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Task Force Report LD 1268

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BDS

State of Maine
Department of Behavioral
and Developmental Services

Adult Mental Retardation Services

JUN 5 2002

LD 1268

RESOLVE TO IMPROVE SERVICES TO PERSONS WITH MENTAL RETARDATION

BACKGROUND:

LD 1268 was passed by the 120th Maine Legislature. Section 1 of the bill established a task force to develop a proposal for a pilot program to explore alternate methods of developing individual client services.

The task force was made up of the following participants: Marsha Moore, parent; Marie Taplin, parent; Rick Dorian, Executive Director LEAP; Peter Kowalski, Executive Director JF Murphy Homes; Susan Percy, Executive Director Creative Work Systems; David Goddu, Department of Behavioral and Developmental Services (BDS); Bill Hughes, BDS and Jane Gallivan, BDS. The task force met and made a determination to narrow the scope of the pilot program to day habilitation services and to select two BDS regional offices to participate. This service is provided by Section 24 of the State of Maine's Medicaid plan otherwise known as Free Standing Day Habilitation, making the provision of this service a requirement of the Medicaid program.

The mission statement for the pilot program is as follows:

Individuals and their family can only exercise true self-determination when they are fully informed and educated about the range of service options available. Once fully informed individuals/families will be empowered to:

- Assess choices available in their community
- Advocate for new options if needed to meet the persons choices
- Assess quality of services
- Negotiate costs of service

KEY ELEMENTS OF THE PILOT:

The task force agreed that in order to ensure individual and family involvement and control of services, several key elements need to be developed or expanded. They are as follows:

- **Education/Information**

In order for individuals receiving services and their families to design, evaluate and purchase services, they need to have an understanding of what their funds can and cannot purchase. This begins with an understanding of the day habilitation program (Section 24) and its regulations. It also requires an understanding of the rate setting/budget process.

Recommendation: BDS, families and providers will develop a training curriculum for day habilitation services, Medicaid rules and budget development to be delivered to individuals and their families who are requesting those services.

- **Quality of Services**

Individuals and their families are requesting information on how to evaluate the services they are being offered or are already receiving.

Recommendation: BDS and Provider agencies will develop protocols for gathering information in a format that is user friendly and can provide individuals and their families the information necessary to compare one agency service to another.

- **Menu and Cost of Services**

Individuals and their families would like information on the types and cost of services provided in their regions from a variety of providers.

Recommendation: The Department's regional offices and provider agencies will develop a menu of services available from Section 24. BDS will work with the Provider agencies in the selected target regions to develop an average cost of day habilitation services and provide that information to individuals and their families.

- **Consistency of support information**

Individuals and their families receive mixed messages when seeking supports and services. Messages can vary from regional office to regional office, agency to agency. The task force concluded that in order to evaluate the effectiveness of this pilot, a system for providing clear consistent responses in a timely fashion must be available to families participating in the pilot.

Recommendation: BDS will create a 'Resource Team' made up of regional and central office staff to support the pilot project.

- **Selection of Participants**

The task force reviewed the number of individuals who are requesting day habilitation services. It was decided to limit participation in the pilot to two regional offices. Invitation to participate in this pilot program would be sent out to individuals and their families who are currently listed on the MR Services Management Information System as eligible and requesting day habilitation services. It must be emphasized that there must be a strong commitment by individuals and their families to the time and energy it will take to participate in this pilot. The task force believes that a forum to educate all individuals and their families should be provided by BDS. More extensive training and supports will be provided to those families who choose to participate in the pilot.

Recommendation: BDS will send a letter to those individuals who are currently identified in the Department's Management Information system for two regional offices (yet to be determined). The letter will invite the participants to engage in this pilot program or to choose to receive their services in the traditional format of working with and through their case manager. From this broad mailing, a pool of not less than 30 individuals from each region will be identified to participate in the pilot.

- **Assessment of the Pilot**

1. The task force discussed methods to evaluate the outcomes of the pilot program. It was agreed that a satisfaction survey would be a necessary instrument to gather information on the results of the identified pilot elements. Areas to be addressed in the survey would include: quality of education/information materials; support from the resource team; length of time to receiving services; level of individual/ family involvement in the budget process; level of individual/family involvement in the design and evaluation of the quality of services received; satisfaction with the outcome of the process.

Recommendation: BDS, Providers and participants will create a satisfaction tool that assesses the effectiveness of the elements of the pilot program. A similar tool will be developed for those individuals and their families who choose to receive their services through the traditional process of working with their case manager. A baseline evaluating the knowledge of the services of both groups would be completed. A satisfaction survey will be sent out to the participant from both the pilot and non- pilot group after at least four months of receiving services.

2. Families and provider agencies are concerned about the ease of access to services. The task force concluded that by providing quality education and information about the services available, the length of time to the delivery of the service should be reduced.

Recommendation: BDS will track the length of time from the completion of the curriculum for day habilitation services to the time services are delivered.

The Department is prepared to begin to develop this pilot program immediately. The Department projects that the pilot groups would be identified within 3 months of acceptance of the proposal. The curriculum would be developed concurrent with the selection of the pilot group. The training would be provided to the pilot group within 6 weeks after selection. A final assessment of the pilot and recommendations to continue and widen the implementation of the program would be available one year from acceptance by the Health and Human Services Committee.