

**MEMORANDUM**

September 30, 2014

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst *LMC*

SUBJECT: **Update – Resource Coordination**

*Those expected for this session*

Uma Ahluwalia, Director, Department of Health and Human Services  
Dr. John Kenney, Chief, DHHS Aging and Disability Services  
Susan Hartung, Developmental Disability Transition Advisory Workgroup (family member)  
Karen Lee, Development Disability Transition Advisory Workgroup (service provider)

At this session the Committee will (1) receive an update on the ongoing transition of clients receiving Resource Coordination/Targeted Case Management Services from DHHS to one of two private providers (MMARS or Total Care), and (2) hear from two members of the Developmental Disability Transition Advisory Workgroup which was convened at the request of the County Executive's office and worked over the summer to form its recommendations.

**1. Background**

Resource Coordination (or Targeted Case Management) is provided to Developmentally Disabled adults to help place them in appropriate community-based or residential services. It is also important for Resource Coordinators to be a part of the transition process from school-based services to adult services so that clients and families/caregivers are not left without a plan for programming once the client is no longer attending school. In Montgomery County, Resource Coordination was provided through the Department of Health and Human Services, predominantly by merit employees. On July 1, 2013, the State of Maryland transitioned to a bill-for-service model that leverages Medicaid funding. It also required choice, meaning more than one Resource Coordination service must be in each region and that the client/family/caregiver may choose their Resource Coordination service. In some, but not all, regions some local health departments continue to be one of the Resource Coordination choices (the State has four regions

with Montgomery County being in the Southern Region). Private providers are also a choice in each region.

The following is a summary of information provided to the Council during FY15 budget worksessions:

- The Executive's FY15 budget assumes DHHS will continue to provide Resource Coordination until January 1, 2015. The State is not assigning new cases to DHHS as of March 2014. It will probably take until March 2015 to transition all cases.
- The County asked the State if DHHS could continue to provide services to transitioning youth, but was told they could not serve only a targeted population. The Council was provided with an April 3, 2014 letter from the Developmental Disabilities Administration (DDA) saying that the County may not solely serve transitioning youth. The Council President wrote to the Governor on May 7, 2014 asking again, but the County was told it could not serve a selected population. The State clarified that the County could continue to provide services to a capped number of clients (1,100 is the number that has been discussed) but that it could not target its services to specific clients.
- State regulations (COMAR10.09.48.04(H) require freedom of choice and say: "The provider shall place no restrictions on the qualified participant's freedom of choice among: (1) Providers of resource coordination; (2) Providers of community-based services for which the participant qualifies; and (3) Person directed supports and services."
- During FY15, DHHS Resource Coordination staff will be mostly contractors hired through the broker contract. (In May, Resource Coordinators were 6 merit staff and 58 broker contract employees.) This is because DHHS will not be providing services by the end of FY15 and so has not been filling merit positions. Director Ahluwalia told the HHS Committee and Council that while the County continues to provide the best service it can, there are quality issues because of the turnover of staff and the fact that broker staff has been used for an extended period of time.
- The County projects that reimbursement from billings will not cover the full cost of a County program. Currently, the State is providing the County with additional funding because the County has continued during the problems with the transition. If the County continues to be a Resource Coordinator after the transition has occurred then the County will bill at the same rates as the rest of the State.
- If the County is to continue providing Resource Coordination beyond March 2015, in addition to the need for county tax-supported funding, there will be significant ramp-up time to refill merit positions needed to provide consistent, long-term service.
- Director Ahluwalia said that the Executive is considering whether there should be some sort of Ombudsman program, but there was no proposal at the time Council approved the budget.

The Council received testimony and correspondence from the Commission on People with Disabilities, family members, and advocates sharing their ongoing concern about how poorly the transition has been implemented, that the problems are impacting vulnerable clients and adding stress to families, and asking that the County remain a Resource Coordinator until it is evident that the two private vendors can appropriately provide Resource Coordination services. In addition, there was support for the County remaining the Resource Coordinator for transitioning youth and individuals on the waiting list even after the private providers are well established.

The Council approved the Executive's FY15 budget as recommended. Director Ahluwalia told the Council that the Executive was very concerned about this transition and would be continuing to look at how to support families. The Council asked to be kept informed about the transition.

## **2. Update on Transition of Clients from DHHS to Private Resource Coordinators**

Montgomery County families and caregivers are in the process of being asked to choose a Resource Coordinator from one of two choices, MMARS RC, Inc. (MMARS) and Total Care Centers for Support Services (Total Care). The Department of Health and Human Services has been providing DDA with names of clients to contact about choosing a new provider. These people and their families/caregivers are then sent a letter asking that they make a choice. If they do not make a choice within 30 days of receiving the letter, then they are randomly assigned to a provider. There will be a yearly window for families to change providers.

**There are approximately 3,300 people in Montgomery County needing Resource Coordination services. As of September 26, 2014:**

- 1,909 names had been submitted to DDA for transfer from DHHS
- 1,173 people have been transferred from DHHS
  - 702 people have been transferred to MMARS
  - 470 people have been transferred to Total Care
  - 1 person transferred to another jurisdiction and transferred to another agency

The number of people transferred has varied greatly from week to week. One week over 130 people were transferred. Some weeks no people were transferred. More commonly 20 to 50 people are transferred. This makes it difficult to predict when the transition will be completed.

**“Transferred” in this regard means that the person has been assigned to one of the providers and their case information transferred to the new provider. This does not necessarily mean that the client’s family or caregiver has been contacted by the new provider, knows specifically who their Coordinator is, or has received services.**

### 3. Developmental Disability Transition Advisory Workgroup

In early June, Special Assistant to the County Executive Charles Short asked a group of agency representatives, family members, advocates, and service providers to meet over the summer to make recommendations regarding how the County might continue to provide support to people currently receiving Resource Coordination and to youth that are transitioning from school-based services to adult services. Mr. Short specifically expressed the Executive's interest in understanding how an Ombudsman/Advocate Unit in DHHS might function and the possibility of establishing an *Adults with Developmental Disabilities Citizens' Advisory Committee* similar to one that has been established in Prince George's County. The Workgroup met regularly through the beginning of September. Council staff appreciates that the Executive invited Council staff to be a participant.

**The report of the Workgroup is attached at © 1-4. The recommendations are made by the non-County Government participants and do not reflect any recommendations from DHHS or the Executive branch. The Workgroup presented its report to Mr. Short on September 16<sup>th</sup>.**

**In summary, the Workgroup recommends:**

1. DHHS should remain one of the choices of providers of Resource Coordination with a cap on capacity of 1,100 individuals and the right to decline some referrals to allow it to serve priority groups including (1) County residents on the wait list of the Developmental Disabilities Administration; (2) Transitioning Youth; and homeless residents or those in crisis on the DDA waitlist or residents that require coordination with other County services. (Unanimous)

If the State does not allow Montgomery County to decline referrals, the *majority* of the Workgroup recommends DHHS remain a Resource Coordination service provider for 1,100 clients regardless of the population served.

2. Montgomery County should request that DDA offer residents a minimum of three (3) Resource Coordination providers as choices. (Unanimous)
3. Montgomery County will draft State legislation to create an independent Montgomery County Developmental Disability Advisory Council, stipulating that the Director of DDA or his/her representative meet with the DD Advisory Council on a regular basis. (Unanimous)
4. The County Charter should be amended to allow the Montgomery County Commission on People with Disabilities to advocate within the County, and at the state and federal level. (Unanimous) (*Staff Note: This change can be made in the County Code.*)
5. The County should immediately (FY15) establish a professional unit of County merit staff working within DHHS who would be responsible for responding to specialized needs of the Developmental Disability community. The unit must be able to maintain access to the State DDA database. (Unanimous)

6. All merit and contract Resource Coordination staff employed by DHHS should receive adequate training, which at a minimum would be the required training cited in Medicaid regulations. (Unanimous)
7. Montgomery County Government should request all public and private agencies providing Resource Coordination to establish: (1) in person (not only virtual) relationships with the individuals, and their families, that they serve; (2) professional relationships with local community providers of services in Montgomery County; (3) familiarity, and knowledge of, the generic resources accessed and available to people with disabilities and their families. (Unanimous)

**DHHS has forwarded the Workgroup's recommendations to DDA for a response.**

### **Council Staff Comments**

In April, the Commission on People with Disabilities forwarded to the Council its letter to the County Executive (©13-16). The Commission said "a well trained, knowledgeable Resource Coordinator is an invaluable and absolutely essential resource to these families." For a very long time, this was what the County provided through DHHS Resource Coordination. This does not mean that it cannot be provided by private providers, as it is evident that there are private providers in other counties that have been doing so. From attending the meetings of the Workgroup, the questions Council staff is left with are: will the two new providers for Montgomery County provide quality Resource Coordination; and, how can the County best support the re-establishment of a Resource Coordination system that has experienced Resource Coordinators that know clients and families and are familiar with available services so that the best matches are made for the County's Developmentally Disabled adults?

While the transition to private providers is occurring, the outreach and information provided to clients and families/caregivers has, in Council staff's view, been less than adequate for someone to make a fully informed choice. Attached at ©12 is a description of each organization from the DDA website and each organization has its own website. However, there was not an open house and provider forum until August 26<sup>th</sup>. At this forum, each organization was able to make a presentation, but there were also many questions from people who were still uncertain about the process, comments that transfers had occurred but the families had not been contacted by the new coordinator, questions about whether people would be informed if coordinators within their new provider agency changes, and concerns that Resource Coordinators are not attending planned meetings.

The Workgroup believes that having DHHS continue as a Resource Coordinator for 1,100 people would support the County system; especially during the time it takes to make sure the private providers develop the capacity and expertise needed. Council staff notes that in the Workgroup's discussions this means having DHHS hire merit system employees and not continue the current use of contractors in order to stop the turnover that has been occurring and negatively impacting the quality of the DHHS program.

Two of the recommendations talk about training and making sure Resource Coordinators are familiar with resources that are available. These issues apply to both DHHS and the private providers as many new employees are being hired. The HHS Committee may want to ask for a plan on how a training program can be developed that would be available to the private providers and could include facilitating, possibly with Inter/ACC, workshops where Resource Coordinators could learn about programs, meet program staff, and perhaps tours different program facilities.

**It should also be noted that the Workgroup focused on Resource Coordination. The discussion about Resource Coordination does not address the waiting list for services and programs. A client can get Resource Coordination services, but this does not always mean there is a program available to serve and support the client.**

### **Recommendations #3 and #4**

Council staff provides the following information regarding the recommendations on establishing an Advisory Council and amending the law establishing the Commission on People with Disabilities to allow them to advocate at the county, state, and federal levels.

*A. Draft State legislation to create an Independent Montgomery County Disability Advisory Council, stipulating that the Director of DDA or his/her representative meet with the Advisory Council on a regular basis. (Recommendation 3)*

As noted by the Workgroup, there is law in place since 2012 that establishes such a requirement for Prince George's County. A copy is attached at ©8-9 and a flyer about the Prince George's County ADDCAC is attached at ©10. Council staff understands that the Prince George's County ADDCAC started as a grassroots effort of all volunteers and was in place for a few years before the State legislation was requested. While the State law lists some specific members, there are no specific overall numbers and the membership includes "individuals with developmental disabilities" and "parents and family members of individuals with developmental disabilities."

Council staff agrees with the Workgroup that such an advisory committee would be useful and would also help support families. There should be further discussion about the composition and whether there is an expectation that the County would be providing staff or other resources before State legislation is pursued.

*B. Amend the law for the Commission on People with Disabilities to allow advocacy at the county, state, and federal level. (Recommendation 4)*

The law establishing the Commission on People with Disabilities (County Code Section 27-50) states that the Commission "is necessary to advise the County government..." While the Commission's duties include reviewing "federal, state, and local legislation that concerns or would affect people with disabilities," the County Attorney in 2004 told the Commission that it did not have the authority to send a letter to the National Restaurant Association because the Commission was created "to advise the County Government." While the question answered by

the County Attorney was about advocating to a private association, the Commission has been told that it cannot advise entities beyond the County government.

While there are other boards, committees, and commissions that are advisory only to the County government (or Executive and Council), there are some that have broader authority. The Commission on Aging (Section 27-37) duties include, "To advise and counsel the residents of the county, the county council, the county executive and the various departments of the county state, and federal governments on matters involving the needs of the aging, and to recommend such procedures, programs or legislation as it may deem necessary and proper to promote and ensure equal rights and opportunities for all persons, regardless of their age." The Commission on Juvenile Justice has functions that include, "advise the Circuit Court, Council, and Executive on the needs and requirement of juveniles under the Court's jurisdiction," and, "Inform state legislators of juvenile needs and requirements."

**The Committee may be interested in further discussion with the Commission on People with Disabilities on how their enabling legislation might be amended to provide the latitude they seek to communicate directly with state and federal agencies.**

<b>Attached to this packet:</b>	<b>Circle</b>
Developmental Disability Transition Advisory Workgroup	1-4
5/7/2014 Letter from Council President to Governor	5-6
4/3/2014 Letter from DDA Acting Director Dooley	7
Annotated Code of Maryland, Health-General 7-1201	8-9
Prince George's ADDCAC Flyer	10
Resource Coordination Open House Flyer	11
DDA information on New Providers on Resource Coordination	12
4/21/2014 correspondence from Commission on People with Disabilities	13-16

September 29, 2014

Charles Short,  
Special Assistant to the County Executive  
Office of the County Executive  
101 Monroe Street  
Rockville, Maryland 20850

Dear Mr. Short:

The Summer Resource Coordination Work Group that was charged developing recommendations regarding resource coordination has completed its work. Our recommendations reflect many hours of discussion and perspectives from county staff, parents, members of the Montgomery County Commission on People with Disabilities, and service providers. We look forward to meeting with you to discuss our recommendations, operational details, and address any questions or concerns.

We believe these recommendations reflect best practice for Montgomery County residents with developmental and intellectual disabilities and their families, and are achievable under the current systems which impact services.

Thank you for the opportunity to give input, and we look forward to assisting in any way we can to implement these recommendations.

Sincerely,

*Susan Hartung*

Susan Hartung

p.p. Lu Merrick, Claire Funkhouser, Dana Cohen, Susan Ingram, Karen Lee, Whitney Ellenby

**Developmental Disability Transition Advisory Workgroup Recommendations**

The members of the Developmental Disability Transition Advisory Workgroup present the following recommendations which reflect a collaborative effort to resolve the crisis in Resource Coordination (“RC”) in Montgomery County for the past two years. We are prepared to support these recommendations at all levels within the state. We thank the staff of Montgomery County Government and Public Schools who spent considerable time working with the group to arrive at these unanimous recommendations.

**Recommendation 1** (*Unanimous*): **Montgomery County Department of Health and Human Services (HHS) should remain one of the choices of providers of RC with a cap on capacity of 1,100 individuals and the right to decline some referrals.** Allowing HHS to differentiate between and decline referrals allows them to serve priority groups including: (1) County residents on the wait list of the Developmental Disabilities Administration (DDA); (2) Transitioning Youth; (3) homeless residents or those in crisis on the DDA waitlist, or residents that require coordination with other County services. The County should immediately hire and train merit employees to provide this specialized service, and be listed as an additional provider on choice letters being sent out by DDA. HHS will accept or decline referrals based on needs of the individual and current capacity. The current transfer process of individuals to existing private resource coordination providers should be changed with Montgomery County being listed as a choice.

**Rationale:** The events of the last two years have created an unstable and dangerous situation for Montgomery County’s most vulnerable population. For over twenty years, the County has provided quality services and it is recommended that Montgomery County continue as a Resource Coordination service provider specializing in services for high risk populations. The two private providers currently available as choices for county residents do not have sufficient capacity, expertise, or familiarity with county resources to advocate for individuals in these high risk categories. The capping of 1,100 individuals is consistent with the County’s January 2013 application to DDA to remain a provider, and has already been approved by DDA.

There is precedent for declining referrals in the state. In Prince Georges County, Resource Connections, Inc. has been permitted to reject referrals based on demographics. Just as residents can choose among the service providers, each service provider can decline to serve a specific person. Service providers regularly accept referrals based on their own expertise, ability to provide the service(s) requested, and capacity. The process for selecting a resource coordination provider should mirror the selection of a service provider; individuals may choose HHS or other private providers, and HHS will accept, or decline, referrals.

In the event that the state does not allow Montgomery County to decline referrals, the *majority* of the work group recommends that Montgomery County remain a resource coordination service provider for 1,100 clients regardless of the population served.

**Recommendation 2 (Unanimous): Montgomery County should request that DDA offer residents a minimum, three (3) Resource Coordination providers as choices.**

**Rationale:** Every other county in the state has a minimum of three choices. As a matter of parity, and to ensure that our citizens have the same breadth of choices as other Maryland citizens, at least one other private resource coordination provider should be approved by DDA to service Montgomery County.

**Recommendation 3 (Unanimous): Montgomery County will draft state legislation to create an independent Montgomery County Developmental Disability Advisory Council, stipulating that the Director of DDA or his/her representative meet with the Council on a regular basis.**

**Rationale:** There is precedent for this Council in Prince George's County. The many changes within DDA, and corresponding RC crisis within our County, demonstrates the need for an independent group of stakeholders in the developmental disability community work collaboratively and directly with the state DDA and other state and local agencies. This would ensure that our County have a "place at the table" regarding advocacy on behalf of our residents with developmental and intellectual disabilities and allow us to engage in regular dialogue with DDA and others to keep them informed about the status of services. It would work to alleviate the misunderstandings that have marked past communications between County officials and DDA, and would hold DDA accountable for any changes in regulations or failure to respond to needs of our residents. It would also allow the input of persons with disabilities and their family members, educators, community providers and transition specialists in the County who are impacted by DDA policies and procedure.

**Recommendation 4 (Unanimous): The County Charter should be amended to allow the Montgomery County Commission on People with Disabilities to advocate within the county, and at the state and federal level.**

**Rationale:** Issues that the Commission is charged with addressing (*i.e.*, housing, transportation, RC for the developmental disability community) are directly impacted by state and federal regulations and policies. The work of the Commission cannot be effectively conducted if it is not permitted to make recommendations to organizations that guide policy regarding these issues.

**Recommendation 5 (Unanimous): The County should immediately establish (FY2015) a professional unit of county merit staff working within HHS who would**

**be responsible for responding to the specialized needs of the developmental disability community including, but not limited to, the following groups: Transitioning Youth; individuals with a dual diagnosis; homeless persons with developmental disabilities; people with autism; and people in crisis due to chronic or acute health issues. This group must be able to maintain access to the state DDA database.**

**Rationale:** As this segment of the disability community continues to grow at an accelerated rate, it is essential that professionals with expertise in developmental disabilities provide consultation, resource development, coordination between services, and oversight to individuals and their families, as well as other professionals working in the County. This cadre of professionals within DHHS should exist regardless of any outcome related to the provision of resource coordination services.

**Recommendation 6 (Unanimous): All merit and contract staff employed by HHS should receive adequate training, which at a minimum would be the required training cited in Medicaid regulations, in providing RC services.**

**Rationale:** Adequate training is essential to ensure that all providers possess the requisite skill and expertise to provide quality RC. Currently HHS contractors performing RC are receiving only minimal training.

**Recommendation 7 (Unanimous): In order to effectively coordinate services for those they support, Montgomery County Government should request all public and private agencies providing RC to establish: 1) in-person (not only virtual) relationships with the individuals, and their families, that they serve 2) professional relationships with local community providers of services in Montgomery County 3) familiarity, and knowledge of, the generic resources accessed and available to people with disabilities and their families.**

**Rationale:** One part of the current RC crisis has resulted from the fact that the private providers do not have a history of providing services in Montgomery County, and do not have specific knowledge about the resources, both generic and disability specific, available to refer the people they support to. Facilitating resource providers to develop professional relationships with community DDA providers and other generic service providers will assist providers to remain apprised of opportunities for the people they support.



MONTGOMERY COUNTY COUNCIL  
ROCKVILLE, MARYLAND

OFFICE OF THE COUNCIL PRESIDENT

May 7, 2014

Governor Martin O'Malley  
Lt. Governor Anthony Brown  
100 State Circle  
Annapolis, MD 21401-1925

Dear Governor O'Malley and Lt. Governor Brown:

I am contacting you to express my extreme disappointment and that of my fellow members of the Montgomery County Council with regard to the recent decision by the Developmental Disabilities Administration that prohibits Montgomery County Government, through our Department of Health and Human Services, from providing Resource Coordination services to youths with developmental disabilities transitioning from high school to the adult services system (see attached). My understanding from our Director of Health and Human Services, Uma Ahluwalia, is that she and her staff has been working closely for the past eighteen months with personnel from the State Department of Health and Mental Hygiene and the Developmental Disabilities Administration (DDA) on this issue and ways to rectify the situation. I understand that Thomas Kim, Deputy Secretary of Operations, DHMH, and Patrick Dooley, Chief of Staff, DHMH and Acting Executive Director, DDA, have been extremely supportive throughout this period of complex negotiations.

During this time, our parents of individuals with developmental disabilities, advocates, providers of services to persons with developmental disabilities, and Montgomery County Public School Special Education department have all expressed serious concern about the ability of the private sector to provide the same level of quality service that our expert County staff can offer. Although concern has been expressed regarding all our residents

receiving resource coordination, of particular concern is the population of high school students during the critical period of transitioning from services provided by Montgomery County Public Schools to the complex arena of DDA services to adults.

The immense outpouring of concern about the potential dissolution of a well-integrated system of providing vital services to transitioning youth that has been operating effectively for over twenty years prompted the County to request of DDA on March 31, 2014, that we be allowed to remain a provider under the Targeted Case Management Waiver of services solely to this vulnerable population. On April 3, 2014, we received a denial of this request (attached correspondence from Patrick Dooley, Acting Administrator, DDA) because such an exemption is not built into the Waiver agreement that DHMH had with federal CMS. Ms. Ahluwalia has informed me that she has contacted Secretary Sharfstein asking him to again review this decision and work with the County DHHS to find a way to allow the County to continue to serve these residents and their families during this unique and highly stressful period of transition.

I am requesting your personal attention to this matter of utmost importance to the residents of Montgomery County, to our County Council and to me personally. It is imperative we find a solution that would allow our Department of Health and Human Services to continue this work which requires not only special expertise but an integrated network of professional relationships among public and private agencies that has been well-established for many years in our County.

Thank you for your assistance in resolving this issue.



Craig Rice  
President  
Montgomery County Council



STATE OF MARYLAND

**DHMH**

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Josima M. Sharfstein, M.D., Secretary

Developmental Disabilities Administration

Patrick Dooley, Acting Executive Director

April 3, 2014

Ms. Uma Ahluwalia  
Director, Montgomery County Health and Human Services  
401 Hungerford Drive  
Rockville, Maryland 20850

Dear Ms. Ahluwalia:

Thank you for your efforts and those of your colleagues at the Montgomery County Department of Health and Human Services (DHHS) for continuing to work with the Developmental Disabilities Administration (DDA) during the transition to Targeted Case Management (TCM) for resource coordination services. I am writing to respond to DHHS' request to continue providing resource coordination services for Transitioning Youth (TY) beyond December 31, 2014.

Maryland's TCM Medicaid State Plan and Code of Maryland Regulations 10.09.48.04 require a provider of TCM to provide services to all eligible individuals. The regulation expressly prohibits a provider to serve a specific group of individuals. As Montgomery County has decided to discontinue providing TCM services after December 31, 2014, and therefore will no longer be accepting referrals for all individuals eligible for TCM services, DHHS is unable to solely serve TY after that date.

If the County elects to provide additional resource coordination services beyond those covered under TCM using County funds, this would be permissible.

DDA is committed to working with DHHS to support a successful transition of services for individuals in Montgomery County.

Sincerely,

Patrick Dooley  
Acting Executive Director

**Effect of amendments.** — Chapter 72, Acts 2010, enacted April 13, 2010, and effective from date of enactment, substituted “this paragraph” for “this subsection” in (c)(1)(vi).

Chapters 501 and 502, Acts 2010, effective October 1, 2010, made identical changes. Each added (f) and redesignated accordingly.

**Editor’s note.** — Section 4, ch. 72, Acts 2010, approved April 13, 2010, and effective

from date of enactment, provides: “That the provisions of this Act are intended solely to correct technical errors in the law and there is no intent to revive or otherwise affect law that is the subject of other acts, whether those acts were signed by the Governor prior to or after the signing of this Act.”

*Subtitle 12. Prince George’s County — Adults with Developmental Disabilities Citizen’s Advisory Committee.*

**§ 7-1201. Adults with Developmental Disabilities Citizen’s Advisory Committee [Subtitle subject to abrogation].**

(a) *“Advisory Committee” defined.* — In this section, “Advisory Committee” means the Adults with Developmental Disabilities Citizen’s Advisory Committee.

(b) *Established.* — There is an Adults with Developmental Disabilities Citizen’s Advisory Committee in Prince George’s County.

(c) *Purpose.* — The purposes of the Advisory Committee are to:

(1) Provide the Secretary, the Director, the Director of the Southern Maryland Regional Administration, the Director of the Southern Maryland Regional Division of Rehabilitation Services, and groups in the local community with information regarding the needs of adults with developmental disabilities who reside in Prince George’s County;

(2) Advocate for positive systems change related to the services provided to adults with developmental disabilities;

(3) Advocate for a family-friendly relationship with the Administration, the Maryland State Department of Education Division of Rehabilitation Services, and other State and local organizations;

(4) Provide a forum for information sharing and support among adults with developmental disabilities and their families;

(5) Advocate for best practices in providing services to adults with developmental disabilities; and

(6) Seek input from individuals with developmental disabilities, advocates, family members, community partners, service providers, educators, and administrators on local issues related to:

(i) Employment, services, and continuing education for adults with developmental disabilities; and

(ii) The inclusion of adults with developmental disabilities in the community.

(d) *Composition.* — The Advisory Committee consists of the following members:

(1) The Director of the Southern Maryland Regional Administration;

(2) The Director of the Southern Maryland Regional Division of Rehabilitation Services;

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(3) One representative from the Prince George's County Department of Family Services;

(4) Parents and family members of individuals with developmental disabilities;

(5) Individuals with developmental disabilities;

(6) Representatives from Administration service providers; and

(7) Representatives from other interested groups, including local colleges, disability advocates, transportation providers, literacy organizations, and recreation groups.

(e) *Officers.* — The Advisory Committee shall elect officers from among its members.

(f) *Notification of meetings.* — The regional Administration office shall assist the Advisory Committee in notifying providers and consumers of Administration services of meetings of the Advisory Committee.

(g) *Compensation.* — A member of the Advisory Committee may not receive compensation as a member of the Advisory Committee.

(h) *Meetings.* — (1) The Advisory Committee shall meet at least once each month.

(2) Representatives from the Advisory Committee shall meet with:

(i) The Director of the Southern Maryland Regional Administration and the Director of the Southern Maryland Regional Division of Rehabilitation Services at least four times a year; and

(ii) The Secretary and the Director annually.

(i) *Duties.* — The Advisory Committee shall:

(1) Provide advice and make recommendations to the Director of the Southern Maryland Regional Administration, the Director of the Southern Maryland Regional Division of Rehabilitation Services, and groups in the local community on the needs of adults with developmental disabilities in Prince George's County;

(2) Provide a forum for input from the residents of Prince George's County on issues related to adults with developmental disabilities; and

(3) Perform any other duty considered appropriate by the Advisory Committee. (2012, ch. 687, § 2.)

*Editor's note.* — Section 1, ch. 687, Acts 2012, redesignated the subtitle heading for Subtitle 12 and § 7-1201 of this subtitle to be the Subtitle 13 heading and § 7-1301 of this subtitle and enacted a new Subtitle 12 and § 7-1201 in lieu thereof.

Section 3, ch. 687, Acts 2012, provides that

“this Act shall take effect October 1, 2012. It shall remain effective for a period of 2 years and, at the end of September 30, 2014, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.”

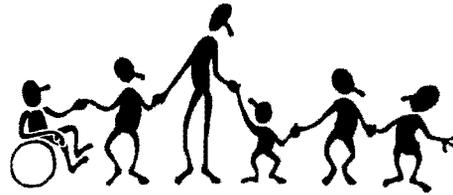
*(Abrogation of subtitle effective September 30, 2014.)*

*Subtitle 12. Short Title.*

§ 7-1201. Short title.

*This title may be cited as the “Maryland Developmental Disabilities Law”.*  
(2012, ch. 687, § 1.)

You are invited to a Meeting of



# ADDCAC

of Prince George's County  
Adults with Developmental Disabilities Citizen's  
Advisory Committee

(Made Permanent by the Maryland Legislature in Maryland House Bill 1019)



**Meeting to be held at:**  
The Arc Prince George's County  
1401 McCormick Drive, Largo, MD 20774



Monday, June 23, 2014 at 6:30 PM.

**We are the first group of this kind in Maryland!**

**Our purpose-** To work for positive systems change in services and programs for adults with developmental disabilities. If you are:

Interested in post-secondary education (college), after-care, finding appropriate medical/dental care, finding meaningful work and training programs, forging partnerships with groups to provide diverse and innovative programs and services and learning opportunities for adults with developmental disabilities.

or

A self-advocate/adult with a developmental disability, parent or family member of an adult with a developmental disability, DDA provider, representative from a literacy group, recreational group, college, self-advocacy group or other group in the community

Then we welcome you to meet and learn about the legislation and how we can make positive changes in the lives of adults with developmental disabilities!

For more information contact [ADDCACPG@aol.com](mailto:ADDCACPG@aol.com)

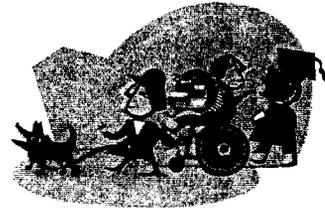
# RESOURCE COORDINATION OPEN HOUSE AND PROVIDER FORUM

TUESDAY, AUGUST 26, 2014

7:00—8:00 PM

MONTGOMERY COUNTY EXECUTIVE BUILDING

101 Monroe Street  
Rockville, MD



**Learn About The Two Organizations Providing Resource Coordination  
To Montgomery County Residents!**

## Who Should Attend

*Individuals receiving support services and their family members and caregivers  
to learn about your options for Resource Coordination,  
have your questions answered and meet with representatives.*

## Presentations By

*Total Care Services*

*Medical Management and Rehabilitative Services (MMRS)*

## Where

*County Executive Office Building, Rockville, MD  
(See reverse side for parking and building entrance instructions)*

***There is no fee to attend and parking is free!***

**Sponsored by:**

**InterACC/DD**

**Maryland Developmental Disabilities Administration**

**Montgomery County Government Department of Health and Human Services**

**Community Support Network**

**Montgomery County Commission on People with Disabilities.**



DDA CONTACTS NEED HELP? SERVICES PROVIDERS TRAINING WAIVER

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DDA > rescoordination

Resource Coordination

New Providers for Resource Coordination

The DDA is pleased to announce the selection of three (3) additional providers for resource coordination effective March 1, 2014. MMARS RC, Inc., Optimal Health Care Services, Inc., and Total Care Centers for Support Services. will join Service Coordination, Inc., Resource Connections, Inc. and several local health departments across the state to serve a critical role providing resource coordination which covers a wide range of assessment, planning and coordination, referral, and monitoring activities to assist individuals with intellectual and developmental disabilities in obtaining and retaining needed services.

MMARS RC, Inc.

Established in 1997, MMARS, Inc. is the parent company MMARS RC, Inc. whose mission is to provide quality person centered resource coordination, care management and case management services to individuals with disabilities, the elderly and those in need or at risk. They partner with the community and the individuals that they serve in order to connect them with the resources and supports that will further their life and health goals, always with respect for the choices, rights and dignity of the people that they serve. MMARS RC, Inc. will provide resource coordination services in all four regions of the state serving: Allegany, Anne Arundel, Baltimore City, Baltimore County, Calvert, Carroll, Caroline, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester counties.

Optimal Health Care, Inc.

Established in 2009, Optimal Health Care, Inc.'s mission is to provide comprehensive, high quality health care services with compassion to individuals with acute and chronic illness, and people with developmental disabilities, regardless of race, age, creed or gender; strengthened through the work of dedicated professional staff committed to excellence and distinguished by outstanding courteous service. Optimal Health Care Services, Inc. will provide resource coordination services in the Western Maryland Region serving: Allegany, Carroll, Frederick, Garrett, and Washington counties.

Total Care Centers for Support Services

Established in 2003, the mission for Total Care Centers for Support Services is to help others meet life's challenges. They focus on maximizing individuals independence through the provision of services in the least intrusive manner. Total Care Centers for Support Services will provide resource coordination services in: Anne Arundel, Baltimore City, Baltimore County, Calvert, Charles, Harford, Howard, Montgomery, Prince George's, and St. Mary's counties.

Resource coordination services are also provided by the local health departments in the following counties: Calvert, Caroline, Cecil, Charles, Dorchester, Kent, Montgomery, Queen Anne's, St. Mary's, Somerset, Talbot, Wicomico, and Worcester.

CURRENT RESOURCE COORDINATION SERVICE PROVIDERS

CENTRAL REGION

Central Maryland DDA Licensed Resource Coordination Providers

- MMARS RC, Inc. Provider Overview
Service Coordination, Inc.- Central Maryland Provider Overview
Total Care Centers for Support Services

EASTERN SHORE REGION

Eastern Shore DDA Licensed Resource Coordination Providers

- Caroline County Health Department Provider Overview
Cecil County Health Department Provider Overview
Dorchester County Health Department Provider Overview
Kent County Health Department Provider Overview
MMARS RC, Inc. Provider Overview
Queen Anne's County Department of Health Provider Overview
Somerset County Health Department Provider Overview

DDA Training Calendar

Quick Links

- DDA Memos NEW!
Planning For Life Brochure NEW!
Supports Intensity Scale (SIS)
FAQ NEW!
Emergency Preparedness Checklist and Helpful Links
Request for Service Change

More News >

Also of Interest

- Join DDA Email Group
Housing Resources



12

HHS

NAN  
CC  
JBF  
FL  
LAm  
VY

Guthrie, Lynn

**From:** Rice's Office, Councilmember  
**Sent:** Monday, April 21, 2014 9:03 AM  
**To:** Montgomery County Council  
**Subject:** FW: Resource Coordination Resources for Parents with Developmental Disabilities  
**Attachments:** CPWDCELtrResourceCoordination2014.pdf

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**From:** Trish Gallalee [mailto:cpwd\_chair@verizon.net]  
**Sent:** Friday, April 18, 2014 4:46 PM  
**To:** Ike Leggett  
**Cc:** Rice's Office, Councilmember; Ahluwalia, Uma; Kenney, John; Luecking, Betsy  
**Subject:** Resource Coordination Resources for Parents with Developmental Disabilities

Mr. Leggett:

For many years you have been committed to watching out for those individuals who are most vulnerable in our community. Today I am sending you a letter that was put together by the Commission on People with Disabilities to provide you with information on the impact recent decisions the County has made in regard to resource coordination resources for parents with developmental disabilities. Although the County has made efforts to provide a smooth transition to the new programs, what is happening is a state of confusion, limited information, and tremendous amount of stress that has been put on families that may be already at their stress limit. Please carefully read this letter that affects over 3,300 families in the County, and we ask that you take immediate action to help develop a plan to resolve this situation to ensure the safety and well-being of individuals with developmental disabilities and their families that struggle to manage their care.

The Commission, is willing to help in any way possible.

Thank you in advance for your consideration of this important issue.

Patricia A. Gallalee  
Chair  
Commission on People with Disabilities



COMMISSION ON PEOPLE WITH DISABILITIES

April 18, 2014

The Honorable Isiah Leggett, County Executive  
101 Monroe Street, Second Floor  
Rockville, Maryland 20850

Dear Mr. Leggett:

The Commission on People with Disabilities is writing to you today to share our concerns regarding resource coordination issues that the Montgomery County community of individuals with developmental disabilities is experiencing. Most parents raise their children knowing that one day their job will be done and their adult children will go on to lead independent lives. This is not true for parents of children with developmental disabilities; the responsibility for the care of their adult child remains with them their entire lives. A well-trained, knowledgeable Resource Coordinator is an invaluable and absolutely essential resource to these families. We are deeply troubled by the fact that the County is discontinuing providing resource coordination services and hope that we can assist the County in achieving a positive outcome by requesting the following:

1. The Community Support Network of Aging and Disability Services continue to provide resource coordination as one of the providers to select from for those who need greater stabilization and supports. Maintain the County contractors we have to provide stabilization for transitioning youth.
2. Provide an organized Plan of Transition for the Commission to review and offer input.
3. Request that the first people to be transitioned be those who have received resource coordination for the longest period of time and who are in stable situations.
4. Provide to the Commission a financial analysis of the new fee for service versus grant funding to better evaluate how the fee for service is actually fiscally impacting the County.

The community of people with developmental disabilities in the County has benefited for many years from the County's resource coordination or targeted case management services. Until last year, this service was funded through a grant from the State and the County provided services to all 3,300 individuals eligible for this service. As you are aware, in July 2013, the State changed the funding mechanism so that this service was reimbursed per hour of service. With this change, private vendors were recruited by the State to provide the service. Citing budget concerns due to the new fee for service funding, the County opted out, dismantling its existing program, which had been very successful for over 25 years. Individuals began being transitioned to private vendors. Sadly, very near the time of transition, these vendors

Department of Health and Human Services

401 Hungerford Drive • Rockville, Maryland 20850 • 240-777-1246 • 240-777-1288 FAX  
[www.montgomerycountymd.gov/bhs](http://www.montgomerycountymd.gov/bhs)



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April 18, 2014  
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determined that they were unprepared to provide services in the County, leading the Department of Health and Human Services (DHHS) to quickly hire contractors in an attempt to temporarily continue providing resource coordination until appropriate private vendors could be identified. Due to the urgency of this situation, the recruitment and training of these new Resource Coordinators was rushed, and many still lack adequate skills to meet the needs of this highly vulnerable, at-risk population.

Although the current team of resource coordinators are woefully undertrained, we do request that the County continue providing resource coordination services as an option. The Commission has recently been informed that two new vendors have been recruited, however, it will take time for them to get established and to learn our system as both are from out of state. Thus, we request that you consider maintaining the County's resource coordination services as an option for those with the greatest need for stabilization and supports.

We further request that a transition plan be established and brought to the Commission for comment. Although we understand that the State has determined that DHHS cannot limit services to specific populations, such as transitioning youth, it is important to distinguish between the needs of those who are transitioning now, versus those who are already stabilized and established. Students with developmental disabilities who are transitioning from public school to adult services come July 1, 2014 do not know their placements, causing unimaginable stress on families. The Resource Coordinator's job is to make the individual and/or their families aware of all the services for which they are eligible, and provide assistance in accessing them. This is especially true in our county, where the complexity and diversity of both the system and the community makes these decisions extremely complicated. If proper resource coordination is not provided, individuals can end up homeless, without necessary medical equipment, and without needed support services. Furthermore, parents can lose jobs because, come July 1, they have no one to provide daily supervision of their dependent child. This would increase rather than decrease the financial burden on the County. Although ongoing coordination is crucial to an individual's safety and well-being, families who are established in adult services do not typically need the level of support that new families require. Thus, it is very important that the County transition individuals to private vendors in an organized fashion, while allowing those who are newest to county resource coordination to have these services provided by people who are well acquainted with the County and the agencies that serve county residents.

We have also been told that the new funding mechanism makes it financially infeasible for the County to offer resource coordination. While a fee for service plan is a different structure than what we have experienced in the past, other counties in Maryland are finding ways to make this work and are actually making a profit from it. It may require restructuring, but we feel more specific information is needed before determining that it is unworkable. Thus, we request a financial analysis be conducted, to determine exactly how this new funding plan is affecting the County's ability to provide this service.

The Honorable Isiah Leggett  
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Until this past year, resource coordination and transition services were conducted in an exemplary manner in the County. While we understand that it is the County's desire to discontinue providing these services, families have already experienced the repercussions of hastily discontinuing a functioning program in favor of unprepared private vendors. There is no reason to expect that the new vendors will fare better than last year's failure. It is our most vulnerable citizens who will be hurt. Commission members frequently are told of tragic cases of families who are living on the edge of disaster. One parent has recently been asked to contribute up to \$75,000 a year to have a new residential placement for his adult developmentally disabled child who is in his late 20's. Another parent finds herself having to provide 1:1, 24/7 supervision for her adult child to keep him safe, with only limited support. With quality resource coordination, situations such as these may be avoided. Parents of adult children with developmental disabilities must be 65 years old or older before their adult child can be considered for residential placement through crisis prevention, unless their child is returning from out of state placement. These families need the County's support to remain safe and intact. If the County wishes to continue to move towards a privatized system, we feel that our requests will allow the County to transition or provide these services, while maintaining necessary stability and needed supports to those who are in greatest need.

We offer our assistance and hope that together we can ensure that all families in Montgomery County can receive the support and guidance they need and deserve.

Sincerely,

*Patricia A. Gallalee*

Patricia A. Gallalee  
Chair

cc: The Honorable Craig Rice, President, County Council  
Uma S. Ahluwalia, Director, Montgomery County Department of Health and Human Services