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

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June 2, 2015

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

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

Enclosed is the 2015-2016 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 (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 2013-2014 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

**Maine Department of Health and Human Services**

# OFFICE OF AGING AND DISABILITY SERVICES

## BIENNIAL PLAN FOR

## SERVICES TO ADULTS

## WITH INTELLECTUAL DISABILITIES OR AUTISM

## 2015-2016

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

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Mary C. Mayhew, Commissioner

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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 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 the Speaking Up For US (SUFU), Maine Oversight and Advisory Board (OAB), the Developmental Disabilities Council (DDC), Maine Parent Federation (MPF) and the Center for Community Inclusion and Disability Studies (CCIDS) for their efforts on the Public Forums and their thoughtful feedback on the plan elements.
- Thank you to the following provider agencies for hosting public forums across the state: Central Aroostook Association, Community Living Association, Sunrise Opportunities, and Work First.
- Thank you to the Continuum of Care Committee for the use and incorporation of your recommendations.
- Thank you to the Maine Family Coalition for Housing and Quality Services for your continued dedication and advocacy voice.
- Thanks to all those who shared comments and provided feedback.

Gary F. Wolcott, Director – Office of Aging & Disability Services (OADS)
Karen Mason, Acting Associate Director and Developmental Services Program Manager, OADS

## 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 Committee Health and Human Services 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 collaborated with Speaking Up For US (SUFU), Oversight and Advisory Board (OAB), Developmental Disabilities Council (DDC), Maine Parent Federation (MPF), and the Center for Community Inclusion and Disability Studies (CCIDS) in conducting several statewide public forums in an effort to engage families and consumers in the creation of this plan. These forums and surveys were successful and the information gathered has been included in this document. The voices and input from service recipients, their families, and providers are essential to the current and ongoing success of the service system.

In addition, OADS also held a public forum to review the goals described in the 2013-2014 Biennial plan and encouraged feedback from stakeholders with regard to the identified goals for the 2015-2016 Biennial plan.

# 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 (OADS)

## Services

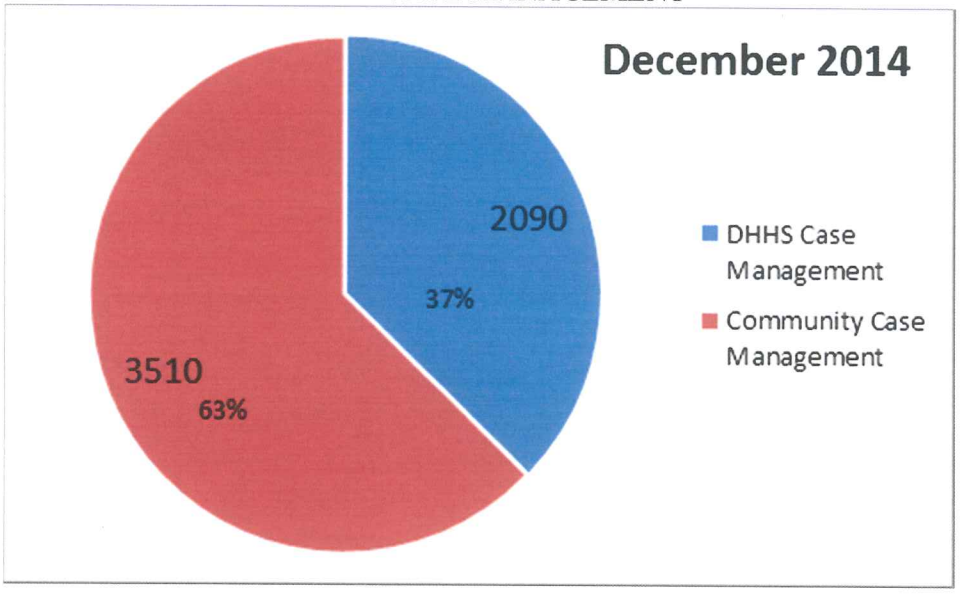
OADS offers a wide range of services and supports to adults with intellectual disabilities or autism and their families.

- Targeted Case Management
- Person Centered Planning
- Statewide Crisis Prevention and Intervention
- Adult Protective Services, 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)
- Quality Management
- 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. The following represents data from December 2014:

TARGETED CASE MANAGEMENT



**Person Centered Planning (PCP):** Every adult with an intellectual disability or autism who is eligible for developmental services must be provided with the opportunity to engage in a personal planning process in which the needs and desires of the person are articulated and identified. PCP involves identifying and describing the person's needs and goals, as well as the support services the person requires to live a meaningful and self-directed life. Maine's PCP Process is defined to ensure personal choice and opportunities. 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, 5072 active PCP's have been entered in to Enterprise Information System. This provides for a streamlined consistent process for all service providers while ensuring full consumer and guardian participation.

**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 628 individuals receiving this service.

**Statewide Crisis Prevention 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.

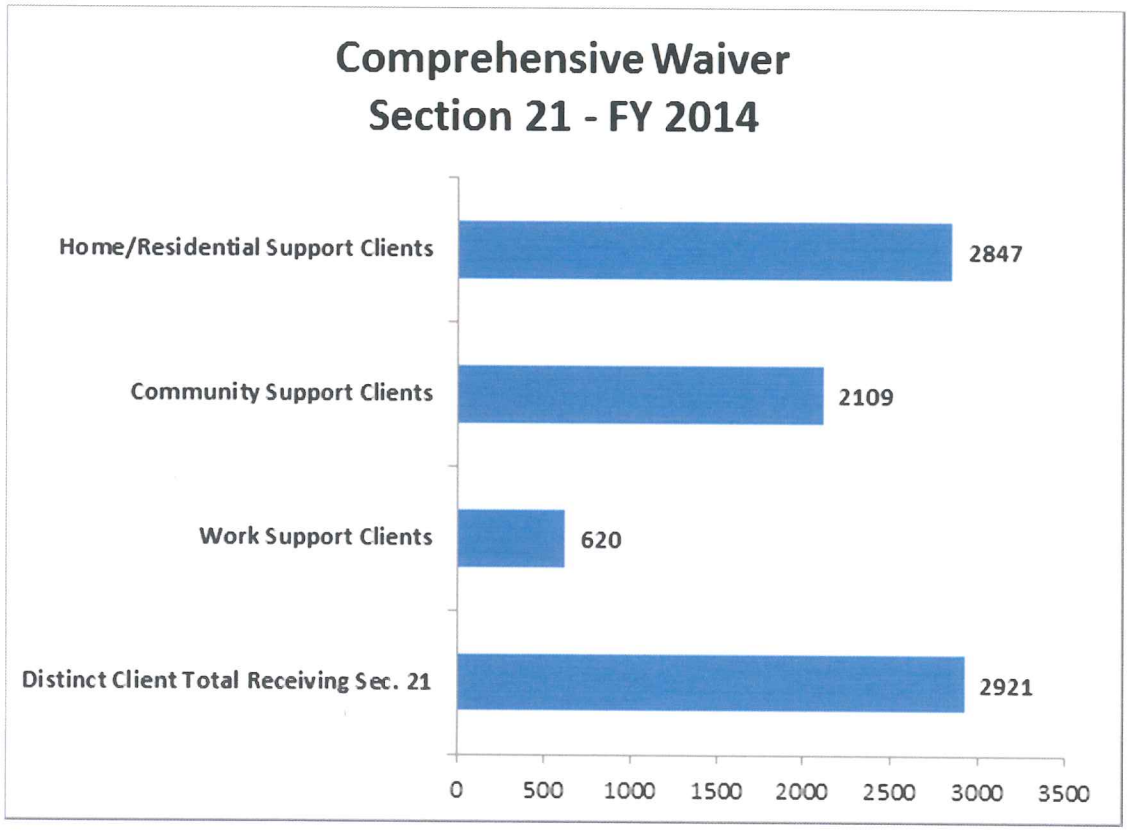
When it is necessary for an individual to be supported in a state operated crisis home or other contracted short-term residential service, it is the goal of the crisis service system to assist that individual to return home as soon as possible or to work with the person's team to assess and identify a safe alternative. In FY '13 and FY '14, the OADS crisis teams experienced the following number of contacts:

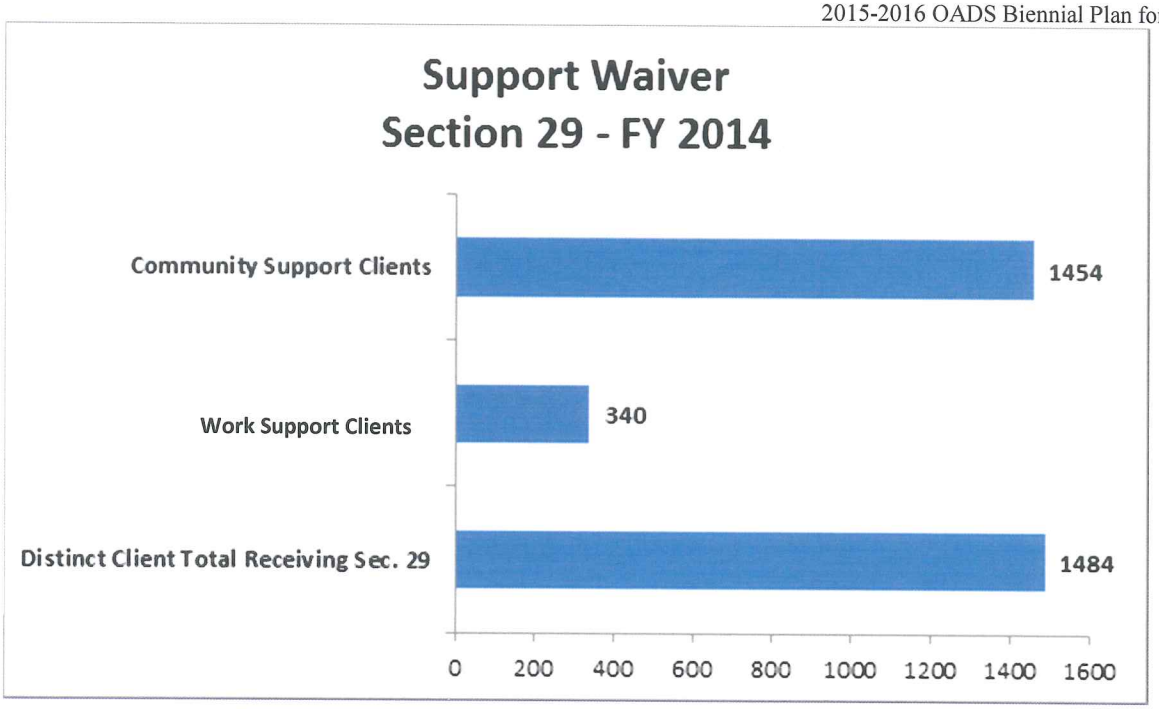
| Crisis Services | Persons Served – FY '13 | Persons Served – FY '14 |
|---|---|---|
| Crisis Residential Services | 28 Admissions | 28 Admissions |
| Outreach | 338 | 330 |
| In-Home Crisis Support | 60 | 74 |
| Telephone Support | 4,186 | 4,232 |
| Permission for Medical Treatment | 683 | 708 |
| Consultation/Education | 1,287 | 1,290 |
| **TOTAL** | 6,582 | 6,661 |

**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 FY '14 (Developmental Services only), OADS received a total of 1,377 APS Referrals, of which 428 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 191 individuals reside in Intermediate Care Facilities for Individuals with Intellectual Disabilities. Known as ICF/IID and ICF/Group 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 reflected in 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 identified through the PCP process. These programs are designed to support individuals who live with their families or on their own. 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 ICF/IID. The benefit supplements, rather than replaces supportive, natural personal, family, work, and community relationships and complements. In FY '14, OADS authorized the following amount and type of service in these two programs:






**Quality Assurance/Quality Management:** The OADS Quality Management Team oversees the services for persons with intellectual disabilities and autism. These services include workforce training and development, communications including website and newsletter, certification of community case management providers, waiver reporting to CMS, performance measurement of Adult Protective Services and public guardianship/conservatorship, and conducting quality assurance reviews of providers.

**Advocacy:** OADS contracts with the Disability Rights Center to provide statewide Developmental Services Advocacy (DSA). There are DSA Advocates in Caribou, Bangor, Lewiston, Augusta/Rockland, and Portland. DSA Advocates provide direct representation, respond to reported rights violations, attend all 3-person committee meetings reviewing the use of severely intrusive behavior and safety plans, attend Person Centered Planning meetings, and conduct regular outreach and training statewide. In FY14, Advocates directly represented 415 individuals for a total of 559 cases and responded to a total of 655 reportable events—450 were resolved and 205 were referred to another agency. Advocates actively advocated on behalf of 129 individuals who have a severely intrusive behavior plan, provided rights training to 1208 people with disabilities and developmental service providers, and conducted outreach to 823 people with disabilities and developmental service providers. To view the Disability Rights Center's FY 14 full DSA report please visit: www.drcme.org.

## 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 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 | As of 12/31/14 |
|---|---|
| Priority 1 | 0 |
| Priority 2 | 376 |
| Priority 3 | 622 |
| Total | 998 |

| Section 29 | 401 |
|---|---|

**Standardized Assessments**: OADS is using the Supports Intensity Scale (SIS), which was developed and standardized by the American Association on Intellectual and Developmental Disabilities (AAIDD). The SIS measures the practical supports an individual would need to be as independent as possible in their home and community. Areas that are measure by the SIS include home living, community living, lifelong learning, employment, health and safety, social activities and protection/advocacy. The SIS is currently used in 22 states and 13 countries. The SIS engages the individual, guardians, case managers and other support professionals in an interview that involves a comprehensive assessment of the above areas and results in a practical analysis of the support need.

**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 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.

## Summary of 2013-2014 Biennial Plan Goals

There were 28 identified goals in the FY '13-'14 biennial plan. Of these 28 goals, 21 goals were achieved, one is ongoing, four were partially delayed and three were delayed. The goals that were delayed or partially delayed are carried over to the FY '15-'16 biennial plan. For further information please see details below.

## OUTCOMES OF GOALS IDENTIFIED IN FY '13-'14 BIENNIAL PLAN

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 (PCP) process.

1.1 A revised PCP process will be implemented and includes a requirement that employment will be discussed and barriers identified in the planning process.

Timeframe: December, 2013

**Outcome: Achieved -- The PCP Manual addresses the requirement to have a discussion at least annually specific to employment.**

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

**Outcome: Achieved -- Although delayed by two months, career planning and new group and individual work supports definitions are currently in MaineCare rule Sections 21 and 29.**

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

**Outcome: Achieved -- To date, over 25 Community Support Providers have accessed this curriculum.**

1.4 Outcome based performance measures for improvement in employment outcomes will be implemented in all employment contracts and into MaineCare Rule sections 21 and 29.

Timeframe: July, 2013

**Outcome: Achieved -- Two of the three proposed performance measures were approved in rule.**

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.

Timeframe: December, 2014

**Outcome: Achieved -- Over the past year, multiple certifications, trainings, webinars and mentoring have occurred.**

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.

Timeframe: December, 2013

**Outcome: Achieved -- Data is tracked on a quarterly basis and is used for reporting and monitoring.**

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

**Outcome: Achieved -- All OADS District offices participate in regular transition team meetings with Office of Child and Family Services staff in order to provide early identification of needs starting at age 16.**

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

**Outcome: Achieved -- Although delayed until July, working with OADS staff, OCFS staff provided training to all District Transitional teams in the new Transitional process created within the EIS data system. This new process connects with the EIS intake/referral process within EIS in order to create a seamless system for youth in transition to adult developmental services.**

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

**Outcome: Achieved -- OADS and OCFS staff worked collaboratively to create a self-referral form that is accessible to families. This process enables their child's information to be reviewed during the District level Transition meetings as described in 2.2.**

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

**Outcome: Ongoing -- As of December 15, 2014, approximately 2,822 individuals have received a SIS assessment.**

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

**Outcome: Achieved -- Although there was a slight delay in the July target date, Goold Healthcare systems has hired and certified five SIS assessors. These assessors continue to conduct SIS assessments and will provide assessments for each person every three years or more frequently as described in proposed policy.**

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

**Outcome: Achieved -- A rate study was completed through a contract with Burns and Associates. OADS staff, MaineCare personnel, stakeholders and Burns and Associates continue to review proposed rates to ensure efficient, fair and equitable rates that will be tied to service packages for individuals receiving Comprehensive Waiver (Section 21) services.**

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. 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 percent capacity. Appropriation level is set at $8.3 million in state funds to be matched by Federal Medicaid funds.

Timeframe: July, 2013

**Outcome: Achieved**

4.2 Propose a budget initiative to significantly reduce the waitlist over the next biennium to the first session of the 127th Legislature.

Timeframe: December, 2014

**Outcome: Achieved**

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

Timeframe: July, 2013

**Outcome: Achieved**

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

**Outcome: Achieved**

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

**Outcome: Achieved -- Assistive technology has been incorporated as a covered service in the Comprehensive Waiver (Section 21) and Supports Waiver (Section 29).**

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 PCP process. This new process promotes staff as supporters and facilitators of self-direction, choice and independence.

Timeframe: October, 2013

**Outcome: Achieved -- Over the past 16 months the PCP training has been offered in each District on a quarterly basis to case managers and provider agency staff. OADS staff also worked collaboratively with Speaking Up for Us members to create a PCP online training for individuals receiving services.**

6.2 Create an ongoing PCP training in partnership with the DHHS Staff Education and Training Unit.

Timeframe: November, 2013

**Outcome: Achieved -- The Person Centered Planning training is offered in each District on a quarterly basis through the DHHS Staff Education and training Unit.**

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

Timeframe: March, 2014

**Outcome: Achieved -- OADS offered four 2-day orientation sessions in 2014 which were well attended by State and Community Case Managers that had been employed within the previous year.**

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

**Outcome: Delayed -- OADS staff is currently working in collaboration with a provider agency to offer a Direct Support Professional Conference. This Conference is scheduled to be held in September, 2015.**

**Over the past year, case managers have received training in the following areas: mortality review process; case manager guide to Supporting Individual Success proposed service packages; conference with Health and Human Services Research Institute focusing on how the Supports Intensity Scale informs the Person Centered Planning Process; ongoing PCP training sessions which include offering training to staff specific to goal writing, employment services for service recipients, Adult Protective Services, reportable events and grievance process training. Planning is underway to develop a one day conference for all case managers.**

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

Timeframe: November, 2013

**Outcome: Achieved -- All District offices hold joint supervisory meetings on a quarterly basis.**

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

**Outcome: Delayed -- Multiple meetings have occurred and collaborative efforts within state offices and agencies have been undertaken.**

7.2 Work with State Government partners to study the systems issues and create possible solutions to be proposed for legislative action.

Timeframe: December, 2014

**Outcome: Delayed**

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

**Outcome: Achieved -- From January to June, 2014, 400 surveys were completed. Results will be available in the winter, 2015.**

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

**Outcome: Delayed -- OADS continues to work with MaineCare to revise the standards in order to develop more uniform performance measures as made possible by new federal rules.**

8.3 Develop and implement quality assurance monitoring and reporting for Adult Protective Services and Public Guardianship Services.

Timeframe: March, 2014

**Outcome: Partially Delayed -- An Adult Protective review was completed in the Fall, 2014. A Public Guardianship review is anticipated to be completed by Spring, 2015. A monitoring system will be developed to ensure regular reviews.**

**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

**Outcome: Achieved -- Home Supports was incorporated as a covered service within Section 29 in September, 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: October, 2014

**Outcome: Achieved -- Respite services are currently a covered service within Section 29. Rule change is in process to include respite as a covered service in Section 21.**

**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, 2014

**Outcome: Ongoing -- In response to a dental program closure, OADS worked collaboratively within DHHS and contracted with Community Dental Services, Inc. which provides services in multiple locations in Southern and mid-Maine. OADS also continue to contract with Dr. Paveluru to ensure dental services remained in place in Northern Maine.**

# HOW WE MOVE FORWARD- 2015/2016

We will take the following steps:

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 that are a core component of 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

   1.2 Enhance current Work Force 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 Work Force Development October-December, 2015.

   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

   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

   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:** Engage with DOL and SAHMS to determine College of Employment Services through Elsevier and its ability to provide online certification for work supports and Employment Specialist staff, January - March, 2015; April – December, 2015, Certify 100 staff utilizing the College of Employment Services.

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 OADS will continue to work collaboratively with 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

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

**Timeframe**: February, 2016

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

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

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

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

**Timeframe**: October, 2015

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

**Timeframe**: April, 2015

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. 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

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

**Timeframe**: Ongoing

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

**Timeframe**: January, 2016

5) **Improve the Independence and Self-Sufficiency of Each Person Through Assistive Technology**

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

**Timeframe**: July, 2016

5.2 In conjunction with Maine Site 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

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

6.2 Provide a one day, state-wide Direct Support Professionals conference.

**Timeframe**: September, 2015

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

**Timeframe**: March, 2016

6.4 Provide a one day statewide case management conference.

**Timeframe**: June, 2016

## 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.

**Timeline**: July, 2015

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

**Timeline**: July 2015

## 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

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

**Timeframe**: June, 2015

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

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

**Timeframe**: June, 2016

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

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

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. 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).

**Timeline**: March, 2015

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

**Timeline**: December, 2016

## 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

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

**Timeline**: June, 2016

## 10)Improve Access to Health and Dental Care

10.1Work 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

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

## Measurement 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 on-going stakeholder involvement.

## Future Planning

1) 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.

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