

**MEMORANDUM**

November 14, 2014

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Resource Coordination (continued from October 2, 2014)**

*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)

The HHS Committee met on October 2, 2014 and received 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 discussed the recommendations of the Developmental Disability Transition Advisory Workgroup. The Workgroup was convened at the request of the County Executive's office and worked over the summer to form its recommendations.

**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)

At its October meeting, the HHS Committee agreed to convene again to consider the cost estimates for the County to continue as a Resource Coordinator and for establishing the Support Connector Unit. The Workgroup recommends that the County continue as a Resource Coordinator and establish a Support Connector Unit while the Executive recommends establishing the Support Connector Unit but providing Resource Coordination through the private providers.

The HHS Committee also agreed to follow-up at a separate session on the recommendation to allow the Commission on People with Disabilities to be able to advocate at the County, State, and Federal level. The session will look at the role of advocacy in all Boards, Committees, and Commissions housed in DHHS to understand the context for making such a change.

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

The table on the following page shows the number of clients who have transitioned from DHHS to a private provider as of November 7, 2014. An additional 531 clients have been

transferred since the Committee’s last update. About 3,300 people in Montgomery County need Resource Coordination services, so about 1,241 must still be transferred. As noted in the October packet, clients and their families/caregivers receive a letter asking them to choose either MMARS RC Inc. (MMARS) or Total Care Centers for Support Services (Total Care). If they do not make a choice within 30 days of receiving the letter, then they are randomly assigned by the Developmental Disability Administration (DDA) to one of the two providers. There will be a yearly window for families to change providers.

	As of 9/26/14	As of 11/7/14
Names submitted to DDA for transfer from DHHS	1,909	2,059
People transferred from DHHS	1,173	1,704
People transferred to MMARS	702	1,021
People transferred to Total Care	470	682
People transferred to other jurisdictions	1	1

As noted in the October packet, the number of clients transferred varies from week to week; however, DHHS still estimates that all clients will be transitioned from DHHS by March 2015. “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.

**The DDA has told the Department of Health and Human Services that all clients will be transferred to one of the two private providers during this “choice” cycle. If the County decides to continue as a Resource Coordinator then the County will be added to the “choices” offered to clients in the next window for selecting a provider.**

**Cost Estimates for Continuing Resource Coordination  
Cost Estimates for Support Connector Unit**

DHHS has provided estimated FY16 and FY17 costs for providing Resource Coordination to all clients (estimated 3,669 in FY16 and 3,869 in FY17) and for a capped program that would serve 1,100 clients. Estimates for FY15, FY16, and FY17 have been provided for establishing a 4-person Support Connector Unit and an 8-person Support Connector Unit. The Support Connector Unit requires FY15 funding as it would need to be operational as of March 2015 when the County would cease to be a Resource Coordinator. New funding for a Resource Coordination Unit would begin in FY16 as clients would not have a choice of DHHS until the next window. The Workgroup’s recommendation would require funding for both the Support Connector Unit in FY15 and Resource Coordination in FY16.

Council staff is providing the following summary tables for each of these options. More detailed estimates from DHHS are attached at © 5-11.

Following these summary tables are Council staff comments and recommendations.

### Resource Coordination

**Summary Table – Serve ALL clients**

	FY16	FY17
Clients Served	3,669	3,869
Resource Coordinators for Ongoing Cases (1:40)	56	58
Resource Coordinators for Wait List Clients (1:94)	15	16
Total Resource Coordinators	71	74
Supervision and Support Staff	11	12
Quality Assurance Staff	7	8
Total Personnel Costs	\$7,486,628	\$8,734,752
Total Operating Expenses	\$ 690,050	\$ 739,505
TOTAL EXPENSES	\$8,176,678	\$9,474,257
TOTAL REVENUE	\$5,213,588	\$6,210,563
<b>DEFICIT (requires General Funds)</b>	<b>(\$2,963,090)</b>	<b>(\$4,263,694)</b>

**Summary Table – Serve 1,100 clients.**

	FY16	FY17
Clients Served	1,100	1,100
Resource Coordinators for Ongoing Cases (1:40)	20	20
Resource Coordinators for Wait List Clients (1:94)	4	4
Total Resource Coordinators	24	24
Supervision and Support Staff	5	5
Quality Assurance Staff	3	3
Total Personnel Costs	\$2,708,304	\$2,988,796
Total Operating Expenses	\$ 246,960	\$ 252,000
TOTAL EXPENSES	\$2,955,264	\$3,240,796
TOTAL REVENUE	\$1,918,581	\$1,993,628
<b>DEFICIT (requires General Funds)</b>	<b>(\$1,036,683)</b>	<b>(\$1,247,168)</b>

### Comments on Cost Estimates for Resource Coordination

In reviewing these cost estimates, Council staff suggests that there may be two areas that could be adjusted to reduce the General Fund subsidy. Focusing only on the estimate for serving 1,100 clients, Council staff suggests DHHS review whether the number of supervisory staff

suggested is required. The model recommends 3 Program Managers and 3 Quality Assurance Staff to supervise the work of 24 Resource Coordinators. Council staff recognizes that under the current high turnover/broker staff model and the change to billing for service there is a need for extra review and supervision. However, once the Unit returns to stable merit staffing, it should be possible to decrease the number of Quality Assurance Staff. Reducing two of these positions would reduce costs by about \$174,000 (\$87,000 each).

The second area is the assumption about the number of billable hours. The model for 1,100 clients assumes that on average the County will bill for about 29 hours of direct service for each client in ongoing Resource Coordination. There are hours built into the model for things that are not billable such as travel, trouble shooting call from residents that are not clients, and administrative tasks – like preparing bills. If it turns out, for example, that on average the County bills at a rate of 32 hours per client then revenues would increase by about \$151,000. Conversely, if fewer hours are actually billed less revenue would be received which would either result in a need to reduce staff costs or increase the General Fund subsidy.

### Support Connector Unit

**Summary Table – 4-Person Unit (2 Merit and 2 Term Positions)**

	FY15	FY16	FY17
Personnel Costs	\$332,327	\$347,527	\$383,540
Operating Expense	\$ 29,430	\$ 29,430	\$ 30,077
<b>Total Cost (full year – requires General Funds)</b>	<b>\$361,757</b>	<b>\$376,957</b>	<b>\$413,617</b>
Four-Month Cost for FY15	\$120,586		

**Summary Table – 8-Person Unit (4 Merit and 4 Term Positions)**

	FY15	FY16	FY17
Personnel Costs	\$628,023	\$660,368	\$728,725
Operating Expense	\$ 55,460	\$ 55,460	\$ 56,758
<b>Total Cost (full year – requires General Funds)</b>	<b>\$683,483</b>	<b>\$715,828</b>	<b>\$785,483</b>
Four-Month Cost for FY15	\$227,828		

Council staff understands that the “term” for the term positions would be 3 years. There is no difference in the cost between a merit position and a term position. Council staff is concerned that use of term positions is contrary to the idea of re-creating a very stable workforce

and would create two tiers of staff within this unit. (This does happen in other situations but generally when a term position is tied to a grant or other time-limited funding.)

## **Council Staff Comments and Recommendations**

The Workgroup recommends that the County remain a Resource Coordinator for 1,100 clients and the Council has received additional correspondence in support of the County continuing to be a Resource Coordinator. While there are many counties in Maryland where Departments of Health do not provide Resource Coordination, the Council has been told by those advocating for County service that prior to the start of the transition two-years ago, the County delivered very high quality services, people knew who their Resource Coordinator was, Resource Coordinators were very familiar and worked closely with service providers, Resource Coordination was actively involved with plans for transitioning youth, and that DHHS was very helpful in answering questions and responding to concerns from people regarding eligibility for services. Some of the concerns shared with the HHS Committee include constant turnover of Resource Coordinators, not knowing who your Resource Coordinator is, problems with scheduling meetings, concerns about the process and plans for transitioning youth, and lack of training and knowledge of County programs and services.

## **Four Possible Scenarios for Moving Forward**

### **1. Continue Current Transition and Do Not Create a Support Connector Unit**

- Current year transition will occur. All clients will be assigned or choose either MMARS or Total Care. All Resource Coordination will be provided through private providers authorized by DDA for the Southern Region.
- DHHS will cease being a Resource Coordinator in March 2015.
- DHHS staff will respond to questions and concerns from residents as able but will not have any dedicated staff for this purpose.
- There would be no General Fund requirement for this option.

### **2. Provide Resource Coordination for 1,100.**

- Current year transition will occur. All clients will be assigned or choose either MMARS or Total Care.
- DHHS will continue to be a Resource Coordinator but DDA will not assign clients until the next “choice” window. When that “choice” opportunity occurs, it is expected that DDA will assign the first 1,100 clients choosing DHHS to DHHS. Assignment will not

be made based on a category of service (such as transitioning youth). Those choosing DHHS after 1,100 are assigned will be required to select a different provider.

- Funds are approved in the FY16 Operating Budget. The estimated General Fund contribution is \$1,036,683. No FY15 supplemental funding is required.
- DHHS will need to recruit, hire, and train merit staff as most of the current DHHS complement is provided through the “broker” contract.
- In addition to assigned cases, DHHS staff will assist residents with questions and concerns as is current practice.

### **3. Cease Being a Resource Coordinator and Establish a Support Connector Unit**

- Current year transition will occur. All clients will be assigned or choose either MMARS or Total Care. All Resource Coordination will be provided through private providers authorized by DDA for the Southern Region.
- DHHS will need to recruit, hire, and train any merit staff needed to complete the approved complement for the Support Connector Unit so that they are able to begin in March 2015. A FY15 supplemental appropriation of \$120,586 for a 4-person Unit or \$227,828 for an 8-Person Unit funded by the General Fund must be approved to fund the last four months of FY15.
- DHHS will cease being a Resource Coordinator in March 2015 but the Support Connector Unit will be able to assist residents needing help with services or resolving problems.
- Funds are approved in the FY16 Operating Budget. The estimated General Fund contribution is \$376,957 for a 4-person Unit or \$715,828 for an 8-person Unit.

### **4. Provide Resource Coordination for 1,100 and Establish a Support Connector Unit**

- Current year transition will occur. All clients will be assigned or choose either MMARS or Total Care.
- DHHS will continue to be a Resource Coordinator but DDA will not assign clients until the next “choice” window. When that “choice” opportunity occurs, it is expected that DDA will assign the first 1,100 clients choosing DHHS to DHHS. Assignment will not be made based on a category of service (such as transitioning youth). Those choosing DHHS after 1,100 are assigned will be required to select a different provider.
- DHHS will need to recruit, hire, and train any merit staff needed to complete the approved complements for Resource Coordination **and** the Support Connector Unit. If

the Support Connector Unit begins in March 2015 a FY15 supplemental appropriation of \$120,586 for a 4-person Unit or \$227,828 for an 8-Person Unit funded by the General Fund must be approved. Under this scenario, the Support Connector Unit could wait to FY16 since existing Resource Coordination merit staff will still be available.

- Assistance to residents with questions or problems will be available but assignment of clients will not be made until the next “choice window.”
- Funds are approved in the FY16 Operating Budget. The estimated General Fund contribution for Resource Coordination is \$1,036,683 and for the Support Connector Unit is either \$376,957 for a 4-person Unit or \$715,828 for an 8-person Unit.

## **Recommendations**

### **Primary Recommendation**

**Council staff recommends DHHS provide Resource Coordination to 1,100 clients.** DHHS is concerned that a significant problem could be created by moving forward with a service that could have the County saying NO to perhaps 2,600 people who may wish to “choose” the County as its Resource Coordinator. This is a very valid concern. However, at this time the Executive’s recommended alternative is to create a Support Connector Unit whose access to data and authority to work with other Resource Coordinators and service providers is unclear. (See DHHS summary of advantages and disadvantages ©7.)

In addition, at this time having the County continue to provide Resource Coordination gives at least 1,100 clients a choice of three providers. It does not guarantee a choice for everyone but until DDA authorizes one or more additional private providers for Montgomery County, there would be three licensed organizations serving the County.

### **Reasons for DHHS to remain a Licensed Resource Coordinator**

- It is not evident at this time that the two private vendors are providing stable, quality Resource Coordination services.
- Continuation as a Resource Coordinator gives the County a third provider even if it may not be a “choice” that all can access.
- Making a commitment to being a Resource Coordinator will allow DHHS to hire merit staff, stabilize the program, and begin to re-build a full cadre of trained, experienced staff that are knowledgeable about County service providers and have a working relationship with Montgomery County Public Schools.
- Continuation as a Resource Coordinator for 1,100 keeps the administrative structure in place which would be very important if the County needed to increase capacity because of a problem with the private provider system.

- As a Resource Coordinator there would be certainty that the County would have access to the client data system.
- As a Resource Coordinator, the County would be invited to all work groups and State meetings for Resource Coordinators. This would ensure that the County is involved in discussions about rates, services, training, regulations, etc.
- Being a Resource Coordinator may make it easier for County staff to troubleshoot complaints from residents with other Resource Coordinators.
- Being a Resource Coordinator may ease confidentiality requirements if a client needs help with multiple program areas such as healthcare or housing.

**Council staff does not recommend funding both Resource Coordination for 1,100 and the Support Connector Unit.** There is time built into the estimates for Resource Coordination to assist residents who may have problems (just as the unit does now) and the more stable merit staff will be able to gain the expertise in specific areas such as homelessness, crisis services, transitioning youth (as some staff had before the transition began). Council staff recognizes that this recommendation is not responsive to the Workgroup’s recommendation for both continued Resource Coordination and a Support Connector Unit.

**The FY16 estimated General Fund subsidy for this recommendation is \$1,036,683 or \$849,683 if the proposed staff for Quality Assurance can be reduced by two positions.**

**The General Fund cost of this recommendation is \$251,200 more than establishing an 8-person Support Connector Unit assuming the \$1.036 million estimate or \$91,200 more assuming the \$849,683 estimate.**

Council staff is also not recommending that the County have an uncapped program for Resource Coordination. While this would provide “choice” to all clients, the County cannot gear-up or ramp down each year in response to the number of clients who choose DHHS during an open window. (See DHHS summary of advantages/disadvantages © 7.)

### ***Alternative Recommendation***

Again, DHHS’s concern about not being able to serve all who choose Montgomery County is a very valid concern. However, decisions must be made in order to prepare the FY16 budget and hire and train staff. **If there was certainty in the near future (such as January 15, 2015) that the County would have at least a third private provider, one with experience in Maryland and knowledge of Montgomery County programs and services, and a written agreement with DDA about the role and authority of the Support Connector Entity, then Council staff would consider the Executive’s recommendation for only a Support Connector Entity more favorably.**

**Council staff suggests the following issues would have to be resolved:**

- DDA authorization of at least a third private provider that has prior Resource Coordination experience in Maryland and demonstrates knowledge of Montgomery County programs and service providers. Per the Workgroup recommendation, the provider should also have in-person (not only virtual) relationships with the individuals and the families they serve.
- A written agreement from DDA that the DHHS Support Connector Unit will:
  - Have access to the client data base.
  - Be included in State work groups for Resource Coordinators.
  - Have access to any training or other opportunities provided by the State or County Service providers to Resource Coordinators
  - Agreement that (with permission of the client or guardian) DHHS Support Connector Unit staff can fully discuss a client case with the assigned private sector Resource Coordinator.
  - Agreement that (with permission of the client or guardian) DHHS Support Connector Unit can participate and be notified of meetings with MCPS for transitioning youth.

This alternative recommendation would address the Workgroup’s recommendations that Montgomery County have a minimum of 3 Resource Coordinators and that a Support Connector Unit be established. While the Workgroup report does not specify the 8-person Unit, an 8-person Unit was the staffing discussed in Workgroup sessions. Council staff does not believe that a 4-person unit would be fully responsive to the Workgroup’s recommendation.

This recommendation would not be responsive to the Workgroup’s recommendation that Montgomery County remain a Resource Coordinator for 1,100 clients.

**DHHS Open House for Resource Coordinators – Training**

The Workgroup shared its concern about training for Resource Coordinators and the need for Resource Coordinators to be familiar and develop relationships with programs and services that are available to Montgomery County clients. Council staff asked how DHHS could facilitate workshops so all Resource Coordinators can learn about programs, meet staff, and tour facilities.

**DHHS is already responding to the Workgroup’s concerns by organizing a Montgomery County Resource Fair for Resource Coordinators.** DHHS is planning on holding the event in mid-December. This will not be a public information session, but will focus on information for Resource Coordinators. DHHS is asking DDA to stress the importance of

having Resource Coordinators take part in these types of opportunities. DHHS is expecting to share information on County programs, such as Special Needs Housing, Energy Assistance, Behavioral Health and Crisis Services, Respite Services, Adult Protective Services, and Income Supports. There would also be time for Resource Coordinators to visit service and program providers.

### **Montgomery County Developmental Disability Advisory Board**

The Workgroup recommends that an independent Disability Advisory Council, similar in purpose to Prince George's County's Adults with Developmental Disabilities Citizen's Advisory Committee, and that State legislation be adopted that would require the Director of DDA or his/her representative to meet with the Advisory Council on a regular basis. At the October session, the HHS Committee asked what such a committee or council might look like.

At this time, Council staff does not have any additional information on this recommendation, but raises it so that the recommendation is not lost. The Prince George's County group does not have a specific number of members and developed through a volunteer effort. The State legislation that was approved specifies that members include the Director of the Southern Maryland Regional Administration, the Director of the Southern Maryland Regional Division of Rehabilitation Services, and a representative from the Prince George's County Department of Family Services.

### **Background from October 2 Staff Memorandum**

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.

<b>Attached to this packet:</b>	<b>Circle</b>
Developmental Disability Transition Advisory Workgroup Report and Recommendations	1-4
Overview of Cost for Resource Coordination Options (DHHS)	5
Overview of Cost for Support Connector Options (DHHS)	6
Summary/Advantages/Disadvantage of Options (DHHS)	7
FY16 Resource Coordination Costs – 1,100 Clients (DHHS)	8
FY17 Resource Coordination Costs – 1,100 Clients (DHHS)	9
FY16 Resource Coordination Costs – 3,669 Clients (DHHS)	10
FY17 Resource Coordination Costs – 3,869 Clients (DHHS)	11
DDA Information on Resource Coordination Providers	12
Adults with Developmental Disabilities Citizen's Advisory Committee (State law for Prince George's County)	13-14

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.

Quick overview of RC provider options

	FY16	FY17
<b>Clients Served</b>	<b>1100</b>	<b>1100</b>
RCs	24	24
Infrastructure (Managers, QA and Support Staff)	8	8
Cost	\$2.95M	\$3.24M
Utilization Rate	55%	55%
Deficit	\$1.04M	\$1.24M

1,100  
Clients

	FY16	FY17
<b>Clients served (all)</b>	<b>3,669</b>	<b>3,869</b>
RCs	71	74
Infrastructure (Managers, QA and Support Staff)	18	20
Cost	\$8.17M	\$9.47M
Utilization rate	50% - first year	55% - second year
Deficit*	\$2.96M	\$3.26M

All  
Clients

**Support Connector**

	FY15	FY16	FY17
	8 merit staff		
Personnel cost	628,023	660,368	728,725
Operating Expenses	55,460	55,460	56,758
<b>Total - 8 merit staff</b>	<b>683,483</b>	<b>715,828</b>	<b>785,483</b>

	4 Merit Staff		
Personnel cost	332,327	347,527	383,540
Operating Expenses	29,430	29,430	30,077
<b>Total - 4 merit staff</b>	<b>361,757</b>	<b>376,957</b>	<b>413,616</b>

No new FTE's would be required. These positions would be redirected from the Resource Coordination Program.

**Assumptions:**

Personnel costs were adjusted in FY16 and FY17 as follows -

    Salary increase by 6.75%

    Health Insurance increased by 9% each year

    Retirement in FY16 was calculated at 4% in FY16 and increased to 8% of the salary in FY17

Operating expenses (RENT) was increased 3% in FY16 and FY17 .

**Summary of Resource Coordination Options**

Option	Description	Advantages	Disadvantages	Estimated Cost
1. Transition Resource Coordination to the State	Continue to transition all clients to new service providers, with a plan to shut down County-run program entirely in Spring 2015. RC becomes entirely a State responsibility.	<ol style="list-style-type: none"> <li>1. Stabilizes RC services to clients</li> <li>2. Requires no additional County funding</li> <li>3. Places operational responsibility on DHMH</li> </ol>	<ol style="list-style-type: none"> <li>1. Opposition from DD community, which is concerned about the ability of private providers to serve Montgomery County residents appropriately</li> <li>2. If the County is completely out of the Resource Coordination service, there will be a significant gap in services for this population. Our residents will not have a local resource that would be responsible for responding to the specialized needs of the developmental disability community.</li> </ol>	N/A - the FY15 budget assumes that the RC program will close in FY15
2. Transition Resource Coordination to the State and establish a Support Connector Program for DD services.	Continue to transition all clients to new service providers, with a plan to shut down County-run program entirely in Spring 2015. RC becomes entirely a State responsibility. Establish a GF-funded support connector program to serve as an advocate for clients in dealing with RC vendors, services providers, and DHMH.	<ol style="list-style-type: none"> <li>1. Affirms County commitment to supporting DD community</li> <li>2. Stabilizes RC services to clients</li> <li>3. Places operational responsibility on DHMH</li> <li>4. Allows us to utilize long-standing relationships with the entire network of private organizations and public agencies relevant to serving the DD community</li> </ol>	<ol style="list-style-type: none"> <li>1. Will require an agreement with DHMH for the program to have optimal impact</li> <li>2. Will be 100% General Fund supported without any ability to generate revenue</li> </ol>	FY 16 Cost for the Support Connector Unit Proposals (All General Fund): <ol style="list-style-type: none"> <li>1. Unit of 4 - cost is \$376K</li> <li>2. Unit of 8 - cost is \$715K – DD Transition Advisory Workgroup Recommendation</li> </ol>
3. Reconstitute the Resource Coordination program to serve 1,100 clients	Montgomery County will remain a resource coordination service provider with a cap that allows us to serve a maximum of 1,100 clients. Our clients will be selected on a "first come/first serve" basis.	<ol style="list-style-type: none"> <li>1. Strongly supported by DD community</li> <li>2. Allows us to provide quality RC services for 1,100 clients</li> <li>3. Allows us to utilize long-standing relationships with the entire network of organizations and agencies relevant to this process</li> </ol>	<ol style="list-style-type: none"> <li>1. We will have to take clients on a first come/first serve basis – potentially creating feelings of disappointment/anger in the remaining 2,569 clients that will not receive County RC services.</li> <li>2. We will have a "mix" of clients – we will not be serving all of the most vulnerable clients (waiting list, crisis, Transitioning Youth).</li> <li>3. Lengthy staff up period with a potential lack of program expertise in the first few years,</li> <li>4. Impeding private provider improvement and capacity (the State may not consider a third private provider as long as the County provides RC services)</li> <li>5. May also result in continued community pressure to increase the number of clients served</li> </ol>	The FY16 cost is approximately \$2.95M with all merit staff. The estimate for the general fund deficit for this program is 1.04M. The projected FY17 cost increases to \$3.2M with a projected deficit of approximately \$1.24M.

Option	Description	Advantages	Disadvantages	Estimated Cost
4. Reconstitute the Resource Coordination program to serve all clients	Montgomery County will remain a resource coordination service provider with no cap on the number of clients served. Although all county residents can choose other RC providers, the assumption is that - if given the opportunity - all clients will choose the County as their RC provider. Please note that 3,300 is no longer the total number of MC RC clients – DDA informed us on 10/9 that there are now 3,669 MC clients receiving RC services.	<ol style="list-style-type: none"> <li>1. Provides the capacity to serve all RC clients in Montgomery County</li> <li>2. Strong support from the DD Community</li> </ol>	<ol style="list-style-type: none"> <li>1. The County would become the sole or at least the primary provider of RC services – a service that can be successfully provided by private agencies. Statewide - 74% of RC clients are currently being served by private providers</li> <li>2. Lengthy staff up period with a lack of program expertise in the first few years</li> <li>3. Impeding competition and improvement in private sector capacity</li> <li>4. Potential operational challenges related to maintaining appropriate staff when clients can change providers at any time</li> </ol>	For 3,669 clients - in FY16 the cost is approximately \$8.17M with all merit staff. We are estimating a general fund deficit of \$2.96M for the first year. For FY17 the cost is \$9.47M, we are assuming an increase of 200 clients with a projected deficit of \$3.26M.



**UPDATED - Resource Coordination Financial Analysis  
FY16 Full Year with all merit staff serving 1,100 clients (mix of clients) \***

PARAMETERS (Only Change These)	Ongoing Resource Coordination	
	Waiting List	
Client Cap	800	300
Maximum potential hours billed per client	53	varies
Average # of hours billed per client (55% utilization)	29.15	varies
Average fully loaded FY16 cost--County PSII	\$83,616	\$83,616
FY16 <b>Projected</b> DDA Reimbursement Rate (per hour) Assumes DDA's FY15 proposed rate that should be effective 1/1/15 (68.72) will increase by 4% in FY16	\$71.47	\$71.47
FY16 DDA Eligibility Reimbursement		\$450.00
Number of Merit Resource Coordinators - (assumes avg caseload of 40 for Ongoing RC)	20	4

\* This is a projection - if we end up with more waiting list clients - we will not fill all of these PINS and we subsequently won't generate as much revenue

Factor	Montgomery County Ongoing RC	Waiting List	TOTAL	Notes
Maximum Revenue (see detail attached)	\$1,666,652	\$208,728	\$1,875,381	See attached for Waiting List revenue details
Revenue for Eligibility and Assessments		\$43,200	\$43,200	Assumes 96 completed
<b>Total Revenue</b>	<b>1,666,652</b>	<b>251,928</b>	<b>1,918,581</b>	
Total Cost for Supervision and Support Staff	440,479		440,479	3 Program Manager I's, 1 PMII, and 1 OSC
Total Cost for Quality Assurance Staff	261,052		261,052	3 Quality Assurance Staff
Total Cost of Existing RCs (County)	\$1,672,311	\$334,462	\$2,006,773	# of County RCs (24)
Operating Expenses	\$246,960		\$246,960	Includes funding for miscellaneous expenses (\$30,000 for office supplies, printing), mileage reimbursement (\$48,960). <b>Projected</b> rental costs (\$168K) are assumed in this proposal.
<b>Total Costs</b>	<b>2,620,802</b>	<b>334,462</b>	<b>2,955,264</b>	
<b>Surplus/Deficit</b>			<b>(\$1,036,683)</b>	

1,100 Clients  
FY16

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**UPDATED - Resource Coordination Financial Analysis  
FY17 - Full Year with all merit staff serving 1,100 clients (mix of clients) \***

*Assumes a lower utilization because some RC time will be dedicated to "safety net/support connector" activities*

PARAMETERS (Only Change These)	Ongoing Resource Coordination	
	Coordination	Waiting List
Client Cap	800	300
Maximum potential hours billed per client	53	varies
Average # of hours billed per client (55% utilization)	29.15	varies
Average fully loaded FY17 cost--County PSII (assumes 10% increase from FY15 costs- 5% in FY16 and 5% in FY17)	92,273	\$92,273
FY17 Projected DDA Reimbursement Rate (per hour) Assumes DDA's FY15 proposed rate that should be effective 1/1/15 (68.72) will increase by 4% in FY16 and another 4% in FY17	\$74.33	\$74.33
FY16 DDA Eligibility Reimbursement		\$450.00
Number of Merit Resource Coordinators - (assumes avg caseload of 40 for Ongoing RC)	20	4

\* This is a projection - if we end up with more waiting list clients - we will not fill all of these PINS and we subsequently won't generate as much revenue

1,100 Clients  
FY17

Factor	Montgomery County Ongoing RC	Waiting List	TOTAL	Notes
Maximum Revenue (see detail attached)	\$1,733,348	\$217,081	\$1,950,428	See attached for Waiting List revenue details
Revenue for Eligibility and Assessments		\$43,200	\$43,200	Assumes 96 completed
<b>Total Revenue</b>	<b>1,733,348</b>	<b>260,281</b>	<b>1,993,628</b>	
Total Cost for Supervision and Support Staff	486,136		486,136	3 Program Manager I's, 1 PMII, and 1 OSC
Total Cost for Quality Assurance Staff	288,104		288,104	3 Quality Assurance Staff
Total Cost of Existing RCs (County)	\$1,845,464	\$369,093	\$2,214,556	# of County RCs (24)
Operating Expenses	\$252,000		\$252,000	Includes funding for miscellaneous expenses (\$30,000 for office supplies, printing), mileage reimbursement (\$48,960). Projected rental costs (\$173,040) are assumed in this proposal.
<b>Total Costs</b>	<b>2,871,704</b>	<b>369,093</b>	<b>3,240,797</b>	
<b>Surplus/Deficit</b>			<b>(\$1,247,168)</b>	

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**UPDATED - Resource Coordination Financial Analysis**

PARAMETERS (Only Change These)	Ongoing Resource Coordination	
	Coordination	Waiting List
Client Count (based on new MC client total of 3,669 per DDA. The split is unknown but this proposal assumes that the additional clients are on the WL)	2,250	1,419
Maximum potential hours billed per client	53	varies
Average # of hours billed per client (50% utilization) - first year	26.50	varies
Average fully loaded projected FY16 cost-- County PSII	\$83,615	\$83,615
FY16 Projected DDA Reimbursement Rate (per hour) Assumes DDA's FY15 proposed rate that should be effective 1/1/15 will increase by 4% in FY16	\$71.47	\$71.47
FY16 DDA Eligibility Reimbursement		\$450.00
Number of Merit Resource Coordinators - (assumes avg caseload of 40 for Ongoing RC)	56	15

All Clients  
FY16

Factor	Montgomery County Ongoing RC	Waiting List	TOTAL	Notes
Maximum Revenue (see detail attached)	\$4,261,327	\$907,261	\$5,168,588	See attached for Waiting List revenue details
Revenue for Eligibility and Assessments		\$45,000	\$45,000	Assumes 100 completed
<b>Total Revenue</b>	<b>4,261,327</b>	<b>952,261</b>	<b>5,213,588</b>	
Total Cost for Supervision and Support Staff	940,846		940,846	7 Program Manager I's, 1 PMII, and 3 OSCs
Total Cost for Quality Assurance Staff	609,122		609,122	7 Quality Assurance Staff
Total Cost of Existing RCs (County)	\$4,682,436	\$1,254,224	\$5,936,660	# of County RCs (71)
Operating Expenses	\$690,050		\$690,050	Includes funding for miscellaneous expenses (95,000) for office supplies, printing), mileage reimbursement (\$127,800) Projected rental costs (\$467,250) are assumed in this proposal.
<b>Total Costs</b>	<b>6,922,454</b>	<b>1,254,224</b>	<b>8,176,678</b>	
<b>Surplus/Deficit</b>			<b>(\$2,963,091)</b>	

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**UPDATED - Resource Coordination Financial Analysis**

PARAMETERS (Only Change These)	Ongoing Resource Coordination	
	Ongoing Resource Coordination	Waiting List

Client Count (Estimated increase of 100 Ongoing and 100 on WL above the current client count of 3,669)	2,350	1,519
Maximum potential hours billed per client	53	varies
Average # of hours billed per client (55% utilization) - second year	29.15	varies
Average fully loaded FY17 cost--County PSII	92,273	\$92,273
FY17 <b>Projected</b> DDA Reimbursement Rate (per hour) Assumes DDA's FY15 proposed rate that should be effective 1/1/15 will increase by 4% in FY16 and 4% in FY17	<b>\$74.33</b>	<b>\$74.33</b>
FY16 DDA Eligibility Reimbursement		\$450.00
Number of Merit Resource Coordinators - (assumes avg caseload of 40 for Ongoing RC)	58	16

All Clients  
FY17

Factor	Montgomery County Ongoing RC	Waiting List	TOTAL	Notes
Maximum Revenue (see detail attached)	\$5,091,623	\$1,073,940	\$6,165,563	See attached for Waiting List revenue details
Revenue for Eligibility and Assessments		\$45,000	\$45,000	Assumes 100 completed
<b>Total Revenue</b>	<b>5,091,623</b>	<b>1,118,940</b>	<b>6,210,563</b>	
Total Cost for Supervision and Support Staff	1,138,308		1,138,308	8 Program Manager I's, 1 PMII, and 3 OSCs
Total Cost for Quality Assurance Staff	768,278		768,278	8 Quality Assurance Staff
Total Cost of Existing RCs (County)	\$5,351,806	\$1,476,360	\$6,828,166	# of County RCs (74)
Operating Expenses	\$739,505		\$739,505	Includes funding for miscellaneous expenses (98,000) for office supplies, printing), mileage reimbursement (\$133,200) <b>Projected</b> rental costs (\$508,305) are assumed in this proposal.
<b>Total Costs</b>	<b>7,997,897</b>	<b>1,476,360</b>	<b>9,474,257</b>	
<b>Surplus/Deficit</b>			<b>(\$3,263,694)</b>	





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



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**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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HEALTH - GENERAL

(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.)