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Redefining Disability

Facilitating Mobility with Transportation Vouchers

Presented to the Maine Independent Living
& Disability Commission Oct 24, 2014

Benefits of Rural Transportation Voucher Programs

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Transportation is essential to economic development

Rural communities are challenged by:

- Shrinking state revenues
- Growing consumer need
- Serving seniors, people with disabilities, and those with low income
- Utilizing formal and informal transportation sources (public transit, volunteers, family)

Transportation Vouchers

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- Vouchers are tickets eligible riders may exchange for a ride.
- Vouchers guarantee a driver will be paid
- Vouchers give rural people choice and control in managing their lives – “where and when”

Why Vouchers?

- Nationally, 41% of rural residents have no public transportation
- In addition, another 25% of rural residents live where public transit is extremely inadequate providing fewer than 25 trips per year per household without a vehicle
- Vouchers offer other means to meet mobility needs

Why Vouchers (continued)

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Proven to be cost-effective

- Study of APRIL models over 3 years was \$0.39 per mile

- Given a choice consumers choose least expensive option first-most expensive last:

1. Volunteer drivers most
2. Transit providers
3. Private taxi companies

Voucher Models

Checkbook

- *Pre-printed allocation of miles or trips
- *The check is traded for ride with a volunteer of transit agency option

i-vouchers

Using specialized software-coordinating agency issues i-vouchers used as above

Pros and Cons of Voucher Models

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- Checkbook model pros
- Greatest consumer choice and control over transportation
 - It's easy for agencies to administer
 - Studies show consumers enjoy the model
 - A training manual exists and is available
 - Model has been a success in many rural areas

Pros and Cons (continued)

Checkbook model cons

- People who do not read or write need added assistance
- Duplicated checks may occur due to confusion or “game” the system (rare). Providers have found simple remedies
- Paper tickets must be stored and tracked

Pros and Cons (continued)

- i-voucher model pros
 - Manages multiple funding sources best
 - Offers consumers choice and control
 - Proven easy for consumers who don't read
 - Model will set up, track and authorize rides from multiple funders
 - Generates audit trail

Pros and Cons (continued)



- i-voucher model pros
 - Software is easy to learn (4-6 hours)
 - Creates new business that may employ consumers
 - It is fully 508 compliant
 - The software automatically generates standard Medicaid forms

Pros and Cons (continued)

- i-voucher model cons
- Partners must collaborate in start phase to clarify roles and responsibilities & rates
 - Online training may not prepare the user to coordinate with multiple partners
 - Bookkeeping features may not be compatible with transit or service agency

Consumer benefits

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- Allows choice to match needs-type of vehicle, time and day including evenings/weekends to type of service i.e. door-to-door
- Eliminates reliance on goodwill of family and friends
- Affordability supported by funding resources

Transportation Provider Benefits

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- Increased ridership, expanded revenue, reimbursement to volunteers
- Transit providers, individuals, organizations, private companies contribute to well-being of community members who rely on others for transportation

Community Benefits

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- Expanded transportation services without higher capital costs for transit system
- Access to rides can move people into jobs, decrease public assistance, increase wage earners/tax payers
- More consumers may be able to shop at local businesses
- Improved health status when consumers are able to access social, recreation and health services

States with Voucher Program Experience

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Montana

Michigan

Georgia

New Mexico

Illinois

Utah

Minnesota

Kansas

Alaska

Massachusetts

Colorado

Arkansas

North Dakota

Wyoming

Arizona

Pennsylvania

Funding Voucher Programs

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Federal Funding Resources at DOT

Job Access and Reverse Commute
(JARC)(section 5316)*

New Freedom (section 5317)*

* these funds cannot use vouchers on existing fixed route or ADA paratransit services

Funding Voucher Programs...

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- Federal Funding cont.
- Transportation for Elderly Persons and Persons with Disabilities Program (section 5310)
 - Rural and Urban Areas (section 5311)
 - Temporary Assistance for Needy Families, DHHS
 - Workforce Investment Act (WIA) (DOL)

Other Federal Programs

General Accounting Office (GAO) -2003 identified 63 federal programs that allow funds to support transportation costs.

- Congestion mitigation and air quality improvement (CMAQ) Texas voucher program
- HUD & CDBG funds- Olathe, Kansas program
- US DOT allows other federal program dollars as matching funds...(TANF, WIA, Council on Aging)

MaineDOT Complete Streets Policy

The Maine Department of Transportation (MaineDOT) has a long history of providing for the needs of all modes of travel in the planning, programming, design, rehabilitation, maintenance, and construction of the state's transportation system. In partnership with municipalities, Metropolitan Planning Organizations, Regional Planning Organizations, Federal Highway Administration and other federal agencies, MaineDOT develops and implements a safe, comprehensive transportation system that balances the needs of all users.

By a letter dated May 24th, 2013, the Joint Standing Committee on Transportation specifically requested that MaineDOT formalize its current practices and policies into a Complete Streets policy, and to post all relevant and related policies on one section of the MaineDOT website. To that end, MaineDOT and its partners reviewed applicable state laws and policies (consistent with the goals of the Maine Sensible Transportation Policy Act and associated Rules (23 M.R.S. § 73 et al), federal laws and policies related to bicycle transportation and pedestrian walkways (23 US Code § 217 (g)), as well as federal laws and policies related to civil rights and other non-discrimination requirements, that either recommend or require that transportation agencies consider bicycle and pedestrian access needs as part of all transportation improvement plans and projects. MaineDOT and its partners developed this policy which incorporates current policies, best practices, as well as applicable state and federal requirements.

Policy Statement

The intent of this formalized policy (and related policies) is to help ensure that all users of Maine's transportation system—our customers—including bicyclists, pedestrians, people of all ages and abilities, transit users, and motor vehicle users, have safe and efficient access to the transportation system.

MaineDOT strongly supports a multimodal transportation system, and recognizes that pedestrian and bicycle infrastructure such as sidewalks, bicycle lanes, separated facilities, transit stops, ADA-accessible routes, and travel lanes are important elements of the transportation system. Such a multimodal system is crucial to the safety and economic vibrancy of businesses, villages, downtowns, neighborhoods, and rural areas.

Addressing the needs of bicyclists, motorists, pedestrians, and transit users early in the system planning process is cost-effective, efficient, and critical to the development of a balanced and safe transportation system.

MaineDOT and its project partners must consider the needs of all users when planning and developing projects. Implementation of this policy shall apply to relevant projects funded partially or in full through MaineDOT, including Metropolitan Planning Organization and Local Project Administration Program projects. This policy applies regardless of the reason the project was initiated.

This policy applies to relevant new construction, rehabilitation and reconstruction projects, including but not limited to bridge, highway, intersection, safety, multimodal, transit, rail, lane and shoulder widths/markings during repaving, developer-initiated projects, and new-capacity corridor projects.

Each relevant project undertaken or supported by MaineDOT will include an analysis and documentation of how consideration of all users (including motorists, transit riders, bicyclists, and pedestrians of all abilities) of the transportation system will have safe access to the completed project where warranted and feasible. (see "Project Relevance and Feasibility" below)

A project meets the intent of this policy when the project includes proposed safe accommodations for all users, or project documentation outlines the reasoning for not providing specific accommodations. Statements pertaining to how pedestrians of all abilities and bicyclists will have safe access to the completed project will be included in all appropriate project related documentation, including the scoping and preliminary design reports. Safe and efficient mobility for motor vehicles is an important element of this policy; this policy is intended to help ensure that our streets are built to provide safe and efficient mobility for all users.

Project Relevance and Feasibility

A project is relevant if the type of project includes an opportunity to include safe accommodation as part of the project, including additional shoulder width through restriping, additional pavement for paved shoulders, crossing improvements, and/or a sidewalk or separated facility.

System preservation projects, which include repaving, are projects intended to address maintenance of the existing system and do not typically provide an opportunity to increase roadway width, add sidewalks, or otherwise add additional assets to the transportation system. These projects may offer the opportunity to improve conditions with signage, restriping, reducing travel lane widths, or other non-widening options. System preservation projects should not decrease the safety for any road users.

Specific accommodations including sidewalks are not warranted or feasible in some locations. The reasoning for a decision to not include a specific accommodation(s) can include:

- Where the project exists in an area where scarcity of population indicate the absence of a need for specific facilities currently or in the future. For pedestrian improvements, these are typically outside of Qualifying Pedestrian Areas as determined by MaineDOT as described in the Local Cost Sharing Policy and the Definitions section below.
- Where there are engineering, financial, or environmental constraints as approved by a Program Manager, and if necessary approved by a Bureau Director.
- Where pedestrians or bicyclists are prohibited.

If specific accommodations have been determined to be not warranted or feasible, the reasoning for such decisions will be included in appropriate project related documentation, including scoping and preliminary design reports.

Providing Safe Access Options

Safe access options are varied and determined on a case by case basis, and accommodation options may include but are not limited to:

- providing paved shoulders for bicyclists and pedestrians of all abilities outside of village and business areas;
- providing paved shoulders or bike lanes, separated facilities, sidewalks, and safe crossing and intersection improvements in village or business areas;
- providing traffic calming, signage, and proper maintenance of facilities.

MaineDOT’s Local Cost Sharing Policy includes local match requirements for new sidewalks where warranted, and for community interest elements including lighting, park benches, landscaping, trees, etc. that MaineDOT determines is an eligible component of the project. As outlined in the Local Cost Sharing Policy, sidewalks requested outside of Qualifying Pedestrian Areas (determined on a project by project basis in coordination with the MaineDOT Bicycle and Pedestrian Coordinator), will be considered a local interest element.

Example Project Type and Potential Solution Matrix

This is a sample list and is not meant to be exclusive

Type of Work (SCOPE)	Relevant to Complete Streets Policy	Potential Bicycle and Pedestrian Access Options where warranted
Highway or Bridge New Construction or Reconstruction	Yes	Paved Shoulders, Bike Lanes, Sidewalks, Separated Facilities, Crossing Improvements, Pavement Markings, Signage, ADA access improvements.
Bridge Preservation including painting, deck replacement, etc.	Limited	No opportunity exists to widen bridge for additional shoulders and/or sidewalk, however restriping is a possibility
Preservation Paving including Light Capital Paving	Limited (<i>No opportunity for increased width for new sidewalks and/or shoulders</i>)	Potential ADA improvements (See ADA Compliance Policy). Potential restriping of travel widths, number of

		lanes, pavement markings, and shoulder widths if community requests or if MaineDOT initiates.
New Signal or Signal Modification	Yes	Potential ADA improvements (See ADA Compliance Policy). Pedestrian Crossing Improvements. Consider signal detection of bicycles and consider associated pavement markings.
Lighting	No	These projects typically improve the quality of the community environment by reducing light where not wanted, and reducing interference with the night sky.
Striping	Limited	Potential travel lane and shoulder width adjustments, or other pavement markings, if community requests or MaineDOT initiates.
Pavement Maintenance Activities	No	These projects typically improve the overall safety for all road users, but do not provide an opportunity to add additional width or restripe the roadway.

Continued Implementation

Collaboration throughout MaineDOT and its transportation partners is essential for the implementation of this policy. Implementation of this policy includes developing and updating relevant design and policy manuals, guidance and training necessary to ensure that individuals involved in planning, scope development, design, project development, and building the improvements have the tools, knowledge, and direction necessary to successfully implement this policy.

The Maine Bicycle and Pedestrian Council (MBPC) will serve as the appointed group that will review and recommend relevant policy changes to MaineDOT. The MaineDOT Complete Streets Policy Committee will meet regularly to review relevant policies, and to consider MBPC policy recommendations and propose changes to relevant policies through the Engineering Council.

Related Policies, Laws, Rules, Guides and Training Programs:

This policy statement and relevant internal guidelines and policies are available on the MaineDOT website for easy access and improved understanding by our customers and partners throughout the state.

The most updated policies, laws, rules, and training programs at MaineDOT that relate (including but not limited to those listed below) shall be maintained in the Complete Streets Policy section of the website. All policies will be continuously updated when necessary to further implement the goals of this policy.

- Department of Justice ADA Standards for Accessible Design
- Traffic Permit Approval Processes
- Entrance Permit Policies and Procedures
- MaineDOT ADA Compliance Policy
- MaineDOT Bridge Design Guide
- MaineDOT Design Exception Processes
- MaineDOT Guidelines on Crosswalks
- MaineDOT Guidelines for the Use of Traffic Calming Devices
- MaineDOT Highway Design Guide
- MaineDOT Local Cost-Sharing Policy
- MaineDOT Local Project Administration Manual/Trainings
- MaineDOT Practical Design Guidance
- MaineDOT Public Involvement Plan
- MaineDOT Shoulder Surface-Type Policy
- Maine's Strategic Highway Safety Plan
- Manual on Uniform Traffic Control Devices (MUTCD)
- Municipal Comprehensive Planning Requirements
- Sensible Transportation Policy Act and Rule
- Traffic Movement Policies and Procedures

Project Basic Implementation Checklist (not all-inclusive)

All phases of project planning, scoping, public participation and design:

1. Determine options for how bicyclists, pedestrians, transit, and motor vehicles including trucks will have safe and efficient access to project area when project is finished.
2. Determine whether a paved shoulder is needed and how wide it will be.
3. Determine whether a sidewalk is needed and proposed beginning and end points to ensure connectivity. (consult Bicycle and Pedestrian Program Manager for assistance if needed)
4. Determine whether a separated bike and pedestrian facility is needed.
5. Determine whether a pedestrian crossing improvement is needed at intersections and mid-block locations.
6. Determine appropriate travel lane widths.
7. Determine number of lanes required for current and projected traffic movements.

8. Determine whether a corner radius can or should be reduced to reduce pedestrian crossing time and distance, which can also benefit motor vehicles by reducing the pedestrian phase requirements for the intersection.
9. In all project related documents, including Preliminary Design Reports (use Projex for non-PDR projects), outline suggested access options for all modes including motor vehicles, bicyclists, and pedestrians.
10. Outline reasoning and appropriate approvals as listed in Policy for not including a preferred solution if solution is infeasible.
11. At initial public meetings, be prepared to include a description of how bicyclists and pedestrians of all ages and abilities are intended to use the project when completed.
12. Contact the MaineDOT Bicycle and Pedestrian Program Manager for assistance on the appropriate solution for bicyclists and pedestrians, and for which local bike and pedestrian plans or groups may be available for project consultation and/or communication.

Definitions

ADA: The American with Disabilities Act, 42 U.S.C § 12101, et. seq.

Qualifying Pedestrian Area: An area that MaineDOT determines will have substantive pedestrian activity or use during the expected life-cycle of the project. In making this determination, MaineDOT will be guided by the existing, planned, or forecasted sidewalks and/or pedestrian generators (including neighborhoods, businesses, government buildings, village areas, schools, recreational facilities, etc.), directly adjacent or within reasonable walking distance. Other factors include whether the existing or future pedestrian activity is consistent with the municipal transportation plan, comprehensive plans, capital plans, zoning, and/or other longer-term planning and investment (including actual documented funding implementation) documents that have been adopted by the legislative body of the municipality.



Date: 6/18/14

David Bernhardt
Commissioner

Overview of Long Term Services and Supports (LTSS) System

Office of Aging and Disability Services

10/24/2014

Maine Long Term Services & Supports (LTSS)

DHHS Office Responsibilities:

Office of Aging and Disability Services (OADS)

- *Program Management*

Office of MaineCare Services (OMS)

- *Policy, Finance, Claims, Audit, Program Integrity*

Office of Family Independence (OFI)

- *Financial Eligibility*

Division of Licensing and Regulatory Services

Office of Administrative Hearings

- *Appeals*

Office of Aging & Disability Services

❖ *Mission:*

To promote the highest level of independence, health and safety of older adults, vulnerable adults and adults with disabilities.

❖ *Core values:*

- ✓ *Appropriate levels of support*
- ✓ *Dignity of risk*
- ✓ *Family caregiver Support and informal Support*
- ✓ *Individual/Person Centered*
- ✓ *Optimizing Independence*
- ✓ *Quality of Care and Services*

Maine Long Term Services and Supports (LTSS) System

Major Policy Goals

- ❖ **Support individuals in the least restrictive setting appropriate to their needs and reduce reliance on institutional care**
- ❖ **Improve quality of long term services and supports**
- ❖ **Improve health outcomes through better integrated care**
- ❖ **Efficiently allocate resources to meet LTSS needs of Maine's elders and adults with disabilities.**

LTSS Eligibility

- Generally, to be eligible for LTSS, an individual must meet financial eligibility AND medical functional eligibility.
- ❖ OADS oversees the medical/functional eligibility for LTSS. OADS contracts with an independent statewide assessing services agency to complete LTSS assessments.
 - ❖ Financial eligibility for MaineCare Services is determined through the Office of Family Independence (OFI).
 - ❖ Financial eligibility for non-MaineCare programs is determined by the agency administering the program.

Assessment Goals and Benefits

OADS contracts with a single statewide Assessing Services Agency to:

- ❖ **Provide timely and objective functional/medical eligibility information.**
- ❖ **Educate individuals and their families about in-home and community support services as well as residential or facility options.**
- ❖ **Support equitable allocation of resources based on functional and financial needs, consistent with available resources.**

Home and Community Based Services Overview

❖ MEDICAID

- ❖ Medicaid Waivers
- ❖ Medicaid State Plan Services

❖ GENERAL FUND

- ❖ All State dollars - These programs serve individuals who are not financially eligible for a comparable Medicaid services.

MEDICAID WAIVERS

Current LTSS Waivers

❖ **Waivers:**

Allow greater state flexibility under federal law because it allows States to “waive” requirements under the Medicaid State plan.

Currently OADS manages six 1915(c) waivers which allow the state to provide home and community based services to individuals who meet institutional level of care.

Waivers require cost neutrality: Federal government requires that waiver costs must be at or below those of comparable institution based services.

Waiver for Elders and Adults with Physical Disabilities

- **Regulatory Citation: Section 19 of the MaineCare Benefits Manual.**
- ***Services provided: care coordination, nursing, personal care, therapies, adult day, respite, home modifications, transportation, and emergency response systems. This program allows for consumer-directed service delivery, known as the Family provider Services Option, including allowing a family representative to manage a member's services.***
- ***Demographics of who the services are provided to elders and adults with physical disabilities.***

Waiver for Individuals with Physical Disability (Consumer Direction)

- ❖ ***Regulatory citation: Section 22, MaineCare Benefits Manual***
- ❖ ***Services provided: Personal Attendant Services, Supports Brokerage/Care Coordination, Skills Training, Fiscal Intermediary Services, Personal Emergency Response.***
- ❖ ***Demographics of who the services are provided to: Adults with Physical Disabilities who are able to self-direct their own attendants.***

Merger of Section 19 and 22 Waivers

- ❖ *The Section 19 and Section 22 waivers are being consolidated into a single waiver program to comply with Resolve 2011, chapter 71.*
- ❖ *Members on Section 22 will transition to Section 19: this requires amending the federal waiver for Section 19 and allowing the federal waiver for Section 22 to expire.*
- ❖ *These changes are subject to CMS approval.*
- ❖ *Implementation is on-going and scheduled to be completed in the fall of 2014.*

Waiver for Individuals with Other Related Conditions (ORC)

- ❖ ***Regulatory citation: Section 29, MaineCare Benefits Manual (Implemented in 2013).***
- ❖ ***This waiver provides the following services: Home Support, Care Coordination, Community Support, Work Supports, Assistive Technology and Therapies to maintain functionality.***
- ❖ ***This waiver provides services to persons who experienced Cerebral Palsy, Seizure Disorders or other conditions during their first 21 years of life and that caused significant disabilities.***

Waiver for Adults with Intellectual Disabilities or Autistic Disorders: Home and Community Based Services and Supports

- ❖ **Regulatory citation: Section 21, MaineCare Benefits Manual**
- ❖ ***This waiver primarily offers Home, Community and Work Supports. Other services include home adaptations, job development, assessments and consultation services.***
- ❖ ***This waiver serves adults with intellectual disabilities or autistic disorder.***

Waiver for Adults with Intellectual Disabilities or Autistic Disorders: Support Services

❖ ***Regulatory citation: Section 29, MaineCare
Benefits Manual.***

❖ ***This waiver serves adults with intellectual
disabilities or autistic disorder.***

Waiver for Adults with Brain Injury

- ❖ ***Regulatory Citation: Section 18 (anticipated implementation is fall of 2014).***
- ❖ ***Services: Assistive Technology Device Services, Care Coordination Services, Career Planning, Community/Work Reintegration, Employment Specialist Services, Home Support Services, Non-Medical Transportation Services, Self Care/Home Management Reintegration, Work Ordered Day Club House, Work Support Services.***
- ❖ ***Populations: adults age 18 or over with acquired brain injury and functional impact as defined in policy.***

**COMMUNITY LTSS MEDICAID
STATE PLAN SERVICES**

Current Community LTSS Medicaid State Plan Services

- ❖ **The Medicaid State Plan includes mandatory and optional services. These services generally do not allow for the flexibility of waiver services.**
- ❖ **Financial eligibility for services is community
MaineCare eligibility.**

Personal Care Services & Private Duty Nursing (Levels 1-3)

- ❖ **Regulatory citation: Section 96, MaineCare Benefits Manual.**
- ❖ **Services include assistance with personal care, including Activities of daily living and Instrumental Activities of Daily Living. Services are provided by a home health aide, certified nursing assistant or personal care assistant (also known as a personal support specialist), as appropriate. Private duty nursing services are provided by a registered nurse and/or a licensed practical nurse, in accordance with Board of Nursing Regulations, under the direction of the person's physician.**
- ❖ **Elders and adults with disabilities who meet community MaineCare financial eligibility and who do not meet functional need for institutional level of care.**

Consumer-Directed Attendant Services

- ❖ ***Regulatory citation: Section 12, MaineCare Benefits Manual.***
- ❖ ***Also known as personal care attendant services or attendant services, these services enable members to self-direct their own services.***
- ❖ ***This program services adults with disabilities who are able to self-direct their own attendants.***

Adult Day Services

- ❖ *Regulatory citation: Section 26, MaineCare Benefits Manual.*
- ❖ *Adult Day is a group program of care that provider personal care, health monitoring and other supportive services in a licensed setting outside of the members home.*
- ❖ *This program services elders and adults with disabilities.*

State funded Home Based Care

- **Regulatory Citation: 63 of the OADS Policy Manual.**
- **Services provided: care coordination, nursing, personal care, therapies, adult day, respite, home modifications, transportation, and emergency response systems. This program allows for consumer-directed service delivery, known as the Family provider Services Option, including allowing a family representative to manage a member's services.**
- **Demographics of who the services are provided to elders and adults with physical disabilities. Participants must be ineligible for MaineCare services.**

LTSS STATE FUNDED SERVICES

State funded Consumer Directed Home Based Care

- ❖ *Regulatory citation: Chapter 11, OADS Policy Manual*
- ❖ *Services provided: Personal Attendant Services, Supports Brokerage/Care Coordination, Skills Training, Fiscal Intermediary Services, Personal Emergency Response.*
- ❖ *Demographics of who the services are provided to
Adults with Physical Disabilities who are able to self
direct their own attendants. Participants must be
ineligible for MaineCare services.*

State funded Adult Day Services

- ❖ ***Regulatory citation: Section 61, OADS Policy Manual.***
- ❖ ***Adult Day is a group program of care that provider personal care, health monitoring and other supportive services in a licensed setting outside of the members home.***
- ❖ ***This program services elders and adults with disabilities. Participants must be ineligible for MaineCare services.***

State funded Independent Support Services (Homemaker)

- ❖ *Regulatory citation: Section 69, OADS Policy Manual.*
- ❖ *Services include: homemaker services, chore services, home maintenance services, and household management services. Includes consumer-directed service delivery. Services are limited to 8 hours per month.*
- ❖ *This program services elders and adults with disabilities. Functional eligibility is based on IADL need only (i.e. no need for hands-on assistance). This program services some individuals on MaineCare because there is no comparable stand-alone homemaker program.*

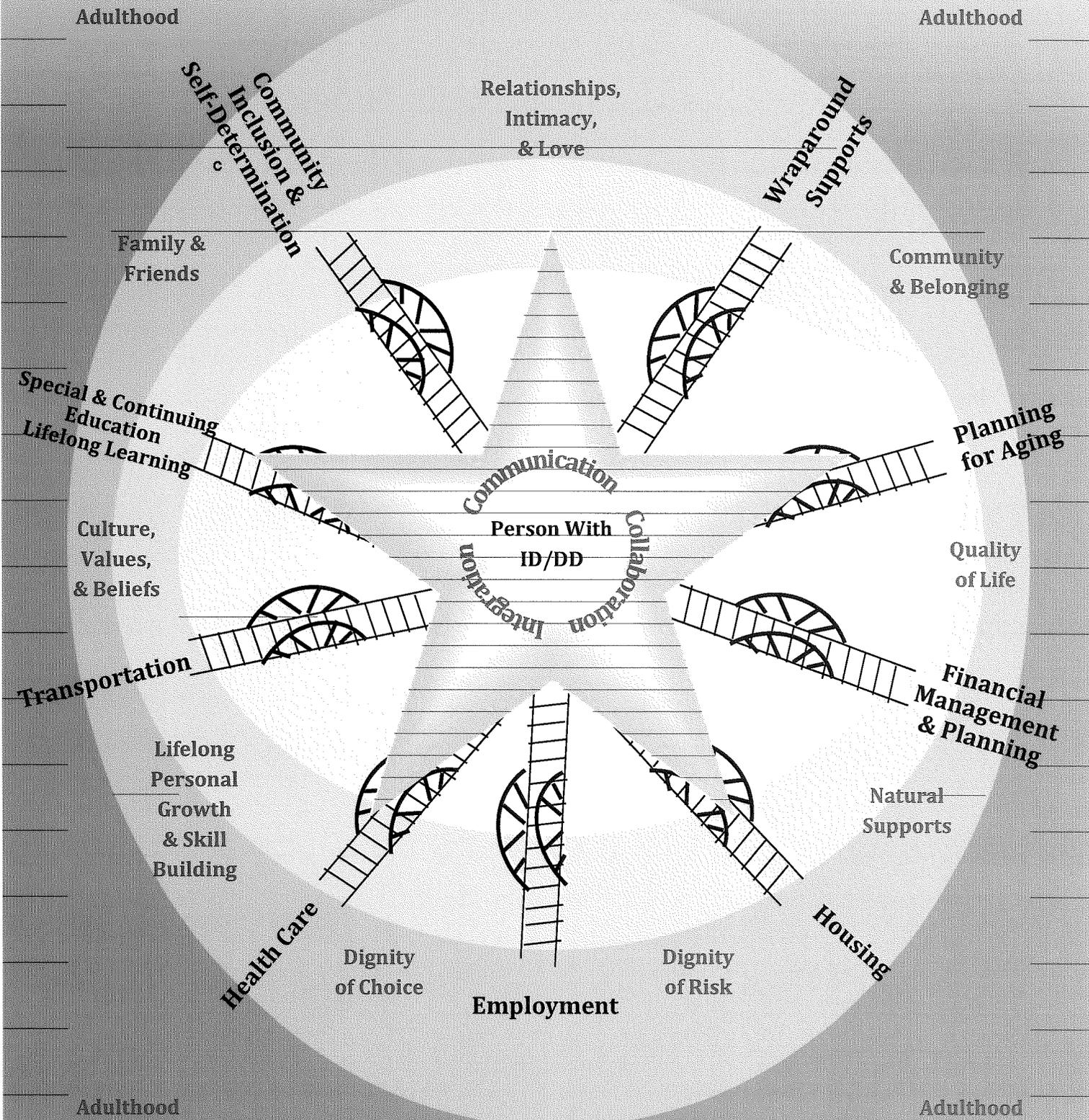
Other State funded LTSS Programs

- ❖ Housing with Services Programs. *Two programs support the cost of home-based services for people who live in private dwelling units in public housing settings: providing help with meals, housekeeping and chore assistance, personal care services, emergency response and other services delivered on site.*
- ❖ Respite Care for People with Dementia. *This service is provided to people on a short-term basis, because of the family caregiver's absence or need for relief. It may be provided in the home, in a licensed Adult Day program, or in an institutional setting.*

LTSS Grant Program

- ❖ ***Maine has implemented a “Money Follows the Person” Rebalancing Demonstration Program (MFP), funded through CMS. This grant is called Homeward Bound in Maine.***
- ❖ ***This program provides transition assistance and other services to eligible individuals transitioning from qualified institutions back into the community.***

Establishing a Blueprint for an Effective Transition



Maine Coalition for Housing and Quality Services

Blueprint for Effective Transition - Narrative

Transition is a process, not a destination or event, and leads to quality outcomes for each individual. Transition is lifelong, with milestones along the way. It is both a foundation and a springboard to a fulfilling and meaningful life that must be facilitated by the individual, family, supports, and services across all environments. Transition involves collaboration, creativity, and community, and envisions a path through which an individual figures out what he or she wants to do and how to live his or her life.

All human beings have value, natural abilities, dignity, and potential. By dignity, we mean: Self-respect, nobility, worthiness, and honoring choice. Through this, we set the tone for all achievement and personal growth. Transition is the movement that incorporates these inherent characteristics, creating opportunities for a meaningful and fulfilling life.

Successful transition is a journey. This journey takes the individual through many transition planning areas and promotes development of the essential elements of a fulfilling life.

Transition Planning Areas:

The transition planning areas (see diagram) describe various transitions for the person throughout his or her lifetime. The blueprint presumes that the person begins as a child under parental care, transitions to adulthood, and thrives in a world with continued transitions. Family and community supports are present as part of a responsive natural support network. Success transition planning involves an individual, family, community, and government partnership. Supports for any individual should be closest to “typical” for anyone.

Community inclusion is based on the assumption that an individual with disabilities should not be isolated but instead should be a part of and connected within the community. It means a person is engaged socially, recreationally, and culturally. It also means that the person becomes a productive community member, pursuing talents and giving back to others. As the person differentiates from his or her parents he or she begins to exercise greater *self-determination*, makes more choices, and with the necessary support takes a more active role in setting and pursuing his or her own goals. As a member of the community a person is treated with dignity and respect. A person belongs.

Quality flexible *wraparound supports* are based on need, not what is available. These involve varying supports as needed (from minimal to maximum, and adapting to life’s circumstances) to promote appropriate development, safety, stability, and inclusion.

The rest of the transition planning areas are self-explanatory: *Stable housing and home, transportation, employment and vocation, health care, financial management and planning, continuing education, and planning for aging*; all allowing community inclusion and self-determination – central to the person’s life.

Essential Elements of a Fulfilling Life:

The interwoven essential elements of a fulfilling life include:

- Family and friends
- Relationships, intimacy, & love
- Community & belonging
- Natural supports
- Dignity of risk
- Dignity of choice
- Quality of Life
- Culture, values, & beliefs
- Lifelong personal growth & skill building

These elements are achievable by a successful journey through the transition planning areas.

Transition is about excellence and equity. It is about investing in human potential and individual dignity.

Central to the diagram, transition involves communication, collaboration, and integration. Integration requires transcending boundaries and braiding resources to create a comprehensive whole.

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Establishing a Blueprint for an Effective Transition

Goals and Objectives

1. Collaboration
 - a. Comprehensive whole, not silos
 - i. Everyone at the table
 1. First High School IEP meeting will include all players: Every service sector, every system partner involved with the child, and as a future adult.
 2. High School IEP meetings will have an evolving membership reflecting changes in the person's life.
 3. All children's case managers working with transition-age youth will become familiar with and somewhat fluent in their understanding of the adult service system.
 4. Transition-age youth will have overlapping children's case management and adult case management for a period of at least nine months to facilitate a warm handoff.
 5. All people will be encouraged to fully transition to an adult case manager at least nine months before exiting High School.
 - ii. All parties fully participate
 1. Establish annual global participation permission by parents, or individual where appropriate, so all can be easily present at IEP meetings.
 2. Establish required participation by every service provider and every system partner involved with the child.
 3. Schools and departments will ensure meetings will be held at times that work for parents/families.
 4. All unmet needs will be documented and there will be collaboration to meet each need.
 5. For eligible individuals for PCP's, IEP meetings will inform and overlap PCP meetings after the age of 18.
 - b. Relationship building and information sharing
 - i. Establish annual statewide joint adult and children's case managers meeting. Include representation from school-based case managers.
 - ii. Re-establish a Children's Cabinet to improve or increase collaboration between State departments.
 - iii. School personnel will convene at least quarterly client-specific transition meetings to include VR counselors, children's case managers, adult case managers, and any other important players.
 - c. Training
 - i. Quality, not compliance
 - ii. The State develops a statewide training for school-based and children's case managers to learn about the adult system.
 1. Have an online training be developed for easy access
 - iii. State develops a general transition guide; things to consider when facing any transition. See attached Rhode Island template.
 - d. Allowing room for creativity
 - i. Build on strengths
 1. Prioritize people's strengths so they are not lost.
 - a. Don't just focus on needs.
 2. Ensure strengths are documented as part of the plan and shared with the team.
 3. Have system fund strengths, not just needs.

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4. Consider strengths related to familiarity with environment, as well as strengths portable to any environment.
 - a. You have to have the skill and consideration of the environment in which one thrives.
 - b. Ensure goodness of fit between environment and skill.
 - c. Everything has to be a good fit.
 - d. Have ongoing assessment of continued good fit.
 - ii. Plans should be geared so people experience a sense of purpose in their lives.
 - iii. Do what works for each individual
 1. Discern what will make a person happy and fulfilled, and build on that with case plans.
 2. Allow for appropriate risk-taking
 - a. Push the envelope; provide opportunities for further growth.
 - b. Build on success and failures.
 3. Plans should not be limited to what is currently available; special orders must be ok.
 4. Don't let a person's current capacity limit what we plan for concerning future opportunities.
 - iv. Build communities that allow and support people with disabilities to do anything and everything.
 1. Support teams should encourage each person to be an active participant in the community.
 2. Exploit existing community resources and create new ones as needed.
2. Family System Support, Individual Support
- Family System Support*
- a. Establish reasonable schedule for informal meetings with all players on transition
 - i. Informal can mean phone check in or other means of communication.
 - ii. Allow parents to determine frequency of meetings.
 - iii. Aim for monthly meetings in last year of high school.
 - iv. Aim for quarterly meetings in second to last year of high school.
 - v. Have all schools in Maine allow extended participation until an age out year of 26.
 - b. Awareness of all options
 - i. Direct all options toward the planning.
 - ii. Seriously: All options. Explain these to every family.
 - c. Address caregiver strain
 - i. Provide adequate information and support to the caregiver.
 - ii. Provide adequate training to the caregiver when needed/requested.
 1. Help families learn how to let go and allow independence.
 - iii. Recognize and respect that families know the individual best.
 - iv. Provide adequate equipment, technology, and resources to the caregiver.
- Individual Support*
- a. Ensure individual is an active participant in all aspects of planning for their life.
3. Self-Determination
- a. Self-advocacy skills
 - i. Teaching about agendas, rehearsals, and otherwise planning for meetings where one would be an active participant.
 - ii. Establish concrete opportunities for self-advocacy at home, school, community, etc. throughout each day.
 - iii. Learn how to actively access the community in a way that incorporates one's own preferences and goals.
 - b. Dignity of risk, dignity of choice
 - i. Understanding what constitutes dignity and risk.

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- ii. Establish and practice safe behaviors at home and in the community.
 - iii. Understand fixed rules vs. flexible guidelines for success in negotiating the world.
 - iv. Teaching parents and caregivers to let go and allow for appropriate risk taking and decision making by the individual. (Work their way out of a job).
 - v. Establish proactive neighborhood planning so people surrounding the individual are empowered to take an active supporting role as needed.
 - vi. Help the individual and support network plan for emergencies including recognizing what constitutes an emergency, and when it is appropriate to ask for/access help.
 - vii. Teaching strategies for decision making and the understanding of consequences.
 - viii. Learn how to be a good customer, asserting self to meet one's own needs and to achieve one's own preferences in the context of others.
 - c. Opportunity to learn from mistakes
 - i. Ensure opportunities for the individual to debrief experiences, positive and negative.
 - 4. Employment and Career
 - a. Focus on employment first, and other community supports second.
 - i. Start early and often on developing employment skills and employment practice.
 - ii. School-based exposure, jobs at home, pre and post-secondary training, job experiences, career preparation, pursuit of career, internships, and volunteer opportunities.
 - iii. Built around people's interests.
 - iv. Leave high school with resume.
 - b. Be a good employee
 - i. Learn how to be a good employee including learning how to follow rules and norms of employment setting.
 - ii. Both employer and employee learn how to build skills, knowledge base, and aspirations, to allow for further growth and career opportunities.
 - iii. Learn how to adapt to changes in job descriptions.
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- 5. Quality of life
 - a. Happy, healthy, satisfied with life
 - b. Community inclusion and participation
 - c. Communities that embrace all individuals
 - d. Natural supports
 - e. Relationships, intimacy, and love
 - f. Home
 - g. Personal health and safety

[Understanding what constitutes: Kindness, respect, community.]