



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Developmental Disabilities Administration

October 20, 2014

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House, H-107
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House
State House, H-101
Annapolis, MD 21401-1991

Re: Health - General § 7-1006(c)(4)(i) - Report on Written Plan of Habilitation for People in State Residential Centers

Dear President Miller and Speaker Busch:

Enclosed, please find the report on Written Plan of Habilitation for People in State Residential Centers pursuant to House Bill 900, Chapter 502 of the Acts of 2010, formerly House Bill 794, Chapter 396 of the Acts of 2005, and signed into law as Health - General Article § 7-1006. The report summarizes the Departments' efforts to ensure that written plans of habilitation are developed for people residing in State residential centers, and includes charts that reflect information collected from resource coordinators and treating professionals regarding the most integrated setting for people living in State residential centers. In addition, the report includes a brief analysis of the information.

If you have any questions or need more information, please do not hesitate to contact Mr. Bernard A. Simons, Maryland Developmental Disabilities Administration at (410) 767-5600.

Sincerely,

Bernard A. Simons
Deputy Secretary
Maryland Developmental Disabilities Administration

George P. Failla, Jr.
Acting Secretary
Maryland Department of Disabilities

Enclosure

cc: Joshua M. Sharfstein, M.D.
Allison Taylor
Sarah Albert, MSAR #8519

Report to the Maryland General Assembly Health-General Article §7-1006(c)(4)(i)

Written Plan of Habilitation for Individuals in State Residential Centers
Department of Health and Mental Hygiene
Maryland Department of Disabilities
October 2014

BACKGROUND

State Residential Centers

The Developmental Disabilities Administration (DDA) provides a coordinated service delivery system so that individuals with developmental disabilities receive appropriate services oriented toward the goal of integrating individuals into the community. These services are provided through a combination of State residential facilities and a wide array of community-based services delivered through a network of non-profit providers. Maryland has two State residential centers - Holly Center in Salisbury and Potomac Center in Hagerstown - where individuals with developmental disabilities can reside and receive services and active treatment in a licensed Intermediate Care Facility for Individuals with Intellectual Disabilities. The State residential centers provide necessary services to meet the unique needs of residents.

Potomac Center provides services to Marylanders across the state and often will have residents from the Western, Southern, and Central regions, and occasionally from the Eastern Shore region. Resource coordination services are often assigned from all regions to follow the person and the care he or she receives during and after admission. Discharge resources include the statewide network of DDA providers, Behavioral Health Administration providers and other system resources. Holly Center provides services primarily to Eastern Shore residents and resource coordination services are coordinated exclusively through local providers.

Annual Report

House Bill 900, Chapter 502 of the Acts of 2010, formerly House Bill 794, Chapter 396 of the Acts of 2005, signed into law as Health-General Article §7-1006, effective July 1, 2005, requires DDA to submit an annual report summarizing data provided by State residential centers concerning written plans of habilitation provided to residents of the State centers. The written plan of habilitation is developed initially - and then on an annual basis, or more often as requested - by the individual, a resource coordinator, and a treating professional and includes recommendations regarding:

- The most integrated setting appropriate for the person in which to live and work;
- A description of the services, supports and technology needed by the person to live and/or work in the most integrated setting;
- A list of barriers preventing the person from receiving these services, supports, and technology in the most integrated setting; and
- A plan to overcome barriers to most integrated setting (added in 2013).

Since July 2006, DDA has submitted a series of reports to the Maryland General Assembly on the progress of implementing the statute and summarizing information collected from the written plan of habilitation. The current report is the tenth submitted to the Maryland General Assembly, and it is the ninth to include 12 months of data.

Marylanders Supported

Holly and Potomac Centers serve the State residential center population. This population includes individuals admitted under Health-General statutes, as determined by an administrative law judge, who require active treatment and do not have community resources identified and/or available. Additionally, Potomac Center serves the forensic population which are admitted by court orders as a result of criminal procedures. For the forensic population, release from active court-ordered commitment to a Department of Health and Mental Hygiene facility is required for discharge. (Please note that individuals can transition from one population to another at Potomac Center, i.e. a forensic resident can have his/her court-ordered 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 forensic resident.)

The State residential center population is composed of three groups, each of which is eligible for federal reimbursement:

- 1) Individuals with profound disabilities who have resided at the State residential centers and prefer to remain there (Holly and Potomac Centers);
- 2) Individuals with significant disabilities who have not resided in a DDA institution for most of their lives but are in need of facility-based services until community supports are identified (Holly and Potomac Centers); and
- 3) Individuals with multiple disabilities, often intellectual and developmental 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).

The forensic populations is composed of individuals who are forensically involved and 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.

Potomac Center serves a population ranging in age from 21-86 years; Holly Center residents range in age from 27-88 years. Potomac Center has one resident who has retired from a vocational/day service; Holly Center does not have any retirees.

FINDINGS AND ANALYSIS

The information described in this report reflects data collected for the time period of March 2, 2013 through March 1, 2014. The data summarized in this report represent the information contained in the written plans of habilitation completed by treating professionals as well as resource coordinators, or only from treating professionals when information from resource coordinators was

not provided.¹ Findings on recommendations of the most integrated settings for residential and day services are provided below, followed by barriers to the provision of 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.

During this reporting period, written plans of habilitation were completed for 117 residents statewide. This includes 71 at the Holly Center and 46 at the Potomac Center. The census remains similar to the previous reporting year in which 115 residents received written plans of habilitation. During the current reporting period, 25 individuals moved to the community as Money Follows the Person transitions. This includes seven from the Potomac Center, three from the Holly Center and 15 from nursing facilities.²

Two men leaving Holly Center during this reporting period were admitted in 1975: one had no identified barriers to his most integrated setting; and the other located a community services provider to meet his behavioral needs. A woman who was admitted in 2005 to the Holly Center overcame the barrier of family opposition, which had been attributed to a bad experience in a previous community residential placement prior to admission at the State residential center. This woman's current community day program provider was a key factor in enabling her to return to living in the community, as they developed her residential services and helped her find a friend and roommate to live with her. After two years of working with the provider, the woman gained the support of her family to move into the community, and now Holly Center staff visit and check in on her services at least once per month.

Money Follows the Person transitions from Potomac Center included transfer admissions from Rosewood Center and Brandenburg Center (both now closed) and the Holly Center. (Money Follows the Person initiatives transition Medicaid-enrolled individuals from institutions to the community where the individuals maintain their Medicaid coverage and have it delivered through home- and community-based services programs.) There were two admissions each from the Secure Evaluation and Therapeutic Treatment centers and the community who also were discharged this reporting period. Barriers to the most integrated setting that these individuals overcame included: court-ordered placements, opposition, and community capacity. In a positive trend, Potomac Center has transitioned five residents since March 2014.

Most Integrated Setting

During the reporting period, community residential services were recommended as the most integrated setting for 107 individuals (91%). State residential centers were recommended as the most integrated setting for residential services for 10 individuals (9%). Statewide, 109 of 117 individuals

¹ Potomac Center had 46 residents who had written plans of habilitation meetings during this reporting period. Twenty-one written plans of habilitation were completed with information from both a treating professional and resource coordinator. Twenty-five written plans of habilitation had information available only from a treating professional at time of report. The absent resource coordination data are attributed to providers operating outside of the Western Region, where the Potomac Center is located, and is being addressed through contract monitoring by each of the DDA Regional Offices. We do not expect this to be an issue in the future.

² The MFP numbers do not account for total discharges from each facility. Other types of discharges would include deaths, facility transfers, etc.

(93%) were recommended for community day services as the most integrated setting appropriate for the individual. This is depicted in Integrated Settings Table 1.

Of the 109 individuals recommended for community day services, 46 individuals received day services in the community during the time period (42%). The remaining 63 individuals (58%) received day services in the facility in which they reside. One individual is retired from work and therefore was not recommended for either community-based or State residential center day services. Retirement was a choice made by this individual and is supported through a plan established in the Individual Plan and reviewed on a quarterly basis. The retiree spends the day as preferred, and recreation and other opportunities are offered and exercised.

INTEGRATED SETTINGS TABLE 1

RECOMMENDED MOST
INTEGRATED SETTING³

	Holly Center (number of individuals)	Potomac Center (number of individuals)	Statewide (number of individuals)
DAY SERVICES- Community	64	45	109
DAY SERVICES- State residential center	7	0	7
RESIDENTIAL SERVICES- Community	63	44	107
RESIDENTIAL SERVICES- State residential center	8	2	10

Of the 64 residents at Holly Center recommended for day services in the community, 31 residents are receiving services provided by six community providers: Dove Pointe, BayShore, Somerset Community Services, Worcester County Developmental Center, United Needs and Abilities, and Delmarva Community Services. Of the 45 residents at Potomac Center recommended for day services in the community, 15 are receiving services provided by five community providers: Lycher, Spectrum Supports, Star, Unified Community Connections, and Washington County Human Development Council.

Holly Center provides day and vocational services onsite to 40 residents, while Potomac Center provides the same services onsite to 30 residents and cares for one retiree. These numbers will continue to grow with each admission. Forty-six residents of the Centers receive community-based day services; they are able to do so because they have been grandfathered into the community arrangement. No additional residents may enter into community day services due to a determination that community-based services provided to State residential center residents do not qualify for federal matching funds and there is no longer state-only funding available to pay for these services without federal support.

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

³ Retirees are not assessed for a day service recommendation.

integrated setting were reported for people who are not currently in that setting for both residential and day services. When reporting these barriers, resource coordinators 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, some residents were assessed as having no barriers identified.

Barriers are divided into three general categories: Opposition, Court-Ordered Placement, and Community Capacity. Opposition is defined as the person, family member or legal guardian indicating their resistance to, or disagreement with, the person leaving a State residential center to move into a more integrated setting. Community Capacity means that an appropriate provider was not currently available. Court-Ordered Placement means the individual has been admitted to the facility under the order of a court in Maryland.

Funding was named in prior reports as a barrier to services; however, it is no longer a barrier due to The Money Follows the Individual Act, codified in the Annotated Code of Maryland, Health-General Article §15-137, which states:

(a) The Department may not deny an individual access to a home- and community-based services waiver due to a lack of funding for waiver services if:

- 1. The individual is living in a nursing facility at the time of the application for waiver services;*
- 2. At least 30 consecutive days of the individual's nursing facility stay are eligible to be paid for by the Program;*
- 3. The individual meets all of the eligibility criteria for participation in the home- and community-based waiver; and*
- 4. The home- and community-based services provided to the individual would qualify for federal matching funds.*

(b) Nothing in this section is intended to result in a reduction of federal funds available to the Department.

While the law only references nursing facilities, Department of Health and Mental Hygiene policy applies the requirements to all institutions.

Residential Setting:

Barriers Table 1 shows the number of times each category was cited in the written plans of habilitation. Barriers Table 2 provides a more in-depth look at the barrier cited most frequently statewide, Opposition, which was cited for 85 of 117 individuals (73%). Community Capacity was cited as Potomac Center's most prevalent barrier, effecting 26 of 46 individuals (57%) residing there in this reporting period. Court Ordered Placement was cited for seven individuals who were court-ordered to participate in the Transitions program at the Potomac Center.

BARRIERS TABLE 1 RESIDENTIAL SERVICES

BARRIER	Holly Center (number of individuals)	Potomac Center (number of individuals)	Statewide (number of individuals)
Opposition	64	21	85
Community Capacity	0	26	26
Court Placement	0	7	7

BARRIERS TABLE 2 RESIDENTIAL SERVICES

BARRIER	Cited by	Holly Center (number of individuals)	Potomac Center (number of individuals)	Statewide (number of individuals)
Opposition	Individual only	0	4	4
Opposition	Family only	34	13	47
Opposition	Legal guardian only	17	4	21
Opposition	Family & legal guardian	13	0	13

Day Setting:

Forty-eight of 118 individuals statewide currently receive community-based day services; 33 individuals from the Holly Center and 15 individuals from the Potomac Center. Because these individuals receive day services in the most integrated setting (*i.e.*, in the community), they do not have barriers to receiving services in the most integrated setting.

Barriers Table 3 shows three categories of barriers to receiving day services in the most integrated setting. Barriers Table 4 provides a more in-depth look at the most frequently identified statewide barrier, Opposition, which was cited for 23 of 69 individuals who receive day services in the State residential centers (33%). Community Capacity was Potomac Center's most prevalent barrier, affecting 12 of 31 individuals who receive day services at the Center (39%) in this reporting period. Court-ordered placement was cited for five individuals who were court-ordered to participate in the Transitions program at the Potomac Center.

BARRIERS TABLE 3 DAY SERVICES

BARRIER	Holly Center	Potomac Center	Statewide
Opposition	21	2	23
Community Capacity	2	12	14
Court Placement	0	5	5

BARRIERS TABLE 4 DAY SERVICES

BARRIER	Cited by	Holly Center (number of individuals)	Potomac Center (number of individuals)	Statewide (number of individuals)
Opposition	Individual only	0	2	2
Opposition	Family only	11	0	11
Opposition	Legal guardian only	5	0	5
Opposition	Family & legal guardian	5	0	5

Support and Service Needs

In the written plans of habilitation, there are a number of supports and services needed by individuals in order for them to receive residential and day services in the most integrated setting. They include the following, in ranking order:

- **Interdisciplinary Services**
 - Resource coordination and advocacy
 - Assistance with activities of daily living
 - Nutrition therapy/dietary services
 - Behavior Support Services
- **Community Integration**
 - Support for relationship building and developing community connections
 - Self-advocacy training
 - Mobility skills training
- **Environmental Characteristics**
 - Safety modifications
 - Physical accessibility
 - Sensory accessibility
- **Technology Needs**
 - Assistive Technology
 - Adaptive mealtime equipment
 - Adaptive switches
 - Communication devices
 - Braille materials
- **Therapeutic Medical Equipment**
 - Safety supports
 - Durable medical equipment

- Legal Services
 - Support in making decisions, from someone other than facility staff
 - Medical surrogacy
 - Guardianship of the individual
 - Medical Guardianship
- Transportation Needs

Discussion

DDA is committed to individuals receiving services and supports in the most integrated setting and will continue to utilize the data received from written plans of habilitation to identify individuals who may be able to receive services in community settings, to identify the barriers that prevent individuals from receiving day and residential services in the most integrated settings, and to work with our community partners to alleviate these barriers. A multi-faceted approach to address 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 the end of the Money Follows the Person demonstration project in 2019.
- DDA will continue to provide resource coordinators and treating professionals training on *Olmstead v. LC*, 527 U.S. 581 (1999), a United States Supreme Court case that mandated states to provide services in community settings to individuals with developmental disabilities. The two State residential center directors, along with their staff, will convene a meeting in the next year to review best practices, measures, outcomes, training resources and system needs. Potomac Center has developed a quality assurance goal in fiscal year 2015 to ensure that written plans of habilitation are appropriately completed and an individual's progress is noted and followed at each meeting. Additionally, State residential center 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.
- Essential Lifestyle Planning, a State program focused on person-centered planning methodologies, is another tool that can be utilized to help individuals overcome barriers to achieving their most integrated setting. The person-centered planning process assists individuals, families, and guardians with recognizing the strengths of individuals with developmental disabilities and the many opportunities for the personal growth that a community living situation can foster. The program can be accessed by contacting Money Follows the Person, State residential center, and DDA staff. Similar plans were critical to the development of community placement and transition plans for the Rosewood and Brandenburg closures.

- State residential center leadership also recently attended a Reinventing Quality Conference, where they learned useful strategies, including a family-support based service model, which focuses on person-centered service planning to complement family or legal guardian involvement. State residential center leadership plans to implement a similar strategy, along with holding a community provider fair for individuals and their families, where they can learn what options for services are available, and share success stories with other families and residents who have successfully transitioned into the most integrated setting.
- Families and legal guardians will be offered the opportunity to visit community providers, including visits to see residents who have moved out of institutional settings, with the goal of alleviating negative perspectives on community living.
- Effective July 1, 2013, the State transitioned resource coordination services to a Medicaid Targeted Case Management State Plan service for all individuals eligible for Medicaid and who receive services through DDA. Targeted Case Management enables resource coordinators to be available and accountable for assisting individuals transitioning to the community from institutional settings.
- DDA regional offices are able to distribute up to \$700 to Money Follows the Person-eligible individuals transitioning to their own home or apartment. The money can be used for Centers for Medicare & Medicaid Services reimbursable expenses, such as expenses related to transportation, groceries, or deposits for utilities.
- Maryland submitted a renewal application for the Community Pathways and New Direction waivers, which was approved March 26, 2014 with an effective date of July 1, 2013.⁴ The waiver renewal merges the two waivers in order to provide participants greater opportunity to self-direct certain services, provide administrative efficiencies for participants and the State, streamline access to services, update and standardize service descriptions and provider qualifications, and enhance quality and oversight activities. The renewal also includes transition services, which are one-time only expenses for an individual transitioning from an institutional or non-residential site to the community. The opportunity for transition services has been expanded from 60 days in advance of transition to 180 days in advance of a transition. The increased time will provide individuals the opportunity to plan for, and purchase, items that will facilitate their transition to a community residential setting.
- The Balancing Incentive Payment Program grant awarded the State more than \$106 million in federal grant funding to further efforts to provide long-term care in community-based settings rather than institutions. The grant award is an integral component of a broad statewide approach to expand community-based care. The grant also funds new investments to transition individuals from nursing homes to the community, the adoption of a better screening tool to identify people who need

⁴ To access the full waiver application, please visit the DDA website at <http://dda.dhmdh.maryland.gov/SitePages/WRenewal/MD0023R0600.pdf>

services, and the formation of new consumer council. Additional information can be found at <http://mmcp.dhmfh.maryland.gov/longtermcare/SitePages/Home.aspx>.

- DDA is building collaborations with outside partners to secure housing resources. These housing options are available to Marylanders who currently reside in the community as well as in facilities, and include the following initiatives:
 - DDA's Money Follows the Person Bridge Subsidy Demonstration Program (funded as a rebalancing initiative through the Money Follows the Person demonstration project), assists people with disabilities with obtaining rental subsidies and moving to the community. This program is a partnership with the Department of Housing and Community Development. The Money Follows the Person Statewide Housing and Transition Coordinator monitors program parameters until the person transitions to permanent housing or otherwise leaves the program. DDA allocated all of its resources for this project due to the tremendous need for rental subsidies for people with disabilities. While no new participants currently may enter the Bridge Subsidy demonstration project, the existing participants continue to be supported until they transition fully into the community. Collaborations between the Department of Health and Mental Hygiene, Maryland Department of Disabilities, and the Department of Housing and Community Development are underway to form a bridge subsidy demonstration project, open to new participants with a prioritized population preference for people in institutional settings. This demonstration project would be modeled after the current program, with an emphasis on expanding participation to areas of the state not participating in the first 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.
 - In February 2013, Maryland was awarded the Section 811 Project Rental Assistance Demonstration Funds. Funds from this grant have been used to serve non-elderly Medicaid recipients between the ages of 18 and 61 with disabilities who have incomes at or below 30% of the area median income in the Washington, D.C. and Baltimore City areas. In May 2014, the Department of Health and Mental Hygiene and its State agency partners applied for a second round of Section 811 Project Rental Assistance funding. One hundred fifty additional housing units for people with disabilities were requested. If awarded, funding would continue for five years in geographical areas throughout the state not reached through the first award.
 - The Weinberg Foundation has provided \$1 million over two years to be used as grant funds to cover capital costs in developments otherwise receiving Department of Housing and Community Development financing. On January 28, 2013, the Weinberg Foundation announced it would expand its initial

funding by \$1 million. The first Weinberg units became available for occupancy in the Spring of 2013, and were leased by participants funded by DDA. Weinberg units house non-elderly, disabled households who earn 15-30% of the Area Median Income and pay 30% of their income for rent. The Maryland Department of Disabilities determines eligibility of household applicants and refer tenants to the units. Units for the Weinberg Initiative are located in Dorchester County, Montgomery County, and Wicomico County.