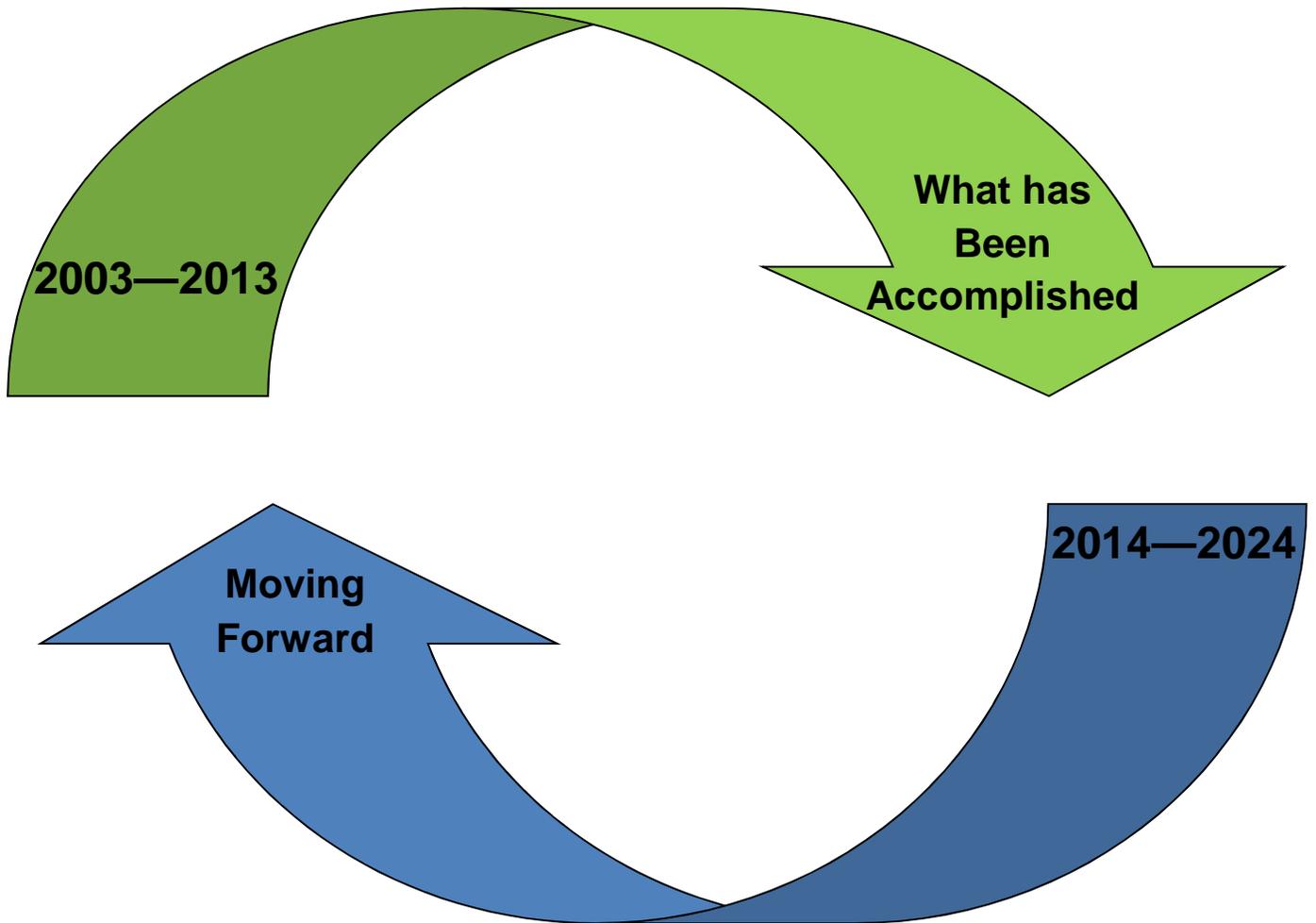


Maine Department of Health and Human Services
Office of Aging and Disability Services

Olmstead Roadmap for Change

Update for Developmental Services Executive Summary



Executive Summary

In 1999, the United States Supreme Court issued its landmark *Olmstead* decision, requiring states to provide services to individuals with disabilities in the most integrated settings appropriate to their needs. The Supreme Court encouraged states to develop comprehensive plans for placing qualified disabled individuals in less restrictive settings. Maine approached this call to action by convening a broad array of stakeholders, including consumers, family members, advocates and state staff. This group, known as the Work Group for Community Living, met regularly over a period of three years and was charged with “developing an interdepartmental approach for ensuring that publically funded services are provided to people with disabilities in the most integrated settings appropriate to their needs and preferences.”¹

The Work Group released its final plan, Roadmap for Change: Maine’s Response to the *Olmstead* Decision, in 2003. The plan presented a detailed set of recommendations aimed at building upon Maine’s current community-based system to maximize sustainable and fulfilling community integration for people with disabilities.

In the decade since Maine’s Work Group released its Roadmap for Change, Maine’s Office of Aging and Disability Services/Developmental Services (OADS/DS) has made substantial progress towards realizing many of the goals laid out in the 2003 plan. Among numerous other activities, OADS/DS has diversified and expanded its service system, adding a Supports Waiver in 2008 to allow individuals capable of more independent living, who live with their families or in their own homes, to receive a range of employment and support services at home and in the community. Recently OADS/DS conducted an extensive inventory of its policies, programs, reports, and achievements to measure progress towards the series of Roadmap recommendations.

This report focuses on the current status of community services for individuals with intellectual disabilities or autism served by OADS/DS within Maine’s Department of Health and Human Services. This is not a comprehensive review of the State’s progress towards Roadmap recommendations, nor is it a summary of inter-departmental efforts undertaken towards this end. Rather, this report provides a targeted look at what has been accomplished by OADS/DS over the past decade and the challenges that still lie ahead for increasing community integration for people with intellectual disabilities or autism.

¹ Roadmap for Change: Maine’s Response to the *Olmstead* Decision, (2003), page iii.

Key OADS/DS improvements are highlighted below and followed by a list of service areas where further focus is suggested. Additional information on goals for the coming decade can be found in Part 2 of the Roadmap for Change: Office of Aging and Disability Services/Developmental Services Update.

Consumer Voice and Organized Consumer Advocacy

- Developed plain language and user-friendly materials to engage a wider array of consumers and family members.
- Continued support of advocacy groups, such as Speaking Up For Us (SUFU), which offers leadership and self-advocacy trainings to consumers.
- Met regularly with advocacy groups, such as The Developmental Disabilities Council, The Developmental Services Oversight and Advisory Board, The Disability Rights Center, and SUFU, to obtain consumer input.
- Publicized and trained consumers and staff on the Grievance Process, an important mechanism that allows consumers and family members to share feedback on individual experiences.

Choice and Control

- Adopted the Supports Intensity Scale (SIS) (2012) to assess the support needs of individuals on the Section 21 waiver and build a platform for tiered resource levels. In the near future, individuals will be assigned to a resource level with a specific budget which they can use to purchase what they need from an array of services and providers.
- Currently, as part of the SIS initiative, undertaking a significant re-design of the service system to make it more flexible, individualized and responsive to the needs and preferences of people-served.
- Formed a Behavioral Regulations Committee (2010) and developed strategies to improve Maine's system of monitoring and approving behavioral treatment, behavioral management, and safety plans in order to increase accountability and transparency.

Person-Centered Services

- Consulted with international expert John O'Brien (2005-2006) to promote Person-Centered Planning (PCP) and train OADS/DS staff on the process.
- Redesigned the Person-Centered Planning (PCP) process (2013) to ensure consumers and their families are the drivers of all decisions. Significant changes also include the increased role of case managers in coordinating the PCP.

No Wrong Door

- Was part of a large organizational restructuring effort which consolidated the Department of Human Services and Department of Behavioral and Developmental Services into the Department of Health and Human Services (DHHS), creating a foundation for a more integrated and efficient service delivery system.
- Merged the Offices of Aging and Disability Services to create OADS.
- Awarded federal Balancing Incentive Program (BIP) grant (2012) to make structural changes in the Long Term Services and Supports (LTSS) system that will allow a No Wrong Door/Single Entry Point for services.

Coherent System of Services

- Expanded Enterprise Information System (EIS) to include data from the Office of Substance Abuse and Mental Health Services and the Office of Child and Family Services. Among the information now managed through EIS is Reportable Event/Incident Information, Adult Protective Services Investigation information (for individuals with intellectual or developmental disabilities), prior authorization for Home- and Community-Based Services, eligibility determinations, youth transition documentation, crisis services documentation, and general case management information.

Responsive Service Coordination

- Expanded the case management system to include community-based private providers (2004). This change helped make case management available to all individuals eligible for developmental services, including those on waiting lists for other services.

- Adopted a standard practice for approving agencies seeking to provide case management services to consumers with intellectual and developmental disabilities.
- Raised qualifications for state case managers (2012), requiring all new hires to be licensed social workers.
- Established that the case management system meets recently adopted federal requirements for conflict-free case management.

Funding and Planning

- Created mechanisms to link data across multiple offices and programs, including OADS/DS, Office of Substance Abuse and Mental Health Services (SAMHS), Office of Child and Family Services (OCFS), Office of MaineCare Services (OMS), and the Department of Labor.
- Leveraged federal funding to expand home and community-based programs and demonstration programs.
 - Over 70 percent of home and community-based services are paid for using federal funds.
 - Received federal demonstration grants aimed at redesigning the long term services and supports system, and supporting individuals to move from institutional to community settings.

Wait Lists

- Developed policies to prioritize wait listed individuals for openings on both the Section 21 and Section 29 waivers.
- Secured an additional \$28 million (state and federal match) to provide services to eligible individuals currently on the waiver wait lists (2013). To date have served an additional 150 individuals.

Availability of Direct Care Providers

- Adopted the College of Direct Support (CDS)/Elsevier's direct support professional (DSP) training (2009). All DSPs, regardless of where they work, are required to earn certification through this approved training and certification program within six months of hire.
- Participating in a large, cross-office project intended to streamline direct service training requirements for Maine's three largest categories of direct service workers (2010-present).
- Changed training requirements for the Employment Specialist position to align with requirements set forth by Maine's Office of Substance Abuse and Mental Health Services (SAMHS) as well as Maine's Department of Labor's Bureau of Rehabilitation Services.

Quality Services

- Continued participation on the National Core Indicators (NCI) project, which measures and evaluates quality from consumer and family members' perspectives.
- Created a new Quality Assurance/Quality Improvement unit (2012) that evaluates core services, conducts reviews and certification of community case management agencies, administers assessments, participates in waiver reporting, and provides training to improve quality.
- Adopted the Supports Intensity Scale (SIS) (2012) to measure the support needs of all individuals on the Section 21 waiver. The SIS is a strengths-based assessment tool that provides a comprehensive picture of all supports in a person's life (at home, at work, or in daily living activities in the community) and expands the way OADS/DS measures and evaluates quality.

Integrated, Accessible, and Affordable Housing

- Continued to expand and promote alternatives to institutional living and care.
 - In 2005, OADS/DS added a Shared Living to its array of residential service options (2005). This model currently serves over 600 people.

- Today over 90 percent of individuals served through OADS/DS live in independent, family, or small group residences with 6 or fewer people.
- Added the Section 29 Supports Waiver (2008) to allow individuals to remain in independent or in family homes and receive a range of employment and direct support services in the community.
- Implemented use of technology supports to foster greater independence and self-direction (2013).

Jobs

- Eliminated funding for sheltered workshops (2008).
- Developed infrastructure, standards, and tools to promote and support employment in integrated community settings.
- Is currently, as part of the Employment First initiative, examining ways to shift policies and programs so integrated employment is always offered as the first service option to individuals served through OADS/DS.

Looking Towards the Future

While OADS/DS has made substantial progress towards developing policies and programs that support comprehensive and meaningful community integration, OADS/DS still faces a number of challenges which prevent the Office from fully realizing the Work Group's vision of equality and integration for individuals with disabilities. As OADS/DS continues to work towards this end, the Office will focus on the following areas and activities, where developments lag behind improvements in other areas. In general, more attention is needed to:

- **Create a seamless transition for youth** with intellectual disabilities and autism aging out of children's services into the adult system;
- **Amplify the consumer voice** both in individual planning efforts and at the policy level;
- **Strengthen the direct service workforce** through improved retention, enhanced recognition, and the development of clear and publicized career ladders;

- **Improve access to existing programs and supports** by making information widely available and easy to navigate and understand; and
- **Continue to introduce new models of person-centered, flexible supports** that meet the unique needs and preferences of individuals served.
- **Improve employment outcomes** for individuals served through OADS/DS.
- **Eliminate waiting lists for services** through improving the distribution of resources, exploring additional service and payment models and improved forecasting for future system needs.