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March 20, 2017

Senator Eric Brakey, Co-Chair
Representative Patricia Hymanson, Co-Chair
Joint Standing Committee on Health and Human Services
#100 State House Station
Augusta ME 04333-0100

Dear Senator Brakey, Representative Hymanson, and Members of the Joint Standing Committee on Health and Human Services:

Enclosed is the 2017-2018 Biennial Plan for Services to Adults with Intellectual Disabilities or Autism.

As you are aware, Maine Statute 34-B § 5003-A 3 requires the Department of Health and Human Services (DHHS) to prepare a plan every two years to address the most effective and efficient manner in which to implement services and programs for persons with intellectual disabilities (ID) and autism while safeguarding and respecting their rights.

Please note that the accomplishments of DHHS from the previous Biennial Plan 2015-2016 have been outlined in this report. Efforts to improve the quality of care of Maine citizens with intellectual disabilities or autism continue unabated. These efforts focus on moving this system of care toward greater equity, efficiency and effectiveness.

Sincerely,

Mary C. Mayhew
Commissioner

MCM/klv

Enclosure



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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Maine Department of Health and Human Services Office of Aging and Disability Services

Biennial Plan for Services to Adults with Intellectual Disabilities or Autism

2017-2018

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Introduction and Acknowledgements

The Department of Health and Human Services (DHHS) is driven by its vision of Maine people living safe, healthy and productive lives. Its goal is to assist the people of Maine in meeting their own needs, as well as the developmental, health and safety needs of their children.

The Office of Aging and Disability Services (OADS), within DHHS, is responsible for planning, developing, managing and providing services that are strengths-based and promote independence for adults with developmental disabilities.

OADS Developmental Services provides leadership and is an active partner in Maine's comprehensive system of support to individuals with intellectual disabilities and Autism. At the foundation of this system is the belief that all individuals, through self-determination, can achieve a quality of life consistent with the community in which they live.

Thanks to all those who participated in our formal public forum and shared comments and provided feedback on this plan, as well as those who attended other public sessions held throughout the state over the past two years to share comments and suggestions regarding services.

This plan is OADS' vision for the next two years on ways to improve the system. OADS looks forward to the continued partnership and collaboration with individuals who access these services, their families and supports, providers, and the communities of Maine.

Thank you,

Gary F. Wolcott, Director—Office of Aging and Disability Services (OADS)

Statutory Requirements

Maine Statute 34-B § 5003-A 3 requires the DHHS Commissioner to prepare a plan every two years to address the most effective and efficient manner in which to implement services and programs for persons with intellectual disabilities (ID) and autism while safeguarding and respecting their rights. The report is submitted to the joint standing Health and Human Services committee of the Legislature. The plan must describe the system of services, and include both existing service resources and deficiencies. This plan includes an assessment of the roles and responsibilities of agencies and state departments and suggests ways in which they can better cooperate to improve service systems.

Development of this plan requires the participation of community service providers, consumer and family groups and other interested parties in annual statewide hearings, informal meetings and work sessions. The Commissioner is required to consider community service needs, relate those needs to biennial budget requests and incorporate necessary budget initiatives into a comprehensive planning document.

Process of Plan Development

Throughout the past two years, OADS has solicited feedback in a variety of ways to inform the development of this plan. OADS regularly holds meetings with Speaking Up For US (SUFU), Developmental Services Oversight and Advisory Board (OAB), Developmental Disabilities Council (DDC), and other groups to discuss challenges, successes and opportunities for improvement within the Adult Developmental Services system.

In addition, OADS held a formal public forum to review the goals described in the 2015-2016 Biennial Plan and solicit feedback from stakeholders regarding the identified goals for the 2017-2018 Biennial Plan. OADS provided opportunity for stakeholders to review a draft of the plan online and submit feedback, as well.

The voices and input from service recipients, their families, and providers are essential to the current and ongoing success of the service system. This plan is a product of the feedback received from all of these formal and informal sessions.

Office of Aging and Disability Services

Vision and Values

- Be centered on the person and focus on strengths and abilities
- Support each person to make their own informed choices
- Promote respect of adults and their valued roles within their community
- Provide opportunities for quality employment that pays a fair wage and benefits
- Maximize opportunities for independence and self-sufficiency
- Provide quality case management services including conflict-free person centered planning
- Support and encourage family, friends and neighbors to help meet an individual's needs
- Ensure health and safety while promoting choices for growth and development
- Build a coordinated, streamlined service and support system using resources wisely

Services

OADS offers a wide range of services and supports to adults with intellectual disabilities or autism and their families, including:

- Targeted Case Management
- Person Centered Planning
- Statewide Crisis Prevention and Intervention
- Adult Protective Services and Public Guardianship and Public Conservatorship
- State Plan Residential Services (Section 97 Private Non-Medical Institution-Residential and Section 50- Institutional Care Facility for Individual’s with Intellectual Disabilities)
- 1915c Medicaid Waiver Services (Section 21 and Section 29)
- Policy and Compliance
- Advocacy

Targeted Case Management: DHHS Case Managers coordinate a number of services and supports for an individual based on their identified goals and service needs. In September 2012, the Office of Adults with Cognitive and Physical Disabilities merged with the Office of Elder Services to become the Office of Aging and Disability Services (OADS). It was during this time that the decision was made to begin a transition to require all newly hired DHHS case management staff to be eligible for, or hold a current Maine Social Work license. This serves to enhance the professionalism of all case management staff across OADS.

The system also supports a large community case management staff that is operated through private community agencies. Over recent years, OADS has seen an increase in the number of individuals served by community case management compared to case management provided by State employees. Figure 1 represents data from September 2016 as compared to December 2014.

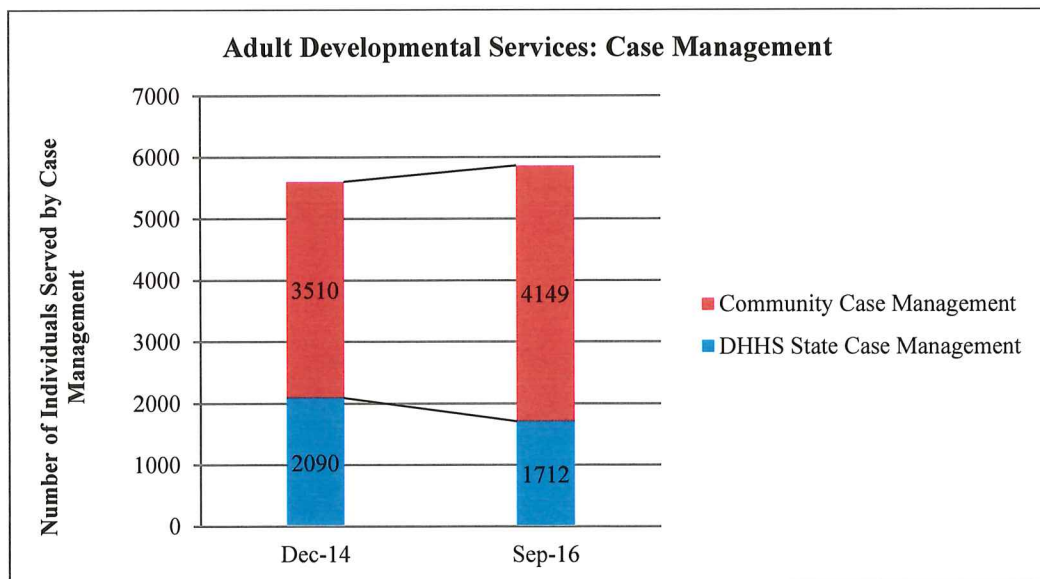


Figure 1—Source: Enterprise Information System

The data shows that between December 2014 and September 2016, there has been an eighteen (18%) percent increase in the number of individuals served by community case management agencies, with an accompanying 18% decrease in case management provided by State employees. As of November 2016, there are 46 Adult Community Case Management (CCM) agencies certified to deliver Targeted Case Management services per 14-197 Chapter 10.

Person Centered Planning (PCP): Every adult with an intellectual disability or autism who is eligible for Adult Developmental Services must be provided with the opportunity to engage in and direct a personal planning process in which the needs and desires of the Person are articulated and identified (Maine Statute 34-B Chapt.5 Sub Chapter 3§ 5470). Person Centered Planning involves identifying and describing the person's goals and needs, as well as the paid and unpaid support services the person identifies in order to live a meaningful and self-directed life.

Maine's PCP Process is designed to ensure personal choice. At the same time, it meets regulatory requirements, addresses the resource allocation process, communicates changes, and ensures consistency and accountability.

Since the implementation of the new PCP process within the person's electronic record which started in 2012, 6,050 active PCP's have been entered into Enterprise Information System (EIS). This provides for a streamlined consistent process for all service providers while ensuring participation by the individual and their guardian.

Public Guardianship and Conservatorship: OADS acts on behalf of the DHHS

Commissioner as the Public Guardian and/ or Public Conservator representative for adults with intellectual disabilities or autism who have been found to be incapacitated by the Probate Court when no private party is willing or suitable (Probate Code 18-A M.R.S. § 5-601, 5-602) . DHHS is the guardian and conservator of last resort, that least restrictive alternatives have been explored and Court Orders that are limited whenever possible to meet individual needs. A guardian is a person appointed by the court to make decisions on behalf of another individual. OADS assists individuals under these circumstances to make decisions about their life and how to safely live. There are currently 627 individuals with intellectual disabilities or autism receiving this service.

Statewide Crisis Prevention and Intervention Services: Crisis Services are provided 24 hours per day, seven days a week as the safety net for adults with intellectual disabilities or Autism and persons on the Brain Injury Waiver (MaineCare Section 18). These services are available when other services are unable or unwilling to respond to meeting a person's needs when they are the most vulnerable. The overall goal of this responsive crisis system is to provide assistance to individuals, families, guardians, and providers in order to maximize individuals' opportunities to remain in their homes and communities, before, during and after crisis incidents.

Crisis Services	Persons Served FY2015	Persons Served FY2016
Crisis Residential Services: Admissions	38	64
Outreach	1022	1108
In-Home Crisis Support	63	40
Telephone Support	2699	3366
Permission for Medical Treatment	359	572
Consultation/Education	732	817

Table 1—Data as of November 16, 2016

When it is necessary for an individual to be supported in a state operated crisis home or other contracted short term residential service, it is the goal of the crisis service system to assist that individual to return home as soon as possible or to work with the person's team to assess and identify a safe alternative.

In FY2016, the Crisis Teams admitted 64 individuals into Crisis Residential Services, and provided in-home crisis support to 40 individuals. For full FY2015 and FY2016 data, see Table 1.

Adult Protective Services (APS): Maine statute Title 22 Chapter 958-A § 3473 requires OADS to protect incapacitated and dependent adults from abuse, neglect and exploitation, and to enhance the welfare of vulnerable adults. Adult Protective Services receives reports, promptly investigates and determines the validity of reports alleging abuse, neglect, or exploitation. Protective services include social, medical and psychiatric services necessary to preserve the adult's rights and resources and to maintain the adult's well-being. For fiscal year 2015, Adult Protective Services received 1,293 referrals alleging abuse, neglect, or exploitation of persons with disabilities.

State Plan Residential Services (PNMI and ICF/IID): Under MaineCare State-Plan services, OADS supported 281 individuals in FY2015 and 266 individuals in FY2016 in licensed residential care facilities (PNMI - Private Non-Medical Institution) in settings of less than 16.

In FY2015 another 177 individuals resided in Intermediate Care Facilities for Individuals with Intellectual Disabilities, and 169 individuals in FY2016. Known as ICF/IID and ICF/Group programs, these residential treatment facilities are considered "institutional" settings by the Federal government and were designed to meet the intensive, active treatment needs of persons with intellectual disabilities.

1915c Waiver Services (Section 21 and Section 29): The two 1915c Waivers offer a broad array of services including Home Support, Community Support and Work Support. Other services are available and may be identified through the Person Centered planning process. These programs are designed to support individuals who live with their families or on their own

in the community. These benefits are often referred to as Home and Community Based Services (HCBS). The service is offered in a community-based setting as an alternative for members who qualify to live in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The Benefit supplements, rather than replaces, supportive and natural personal, family, work, and community relationships.

Individuals may access one of two waivers: Section 21: Home and Community Based Benefit for Members with Intellectual Disabilities or Autism; or Section 29: Support Services for Adults with Intellectual Disabilities or Autism.

In FY2015 and FY2016, OADS authorized the following amount and types of service:

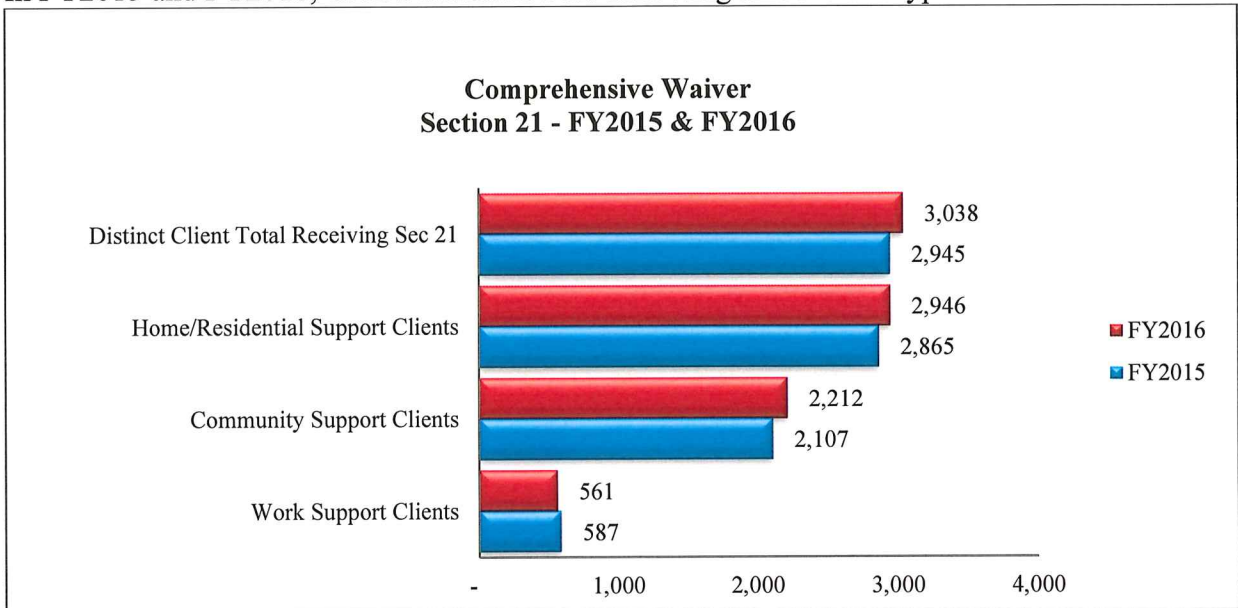


Figure 2—Section 21 Comprehensive Waiver: Number of unique individuals receiving the waiver and number of individuals accessing specific services

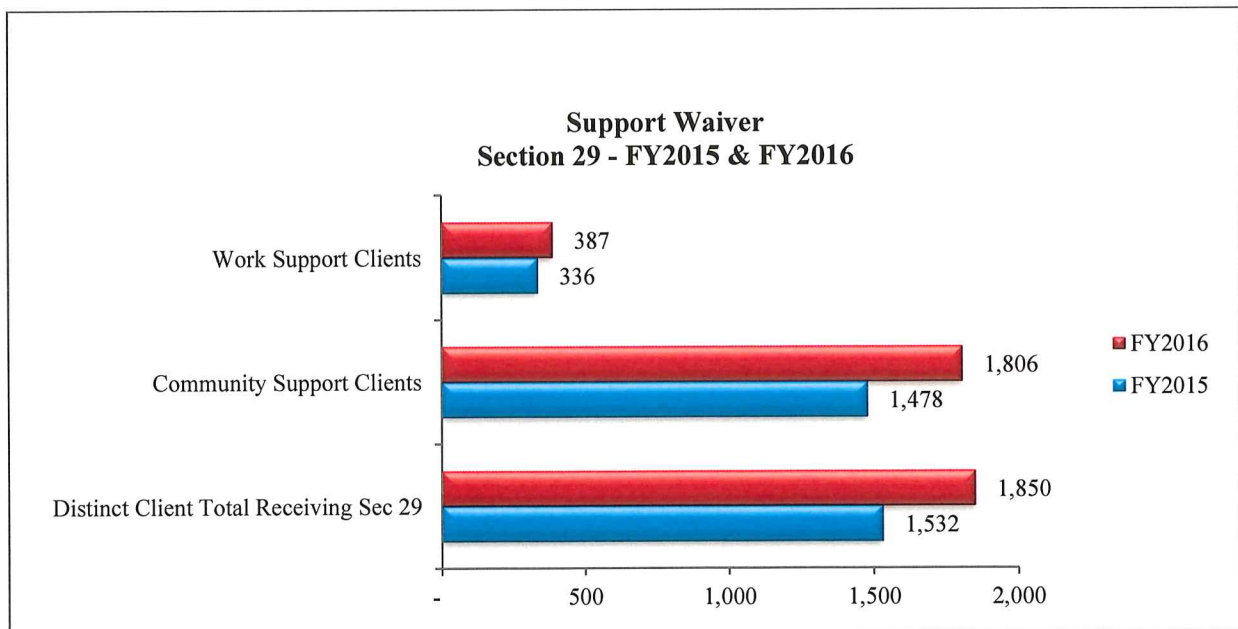


Figure 3—Section 29 Support Waiver: Number of unique individuals receiving the waiver and number of individuals accessing specific services

Policy and Compliance: The purpose of the Policy and Compliance Team is to continually determine compliance of federal and state programs through discovery, remediation and continuous quality improvement. This is achieved through ongoing and standardized review of statutory and regulatory assurances and requirements, the achievement of desired outcomes and identified opportunities for improvement. This work includes workforce training and development, communications, reporting to CMS, performance measurement of Adult Protective Services and public guardianship/conservatorship, and conducting quality assurance reviews of providers.

Advocacy: Disability Rights Maine (DRM) is Maine's Protection and Advocacy agency and contracts with OADS to provide statewide Developmental Services Advocacy (34-B M.R.S. section § 5005-A).

There are DSA Advocates in Caribou, Bangor, Lewiston, Augusta/Rockland, and Portland. DSA Advocates provide direct representation, respond to reported rights violations, attend Three-Person Committee (now called Review Team) meetings reviewing the use of behavior and safety plans, attend Person Centered Planning meetings, and conduct regular outreach and training statewide.

DSA served 535 individuals and closed 569 cases (480 of which were either partially or completely resolved in the individual's favor).

Advocates provided rights trainings to 1,061 individuals with disabilities, family members, guardians, and service providers; and conducted outreach to 1,131 individuals with disabilities, family members, and service providers.

Systemic Challenges

Based on feedback received from stakeholder groups over the past two years, challenges identified within the current system include:

- Waitlists
- Limited access to Assistive Technologies
- Lack of a standardized assessment
- Workforce shortage
- Concerns around accessible and affordable housing
- Inconsistency in quality of case management services
- Limited transportation to ensure access to community

Waitlists: The Governor's 2015/2016 budget included the elimination of the Section 21 and Section 29 MaineCare waitlists. OADS maintains a waitlist of eligible MaineCare members who cannot access Home and Community Based waiver services because of lack of funding and limits on the numbers served within a waiver. Individuals who are on the waiting list for a specific waiver are served in accordance with the priorities outlined in the waiver policy.

Section 21 Waitlist	
Priority Level	Number
Priority 1	0
Priority 2	427
Priority 3	905
Total	1,332

Table 2-- Data as of September 30, 2016

Assistive Technology: Assistive Technology holds great potential to increase self-sufficiency. However, without qualified assessors to evaluate what technologies would assist members to gain independence, as well as providers willing to support these technologies, Maine cannot fully embrace this method. OADS is committed to increasing the accessibility of this service by working with stakeholder groups and increasing the number of assessors.

Standardized Assessment: OADS had proposed use of the Supports Intensity Scale (SIS), which was developed and standardized by the American Association on Intellectual and Developmental Disabilities (AAIDD) during the last Biennial Plan. In March of 2016, the Department chose to discontinue work with AAIDD and use of the SIS due to issues of transparency around the interview process during the SIS assessment.

The Department remains committed to the use of a standardized assessment tool.

Through this Biennial Plan, the Department will continue its work to identify an assessment tool that will ensure that individuals receive the appropriate amount of services to assist them to be as independent as possible and achieve their goals.

Workforce Shortage: The workforce shortage is currently a Statewide as well as a national challenge for all businesses. OADS is committed to promoting workforce initiatives that support quality while also enhancing recruitment, retention and training of the direct care workforce. Promotion of training based on core competencies, collaboration with other direct service providers to increase ability to service complex conditions, and equitable wages are just a few of the area's that deserve focus.

Accessible and Affordable Housing: OADS is committed to playing an active role in identification and creation of affordable housing opportunities for adults with disabilities and ensuring that housing is accessible. This includes bridging a strong collaboration with Maine Housing, Community Housing of Maine and community providers. OADS will support services that help individuals remain safe in suitable housing while also advocating for flexible options.

Quality Case Management: Continuous training is critical to the success and effectiveness of the case management system. The creation of a conference, orientation and continuing education credits are particular areas of focus that OADS believes will strengthen and improve the consistency within this service.

OADS has conducted online trainings on documentation of interactions with individuals served, as well as shared updated Person Centered Planning manual in compliance with the Home and Community Based Services rule.

Transportation: The use of transportation for access to general community places where a person can build connections, relationships, join clubs and attend events is critical to building natural supports in a person's life. Communities provide generic resources such as adult education, health and wellness facilities, places of worship, employment and chances to give back through volunteering. All of these are places that a person can meet others, build relationships and receive unpaid supports. Without transportation to community, these relationships and supports will be difficult to develop.

Summary of 2015-2016 Biennial Plan Goals

There were 35 identified goals in the 2015-2016 Biennial Plan. Of these 35 goals, 13 goals were achieved, 11 were delayed, 7 are ongoing, 3 were cancelled and 1 was not met.

The goals that were ongoing or delayed are carried over to the 2017-2018 Biennial Plan.

For further information please see details below.

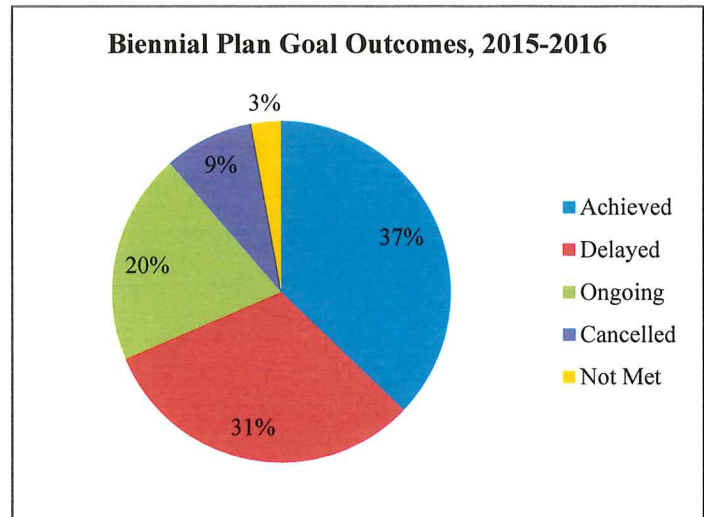


Figure 4—Biennial Plan Goal Outcomes, 2015-2016

OUTCOMES OF GOALS IDENTIFIED IN 15'-16' BIENNIAL PLAN

1) Employment First- every person served will be offered the opportunity to work in community based, integrated, competitive employment. Employment has become a required component of the Person Centered Planning process and assistance to identify and overcome barriers are a core component planning and waiver services.

1.1 Create and offer district Community of Practices to increase Career Planning staff competencies in providing the Discovering Personal Genius process to individuals receiving Home and Community Based waiver services for Sections 21 and 29.

Timeframe: December 2015

Outcome: Achieved—Communities of Practice about Customized Employment were developed and rolled out in Bangor, Lewiston and Portland during 2015-2016.

1.2 Enhance current WorkForce Development System for employment services staff by creating a new Request for Proposal in conjunction with Bureau of Rehabilitation Services and Substance Abuse and Mental Health Services that meets the training needs of all three systems.

Timeframe: Support from Office of Disability Employment Policy for system design March-June 2015; RFP development July 2015; Publishing of RFP September 2015; review and awarding of contract for Employment Workforce Development October-December 2015.

Outcome: Achieved—The RFP for the Employment Workforce Development System was delayed but was successfully bid and the contract agreed upon for a start date of July 2016.

- 1.3 Develop and implement an updated Employment Data assessment in EIS to track employment outcomes for all waiver participants who go to work and access Work Supports. The assessment allows monitoring of quality indicators such as hours worked, wages, benefits and level of paid supports, which is utilized in Performance Based Contracting to improve outcomes of services.

Timeframe: June 2015

Outcome: Delayed—The Employment Data assessment was not updated due to resource constraints at OIT. This has delayed the ability to have outcome-based data on waiver participants' employment experiences.

- 1.4 Expand the Business to Business engagement occurring through the Maine Business Leadership Network (BLN) by providing support and consultation on the Advisory Council. The Maine BLN provides information and resources through the Maine State Chamber to all 5, 000 members.

Timeframe: July 2016

Outcome: Achieved—The Maine Business Leadership Network continues and offered three Business to Business events during 2016 and continues to share resources through the www.mainebln.org website, Chamber bulletins, and business list-serves.

- 1.5 Review and expand options for Work Supports staff certification by exploring the College of Employment Services curriculum and potential option for MaineCare rule change.

Timeframe: January –March 2015, Engage with Department of Labor (DOL) and Office of Substance Abuse and Mental Health Services (SAHMS) to determine College of Employment Services through Elsevier and its ability to provide online certification for Work Supports and Employment Specialist staff; April - December 2015, Certify 100 staff utilizing the College of Employment Services.

Outcome: Delayed—The College of Employment Services certification is currently in proposed rule change for February 2017.

- 2) **Transition to Adult Services-** all offices of DHHS are working together to improve the way children with intellectual and developmental disabilities and Autism are supported in moving from school to adulthood. District level teams work with individuals, parents, schools, and case managers to assist with planning and accessing supports and services.

- 2.1 OADS will continue to work collaboratively with Office of Child and Family Services (OCFS) to conduct informational sessions for stakeholders utilizing the self-referral process which will move toward providing seamless intake to the appropriate adult services system.

Timeframe: December 2015

Outcome: Ongoing—OADS continues to work with OCFS to promote the self-referral process.

- 2.2 Work with other DHHS offices and stakeholders to create a transition guide for students, parents and educators.

Timeframe: February 2016

Outcome: Achieved—OCFS partnered with OADS and other DHHS offices to develop *A Guide to Transition Services in Maine*.

- 2.3 Work with other DHHS offices to conduct youth and family informational sessions to disseminate and review the completed Transition guide.

Timeframe: May 2016

Outcome: Ongoing—OADS shares the completed Transition Guide with various audiences, including during the Adult Developmental Services Intake and Eligibility process.

- 2.4 Work with other DHHS offices to review and incorporate appropriate recommendations provided by the Maine Family Coalition for Community Housing and Quality services sub-committee titled: A Blueprint for Effective transition.

Timeframe: June 2016

Outcome: Ongoing—OADS continues to implement appropriate recommendations. OADS and OCFS have partnered to lead transition groups in each district across the state to review youth that are either known or become known to the Department as potentially accessing services from childhood and into adulthood. The goal is to assist youth and families early in the process of transitioning to adulthood, including Adult Developmental Services.

OADS and OCFS staff conducts trainings for case management agencies serving children around the Adult Developmental Services Intake and Eligibility process.

As mentioned in Outcome 2.2, OADs worked with OCFS to *develop A Guide to Transition Services in Maine*, which includes a checklist of things to consider when facing any transition.

- 3) Supporting Individual Success-** every person served will have an individualized assessment of their support needs using the Supports Intensity Scale (SIS). The focus of the assessment is on the supports needed for the person to be successful at home and in the community. Every person will have an individualized support budget based upon the SIS results. Within the approved budget and MaineCare rules, individuals will be able to choose their services.

- 3.1 To complete individual SIS assessments for each person receiving Comprehensive Waiver (Section 21) services.

Timeframe: July 2015

Outcome: Cancelled—As of March 2016, the Department chose to no longer utilize the Supports Intensity Scale (SIS) and cease assessment of members receiving Section 21. The Department and its contracted assessing agent completed 4,147 SIS assessments since 2013. Although, the Department chose to discontinue further use of the SIS, this is still a valid and informative tool for use in planning for members. The SIS assessments have been added to each member's electronic records.

- 3.2 Complete individual SIS assessments for all individuals on the Comprehensive Waiver (Section 21) waitlist.

Timeframe: October 2015

Outcome: Cancelled—As of March 2016, the Department chose to no longer utilize the Supports Intensity Scale (SIS) assessment within Section 21. At the time of this decision, all assessments had been completed on current Section 21 members and work had begun to complete SIS assessments on individuals on the waitlist for service. As of March 2016, there had been approximately 205 assessments completed for those on the waitlist.

- 3.3 Complete the Comprehensive Waiver (Section 21) application for renewal to Centers for Medicare and Medicaid Services (CMS) and promulgate the operational language necessary to implement the SIS initiative.

Timeframe: April 2015

Outcome: Achieved/Cancelled—The Waiver application for Section 21 to include the necessary updates to language including the use of the SIS tool and initiative changes was submitted to CMS in Spring 2015 and was approved by CMS on December 11, 2015. In March 2016 the Department chose to cease the use of the SIS. As a result of this, the Department submitted a waiver amendment to CMS to remove all language and associated rates regarding the SIS in July 2016.

- 4) **Reduce and Eliminate Waitlists for Services-** improve the distribution of resources through efficiencies, implement performance-based contracts with service providers, and improve forecasting of persons aging into the adult system. Refocus rules on quality and person-centered outcomes for each individual. Explore alternatives to fee-for-service payment system. Provide training and consultation to identify other services available for individuals with complex needs/issues.

- 4.1 Offer Supports Waiver (Section 29) services to all individuals currently on the waitlist.

Timeframe: July 2015

Outcome: Achieved—DHHS extended Section 29 offers to all individuals on the waiting list as of June 30, 2015. See Table 3 for the total number of individuals added to the waiver in FY2015 and FY2016.

- 4.2 Continue to offer Comprehensive Waiver (Section 21) services to individuals on the waitlist as funding is available.

Timeframe: Ongoing

Outcome: Ongoing—In FY2015, 123 individuals were added to the Section 21 waiver; and 179 individuals were added in FY2016. See Table 4 for total numbers of individuals added, as well as the number of outstanding funded offers at the end of each fiscal year.

Section 29		
Fiscal Year (FY)	Number of Individuals Added to the Waiver	Outstanding Funded Offers at end of Fiscal Year*
2015	354	537
2016	444	158

Table 3--Source: Office of Aging and Disability Services

* Outstanding Funded Offers means people who have been offered funding through the waiver but who have not yet accepted or declined the offer.

Section 21		
Fiscal Year (FY)	Number of Individuals Added to the Waiver	Outstanding Funded Offers at end of Fiscal Year*
2015	123	23
2016	179	111

Table 4--Source: Office of Aging and Disability Services

* Outstanding Funded Offers means people who have been offered funding through the waiver but who have not yet accepted or declined the offer.

4.3 Propose a budget initiative to fund waitlist reduction to second session of the 127th Legislature.

Timeframe: January 2016

Outcome: Not Met—Although the Governor’s budget included the elimination of this waitlist, the first session of the 127th Legislature only allocated enough funds to support 200 individuals to be offered the MaineCare section 21 Comprehensive Waiver.

5) Improve the Independence and Self-sufficiency of Each Person through Assistive Technology (AT)

5.1 Increase the number of approved providers who have expertise in the area of assistive technology assessments.

Timeframe: July 2016

Outcome: Ongoing—DHHS continues to recruit qualified assessors working in conjunction with other waivers offering this service. In FY2015 and 2016, OADS enrolled four new AT assessors and 148 individuals received an AT assessment.

5.2 In conjunction with Maine Cite and approved assistive technology providers, offer training for individuals, families, case managers and provider agencies to enhance understanding and utilization of assistive technology resources.

Timeframe: July 2016

Outcome: Delayed—DHHS has started an Assistive Technology workgroup that meets bi-monthly to discuss challenges and opportunities to increase and improve the use of AT. Maine Cite continues to hold trainings.

6) Improve the Direct Service and Front Line Supervisory Workforce- recognize the importance of these professionals and their work. Transform the role of "caretaker" to one of "supporter." Coordinate with workforce development groups to further training for direct support workers, their supervisors and case managers/care coordinators.

6.1 Further improve and update the orientation process for all new OADS staff including community case management staff working with eligible adults with intellectual disabilities or autism.

Timeframe: March 2015

Outcome: Achieved/Ongoing

6.2 Provide a one day, statewide Direct Support Professionals conference

Timeframe: September 2015

Outcome: Achieved—OADS held four half-day Direct Support Professional Conferences, September 10, 2015 (two sessions), in Bangor, and September 11, 2015 (two sessions), in Lewiston. Topics included: CMS Community Rule & Informed Decision Making: The Emerging Roles and Expectations of the Direct Support Workforce; The NADSP Code of Ethics Encounter.

6.3 Provide regular training opportunities across the state in the area of Positive Behavioral Supports.

Timeframe: March 2016

Outcome: Ongoing—OADS has provided several trainings in the area of Positive Behavioral Supports to individual providers as well as the Statewide Crisis Prevention and Intervention Services team. Moving forward, OADS will explore offering additional trainings or a Train-the-Trainer model on Positive Behavior Supports.

6.4 Provide a one day statewide case management conference.

Timeframe: June 2016

Outcome: Achieved—OADS hosted a two day statewide case management conference in May 2016. There were approximately 250 participants. Topics included: Person-Centered Planning, Home and Community Based Services (HCBS) Transition Planning, Maine's Long-term Services and Supports, motivational interviewing, Olmstead, and others.

7) Understand the Issues of Persons with Intellectual Disabilities or Autism Who Become Involved in the Criminal Justice System

7.1 Evaluate and develop alternative models of service delivery approaches providing forensic assessments and long term supports and supervision.

Timeframe: July 2015

Outcome: Delayed

7.2 Establish a stakeholder workgroup to explore and draft proposed statutory changes that will support alternative service delivery models.

Timeframe: July 2015

Outcome: Delayed

8) Further Enhance the Quality Management Efforts

8.1 Continue the National Core Indicator (NCI) survey for consumer satisfaction. Utilize Maine's survey data from 2014 to compare with survey results from other states. Also, study Maine NCI survey results to look for opportunities to implement quality improvements initiatives.

Timeframe: June 2015

Outcome: Achieved— The Policy and Compliance Team, Office of Aging and Disability Services, produced the report "Review of Maine's Adult ID and Autism Services- April 2015." This report used data from the National Core Indicator's Adult Consumer Survey 2013-2014 to describe the comparisons between Maine to the NCI National Average.

8.2 Complete a public guardianship review of quality outcomes associated with the OADS public guardianship program.

Timeframe: June 2015

Outcome: Delayed—Additional data is being collected to complete this objective.

8.3 Amend MaineCare policy to incorporate revised quality standards for the Comprehensive Waiver (Section 21) and Supports Waiver (Section 29) Programs. Submit the renewal application for the Supports Waiver (Section 29).

Timeframe: October 2015

Outcome: Achieved—Although delayed, this outcome was achieved September 2016.

- 8.4 Implement a review of Developmental Services Case Management to insure the quality of the services for Developmental Services participants.

Timeframe: June 2016

Outcome: Delayed—Additional information is being collected to complete this objective.

- 8.5 Implement a Shared Living Providers Review to assist provider in delivering services which will maintain and enhance the quality of life experienced by individuals living in Shared Living Homes.

Timeframe: March 2016

Outcome: Achieved—Review completed December 2015. Results from the review were presented to the Shared Living Oversight Agencies Stakeholders Meeting and the Developmental Services Oversight and Advisory Board. Several recommendations have been incorporated into the Shared Living Manual.

- 8.6 Initiate a Community Supports Provider Review to assist providers in delivering services which maintain and enhance the quality of life experience by individuals participating in Community Supports.

Timeframe: December 2016

Outcome: Achieved—Review completed April 2016. Results from the review were presented to OADS Leadership and will be implemented where appropriate.

- 8.7 Submit the mandated “transition plan” to fully implement the new standards for Home and Community Based services established by the Centers for Medicare and Medicaid Services (CMS). This plan must demonstrate how compliance with these standards will be fully achieved for both the Comprehensive Waiver (Section 21) and Supports Waiver (Section 29).

Timeframe: March 2015

Outcome: Achieved

- 8.8 Follow transition plan service delivery timelines approved by CMS to ensure identified markers within the plan are performed as prescribed.

Timeframe: December 2016

Outcomes: Delayed—DHHS is waiting for final approval of the HCBS Transition Plan from the Centers for Medicaid and Medicare Services.

9) Support for Families and Persons in their own Home

- 9.1 Complete a rule change to include respite as a covered service within the Comprehensive Waiver (Section 21) services.

Timeframe: December 2015

Outcome: Delayed—While this rule change was completed, DHHS later submitted a waiver amendment to remove this service when it ceased implementation of the SIS assessment and its associated resource allocation model. DHHS plans to implement this service in future Section 21 iterations.

- 9.2 Conduct a comprehensive review in the implementation of the approved addition of Home Support services within the Supports Waiver (Section 29).

Timeline: June 2016

Outcome: Delayed

10) Improve Access to Health and Dental Care

- 10.1 Work with stakeholders to understand the scope of the issue, identify challenges and collaborative opportunities to access to health care for persons with intellectual disabilities or autism.

Timeframe: December 2015

Outcome: Ongoing—In response to a dental program closure in Portland, OADS worked collaboratively within DHHS and contracted with Community Dental which provides services in Biddeford, Portland, Lewiston, Rumford, and Farmington. This shift in dental service delivery provided increased access to services close to home and in an integrated dental practice setting. Dental Services under General Sedation were then added in partnership with Maine Medical Center's Scarborough Surgery Center, and beginning in September 2016, Community Dental is offering Intravenous Sedation (IV) sedation services in Portland, restoring all levels of care previously offered in Southern Maine. OADS also continues to contract with Dr. Paveluru to ensure dental services remained in place in Northern Maine.

- 10.2 In cooperation with the Developmental Disabilities Council, support grant efforts to explore best practice in the delivery of coordinated health services.

Timeline: December 2016

Outcome: Delayed

Moving Forward: 2017-2018

The Office of Aging and Disability Services will take the following steps:

1) Encourage Employment- Increase awareness of and access to integrated, community based employment for individuals on MaineCare Waivers.

1.1 Meet with Adult Developmental Services Intake and Eligibility Team and Regional Transition Teams to discuss employment and ideas to provide information at the first point of contact with OADS.

Timeframe: September 2017 and ongoing

1.2 Develop and distribute plain language Employment resources and information to be used at Adult Developmental Services Intake and Eligibility meetings and transition meetings with individuals and families.

Timeframe: December 2017

1.3 Update case management tools, distribute and post online for use during the Person Centered Planning Process to start a dialogue on employment with people currently not working, as well as outlining in clear language the different processes of accessing employment opportunities.

Timeframe: July 2017

1.4 Continue annual Case Manager Orientation to Employment Services three-hour training in each district.

Timeframe: January 2017 and ongoing

1.5 Provide updated data and increased feedback to Community Rehabilitation Providers that can improve their effectiveness in assisting people to obtain and maintain integrated, community based employment.

Timeframe: October 2017 and ongoing

1.6 Revise rate and rules in waivers that implements Employment as *the first and preferred service* option by developing ways to incentivize employment outcomes.

Timeframe: July 2018

- 1.7 Develop and implement an updated Employment Data assessment to track employment outcomes for all waiver participants who go to work and access Work Supports. The assessment allows monitoring of quality indicators such as hours worked, wages, benefits and level of paid supports, which is utilized in Performance Based Contracting to improve outcomes of services.

Timeframe: December 2017

- 1.8 Engage with DOL and SAHMS to review and determine best approaches for certification of Work Supports and Employment Specialists ensuring continued cross agency ability to provide services to individuals with disabilities.

Timeframe: January 2017 and ongoing

- 2) Transition to Adulthood-** all offices of DHHS are working together to improve the way children with intellectual and developmental disabilities and Autism are supported in moving from school to adulthood. District level teams work with individuals, parents, schools, and case managers to assist with planning and accessing supports and services.

- 2.1 OADS will continue to work collaboratively with OCFS to conduct informational sessions for stakeholders utilizing the self-referral process to more efficiently engage in a timely intake to the appropriate adult service system.

Timeframe: Ongoing

- 2.2 Work with other DHHS offices, State departments, and stakeholder groups to address employment opportunities for youth transitioning into adulthood with an Intellectual or Developmental Disability or Autism and create a work plan to increase the number of youth transitioning to employment.

Timeframe: April 2018

- 2.3 Work with other DHHS offices to develop an online training for school-based and children's case managers to learn about the adult system.

Timeframe: October 2018

- 2.4 Work with other DHHS offices to develop an online training for individuals and families to learn about the adult system.

Timeframe: November 2018

- 3) Reduce and Eliminate Waitlists for Services-** improve the distribution of resources through efficiencies, implement performance-based standards with service providers, and improve forecasting of persons aging into the adult system. Refocus rules on quality and person-centered outcomes for each individual. Provide training and consultation to identify other services available for individuals with complex needs/issues.

- 3.1 Continue to offer Comprehensive Waiver (Section 21) services to individuals on the waitlist as funding is available.

Timeframe: Ongoing

- 3.2 Increase the number of approved providers who have expertise in the area of assistive technology assessments.

Timeframe: Ongoing

- 3.3 Develop and publish a list of qualified Assistive Technology assessors.

Timeframe: December 2017

- 3.4 Offer training for individuals, families, case managers and provider agencies to enhance understanding and utilization of assistive technology resources.

Timeframe: Ongoing

- 3.5 Explore performance-based measures with Community Support services to improve outcomes of those services.

Timeframe: December 2018

- 3.6 Propose a budget initiative to fund waitlist reduction to second session of the 128th Legislature.

Timeframe: January 2018

- 4) Ensure Access to Appropriate Services-** safeguard that all individuals served by the waivers receive the appropriate amount of support for the person to be successful at home and in the community.

- 4.1 In coordination with stakeholders, members and other interested parties, OADS will review, analyze and determine a standardized assessment tool and add the standardized assessment into rule.

Timeframe: June 2017

- 4.2 Complete the Comprehensive Waiver (Section 21) application to Centers for Medicare and Medicaid Services and promulgate the operational language necessary to add a new assessment tool for use within the waiver.

Timeframe: December 2017

- 4.3 Engage appropriate resources to begin research and development of an updated rate study for MaineCare Section 21 and Section 29 waiver services.

Timeframe: September 2017

- 4.4 Complete assessments for all Section 21 waiver participants in alignment with newly adopted waiver amendment and rules.

Timeframe: December 2018

- 5) Improve the Direct Service and Frontline Supervisory Workforce-** coordinate with workforce development groups to promote training for direct support workers, their supervisors and case managers/care coordinators.

- 5.1 Collaborate with other State offices and stakeholder groups to address workforce shortage concerns.

Timeframe: August 2017

- 5.2 Provide a one day, statewide Direct Support Professionals conference.

Timeframe: September 2018

- 5.3 Provide regular training opportunities across the state in the area of Positive Behavioral Supports.

Timeframe: Ongoing

- 5.4 Provide a one day statewide case management conference.

Timeframe: June 2017

- 5.5 Update Person-Centered Planning trainings for case managers, providers, and individuals and families and offer educational sessions.

Timeframe: June 2017 and ongoing

- 5.6 Provide training opportunity around working with individuals who have experienced trauma for case managers and DSPs to adopt trauma-informed approaches.

Timeframe: April 2018

- 6) Home and Community Based Services (HCBS) Indicators-** evaluate the degree to which services and supports are planned and effectively implemented in accordance with each individual's unique needs, expressed preferences and decisions concerning his/her life in the community.

- 6.1 Ensure individuals have choice in services and providers as part of their person centered planning process as documented in quality reviews entered into EIS.

Timeframe: Ongoing

7) Identify the Needs of Persons with Intellectual Disabilities or Autism who Become Involved in the Criminal Justice System

7.1 Evaluate and develop alternative models of service delivery approaches providing forensic assessments and long term supports and supervision.

Timeframe: July 2018

7.2 Establish a stakeholder workgroup to explore and draft proposed statutory changes that will support alternative service delivery models, including Restorative Justice Practices.

Timeframe: July 2018

8) Further Enhance Quality Management Efforts

8.1 Continue the National Core Indicator (NCI) survey for consumer satisfaction. Utilize Maine’s survey data from previous years to compare with survey results from other states. Also, study Maine NCI survey results to look for opportunities to implement quality improvements initiatives.

Timeframe: June 2018 and ongoing

8.2 Complete biannual public guardianship review of quality outcomes associated with the public guardianship program.

Timeframe: June 2017

8.3 Implement an Agency Group Home review to assist providers in delivering services which will maintain and enhance the quality of life experienced by individuals living in Agency Group Homes.

Timeframe: March 2018

8.4 Implement “transition plan” to fully implement the new standards for Home and Community Based services established by the Centers for Medicare and Medicaid Services (CMS).

Timeframe: December 2018

9) Support for Families and Persons in their own Homes

9.1 Complete a rule change to include respite as a covered service within the Comprehensive Waiver (Section 21) services.

Timeframe: December 2018

- 9.2 Conduct a comprehensive review in the implementation of the approved addition of Home Support services within the Supports Waiver (Section 29).

Timeline: June 2018

10) Improve Access to Health and Dental Care

- 10.1 Work with stakeholders to understand the scope of the issue, identify challenges and collaborative opportunities to access to health care for persons with intellectual disabilities or autism.

Timeframe: December 2017

- 10.2 Work with stakeholders and other DHHS offices to research and identify evidence-based models to improve health outcomes for individuals with ID/Autism.

Timeframe: October 2018

- 10.3 In cooperation with the Developmental Disabilities Council, support grant efforts to explore best practice in the delivery of coordinated health services.

Timeframe: December 2018

11) Improve Experience with and Access to Transportation

- 11.1 Work in collaboration with the Office of MaineCare Services to co-train case managers, providers, and individuals/families on transportation services and how to access them.

Timeframe: August 2017

- 11.2 Post an online training on transportation services.

Timeframe: December 2017

- 11.3 Offer trainings for Transportation Brokers on interacting with individuals with behavior challenges or who use non-traditional forms of communication.

Timeframe: December 2018

- 12) Supported Decision Making-** a process of developing decision-making skills by relying on Supporters to assist an individual in collecting information, processing information, and coming to a reasoned decision.

12.1 Work with other DHHS offices and stakeholder groups to raise awareness of Supported Decision Making through trainings and outreach.

Timeframe: October 2017

13) Accessible and Affordable Housing-address the housing needs for individuals with intellectual disabilities or Autism to create or identify housing options which are affordable and provide appropriate quality supportive services.

13.1 Collaborate with Maine Housing to identify and quantify the need for housing vouchers for eligible applicants.

Timeframe: March 2017

13.2 Work with Maine Housing to provide housing for Section 811 eligible consumers.

Timeframe: August 2017

Measurements of Success

- 1) Outcomes from the National Core Indicators survey comparing Maine to other states/nation in measures of consumer services and satisfaction
- 2) Outcomes from implementation of performance-based measures by provider organizations
- 3) Outcomes from the 1915(c) Waiver Quality Measures
- 4) Outcomes from annual public forums and ongoing stakeholder involvement

Future Planning

OADS will continue to work jointly with stakeholder groups and continue annual statewide forums that include the use of surveys in order to elicit direct feedback from persons served, their families, and provider agencies.