

MARYLAND -- 2001 Real Choice Systems Change Grant

Identified Problems with the States' Long-Term Care System

- Most Medicaid recipients with LTC needs are served in nursing homes and other LTC facilities.
- The state's administrative infrastructure has not kept pace with the recent expansion of its LTC system. Consequently, despite a significant increase in waiver slots, obtaining access to new programs can be complicated for consumers and providers alike.
- A shortage of community LTC workers.
- Consumers, providers, and caregivers lack awareness of community LTC services.
- The LTC system is fragmented due to multiple funding streams and state agencies that administer community programs for different populations.
- There is no consistent strategy to measure quality and enhance performance in community LTC programs.
- A growing number of children with serious emotional disturbances (SED) need services.

Perceived Strengths

- Personal Care and Medical Day Care have been offered under the Medicaid State Plan since 1980; each program currently supports about 5,000 people per year in the community.
- The state has five 1915(c) HCBS waivers (3 implemented prior to 1993 and two implemented in 2001):
 - C Individuals with Developmental Disabilities
 - C Medically Fragile Children
 - C Older Adults
 - C Adults with Physical Disabilities
 - C Children with Autism Spectrum Disorder
- The state has a Senior Care Program, a Congregate Housing Services Program, a Living Group Home Subsidy, an Attendant Care Program, Project HOME, In-Home Aide Services, and a Respite Care program.
- 98 percent of the state's 20,000 individuals with developmental disabilities are served in the community through state-only programs and Medicaid.
- 98 percent of the state's 75,000 people with mental illness are served in the community through Medicaid and state-only programs.
- The governor and state legislature have recently enhanced the state's efforts to serve individuals with disabilities in the most integrated settings.
- Consumers are actively engaged in the policy process.

Primary Focus of Grant Activities

- Improve coordination and provision of information to consumers and providers to address fragmentation in existing LTC system and improve access to community-based services.
- Address recruitment and retention problems among LTC direct care providers and permanently increase the pool of workers.
- Improve access to community-based services for children with severe emotional disturbances.
- Develop/refine the system for assessing and improving the quality of community LTC services.

Goals, Objectives, and Activities

Overall Goal. Implement and sustain improvements in access to community LTC services for adults and children with disabilities and long-term illnesses.

Goal I. To provide information to consumers in acute care hospitals to aid decision-making and assist in their transition back to the community.

Objectives/Activities

- Develop a pilot outreach project utilizing hospital discharge planners to inform persons in hospitals about community-based LTC options to prevent unnecessary institutional placement.
- Develop educational materials to inform individuals about community programs.

Goal II. Permanently increase the availability of attendant care services.

Objective/Activities

Host provider job fairs across the state targeted to direct care workers where technical assistance to complete provider applications, and specific training to meet minimum provider qualifications, can be provided.

Goal III. Improve community-based service delivery to children with serious emotional disturbances (SED).

Objectives/Activities

- Develop a capitated demonstration program for children with SED to encourage provision of community care for children with the most intense needs.
- Develop the process by which state staff will monitor the implementation of the program and assess its effectiveness during the grant period and beyond.
- Develop an outreach pilot program to raise awareness of available services.

Goal IV. Assess the quality of community-based long-term care services and use that information to inform future quality improvement activities.

Objectives/Activities

- Develop service-specific performance measures for community LTC programs.
- Measure quality of service through consumer surveys to assess the satisfaction of HCBS waiver program enrollees.
- Make an initial assessment of the accuracy and quality of data that will be collected.
- Design an ongoing approach for assessing performance data, work with providers to develop goals for quality improvement activities, and develop a process for re-measurement to determine the success of those efforts.

Key Activities and Products

- Develop educational materials to inform individuals about community-based LTC services, as well as a pilot project to provide outreach to persons in hospitals to inform them of community-based LTC options to prevent unnecessary institutionalization.
- Host provider job fairs across the state targeted to direct care workers.
- Develop an outreach pilot project and a capitated demonstration program for children with SED.
- Develop, implement, and assess service-specific performance measures, data, and improvement for community LTC programs.

Consumer Partners and Consumer Involvement in Planning Activities

A consumer advisory group met twice prior to submission of the grant proposal to provide input and feedback on grant initiatives. This group included people with disabilities, a parent of a child with a disability, and representatives of advocacy organizations.

Consumer Partners and Consumer Involvement in Implementation Activities

There will be two consumer advisory boards that will oversee implementation and help evaluate the effectiveness of the initiatives. Each group will meet approximately every other month. One group will focus on the capitated project for children with SED, the other will address the outreach, workforce, and performance measurement initiatives. Stipends will be offered to consumer members and they will be reimbursed for transportation costs to and from meetings and for any personal assistance services that are required to participate in the meetings.

Public Partners

- MD Department of Health and Mental Hygiene (DHMH).
- MD Mental Hygiene Administration (MHA).
- Governor's Office for Individuals with Disabilities.
- MD Department of Human Resources (DHR).

- Local health departments and hospitals in each pilot county.
- University of Maryland, Baltimore County (UMBC).

Private Partners and Subcontractors

- Maryland Statewide Independent Living Council (MSILC).
- The Association of Maryland Hospitals.
- Advocacy organizations.
- The Alzheimer’s Association.
- Centers for Independent Living (CILs).
- Bailit Health Purchasing, Inc.

Public and Private Partnership Development/Involvement in the Planning Phase

Public Partners

The proposal was developed with the support of the public partners listed above.

Public and Private Partnership Development/Involvement in Implementation

Public Partners

- MHA will build upon its existing relationship with advocacy organizations to ensure successful implementation of Goal III.
- Relationships between local health departments and hospitals will be fostered through implementation of Goal I.
- Coordination between the hospital discharge planning initiative and the state’s Nursing Home Transition Grants will be facilitated through joint meetings and other feedback mechanisms.
- The Governor’s Office for Individuals with Disabilities, MD Department of Human Resources, MD Department of Aging, and DHMH have collaborated (and will continue to collaborate) to host “waiver provider job fairs.”

Private Partners

- The Association of Maryland Hospitals has pledged its willingness to participate in the Real Choice grant work, particularly Goal I.
- Advocacy organizations such as the Centers for Independent Living (CILs) and the Alzheimer’s Association are also committed to collaboration, particularly in Goal I.

Existing Partnerships That Will Be Utilized to Leverage or Support Project Activities

- Coordination and collaboration with the state’s NFT Systems Change Grantee to develop and share materials about community-based LTC options (Goal I), work force development efforts (Goal II), and quality indicators (Goal IV).

- Coordination with Medicaid programs that provide community and support services to individuals (Goals I, III, and IV).

Oversight/Advisory Committee

There will be two consumer advisory boards that will oversee implementation and help evaluate the effectiveness of each initiative. Each group will meet approximately every other month. One group will focus on the capitated project for children with SED, the other will address the outreach, workforce, and performance measurement initiatives.

Formative Learning and Evaluation Activities

- The state will have regular meetings of the grant project team, which includes the lead staff for each initiative/goal, to discuss and track progress, obstacles, and delays.
- The two consumer advisory boards will formally solicit feedback from consumers and stakeholders five times during the grant period through interviews with a sample of consumers, review progress with consumers and providers, and survey other stakeholders. This process for conducting these activities will be developed by the advisory committees.
- The work group for Goal I will develop measures to evaluate the pilot outreach project through surveys of patients, family members, and facility staff.
- The work group for Goal III will develop a process by which state staff will monitor the implementation stage of the managed care program for children with SED and assess its effectiveness during that stage and beyond.
- The quality indicator data and the results of the waiver participant satisfaction surveys, for Goal IV will be evaluated by the work group, and used to develop goals for quality improvement activities.

Evidence of Enduring Change/Sustainability

The state intends to continue funding for all initiatives in Goals I-IV—to the extent that they are proven to be effective—after grant completion.

Geographic Focus

Goal I: three pilot counties.

Goal II: statewide.

Goal III: appropriate site(s) to be determined by grant activities.

Goal IV: statewide.