Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

Department of Health and Human Services
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December 17, 2013

Senator Margaret M. Craven, Chair
Representative Richard R. Farnsworth, Chair
Members of the Joint Standing Committee on Health and Human Services
#100 State House Station
Augusta, ME 04333-0100

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

I am writing today to provide you with the 2013-2014 biennial plan for services to adults with intellectual disabilities or autism.

As you are aware, Maine Statue 34-B § 5003-A 3 requires the Department of Health and Human Services 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 accept this plan as our formal submission for fulfillment of this requirement.

If you have any questions or to identify further areas that should be addressed, please feel free to contact Jim Martin, Director of the Office of Aging and Disability Services at 287-9224.

Sincerely,

Mary C. Mayhew
Commissioner

MCM/klv

Enclosure

Aging and Disability Services
An Office of the Department of Health and Human Services
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

2013-2014

December 15, 2013

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 the DHHS is responsible for planning, developing, managing and providing services to promote independence for adults with developmental disabilities.

OADS Disability Services provides leadership and is an active partner in Maine's comprehensive system of support to individuals with developmental disabilities. 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.

OADS would like to acknowledge some key partners in the creation of this biannual plan. The following entities played a significant role in the development of this work:

- Thank you to Commissioner Mary Mayhew, Department of Health and Human Services, for her leadership and advocacy for persons with intellectual disabilities or autism.
- Thanks to the Joint Standing Committee on Health and Human Services for supporting OADS efforts.
- Thanks to the Speaking Up For US (SUFU), the Developmental Disabilities Council, the Oversight and Advisory Board (OAB), and the Disability Rights Center (DRC) for their efforts on the Public Forums and their thoughtful feedback on the plan elements.
- Thank you to the LD1816 Group for the use and incorporation of your recommendations.
- Thank you for the Family Coalition and the Maine Coalition for Housing and Quality Services for your continued dedication and advocacy voice.
- Thanks to all those who shared comments and provided feedback.

Statutory Requirements

Maine Statue 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

OADS in partnership with Speaking Up For US (SUFU), Developmental Disabilities Council, Oversight and Advisory Board (OAB), and Disability Rights Center (DRC) conducted several statewide public forums in an effort to engage families and consumers in the creation of this plan. These forums were successful and the information gathered has been included in this document. The voices and input from families, self-advocates and clients are essential to the current and ongoing success of the service system.

OADS also incorporated information from the Autism Report, DHHS Strategic Plan and Support Intensity Scale service array planning meetings into this document.

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 the individual's needs
- Ensure health and safety while promoting choices for new growth and development
- Build a coordinated, streamlined service and support system using resources wisely

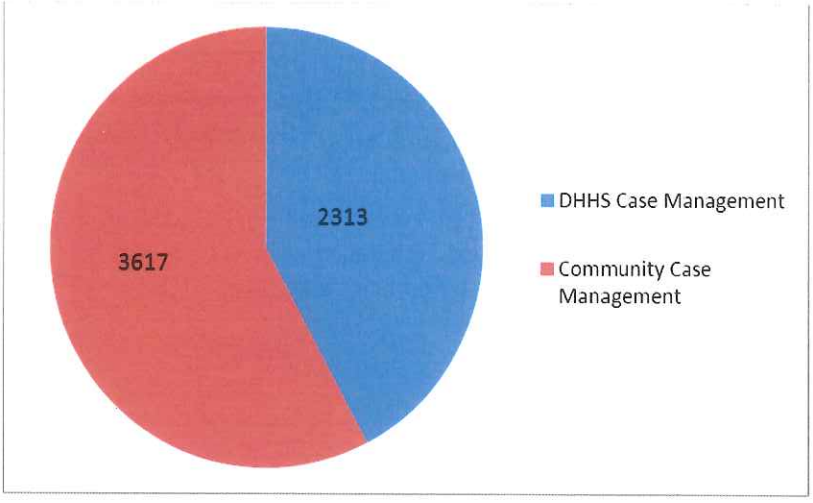
Office of Aging and Disability Services

Services

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

- Targeted Case Management
- Person Centered Planning
- Statewide Crisis Prevention and Intervention
- Adult Protective Services and Public Guardianship and Public Conservatorship
- State Plan Residential Services (PNMI and ICF-IID)
- 1915c Medicaid Waiver Services (Section 21 and Section 29)
- Quality Assurance and Quality Improvement
- 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. 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. The following represents data from December 2013:



Person Centered Planning: In November 2013, a major initiative was implemented regarding the Person Centered planning process. OADS changed the coordination, facilitation, and implementation of the Person Centered planning process to the responsibility of case management. This was previously the responsibility of the provider. This change, in conjunction with a new planning protocol, encourages planning that is based on individual capacities and interests. This process promotes community participation, strengthening relationships, increasing competencies,

enhancing informed choice and control and valued roles. Individuals are supported to facilitate their own Person Centered planning meeting and to be an active part in the process. Our goal is for service planning to clarify services that are provided in home and community settings. Ongoing follow-up to ensure satisfaction with services and supports is also built in to the process. To date over 1,100 support providers and case managers have received training in the new process.

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. 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 647 individuals receiving this service.

Statewide Crisis Preventions and Intervention Services: Services are provided 24 hours per day, 7 days a week, for adults with developmental disabilities and brain injury throughout the State of Maine. 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.

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 FY12, the OADS crisis team had the following number of contacts:

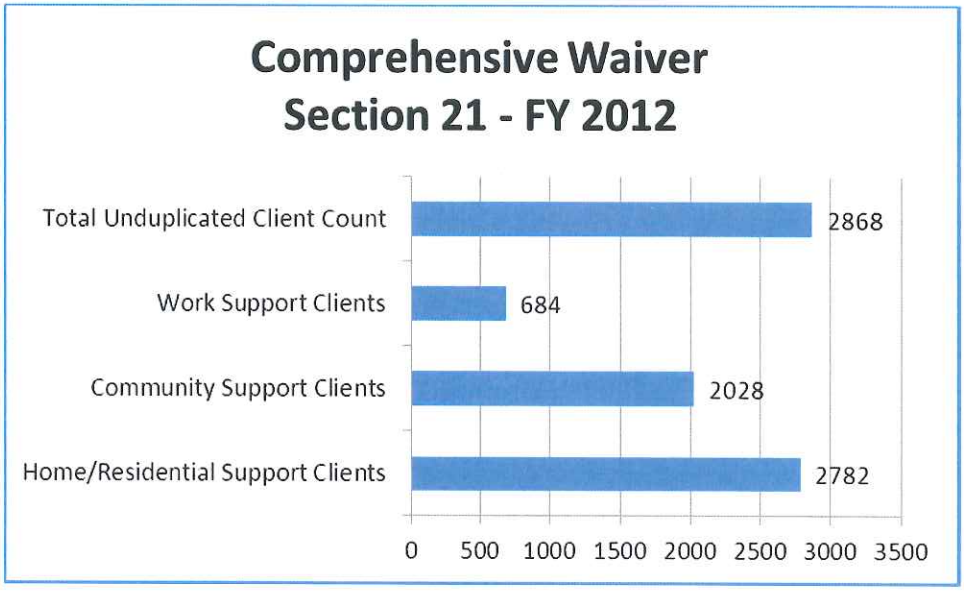
Crisis Services FY 12	Persons Served
Crisis Residential Services	414
In-Home Crisis Support	919
Telephone Support	2127
Permission for Medical Treatment	518
Consultation/Education	1293
TOTAL	5271

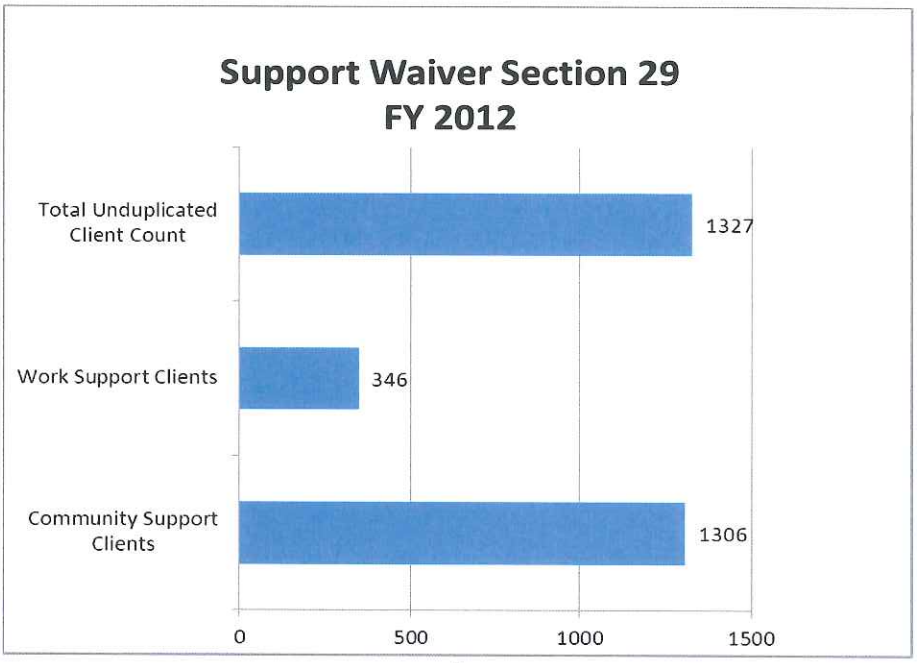
Adult Protective Services: Maine statute requires OADS to protect incapacitated and dependent adults from abuse, neglect and exploitation; enhance the welfare of these vulnerable adults; and promote self-care where possible. Adult Protective Services receives reports, promptly investigates and determines 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 FY12 (Developmental Services only), OADS received a total of 1311 APS Referrals, of which 159 were accepted for investigation.

State Plan Residential Services (PNMI and ICF/IID): Under MaineCare state-plan services, OADS supports approximately 203 individuals in licensed residential care facilities (PNMI - Private Non-Medical Institution) in settings of less than 16. Another 200 individuals reside in Intermediate Care Facilities for Individuals with Intellectual Disabilities. Known as ICF/IID programs, these residential treatment facilities are considered an "institutional" setting by the Federal government and were designed to meet the intensive, active treatment needs of persons with

intellectual disabilities. All homes serve 16 or fewer individuals and the difference between the two is in terms of the intensity and complexity of individuals' medical needs.

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 recommended for participants through the Person Centered planning process. These programs are designed to support consumers who live with their families or on their own. These benefits are often referred to as Home and Community Based services (HCB). 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, natural personal, family, work, and community relationships and complements. In FY12, OADS authorized the following amount and type of service in these two programs.





Quality Assurance/Quality Improvement:
The OADS Quality Assurance/Quality Improvement Team oversees the services for persons with intellectual disabilities and autism. These services include workforce training and development, communications including website and newsletter, conduct of the initial comprehensive Supports Intensity Scale assessments (SIS) and verification of those with extraordinary medical and behavioral needs, certification of community case management providers, waiver reporting to CMS, performance measurement of Adult Protective Services and public guardianship/conservatorship, and conduct of quality assurance reviews of providers.

Advocacy: OADS contracts with the Disability Rights Center of Maine (DRC), an independent non-profit organization that is federally designated and funded as Maine's protection and advocacy agency. In the first partial year of the contract (September 2012-June 2013), the DRC served 234 individuals in matters of individual rights and access to services.

Challenges of System

- Waitlists
- Standardized assessments
- Affordable Housing
- Inconsistency in quality of case management services
- Need for improved skills of direct support workers

Waitlists: OADS maintains a waitlist of eligible MaineCare members who cannot access 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	As of 11/25/13
Priority 1	75
Priority 2	312
Priority 3	466
Total	853
Section 29	465

Standardized assessments: OADS is using a new standardized assessment tool for adults with Developmental Disabilities. The Supports Intensity Scale (SIS) measures the practical supports needed for an individual and the goals desired to meet the highest level of independence. Support needs measured include the areas of home living, community living, lifelong learning, employment, health and safety, social activities and protection and advocacy. The SIS is used by other states and in other countries. It is a comprehensive assessment that engages the consumer in a positive interview process. Case managers, guardians and direct support professionals are included in the interview. Between late June 2012 and November 2013, 2,054 individuals were assessed using this tool.

Affordable Housing: OADS is committed to playing an active role in identification and creation of affordable housing opportunities for adults with disabilities. This includes bridging a strong collaboration with Maine Housing, Community Housing of Maine and community providers. OADS will support services that will 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.

Direct Support Workers: 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.

HOW WE MOVE FORWARD – 2013/2014 – We will take the following steps:

1) Employment First – every person served will be offered the opportunity to work based upon the idea that each individual can work. Consideration of employment in the community will become a required component of the Person Centered Planning process.

1.1 A revised Person Centered Planning process will be implemented and includes a requirement that employment will be discussed and barriers identified in the planning process.
Timeframe: December 2013

1.2 An amendment to the Comprehensive Waiver (Section 21) and Supports Waiver (Section 29) Programs to incorporate a Career Planning benefit and new Group and Individual Work Supports definitions will be proposed to the Centers for Medicare and Medicaid for approval.
Timeframe: July 2014

1.3 The Bridges Curriculum developed by Vocational Rehabilitation in collaboration with stakeholders will be utilized within all community support provider agencies to prepare individuals for the Pathway to Employment.
Timeframe: July 2013

1.4 Outcome based Performance Measures for improvement in employment outcomes will be implemented in all Employment contracts and into MaineCare Rule Section 21 and 29.
Timeframe: July 2013 in contracts and July 2014 into OADS Policy

1.5 The Workforce Development System will continue to provide and coordinate Employment Specialist certification, advanced topical trainings and a mentoring program based on ongoing needs and with guidance from the Workforce Development Advisory Council.
Timeline: December 2014

1.6 Outcome based Employment Data will be tracked in EIS and utilized for individual and systems improvement as well as the establishment of a baseline for future performance measurement.
Timeline: December 2013

2) Transition to Adult Services – all offices of DHHS are working together to improve the way children with ID/Autism are supported in moving from school to adult life. District level teams work with schools, case managers, parents and the individual to assist with planning and accessing supports and services.

2.1 All eight DHHS Districts are participating in functioning Transition teams that identify, coordinate and support youth, their parents and schools in the transition process to adult life.
Timeframe: July 2013

2.2 OADS and the Office of Child and Family Services (OCFS) continue to work toward one common data system which will enable the District teams to collect information regarding eligibility and potential need for adult services beginning at age 16. This process will also better inform OADS about the number of eligible youth moving into the adult system as well as their diagnosis and support needs. This process will also inform budgetary projections for future service needs.
Timeframe: April 2014

2.3 OADS and OCFS have drafted a process which will enable family members to refer their child for review at the District level transition meetings.
Timeframe: May 2014

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 Conduct an individual SIS assessment on each person receiving the Comprehensive Waiver Services (Section 21) including the verification of extraordinary medical and/or behavioral needs of individuals who have had a SIS assessment.
Timeframe: July 2014

3.2 Transition SIS assessment process from OADS QA/QI Team to an independent, assessing agency. Assessments will be conducted for each individual once every three years, or more frequently if there is significant change in the person's support needs that is expected to last six months or more.
Timeframe: March 2014

3.3 Complete a comprehensive rate study and establish efficient, fair and equitable rates for specific packages of services provided in the Comprehensive Waiver Services (Section 21).
Timeframe: October 2014

4) Reduce and Eliminate Wait Lists 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. The goal is to free up funds to add individuals to services. Provide training and consultation to identify other services available for individuals with complex needs/issues.

4.1 Increase appropriation for the Comprehensive Waiver (Section 21) to allow for the waiver to reach 100% capacity. Appropriation level is set at $8.3 million in state funds to be matched by Federal Medicaid funds.

Timeframe: July 2013

4.2 Increase appropriation for the Supports Waiver (Section 29) to allow for the waiver to reach 100% capacity. Appropriation level is set at $2.0 million in state funds to be matched by Federal Medicaid funds.

Timeframe: July 2013

4.3 Reduce the wait lists for both the Comprehensive Waiver (Section 21) and the Supports Waiver (Section 29) through filling both waivers to capacity.

Timeframe: July 2013

5) Improve the Independence and Self-sufficiency of Each Person through: Assistive Technology – implement rule and budgetary changes within the Comprehensive Waiver (Section 21) and Supports Waiver (Section 29) Programs to promote the use of technology to improve the independence of individuals through adaptations of communication, environmental control, and remote safety supports.

Timeframe: July 2014

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 Train Case Managers and agency support staff in the updated Person Centered planning process. This new process promotes staff as supporters and facilitators of self-direction, choice and independence.

Timeframe: October 2013

6.2 Create an on-going Person Centered planning training in partnership with the DHHS Staff Education and Training Unit.

Timeframe: November 2013

6.3 Create a consistent orientation process for all OADS case managers including the facilitation of the Person Centered planning process to insure that each adult with an intellectual disability or autism has the maximum opportunity for self-sufficiency and independence.

Timeframe: March 2014

6.4 Provide a one day, state-wide Direct Support Professionals Conference and a one day statewide Case Manager Conference to bring national experts to Maine.

Timeframe: October 2014

6.5 All District offices will hold joint supervisors meetings, quarterly, in order to support, inform, and enhance supervisory knowledge of state and community case management supervisors.

Timeframe: November 2013

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

7.1 Work with stakeholders to understand the scope of the issue, identify challenges and collaborative opportunities to protect the public and meet the needs of these individuals. Issue a report with recommendations.
Timeframe: July 2014

7.1 Work with State Government partners to study the systems issues and create possible solutions to be proposed for legislative action.
Timeframe: December 2014

8) Further Enhance the Quality Assurance/Quality Improvement Efforts

8.1 Implement the National Quality Indicators survey for consumer satisfaction in conjunction with the Developmental Disabilities Council.
Timeframe: June 2014

8.2 Amend MaineCare policy to incorporate revised quality standards for the Comprehensive Waiver (Section 21) and Supports Waiver (Section 29) Programs.
Timeframe: July 2014.

8.3 Develop and implement quality assurance monitoring and reporting for Adult Protective Services and Public Guardianship Services.
Timeframe: March 2014.

9) Support for Families and Persons in Their Own Homes

9.1 – Implement rule and budgetary changes within the Supports Waiver (Section 29) Programs to provide Home Support services to provide greater flexibility and support individuals in family homes.
Timeframe: July 2014.

9.2 - Implement rule and budgetary changes within the Supports Waiver (Section 29 and Section 21) Programs to provide Respite services to provide greater flexibility and support to family caregivers.
Timeframe: Oct 2014.

10) - Improve Access to Health and Dental Care - 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 2014.

Measurement of Success

1) Outcomes from the National Core Indicators survey comparing Maine to other states/nation in measures of consumer services and satisfaction.
   Timeframe: July 2014

2) Outcomes from implementation of performance-based measures by provider organizations.
   Timeframe: July 2014

3) Outcomes from the 1915(c) Waiver Quality Measures
   Timeframe: December 2014

Future Planning

1) OADS will work jointly with the DRC, the DD Council, SUFU, and the OAB to continue the annual state-wide forums that were begun in 2013 to elicit direct feedback from persons served and their families. Additional survey approaches to receive feedback from stakeholders will be added to the forum process.

2) OADS will continue to support the Continuum of Care Committee (formed in 2013) to provide a strategic resource for consultation, optimizing, advising, path finding, and streamlining.