

Report to:

Maine Department of Health and Human Services



2016 Update: Maine's Response to the *Olmstead* Decision

Bloom 

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Executive Summary

In 1999 the United States Supreme Court issued its landmark decision in *Olmstead v. L.C. ex rel. Zimring*, requiring states to provide services to individuals with disabilities in the most integrated settings appropriate to their needs. *Olmstead* originated with two individuals with mental illness and developmental disabilities who were voluntarily admitted to a state hospital. After completing their treatment, providers recommended they move to community-based treatment. Despite this, the individuals remained confined to the state-run institution for several years. They filed suit under the Americans with Disability Act (ADA) for release from the hospital. The Supreme Court determined that unjustified segregation of individuals with disabilities violates the ADA.

Maine formed a collaborative workgroup to define the state's response to the *Olmstead* decision, and in 2003 published a roadmap outlining recommendations for long term services and supports (LTSS). In 2015, Maine decided to review progress made on the original 2003 roadmap and update it to create goals and objectives for the next decade. The [Olmstead progress report](#) highlights accomplishments and opportunities for additional work, which informed this updated *Olmstead* roadmap.

In addition to the progress report, the Department of Health and Human Services held seven planning sessions in June and August 2015 with more than 120 individuals throughout Maine. Meetings were held in Augusta, Scarborough, Vinalhaven, Ellsworth, Lewiston, and Caribou. Attendees included participants, peers, family members of participants, providers, advocates, policy makers, funders, and researchers, in addition to representatives from the Office of Aging and Disability Services (OADS), the Office of Substance Abuse and Mental Health Services (SAMHS), the Office of Child and Family Services (OCFS), the Office of MaineCare Services (OMS) and the Office of Continuous Quality Improvement (OCQI).

Vision and Mission

Maine provides long term services and supports through the offices comprising DHHS. The vision and mission of DHHS are the landscape within which *Olmstead* values are implemented. DHHS' vision and mission speak to *Olmstead* values of meaningful community integration and least restrictive service environment.

Vision: Maine people living safe, healthy, and productive lives in the most independent way possible

Mission: To promote safe, healthy, independent lives for all, while ensuring efficient and effective use of resources for Maine's most vulnerable

Olmstead Goals, Objectives, and Strategies

Maine will continue to implement Olmstead values of meaningful community integration through five goals over the next ten years:

1. Support individual choice so individuals can effectively make decisions about issues that are important to them.
2. Improve systems coordination to improve delivery and management of long term services and supports.
3. Improve community integration so individuals are able to meaningfully participate in community life
4. Create efficient and effective policies and regulations to manage the implementation of long term services and supports and achieve intended outcomes.
5. Promote continuous quality improvement to ensure high quality long term services and supports and the prudent use of public funds.

The following tables include Maine’s Olmstead goals, objectives, and strategies. DHHS’ representative offices (OADS, SAMHS, OCFS, OMS, and OCQI) will implement the Olmstead strategies. These offices receive legislative authority in two-year increments, so each strategy is falls within this timeframe.

Goal 1: Support individual choice so individuals can effectively make decisions about issues that are important to them.

Objectives	Strategies
1.1 Further develop the system of choice to meet individual needs.	1.1.1 Continue to support conflict free case management and increased choice across service components for individuals.
	1.1.2 Reduce waitlists for elderly, physical disability, intellectual disability/autism spectrum disorder, mental health, and substance abuse services.
1.2 Expand person-first, individual-driven treatment/care plans.	1.2.1 Enhance care coordination in Section 19 waiver for individuals who are elderly or have physical disabilities and Section 17 State Plan community support services for individuals with mental illness.
	1.2.2 Research and deploy person-centered planning process in children’s system to support children and families with information and resources to effectively navigate services and systems.
	1.2.3 Research possibility of 1915(k) State Plan Community First Choice Option to create consistent, effective person-centered planning across LTSS system.
	1.2.4 Seek out options to continue Money Follows the Person initiative improvements to person-centered planning.

Goal 2: Improve systems coordination to improve delivery and management of long term services and supports.

Objectives	Strategies
2.1 Improve statewide access to information and resources.	2.1.1 Enhance relationship with 211 to increase effectiveness of information and referral services.
	2.1.2 Improve coordination with schools to provide students and families with full information regarding services and supports.
	2.1.3 Improve coordination with Veterans Affairs for more options and to meet special needs of veterans.
	2.1.4 Integrate behavioral health and primary care.
	2.1.5 Develop and implement a best practice knowledge base collection and sharing process for all OADS programs.
2.2 Support seamless transitions.	2.2.1 Provide continuity of care through transitions through improved planning, use of non-waiver services, and reduced waitlists.
	2.2.2 Coordinate broadly to effectively manage complex cases.
	2.2.3 Review policy and practice to ensure hospitalized individuals can return to their community placement when discharged.
	2.2.4 Analyze options for improved coordination between children and adult services.
	2.2.5 Create state agency workgroups with Department of Education, Department of Labor, and Department of Corrections to insure collaboration and coordination of transition issues.
2.3 Continue to expand conflict free assessment.	2.3.1 Continue to move toward use of coordinated single assessing agency.
	2.3.2 Continue to move toward eligibility determined by functional ability, not clinical diagnosis.
2.4 Improve and integrate information technology systems.	2.4.1 Leverage information technology resources across DHHS to better determine costs of care, volume and costs of service delivery, and eliminate duplication of services.
	2.4.2 Build capacity to access data from MaineCare claims to determine hot-spots, volume, and costs.
	2.4.3 Extend Lewin model capability to predict LTSS needs across geographic areas and demographic profiles.
	2.4.4 Create a dedicated Employment First data warehouse to pull all relevant data from various state systems into one place for cross-walking, analysis, and reporting.
	2.4.5 Increase access to data sources relevant to Maine people

(i.e., behavioral health, military, tribal).

Goal 3: Improve community integration so individuals are able to meaningfully participate in community life.

Objectives	Strategies
3.1 Develop and enhance natural supports.	3.1.1 Support informal caregivers and increase caregiver awareness of and access to support services that will reduce caregiver stress and increase quality of care.
	3.1.2 Ensure respite service delivery to enhance family caregiver effectiveness.
	3.1.3 Increase the use of highly trained and well managed volunteers at all levels of service provision.
	3.1.4 Create volunteer mentor program.
	3.1.5 Provide peer supports.
	3.1.6 Expand the identification and use of generic community resources and natural supports.
3.2 Increase community based housing options.	3.2.1 Implement CMS HCBS setting requirements to support choice through separation of housing from service provision, conflict free case management, individual autonomy, and community integration.
	3.2.2 Review physical infrastructure and codes for ADA compliance and act to ensure compliance.
	3.2.3 Collaborate with Maine Housing and other agencies on housing initiatives.
	3.2.4 Collaborate with state agencies and community partners to develop and implement supports that allow individuals to age in place.
	3.2.5 Increase access to home-delivered meals.
	3.2.6 Explore and promote the use of technology as a resource to support aging and adults with disabilities in their homes.
	3.2.7 Explore shared living option for individuals who are elderly
	3.2.8 Explore weatherization, house repair, and other supports to help people remain in their homes.
3.3 Increase access to vocational and employment opportunities.	3.3.1 Explore integrated, community-based employment as the first and preferred service option for all individuals.
	3.3.2 Integrate HCBS policies increasing access to services that lead to community based employment.
	3.3.3 Increase the number of youth with disabilities transitioning directly from school to employment.
	3.3.4 Increase awareness of the importance of employment in recovery, resiliency, and self-determination.

	3.3.5	Adopt SAMHSA’s National Outcome Measure of 19% expectation for competitive employment for individuals with mental illness receiving services.
	3.3.6	Partner and align efforts with other state agencies and community organizations to create a more effective and efficient pathway to employment.
	3.3.7	Implement the Senior Community Service Employment Program Strategic Plan and increase its visibility as an option for older workers who meet the requirements.
	3.3.8	Facilitate the use of adaptive technology to provide increased access to employment opportunities for the elderly and adults with disabilities.
	3.3.9	Increase the understanding of what people with disabilities can bring to Maine’s businesses.
	3.3.10	Increase business engagement to promote the employment of people with disabilities in Maine.
	3.3.11	Explore and increase use of self-employment, customized employment, and individual placement and support.
3.4 Improve statewide transportation services.	3.4.1	Analyze I/DD transportation issues.
	3.4.2	Improve transportation broker system through performance-based contracts and other quality improvement mechanisms.
	3.4.3	Ensure community infrastructure meets ADA requirements and is tailored for individuals with disabilities.

Goal 4: Create efficient and effective policies and regulations to manage the implementation of long term services and supports and achieve intended outcomes.

Objectives	Strategies
4.1 Support access to and capacity of innovative services and supports.	4.1.1 Analyze how programs intersect across agencies/departments (i.e. DHHS, DOE, DOL) and seek efficiencies in providing services and supports, including a focus on transitions. 4.1.2 Explore 1915(k) Community First Choice option feasibility. 4.1.3 Identify barriers and develop strategies increase access to dental care for adults. 4.1.4 Assure the delivery of Neuro-rehabilitation services to eligible MaineCare members statewide through a network of providers.
4.2 Support value-based services.	4.2.1 Analyze methods to pay providers based on outcomes related to increasing independence.

	4.2.2	Further explore methods to associate funding with individuals.
4.3 Address unique needs of people in remote areas.	4.3.1	Conduct rate study of islands, including transportation and cost of providing LTSS.
	4.3.2	Support local, grassroots initiatives and collaborations that support greater administrative efficiency.

Goal 5: Promote continuous quality improvement to ensure high quality long term services and supports and the prudent use of public funds.

Objectives	Strategies	
5.1 Increase preventative and evidence-based/informed community services.	5.1.1	Increase access to evidence based children’s behavioral health services.
	5.1.2	Select and implement a clinical outcome measure with demonstrated reliability and validity in outpatient treatment and HCT.
	5.1.3	Increase effectiveness of residential treatment to allow youth to return home.
	5.1.4	Expand utilization of existing evidence based programs such as Matter of Balance and Chronic Disease Self-Management.
	5.1.5	Promote and enhance utilization of evidence based interventions (i.e., SBIRT [Screening, Brief Intervention, Referral to Treatment.]) in appropriate settings (healthcare, courts/judicial).
	5.1.6	Increase the number of evidence based/best practices available to substance abuse preventionists across the state, that take into account risk and protective factors that cut across related mental, emotional, and behavioral disorders.
	5.1.7	Adopt national evidence based best practices for time to face-to-face, 7 days from time of referral to clinical visit.
	5.1.8	Move provider system toward open (walk-in) model of service delivery for mental health and substance abuse disorder services.
	5.1.9	Work with OMS to re-write existing rules to incorporate modern evidence based best practices and better defined eligibility requirements within the MaineCare Benefits Manual (Sections 17, 65, and 92).
5.2 Invest in workforce development.	5.2.1	Establish a sustainable community based training infrastructure to support family caregivers.
	5.2.2	Provide opportunities for training in aging and long term

	care services about the prevention, identification, and reporting of abuse, neglect and exploitation.
5.2.3	Implement Quality Assurance/Quality Improvement compliance training for staff and provider agencies.
5.2.4	Develop and deliver competency-based training to address the complex needs of older individuals and adults with disabilities.
5.2.5	Implement staff development activities to promote a strong workforce for all services including employment supports and services.
5.2.6	Create a training and deployment plan for direct care workers and behavioral health agencies.
5.2.7	Implement a system of prevention credentialing opportunities in Maine.
5.2.8	Work with legislature to continue to identify funding to implement DHHS direct care worker rate study recommendations.

5.3 Increase and improve regulatory and quality review.	5.3.1	Establish and prioritize performance measures across contracted services.
	5.3.2	Develop uniform quality performance measures for reporting.
	5.3.3	Monitor state service activity through hot-spotting data analytics and other data analysis to determine top utilizers and outliers to inform contract and quality management teams to engage in targeted site visits.
	5.3.4	Participate in the National Quality Indicators survey for consumer satisfaction.
	5.3.5	Review providers through publicly available report card.
	5.3.6	Increase enforcement and consequences through Division of Licensing and Regulatory Services and audit.
