardian	1	1	2
	Guardian & Individual	0	2	2
	Family & Individual	0	0	0
	Individual, Family, & Guardian	0	3	3

Support and Service Needs

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

- Interdisciplinary Services
 - Coordination of community services 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 ensuring eligible individuals with developmental disabilities receive 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 16 annual transitions through the projected end of the Money Follows the Person demonstration project in 2020.

- DDA continues to provide CCSs 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 that states 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 centers 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 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. We continue to reap the benefits of the Project STIR training that the Regional Advocacy Specialist attended. Additionally, Potomac Center Social Work Department is leading an advocacy group for identified residents to participate and develop or enhance advocacy skills.
- 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.
- CCSs 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.
- The DDA continues to look for providers, both in State and nationally to fill

unmet needs for qualified providers of services specific to the current needs of the system. Many of the current licensed providers have enhanced their skill set in providing services. Sixteen of our licensed providers have chosen to support people with court-ordered (forensic) or behavioral challenges who have left or are planning to leave the SRCs or FRC this year. To support these providers in their efforts to expand their services, the clinical teams from the facilities have been working closely with these providers. The clinical teams attend meetings and provide additional support needed for the community providers to successfully provide quality services. This resource has proven helpful in discharging people from Potomac 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. Under the Community Pathways Waiver, individuals have the opportunity to participate in the Community Living “Group Home trial experience.” This is designed for people transitioning from an institutional or non-residential site on a temporary, trial basis. Service requirements are as follows:

- The service must be preauthorized by the DDA.
- Services may be provided for a maximum of seven days or overnight stays within the 180-day period in advance of their move.
- The individual must be reasonably expected to be eligible for and to enroll in the waiver. Services are billed to Medicaid as an administrative cost.

- 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:

- The MFP Bridge Subsidy Program continues to prioritize individuals with intellectual and/or developmental disabilities transitioning from a state residential center or nursing facility that are eligible to participate in the current MFP Bridge Subsidy program.

- Partnering State agencies involved in the Maryland Partnership for Affordable Housing (MPAH) provide outreach directly to individuals in these settings as well as to their CCSs through training, options counseling during onsite visits, or information provided at person centered planning meetings.

- *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 Maryland Department of Health (“MDH”). 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 MDH. 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.
- The Maryland Department of Health Administration-Sponsored Capital Program provides the opportunity for community agencies/providers to develop housing projects that meet the Department’s priorities. The DDA has included housing for people with court-ordered (forensic) involvement as one of the Department’s priorities in recent years.