

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
June 2021

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 Maryland Department of Disabilities ("MDOD") 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 MDOD 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, 2020 through March 1, 2021. 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 community settings.

¹ Formerly known as a "resource coordinator."

BACKGROUND

The 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. The 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 49 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 46 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 may be eligible for federal reimbursement through Medicaid pursuant to at least one of DDA's three Medicaid Home and Community-Based Services Waivers (each a "Waiver")²:

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.³

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

² DDA's three waivers are the Community Pathways Waiver; the Community Supports Waiver; and the Family Supports Waiver. Please note that only the DDA's Community Pathways Waiver provides residential services for eligible individuals with a developmental disability who are 18 years of age or older.

³ Please note that individuals can transition from one population to another at Potomac Center; *i.e.*, a court-ordered (forensic) resident can have their 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.

admission and whether the State Residential Center is the most integrated setting for the individual. The Deputy Secretary’s decision is reviewed by an Administrative Law Judge. People are discharged from these facilities when DDA can attest that the plans for services following State Residential Center services are appropriate and meet the needs of the person. Discharge resources include the statewide network of DDA-licensed providers, the Maryland Behavioral Health Administration (“BHA”) providers, and other available resources. For the 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, 2020 through March 1, 2021 (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 67 residents statewide. This includes 47 at the Holly Center and 20 at the Potomac Center.

Money Follows the Person (“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, eight (8) individuals moved to the community as DDA MFP transitions. This includes three (3) individuals from nursing facilities, and five (5) individuals from the Potomac Center.⁴

The COVID-19 pandemic impacted efforts on assisting MFP transitions. Traditionally, the MFP staff would perform visits to individuals in institutional settings that sought to return to the community using a Waiver (including DDA’s Community Pathways Waiver), or meet in-person with discharge planning teams. Early in the pandemic, nursing facilities locked down and day programs suspended operations. The State Residential Centers were also closed to anyone who was not deemed essential. This created challenges in assisting in transition efforts as the entire transition planning process had to be done virtually or telephonically, creating a barrier for effective communication. As COVID-19 related restrictions began to relax, the MFP staff implemented new strategies to reach out to participants and CCS agencies.

In the Consolidated Appropriations Act of 2021, Congress reauthorized MFP to allow participants to enroll in the MFP demonstration until the end of calendar year 2023. The MFP program has funding in place for the 2024 calendar year to close out the operations and facilitate the final discharges from current MFP participants who have yet to return to a community setting. Any transition after December 31, 2023 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

⁴ The MFP transition numbers do not account for total discharges from institutional facilities. Other types of discharges would include deaths, facility transfers, and community placements not covered by MFP criterion.

to the community.

Most Integrated Setting Recommendations

During the reporting period, the treating professional and/or the CCS made the following recommendations regarding the most integrated setting appropriate for 67 individuals in State Residential Centers. The DDA is working to resolve a technical issue in the legacy data system that prevented CCS's from completing plans for some SRC residents.

1. With respect to residential services, the recommendations are that:
 - a. Community-based residential services were appropriate for 33 of the 67 individuals (49%) in State Residential Centers; and
 - b. State Residential Centers were appropriate for 34 of the 67 individuals (51%).
2. With respect to day services, the recommendations are that:
 - a. Community-based day services were appropriate for 25 of the 29 individuals (86%); and
 - b. State Residential Centers were appropriate for 4 of the 29 individuals (14%).

These integrated setting recommendations are outlined in Tables 1 and 2 below.

Table 1: Integrated Settings – Residential Services

INDIVIDUALS			
RECOMMENDED MOST INTEGRATED SETTING	HOLLY CTR	POTOMAC CTR	STATEWIDE
RESIDENTIAL - Community	14	19	33
RESIDENTIAL - SRC'S	33	1	34
Total	47	20	67

Table 2: Integrated Settings– Day Services

INDIVIDUALS			
RECOMMENDED MOST INTEGRATED SETTING	HOLLY CTR	POTOMAC CTR	STATEWIDE
DAY SERVICES - Community	6	19	25
DAY SERVICES - SRC'S	4	0	4
Total	10	19	29

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, no residents were assessed as having no barriers identified as those residents were in active and final process of discharge at time of the Written Plan of Habilitation writing.

Generally, there are three categories listed as barriers to placement: 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:

Table 3 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. Table 4 addresses more specifically who in the resident’s planning team opposed provision of residential services. Opposition was cited as a barrier for 18 of 67 individuals (27%) statewide.

Day Setting

Of the 29 individuals recommended for community-based day services, six (6) individuals (21%) received day services in the community during the time period (all six (6) individuals were from the Holly Center, and 0 from the Potomac Center). The remaining 23 of the 29 individuals received day services in the State Residential Center in which they reside: 19 at Potomac Center and four (4) at Holly Center.

Table 3: Number of times a barrier was cited in a written plan of habilitation for residential services

RESIDENTIAL SERVICES			
INDIVIDUALS			
BARRIERS	HOLLY CTR	POTOMAC CTR	STATEWIDE
Opposition	13	5	18
Community Capacity	0	20	20
Court Placement	0	6	6

Table 4: Detail on who opposed provision of residential services

RESIDENTIAL				
		INDIVIDUALS		
BARRIER	Cited By:	Holly Ctr	Potomac Ctr	Statewide
Opposition	Individual	0	2	2
Opposition	Family	6	0	6
Opposition	Legal Guardian	7	3	10

Barriers Table 5 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 12 of 29 individuals (41%) who receive day services in the State Residential Centers (all 12 individuals were Potomac Center and 0 were from Holly Center). Table 6 addresses more specifically who in the resident’s planning team opposed provision of

community-based day services.

Table 5: Number of times a barrier was cited in a written plan of habilitation for day services

DAY SERVICES			
INDIVIDUALS			
BARRIERS	HOLLY CTR	POTOMAC CTR	STATEWIDE
Opposition	1	3	4
Community Capacity	0	12	12
Court Placement	0	6	6

Table 6: Details on who opposed provision of day services

DAY SERVICES				
BARRIERS	Cited By:	INDIVIDUALS		
		Holly Ctr	Potomac Ctr	Statewide
Opposition	Individual	1	0	1
Opposition	Family	1	0	1
Opposition	Legal Guardian	0	2	2

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

The 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 community partners to alleviate these barriers. A multi-faceted approach to addressing the barriers identified in this report will be implemented, including:

- The Money Follows the Person initiative employs three staff persons. Through Money Follows the Person Operational Protocol (approved by the Centers for Medicare & Medicaid Services), DDA has projected 20 annual transitions through 2021.
- The 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.
- The DDA's Regional Advocacy Specialists in the regions where the Holly Center and the

Potomac Center are located 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 and get supports that will provide the person a meaningful life. The Advocacy Specialist's loyalty is with the people receiving services from the DDA. These Advocacy Specialists will work with people in the State Residential Centers to assist with transitions into community-based services.

- The DDA continues to partner with the Maryland Center for Developmental Disabilities (MCDD) 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, the 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, the 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.
- Person-Centered Planning strategies such as Charting the LifeCourse and Essential Lifestyle Planning, are additional tools 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.
- CCSs are skilled at presenting community options and are available to assist individuals transitioning from an institutional setting to a community-based service.
- The 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.

- 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.
- 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. Transition services include cost of security deposits that is required to obtain a lease on an apartment or home; essential household goods, such as furniture, window coverings, and kitchen, bed, and bath items; fees or deposits associated with set-up of, initial access to, or installation of essential utilities and for telephone, electricity, heating and water; and cost of services necessary for the participant's health and safety, such as pest removal services and a one-time cleaning prior to moving in.
- 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 pre authorized 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 MDOD, 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.
 - 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.
 - 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, MDOD 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 MDOD, 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 MDH -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.