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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October 15, 2014

To: Senator Margaret M. Craven, Chair
Representative Richard R. Farnsworth, Chair
Members of the Joint Standing Committee on Health and Human Services

From: Mary C. Mayhew, Commissioner, Department of Health and Human Services

Re: DHHS responses to questions for October 15, 2014 HHS interim committee meeting

Riverview:

1. What is the current status of the application for recertification?

Response: The application for the CMS survey for certification has been sent and has been accepted by CMS. They are assembling their survey team and we expect them any day. Their visit is unannounced.

2. What is the current status of requests to refund federal funds?

Response: The Department continues to draw Disproportionate Share Hospital (DSH) funding. CMS has not taken formal action to disallow this funding.

3. Can you please provide an update on the new MOAB training program and provide information on the philosophy and implementation of the program?

Response: Please see Attachments A and B

4. What is the current status of the Court Master's visit to Riverview and results of the visit?

Response: The Court Master's visit is planned for October 8 through October 10.

Nonemergency medical transportation:

1. Please provide an update on the implementation of the new contracts in those areas that were previously served by CTS?

Response: Please see Attachment C

2. Please provide the most recent data on satisfying the DHHS's benchmarks for success? Please include those for York County and the area served by Penquis in addition to those areas with new contracts.

Response: Please see Attachment C

3. Clients in the Aroostook County area that have had some sort of problem with the new Logisticare service have been told that there is no complaint department. Why has this happened and how is the department notifying clients of NET where they can register a complaint?

Response: Below are the numbers members can call to file complaints in any region across the State. Each member received a notification in July with this information. In the event they choose not to file a complaint with the Broker directly, the Member Services' number is also listed below.

LogistiCare: To file a complaint, members call the reservation number for their region and are prompted to "press 5 to register a complaint".

Reg. 1 – 855-608-5174
Reg. 2 – 855-608-5176
Reg. 6 - 855-608-5178
Reg. 7 - 855-608-5180
Reg. 8 - 855-659-1302

MidCoast Connector: To file a complaint, members call the reservation number for their region and are prompted to "press 3 to register a complaint".

Reg. 5 – 855-930-7900

Penquis: Direct Complaint line

Reg. 3 - 855-437-5884
Reg. 4 - 855-736-7227

MaineCare Member Services: 866-796-2463
MaineCare Provider Services: 866-690-5585

Transition grant program for former foster care individuals in post-secondary education:

1. Please provide an update on the implementation of PL 2013, c. 577 which set up a program for individuals exiting the foster care system at age 21 who are enrolled in post-secondary education. How many individuals have been brought into the program?

Response: Please see Attachments D and E. This was not set to go until January, 2015. The workgroup has finished the draft rules and has moved them on to the AGs' office for comment. They will continue to go through the appropriate promulgation process.

2. What educational institutions are they attending?

Response: N/A

White paper on restructuring foster care:

1. Please provide a copy of the white paper about restructuring foster care. During the last interim, the committee first heard about the white paper and changes to therapeutic foster care system.

Response: We are moving forward with changes to the entire foster care system so we can best support all children in care. We have several RFPs in various stages of process. Examples of RFPs are: recruitment and retention of foster parents, clinical supports for all foster parents (including kinship families), and post permanency supports.

2. What is the current status of implementation of proposals in the white paper?

Response: N/A

4.3% reduction in GF allocation for mental health services:

1. Please explain what the error was that caused the original proposed cut of 4.3% of mental health services and how has the department made up for the shortfall caused by the error?

Response: On August 28, a communication was sent from the Office of Substance Abuse and Mental Health Services indicating that there would be a 4.3 percent cut to FY 2015 contracts funded by the Mental Health General Fund. That communication was sent prematurely and prior to a Commissioner's Office review of the matter. At this time, we do not anticipate any reduction to FY 2015 Mental Health General Fund contracts.

ASPIRE-TANF assessment:

1. Please provide an update on the implementation of PL 2013, c. 376, the screening program for barriers to employment for TANF recipients?

2. Please provide data on the results of the screening program.

Response: Please see Attachment F for questions 1 and 2

PNMI update:

1. What is the current status of the rate-setting initiative?

Response: The Department continues to review both the programmatic design of our PNMI system as well as the rate structure currently paid to providers. At this time there is no new information to present.

2. How is DHHS managing the cost of room and board in PNMIs?

Response: We have not changed how we are handling cost of care.

Section 21:

1. How many persons have been added to the Section 21 waiver since April? How many went off the waiver?

Response: It is important to remember that both Section 21 and Section 29 operate by unduplicated count. The State, as agreed upon by CMS, has a set unduplicated count that governs these programs within each year. Since April 1, 2014:

- Section 21: 73 new members, 46 terminations, and 50 pending offers
- Section 29: 69 new members, 65 terminations, and 26 pending offers

2. How many of the persons newly on Section 21 were previously on Section 29?

Response: From the 73 above, 39 people were on Section 29 prior to receiving Section 21

3. For individuals who were taken off the waiting list, what services did they previously receive and in what locations? Were any of these individuals previously served out of state?

Response: The Department does not routinely collect this information outside of the utilization of Section 29 services.

Supports Intensity Scale:

1. Please provide an update on the implementation of the SIS, the assessment program for disabilities?

Response: Please see Attachments G and H

Speech Therapy, Occupational and Other Therapeutic Services:

1. Public schools bill MaineCare for services such as speech therapy, occupational therapy and other therapeutic services that are MaineCare eligible. Last year there were follow-up audits that found improper billing and those public schools were placed in a difficult position. Has this problem been resolved?

Response: The Department and schools are currently in the appeal process; therefore information cannot be shared at this time.

2. What was the process to resolve the issue?

Response: The Department and schools are currently in the appeal process; therefore information cannot be shared at this time.

3. Have there been new instructions to schools to avoid improper billing in the future?

Response: The Department collaborated with the Department of Education to provide guidance to schools regarding the appropriate documentation and billing instructions to help alleviate audit risk in the future.

MOAB® training presents principles, techniques, and skills for recognizing, reducing, and **managing violent and aggressive behavior**. An in-depth training program that teaches individuals how to recognize, reduce, and manage violent and aggressive behavior. The program also provides humane and compassionate methods of dealing with aggressive people both in and out of the **workplace**.

MOAB Training International, Inc. is a respected leader among training and consulting organizations and specializes in programs on managing aggressive behavior. Since 1983, over 5,000 agencies have benefited from our highly researched, state-of-the-art programs including corporations, healthcare, law enforcement organizations, security, academic, military, federal agencies and gaming establishments.

MOAB Teaches participants (staff) to prepare themselves mentally to effectively manage anxious, aggressive and violent behaviors. Participants will learn the importance of:

- Non-Verbal communication
- Effective Listening
- Verbal Communication
- Managing stages of conflict
- Approaching individuals properly

MOAB Objectives:

1. Teach principles, techniques, and skills used to recognize, reduce, and manage anxious, aggressive, and violent behavior.
2. Provide effective and compassionate methods of dealing with anxious or aggressive people.
3. Gain personal empowerment through increased confidence and skills used during threatening situations.
4. Minimize potential for injury to you, bystanders, and the individual(s).
5. Reduce fear in stressful circumstances by increasing the ability to successfully react.
6. Reduce liability risk for inadequate, unnecessary or improper control used to manage aggressive and violent behavior.

- MOAB Teaches participants (staff) to prepare themselves mentally to effectively manage anxious, aggressive and violent behaviors. Participants will learn the importance of:
- Non-Verbal communication
- Effective Listening
- Verbal Communication
- Managing stages of conflict
- Approaching individuals properly

Strategies for Preventing and Diffusing Aggressive Behavior (Part I)

Introduction
What is Management of Aggressive Behavior (MOAB)?
MOAB Objectives

Statistics
Violence in Society, Healthcare Facilities, Law Enforcement and Security

Strategies for Preventing and Diffusing Aggressive Behavior
Behavior and Intervention
Mental Conditioning
Plan, Identify and Act

Methods and Communication
Non-Verbal Communications
Personal Space
The Reactionary Distance
Eye Communications
Gestures, Postures and Facial Expressions
Signals to look for and understand

Stages of Conflict & Management
1. Conflict
2. Stage I: Anxiety
    a. Recognizing Anxiety
    b. Anxiety Triggers
    c. Managing the Individual's Anxiety
    d. Listening
    e. Five Levels of Listening
    f. Empathetic Listening
    g. Supportive Verbal Communications
    h. Supportive Verbal Communication Skills
    i. Understanding your fear and panic
    j. Fear and Panic Create Dysfunction
    k. Mind and Body Stress Feedback Loop
    l. How to break the Stress Feedback Loop
3. Stage II: Verbal Aggression
    a. Recognizing Verbal Aggression
    b. Managing Verbal Aggression
4. Stage III: Physical Aggression
    a. Recognizing Physical Aggression
    b. Managing Physical Aggression
    c. Cornering
    d. Diversions
        i. Diversions that can be used
        ii. Approaching
    e. Multiple Individuals
        i. Positioning

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MOAB Introduction
with Managing Physical Confrontations

Strategies for Managing Physical Confrontations (Part III)

Introduction to Personal Defense and Safety Skills
Two Basic Types of Assaults on People
Two Methods of Assaults

Use of Control Management in Self Defense
Two Categories of Physical Force

Types of Assaults
Most Common Types
Other Common Types

Personal Defense Weapons
Head, Thumbs, Palms, Heal of Hand, etc.
Vulnerable Areas of the Body

Levels of Control Management
Personnel/Individual factors

Acceleration through the Levels of Control Management
Clinical predictions of dangers
Important considerations

Levels of Control Management Diagram

Defense from Holds
Front Choke response options
Rear Choke response options
Bear Hold response options
Wrist Grab release options
Arm Twist response options
Bite response options
Hair Pull response option

Defense from Stationary (Static) Strikes
Punch (head) response options
Kick (groin) response options
Armed Threat response options (supplemental)*
Rear Weapon response options (supplemental)*
Edged Weapon response options
Thrown Objects response options

Defense from Moving (Dynamic) Attacks
Response options

Testing and Evaluation

*Supplemental techniques are based on agency needs and are not mandatory.

MaineCare Services

An Office of the
Department of Health and Human Services

MaineCare Non-Emergency Transportation Performance Report

MaineCare Services
An Office of the
Department of Health and Human Services

Introduction

Region 1,2,6,7: LogistiCare

Region 4: Penquis Community Action Program

Region 5: Waldo Community Action Partners operating as MidCoast Connector

These Brokers took over their respective regions on August 1, 2014. This report will review the key performance indicators for each region, to demonstrate the Broker's performance.

Region 4: Penquis Community Action Program (Began in August 2013)

Region 8: LogistiCare (Began in August 2013)

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Overview

Key Performance Indicators

- Calls Received: The number of calls made to the toll free numbers for MaineCare members.
- Service Level: The percentage of calls received that were answered by a live representative in sixty seconds or less. The contract with the Brokers requires a Service Level of 90% or better.
- Abandon Rate: The percentage of calls in which the caller disconnects prior to the call being answered by a live representative. The contract with the Broker requires an Abandon Rate of 5% or less.

MaineCare Services
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Department of Health and Human Services

Overview

Key Performance Indicators

- Trips Scheduled: The number of trips requested by members.
- Trips Missed: The number of trips requested by members, which the Broker failed to provide the trip. This includes scheduling errors on the Broker's end, and provider issues, but does not include member cancellations, or situations where the ride arrived as scheduled, but the member was not there.
- Trip Missed %: The percentage of scheduled trips that were missed.
- Complaint %: The number of complaints received by the broker divided by the number of transportation eligible MaineCare members residing in the region. The contractual requirement is to have a rate of 1% or less.

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Overview

Region	Broker	Calls Received	Service Level	Abandon Rate	Trips Scheduled	Trips Missed	Missed Trip %	Complaint %
1	LogistiCare	2,888.00	98.50%	2.10%	15,748	38	0.24%	0.12%
2	LogistiCare	2,326.00	98.20%	1.60%	12,572	49	0.39%	0.32%
3	Penquis	10,930.00	96.50%	6.80%	11,980	12	0.10%	0.02%
4	Penquis	5,992.00	90.80%	8.50%	27,946	14	0.05%	1.31%
5	MidCoast	3,574.00	99.15%	1.46%	17,613	14	0.08%	0.03%
6	LogistiCare	4,545.00	98.20%	1.30%	52,714	246	0.47%	1.09%
7	LogistiCare	7,566.00	98.00%	1.90%	49,632	197	0.40%	0.79%
8	LogistiCare	6,668.00	97.50%	2.00%	26,336	60	0.23%	0.44%
Contract Requirement		N/A	>90.00%	<5.00%	N/A	N/A	0%	<1.00%

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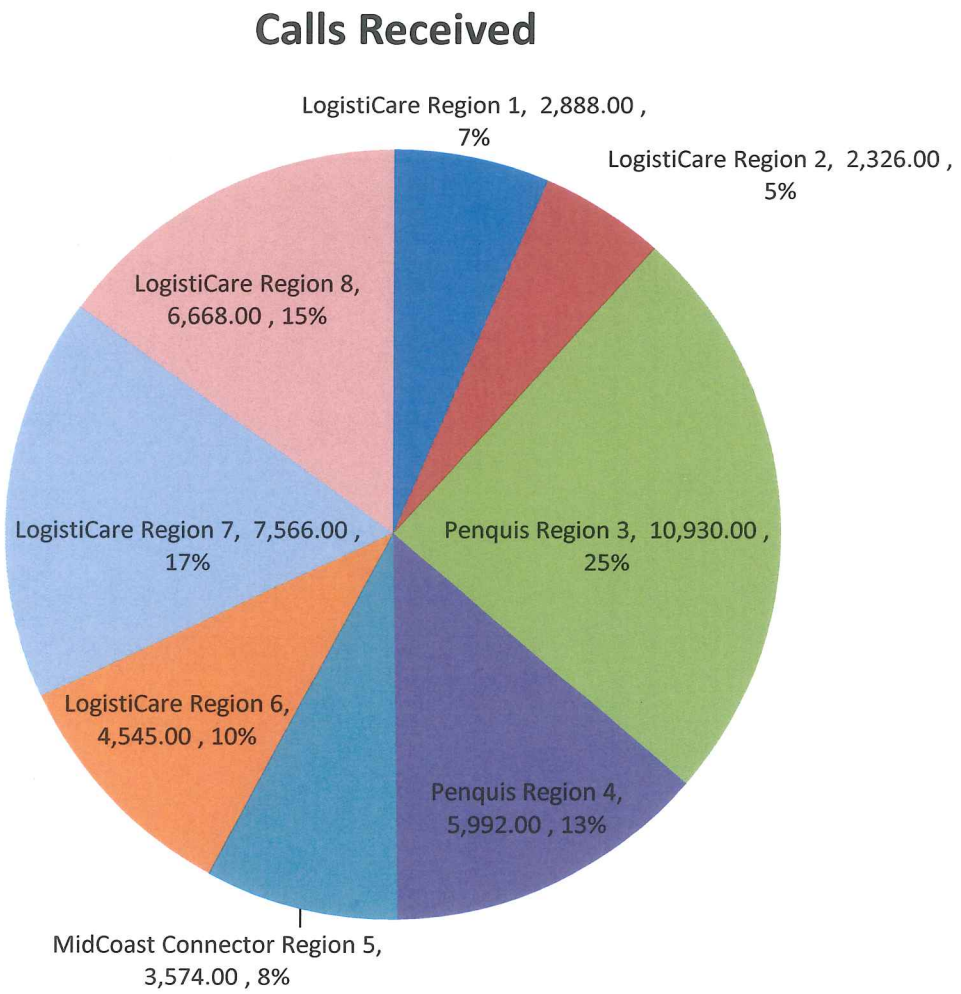
Calls Received



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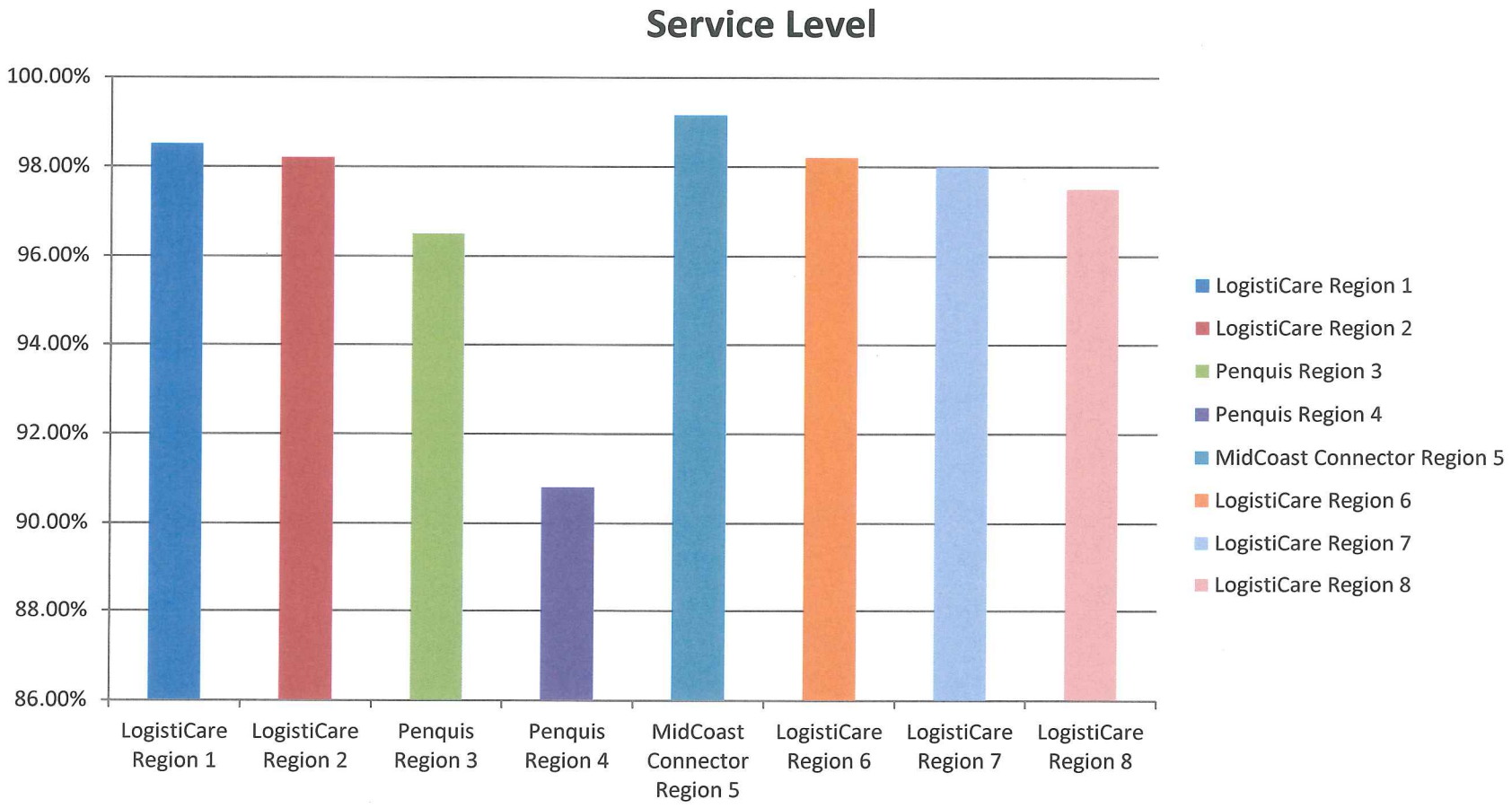
Service Level

Contract Requirement: 90% or higher.



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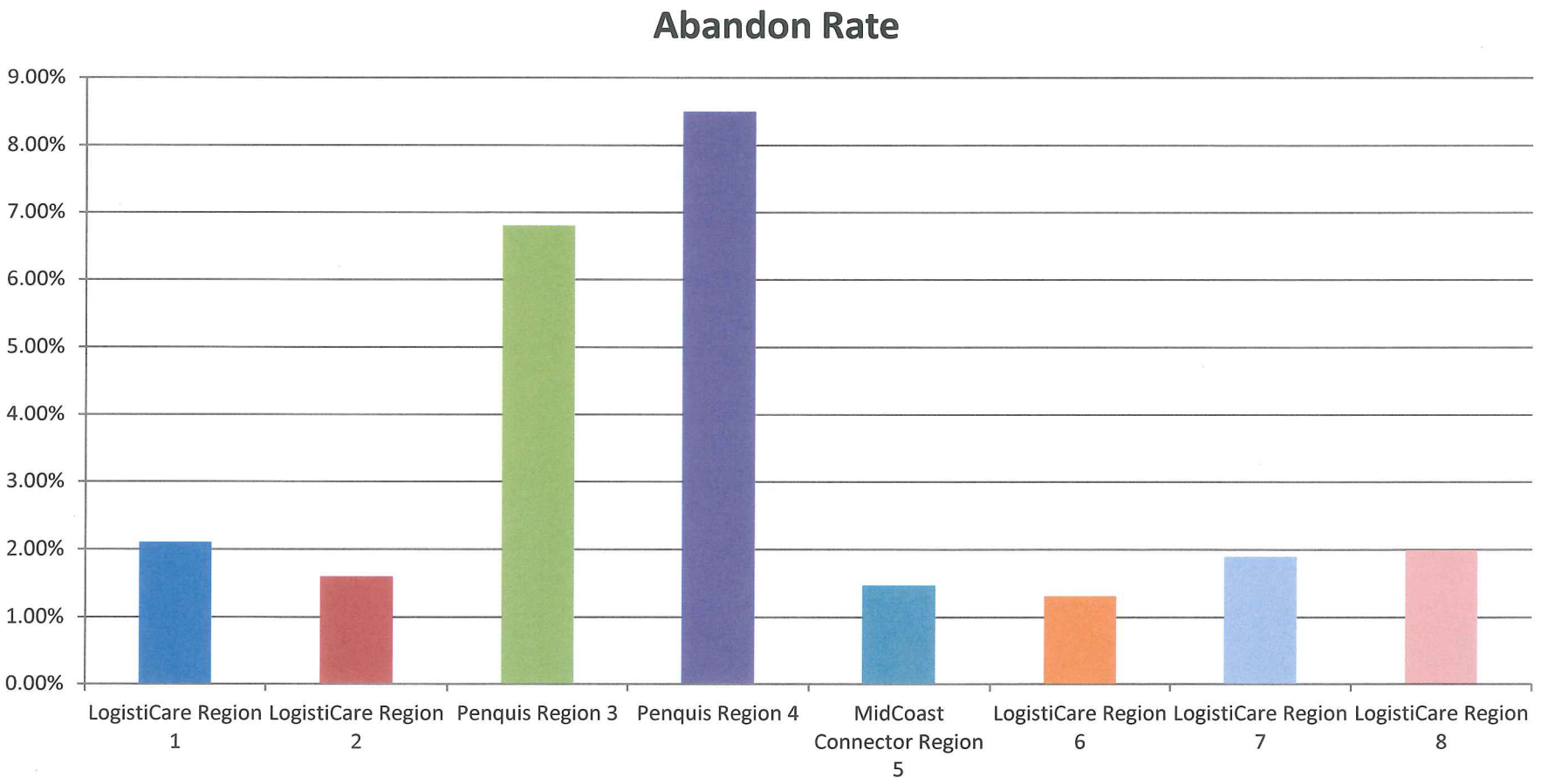
Abandon Rate

Contract Requirement: 5% or less.



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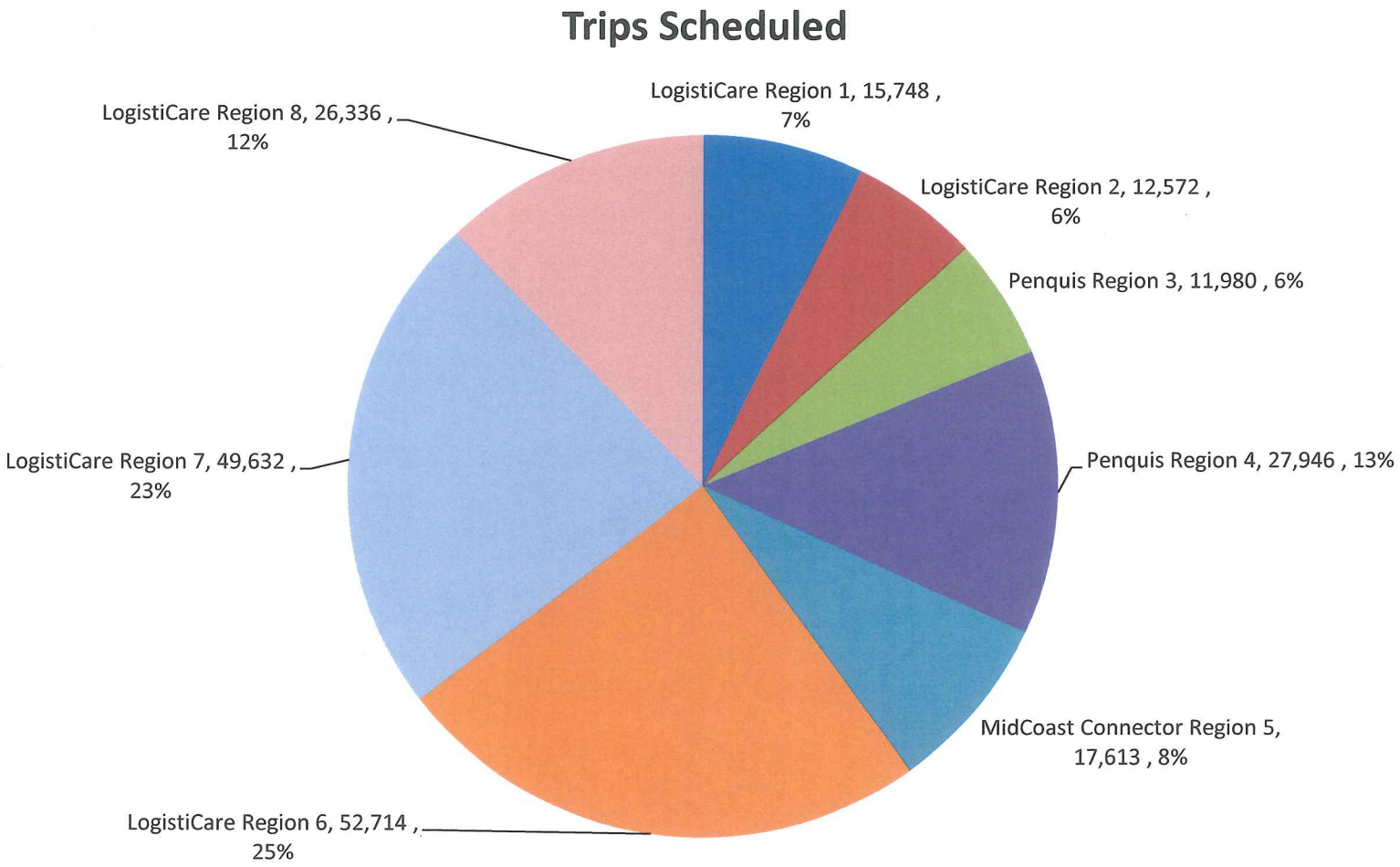
Trips Scheduled



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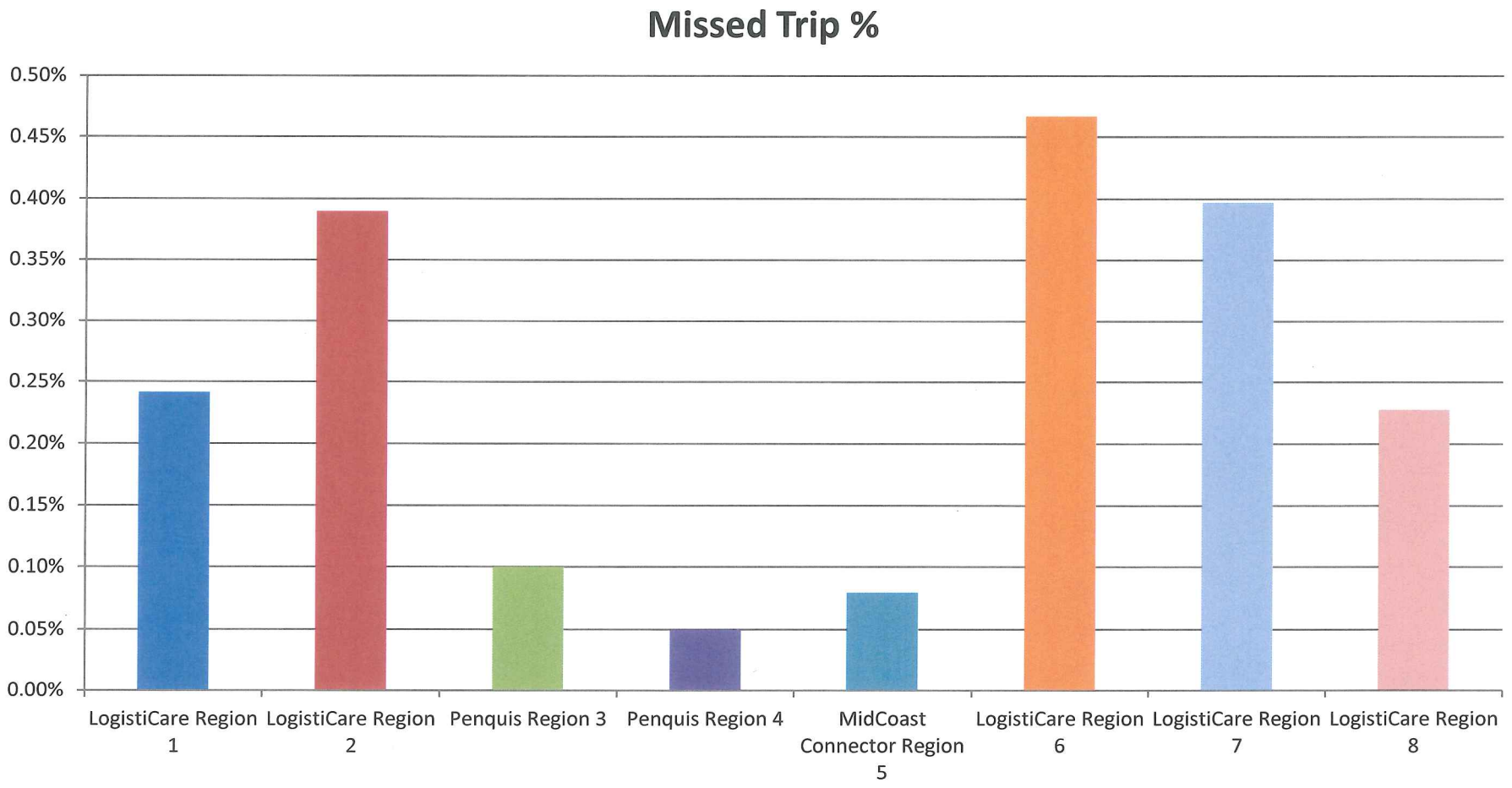
Missed Trip %



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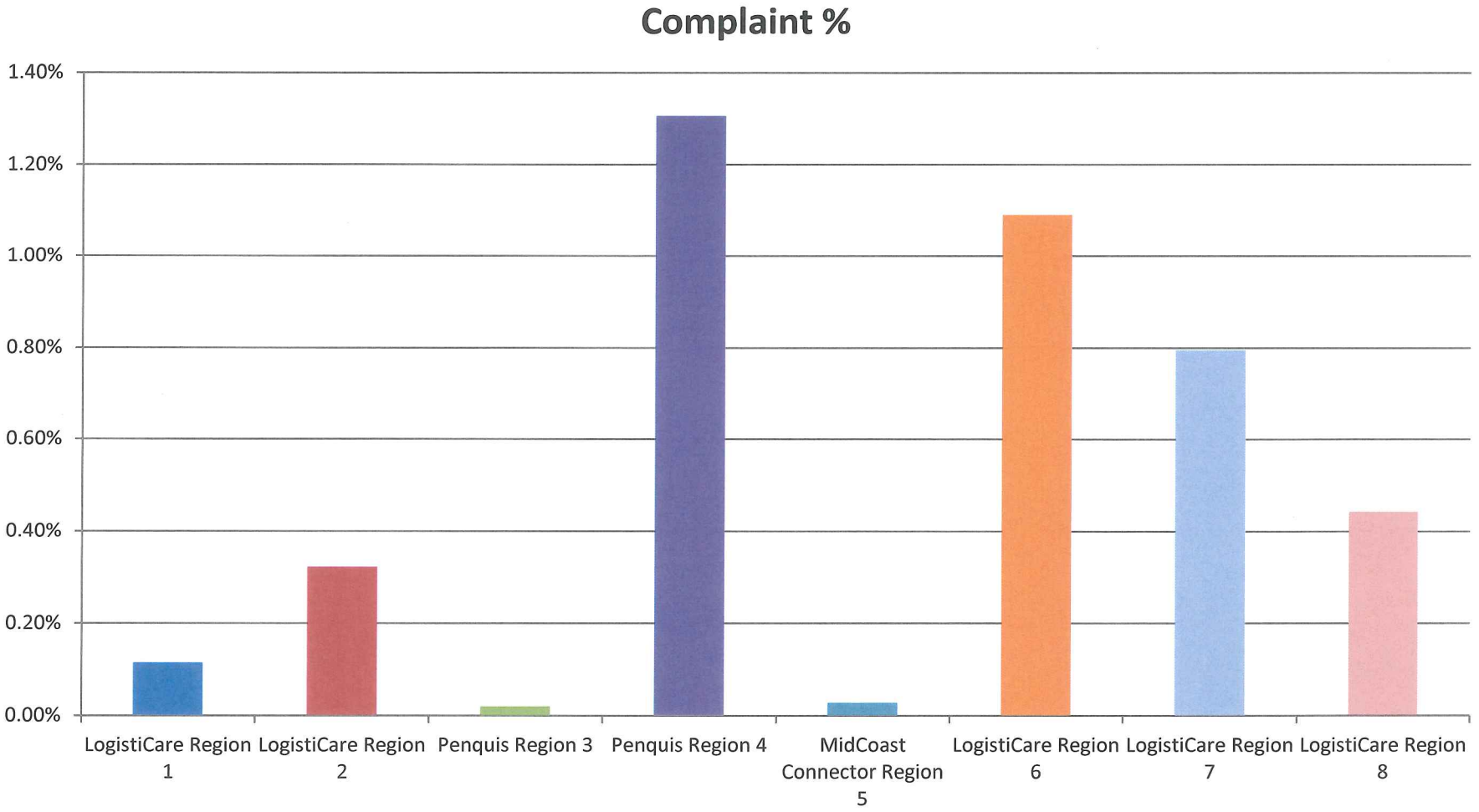
Complaint %

Contract Requirement: 1% or less.



Attachment D

APPROVED	CHAPTER
APRIL 28, 2014	577
BY GOVERNOR	PUBLIC LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND AND FOURTEEN

H.P. 1206 - L.D. 1683

An Act To Improve Degree and Career Attainment for Former Foster Children

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §4010-C is enacted to read:

§4010-C. Transition grant program

The Department of Health and Human Services shall establish a transition grant program to provide financial support to eligible individuals to pay for postsecondary education.

1. Age; enrollment in postsecondary education institution. In order to be eligible to participate in the program, an individual must be at least 21 years of age but less than 27 years of age, must have exited the voluntary extended care and support agreement with the State under section 4037-A at 21 years of age and must be enrolled in a postsecondary education institution.

2. Level of financial support. The transition grant is for postsecondary support up to the completion of an undergraduate degree. The level of financial support must be equivalent to the current voluntary extended foster care supports pursuant to section 4037-A. The department shall set duration limits, including a 6-year maximum for a 4-year degree, a 4-year maximum for a 2-year degree and other duration limits for other types of postsecondary education.

3. Postsecondary education navigator services. The program must include postsecondary education navigator services that provide transitional services and college support. The department shall determine the specifics of those services.

4. Advisory committee. The department shall establish an advisory committee to provide oversight of the implementation of the transition grant program. The advisory committee must include stakeholders in the postsecondary education field, the department's postsecondary education navigator under subsection 6, professionals who work with transitional foster youth, employers, representatives of the department and

other interested parties. The department shall adopt rules to determine the membership, terms of office and voting procedures of the advisory committee and other specifics of the advisory committee's governance structure. The advisory committee shall provide an annual report to the department and the joint standing committee of the Legislature having jurisdiction over health and human services matters.

5. Limit on number of individuals receiving transition grants. No more than 40 individuals at any one time may receive transition grants under this section.

6. Postsecondary education navigator. The department shall develop the roles and responsibilities for the postsecondary education navigator to provide transitional services and college student support for individuals pursuant to this section. The postsecondary education navigator shall provide data to the advisory committee.

The department shall adopt rules to implement this section. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 2. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)

State-funded Foster Care/Adoption Assistance 0139

Initiative: Appropriates funds for a transitional grant program for individuals exiting the state foster care system at 21 years of age and actively pursuing postsecondary education. This appropriation is to provide the initial 20 grants beginning January 1, 2015.

GENERAL FUND	**2013-14**	**2014-15**
All Other	$0	$50,000
GENERAL FUND TOTAL	$0	$50,000

State-funded Foster Care/Adoption Assistance 0139

Initiative: Deappropriates funds on a one-time basis resulting from program savings.

GENERAL FUND	**2013-14**	**2014-15**
All Other	$0	($50,000)
GENERAL FUND TOTAL	$0	($50,000)

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS) DEPARTMENT TOTALS	2013-14	2014-15
GENERAL FUND	$0	$0
DEPARTMENT TOTAL - ALL FUNDS	$0	$0

Attachment E

Approved: 04/23/14 mac

126th MAINE LEGISLATURE

LD 1683 **LR 2389(05)**

An Act To Improve Degree and Career Attainment for Former Foster Children

Fiscal Note for Bill as Engrossed with:
S "A" (S-539)
Committee: Health and Human Services

Fiscal Note

	FY 2013-14	FY 2014-15	Projections FY 2015-16	Projections FY 2016-17
Net Cost (Savings)				
General Fund	$0	$0	$200,000	$200,000
Appropriations/Allocations				
General Fund	$0	$0	$200,000	$200,000

Fiscal Detail and Notes

The bill adds an initial appropriation of $50,000 in fiscal year 2014-15 with an ongoing annual cost of $200,000 for the State-funded Foster Care/Adoption Assistance program in the Department of Health and Human Services for a transitional grant program for individuals exiting the State's foster care system at 21 years of age and actively pursuing post-secondary education. This assumes an annual grant cost of $5,000 per child and initially 20 grants awarded in the first year with an effective start date on January 1, 2015. The bill also adds a one-time deappropriation of $50,000 in fiscal year 2014-15 in the State-funded Foster Care/Adoption Assistance program resulting from program savings. This bill assumes the department will be able to secure a post-secondary education navigator at little or no cost to the department.

Maine Medical Center
MaineHealth

Department of Vocational Services
ASPIRE Vocational Assessment Program (AVAP)

October 15, 2014
Presentation to Maine Legislature
Joint Standing Committee on Health and Human Services

In October 2013, Maine Medical Center's Department of Vocational Services (DVS) began work on a contract with the Department of Health and Human Services, Office for Family Independence to conduct Vocational Assessments for ASPIRE participants. The assessment, which occurs over two separate sessions, gathers information directly from the participants to identify potential barriers as well as strengths towards becoming employed. The information is then translated into a report that identifies strategies for becoming employed. The report is completed within 20 days and submitted to the ASPIRE Specialist working with the participant; the ASPIRE Specialist reviews the report with the participant and provides them with a copy. A description of each tool is listed below.

Desire to Change

- The **Need for Change scale** asks two questions about the participant's desire to become employed and/or further their education.

Barrier Assessment

- The **Initial Assessment** asks 25 questions about physical and mental health, legal issues, and cognitive functioning.

Motivation to Change

- The **Rehabiliation Readiness Assessment** rates a person's interest in and committment to changing their current situation. The tool includes assessment of self-awareness, environmental awareness, and the belief that change would be possible and positive.

Dysfunctional Thinking about Work

- The **Career Thoughts Inventory** has 48 questions which assess the degree to which a peron has dysfunctional thinking related to career problem solving.

Domestic Violence

- The **Domestic Violence Screening tool** asks three questions about past or present physical, verbal, and sexual abuse.

Academic Screening

- The **CASAS Appraisal** is a math and reading assessment which identifies the level of instruction needed in further educational efforts.

Occupational Interest Inventory

- **My Next Move** is an online tool which is part of the federal O*NET system and matches a job seeker's skills and interests to jobs and labor market information.

Satisfaction

- At the end of the AVAP Assessment, the ASPIRE participant is asked to complete an anonymous five-question survey about the assessment process.

Department of Vocational Services
ASPIRE Vocational Assessment Program (AVAP)

Of the individuals completing the first session of the assessment (1,591) by August 31, 2014, 1,392 (86%) are not employed. Seventy-nine percent of unemployed individuals reported a strong or urgent desire to become employed. Others are unsure or state they do not want to become employed.

Who are these individuals and what barriers to employment do they face?

Mental Health Status	Avg %	Detail		
		Urgent	Unsure	No
Experience periods of sadness or depression	63%	61%	73%	67%
Have received MH treatment in past	66%	63%	77%	74%
Currently receive MH treatment	27%	24%	37%	39%

Generational Poverty	Overall Avg %	Detail		
		Urgent	Unsure	No
Grew up in a household receiving public assistance	45%	44%	51%	41%

Subtance Use & Abuse	% of total unemplyd	Has been in treatment for substance abuse:	
Think they have a problem with substance abuse (N=146)	11%	N= 118	81%
Do not think they have a problem with substance abuse (N=1212)	89%	N= 196	16%

Primary Language other than English	11.7%	
Of those unemployed with a primary language other than English:	#	%
Have a stated strong or urgent need to work	134	84%
Are unsure about work	9	6%
Do not want to change unemployment status	17	11%

Domestic Violence	Overall Avg %
Has experienced some type of domestic violence (N=812)	60%
Currently in an abusive situation	3%
Knows about available services	85%
Reports it impacts ability to work	20%

Education Level	Overall Avg %
Did not graduate High School	23%
High School Graduate	43%
Some college/Adult Ed/2-yr degree	31%
Bachelor's Degree or beyond	4%

Referrals Received through August 31,2014: 2838

1216 Assessments Completed

Identified need for further clinical assessment: 267

Pathway 1: Work-Ready (398)

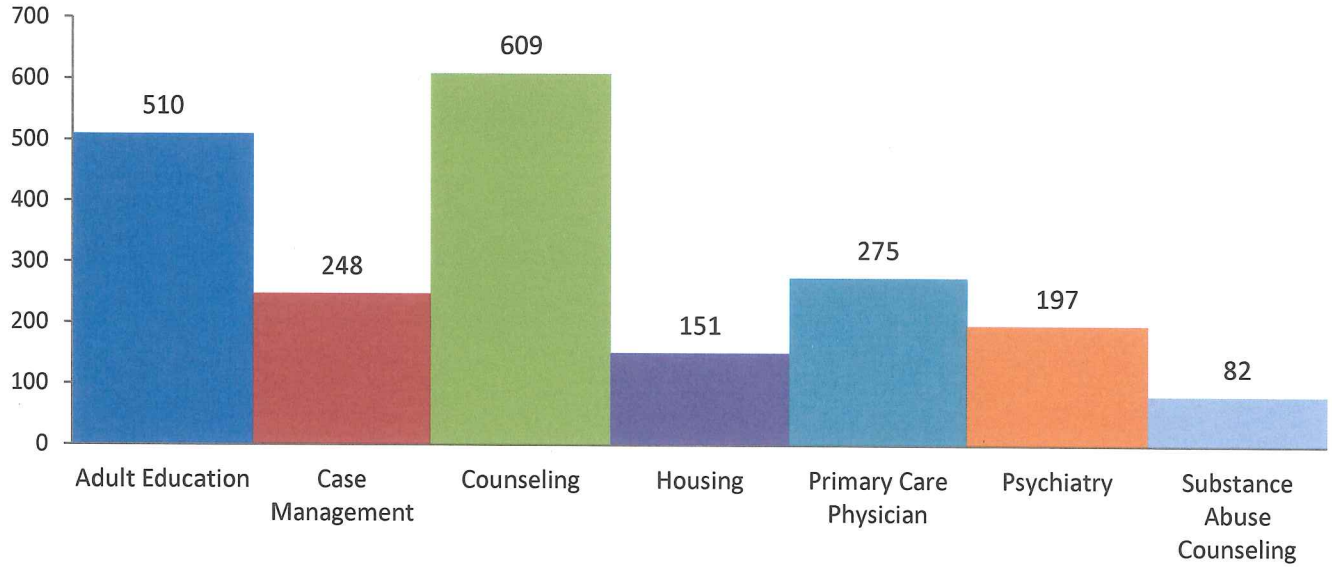
Pathway 2: Skill-building and work experience (496)

Pathway 3: Intensive support (322)

Each report to the ASPIRE Specialist identifies recommended services and resources to assist the ASPIRE Participant on their pathway to employment. **All participants receiving an assessment are recommended to utilize job search and/or support services from the best available resource**: Career Centers, Job Site Developers at Career Centers, Vocational Rehabilitation, Individualized Placement and Support at a mental health center, or assistance from a specialized TANF Multiple-Barrier Employment Specialist.

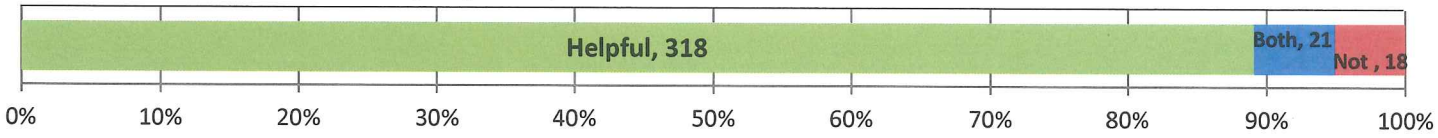
In addition, AVAP Employment Specialists identify support or treatment services that they have determined could be beneficial for the participant's future employment success.

AVAP Reports: Recommendations for Support Services (2,072)



Beginning in June, 2014, AVAP Employment Specialists began disseminating a survey to ASPIRE Participants completing the assessment. The survey, only five questions, is completed by the participant and anonymously returned.

Was this process (the assessment) helpful to you?



What was helpful?

- I learned a lot about myself and where I might go from here. Excited to use the Career Center to help me find a job.
- I remembered a lot more than I thought from high school and college. Gave me more confidence in my abilities.
- This was helpful to determine if you need a little more education to land a job and to also help you in the future.
- The program to help me find different job matches was great. I also like that it'll tell me what certifications I need (if any) and will tell me the closest city/town to get training.

What do you hope will happen next?

- I am going to go home and get back on the website My Next Move and hopefully get info on trainings and certifications and get started so I can go back to work!!
- I am hoping to find the resources and confidence in myself to realize my potential and find a more meaningful job.
- I hope to further my career and studies. Build a better life for myself & son.
- I hope to re-enter the workforce with excitement and courage.
- To get myself in a better place -- job & mentally.

What do you think the general public thinks about people on TANF?

- Honestly, they think we're moochers who like living off the state.
- I believe people think we don't want to work and want to mooch off the government.
- I believe they look at them as free-loaders or lazy individuals.
- That all they do is abuse it.

What do you want the general public to know about people on TANF?

- Everyone has their own story. Some people may be starting their life over or may have just been diagnosed with an illness that prevents them from working. We are individual persons with individual histories.
- It's important for people to realize what comes along with receiving it. ASPIRE is something many people lack knowledge of and if people were educated on the actual process and direction given to those on TANF they'd be more apt to think in a positive way about the whole ordeal.
- I am a regular person going through a hard time. Not all of us have a support system or want a hand out. Just a helping hand... I don't like it any more than you would.
- It is not a handout -- it's a hand up! There are guidelines and you must do your part and be diligent to receive the assistance.

Aging and Disability Services
An Office of the Department of Health and Human Services
Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

Supporting Individual Success

AUGUST 2014 EMAIL NEWSLETTER

From the Director

It is an exciting time at OADS! Over the past few weeks, we have hosted community meetings and webinars for stakeholders in order to give information about the *Supporting Individual Success* initiative. We have shared details about the proposed rates that agencies will be paid for the services they provide. We have also communicated about new ways members will be able to use the funding available to them to make choices about their services based on their preferences and needs.

These changes won't happen for a while. We are giving people information now so they have time to review the proposed changes and provide feedback.

As you review new information about the *Supporting Individual Success* initiative, it is important to keep the following things in mind:

- **No changes** have been made to services at this time.
- **Information** about level assignment is for **review** only.
- **OADS** is seeking **input** during a comment period.
- **Based** on review and public comments, **changes** may be made to what has been proposed.
- **Change** process will begin **next year** with a planned implementation date of July 1, 2015.

Choices and Responsibilities

People with intellectual disabilities and autism should have the opportunity to lead the lives they want with the support they need. The changes underway at OADS will support each individual's right to make decisions about his or her life. To prepare for these changes, self-advocates should be thinking about what kind of supports they prefer and where they would like to work, live, and play.

Many self-advocates across the state are already taking on big responsibilities and leadership roles in their communities. Read about Courtney, Dan, Leo and Drew and their success stories!

Note: Each of the stories and photographs that follow originally appeared in Katahdin Friends Ink, a KFI newsletter. They are reproduced here with permission from KFI. For more information, visit: www.kfimaine.org

Department of Health & Human Services

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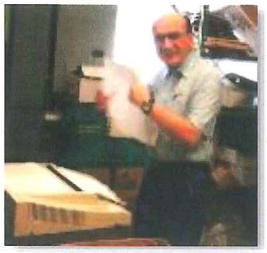
Courtney Cyr has recently become the sole proprietor of her own vending machine business, **Cyr Vending**. She owns four high-end vending machines. In January, she placed her first machine at the Katahdin Region Higher Education Center, located in **East Millinocket**. At this location, Courtney is offering healthier snacks and drinks per the request of students and other people who access the building. Recently, Courtney placed other vending machines at an assisted living facility and at Millinocket Regional Hospital. Her fourth machine will soon be installed at Katahdin Federal Credit Union.

Dan Crosby operates a small **laundry business** in **Lincoln**. Dan picks up his customers' clothing to be laundered, brings it to his home where he washes, dries, and then folds it. Then he delivers the laundry back to his customers. Dan charges his customers by the pound and upon delivery weighs the laundry to determine his payment.



Leo Levasseur is now in his 22nd year at **Katahdin Federal Credit Union** in **Millinocket**. His job tasks have changed over the years but he remains a loyal and dependable employee. Leo has said he has no plans to retire and will continue to work until he can't work anymore.

Drew Lint has been helping to maintain the **Cyr Bus Lines** fleet of school buses for over 10 years!

Updates:

OADS is currently seeking comments about *Supporting Individual Success* and specific changes that have been presented. Several documents and presentations have been posted to the OADS website. To review these materials, visit: http://www.maine.gov/dhhs/oads/disability/ds/sis/

Have a question or a comment?

Email your comments to OADS@maine.gov

Aging and Disability Services
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Supporting Individual Success

SEPTEMBER 2014 EMAIL NEWSLETTER

Department of Health & Human Services

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From the Director

In September, Speaking Up for Us (SUFU) held its annual conference in Bangor. SUFU is an organization based here in Maine run by and for adults who live with developmental disabilities. Karen Mason from the Office of Aging & Disability Services went to the conference and presented the latest information on *Supporting Individual Success*.

Here are the updates.

Beginning next July 2015, if you get services through the Section 21 (or comprehensive) waiver, you will:

- Have a Supports Intensity Scale® interview to assess your support needs,
- Be assigned to one of five support levels based on your support needs,

Levels of Support

- Get a base budget for the services you need, based on your level, and then,
- Work with your case managers and support teams to make choices about where to live, what to do during the day, and how best to spend your support needs dollars.

At the presentation, people talked about where they currently live and what they do during the day. Many people are happy living in their own apartments. A couple of people who live with their families are interested in moving out on their own. They talked about keeping busy with work, going to day programs, owning small businesses, playing in bowling leagues, going to SUFU meetings and BINGO nights, and even skating on community roller derby teams.

They also asked a number of thoughtful questions about *Supporting Individual Success* and how the upcoming changes may or may not affect them. We've recapped the questions and answers below.

Q: How do I know if the changes will affect me?

Kile Pelletier

First of all, it's important to know that no changes will take place until July 2015. After that, the proposed changes will only affect individuals who are on the Section 21 waiver.

Q: How do I know if I am on the Section 21 waiver?

Jessica Nevells

Not everyone who gets services knows which waiver they are on. That's okay! If you have a question about which waiver you are on, ask your case manager.

In general, people who are on the Section 21 waiver receive a wider range of services than those who are on the Section 29 waiver. For example, if you live in a group home, you are probably on Section 21.

Q: I'm having a hard time understanding my support level. Who can help?

Have a question or a comment?

Email your comments to:

OADS@maine.gov

Your case manager is the first person you should go to with questions about your support level. Just like you, your case manager is learning about support levels and base budgets. Very soon, if not already, your case manager will be able to help you understand your support level and what it means.

Q: What if I don't think my support level matches my support needs?

Jon McGovern

After July 1, 2015, if you don't think your support level matches your support needs, you will have several options.

1) You can file a formal grievance through your case manager or using the grievance process that is under development. You and your case managers will be told about this process as soon as it is finalized.
2) You can make an "exceptional needs request" if you don't think your level includes enough support hours to cover your needs.
3) You can also ask for a Supports Intensity Scale (SIS) re-assessment if you have had a "major life change", such as if you get sick, hurt, or experience behavioral, medical, and mental health changes that changes your support needs for longer than six months.

Q: If I get assigned to the lowest support level will my budget be enough for my residential services? Will I have to move out of my home?

Jeanette Levesque

Please rest assured, no one will be forced out of their current home. This is absolutely NOT one of the intentions of *Supporting Individual Success*. Everyone getting residential care before July 1, 2015 will still be able to get residential care once the changes take place.

The changes will, however, affect people moving off the waitlists and into services. In the future, when new people start services and are assigned to the lowest support level, they will not have funding for 24/7 home support or residential care.