



# Planning For A Lifespan Waiver In Maine:

Transition Liaisons and  
Community Resource Coordinators

*MAINE COALITION FOR HOUSING AND QUALITY SERVICES*

*NOVEMBER 13, 2023*

# Agenda

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Highlights from Lifespan Waiver

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Pilot updates: Transition Liaisons and Community Resource Coordinators

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Feedback, Questions ?

# Highlights of Proposed Lifespan Waiver

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## A True Lifespan Waiver

- Expanding access to youth in transition by lowering minimum enrollment age to 14
- A waiver that can serve people for life
- Key life transitions can occur without the need to change waivers
- No waiting list (after first 5 years of Lifespan operation) means greater ability to prevent crises by enrolling people as soon as they apply

# Highlights of Lifespan (continued)

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- Lifespan will open and initially serve new people using new funding from legislature

## Proposed Priority Groups for Enrollment:

- Youth in transition, ages 14-17
- Adults (18+) on the waiting list who are receiving no other waiver services *(identified based on stakeholder input)*
- Reserve slots for emergencies, etc. (similar to existing waivers' reserve slots)
- Remaining slots for others on the waiting list

***Note: Before Lifespan opens, DHHS expects to end the waiting list for Section 29.***

# Features of Lifespan

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## **Four Enrollment Groups:**

- Services Customized to Each Group; Transition between groups as age or needs change

## **Group #1: Transition-Age Youth/Young Adults (Ages 14-21)**

- Residential Options Include Independent Living, Supported Living and Shared Living for 18+

## **Group #2: Working-Age Adults (Ages 22-64)**

- Residential Options Includes Independent Living, Supported Living and Shared Living

## **Group #3: Older Adults (Ages 65+)**

- Residential Options Include Independent Living, Supported Living and Shared Living

## **Group #4: Adults (Ages 18+) – Who need Group Home**

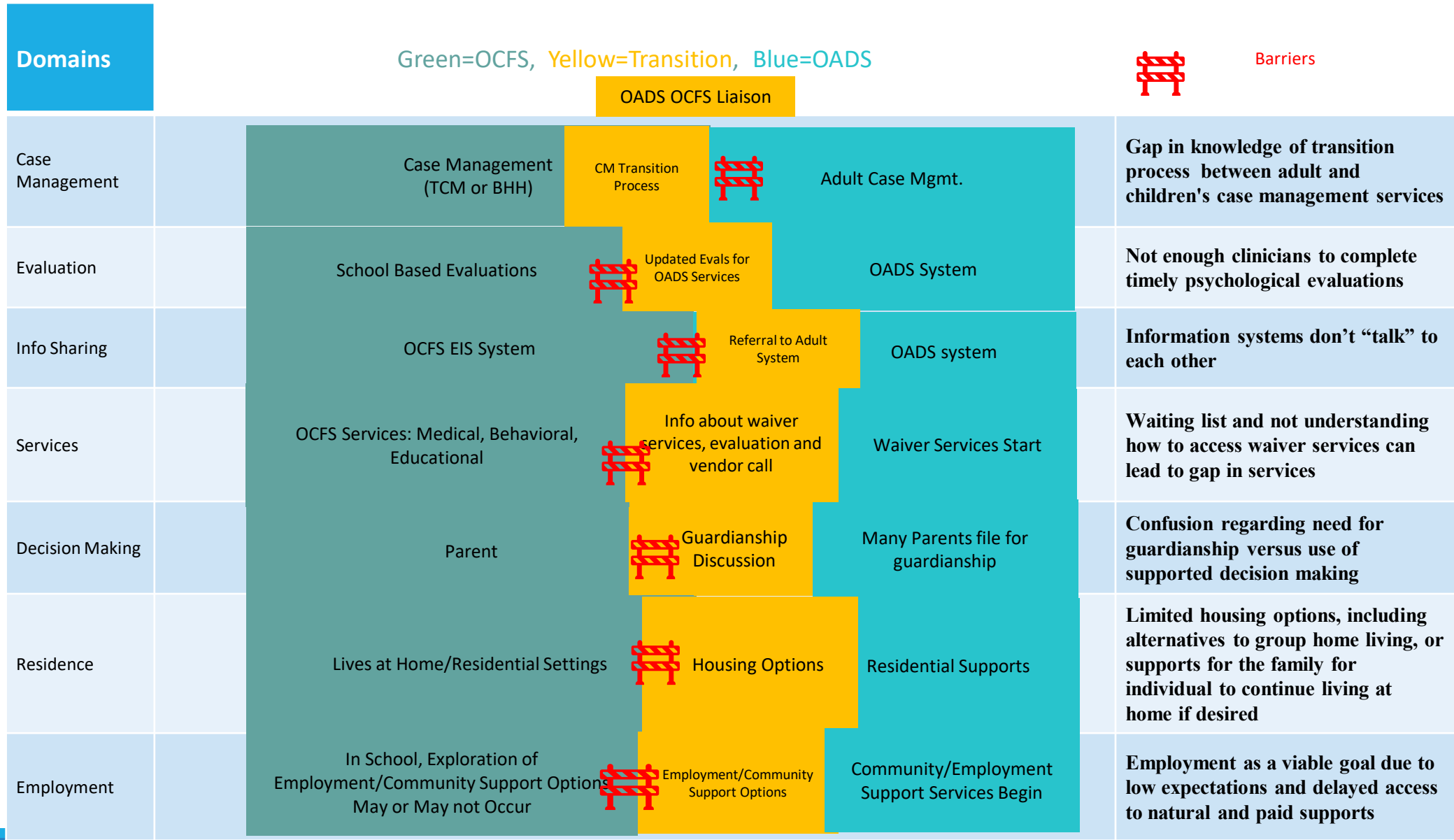
- Residential Option is Agency Group Home

# Features of Lifespan (2)

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- ❑ Increased Self-Direction Opportunities
- ❑ Comprehensive Services and Supports Coordination
- ❑ Adding New Services to Fill Gaps
- ❑ Strategies to Enhance DSP Role, Retention, and Quality
- ❑ Use of Best-Practices Models

# Current State (2022)



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12 14 16 18 20 22

How will DHHS  
Support This  
Transition to the  
Lifespan  
Waiver?

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In order to support this transition,  
**two key roles** are being piloted at  
OADS prior to March 2025

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**Transition Liaison**

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**Community Resource Coordinator**



Improving the  
Transition  
from Children  
to Adult  
Services



# Transition Liaison Project Goals

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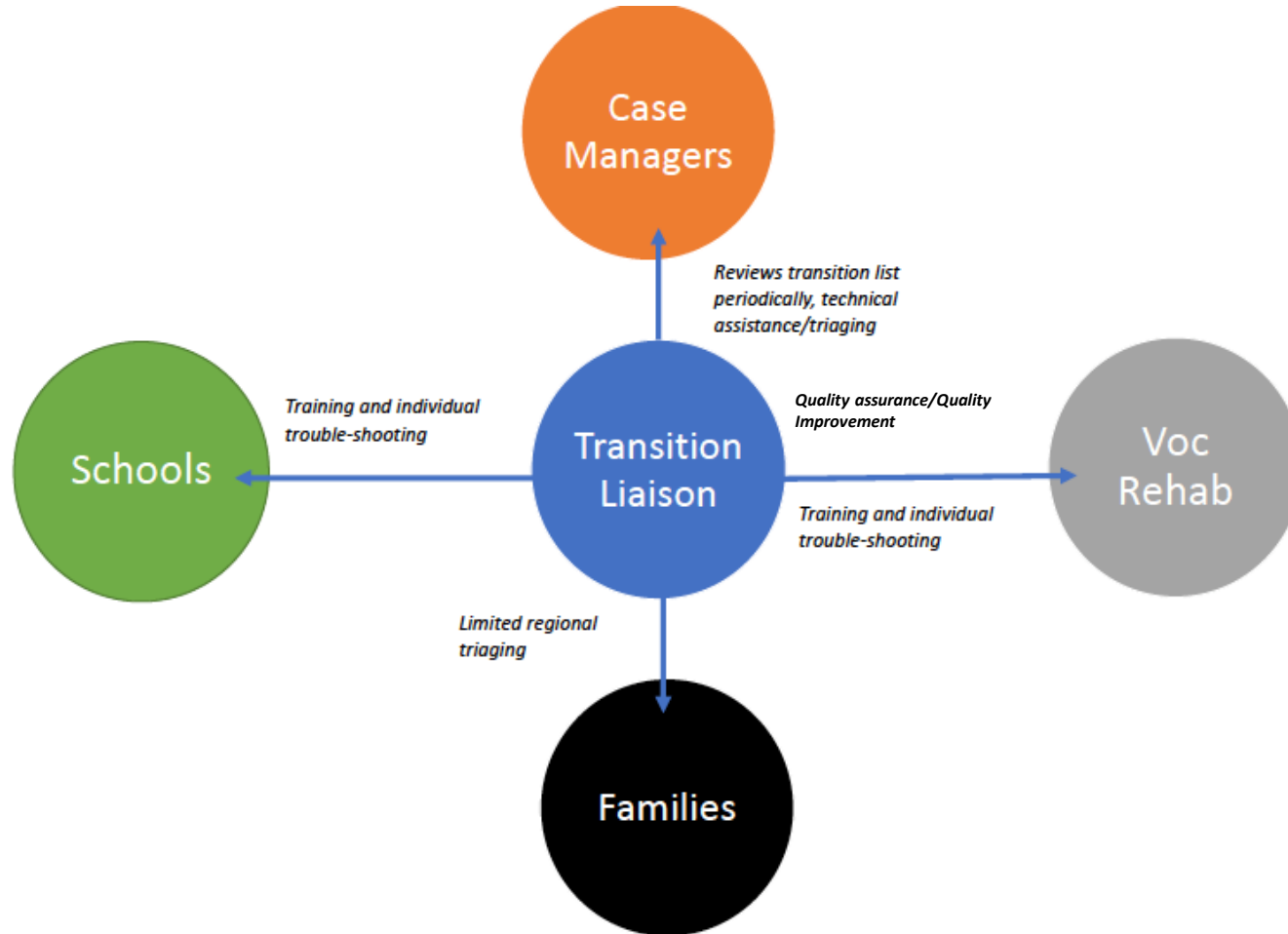
A Project Director and four transition liaison staff will work with internal OCFS and OADS staff to develop tools and provide transitional support and cross-training for school, children's and adult case managers.

The goal of this initiative is to provide training, quality oversight and resources to provide more consistent approaches to youth with IDD and autism, as they transition from the Office of Child and Family Services' (OCFS) children's system to the Office of Aging and Disability Services (OADS) adult system.

The transition liaisons will be responsible for:

1. Identifying cohorts of transition-age youth
2. Transition case management support and implementation
3. Triaging cases where family-members/caregivers act as case managers
4. Facilitate access to state systems
5. Training and education
6. Systems level reporting, quality assurance, quality improvement and monitoring

# Transition Liaison Framework



# Transition Liaison Team Introductions

Executive Sponsor:  
Betsy Hopkins, OADS

CBHS Leadership Support:  
Dean Bugaj & Alina Smith

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[OADSYouthTransition@maine.gov](mailto:OADSYouthTransition@maine.gov)

Email for contacting the OADS Youth Transition Team

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Shelly M. King, LCPC

Project Director

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Dan Sheehan, MS

Transition Liaison, Districts 1 & 2

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Tammy Richardson, LSW

Transition Liaison, Districts 3 & 5

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Wendy Parker, BA

Transition Liaison, Districts 4 & 6

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Becky Okolita, MEd

Transition Liaison, Districts 7 & 8

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# Project Milestones

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Project Approved by CMS July 2022	Hired- Project Director January 2023 & Transition Liaisons April 2023	Data Sourcing & Analysis May 2023	Engagement Plan Developed (Internal and Interagency) May 2023	NTACT-C Community Building Institute May 2023
Resource Library of Transition best practices June 2023	Collateral material development for Transition/Resource fairs September 2023	Standard Procedure Developed and Implemented for Quarterly Review of Transition Age Youth October 2023	Transition Training for CCMs October 2023	DHHS Transition Website with resources November 2023
Training for Special Educators on DS Services/CM involvement in IEP Dec 2023	Information & Resource development for youth & families related to Lifespan 2024	Quarterly Communication Plan with Transition Resources 2024	Continuous Quality Improvement Plan based on Stakeholder Feedback 2024	Present Updates to Legislature LD 1106 January 2024

THIS BRINGS  
US TO.....

# The Community Resource Coordinator Role (CRC)

# Community Resource Coordinator Role

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- Moving beyond existing case management, existing care coordination and existing support coordination roles to **a more broad-based resource coordination role**
  - Increase the span of coordination to include all natural supports, community services, services available from other public programs, including but not limited to education, behavioral health, vocational rehabilitation, housing, transportation, and Lifespan Waiver services.
- Addressing current shortcomings and challenges of existing roles ***reported by stakeholders***, who also reported this role in Lifespan will be critical for success.
- Role will better support participation in self-direction
- Opportunity to develop better reimbursement methodology, payment rate (e.g., monthly unit) and unique service for the Lifespan Waiver **if this service is waiver service**

# Community Resource Coordinator Role

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- Developing a case management service that is defined uniquely for the Lifespan Waiver.
  - Preliminarily titled “Community Resource Coordinator” to differentiate it from other case management and care/support coordination roles.
- Establishing caseload maximums based on the core functions of the Community Resource Coordinator
  - Enhanced role needed to support youth in transition
  - Greater expectations for connecting individuals and their families to resources outside of the Lifespan Waiver and coordinating a fuller range of supports and services.
- Exploring strategies that have been successful in other states to ensure compensation (pay and benefits) for this role is aligned with the compensation level assumed in the reimbursement rate for this service.
- **Based on stakeholder input**, offering effective competency-based training, including person-centered thinking, comprehensive strengths-based assessment, the Person-Centered Plan and person-centered planning process expectations.



- Will use FMAP funds to hire eight (8) Community Resource Coordinators and one (1) Community Resource Manager for a pilot that will run through March 2025.
- They will provide services to members on Section 21 & 29 Waivers
- Their role will be one that Maine plans to replicate to support new members in the Lifespan Waiver once it starts.
- They will be aligned with the 8 DHHS Districts and be offered to members who have been waiting for the longest for case management due to a lack of CM agency resources in the areas they live, as well as being offered as a choice to youth who are newly found eligible for OADS

## CRC Pilot Project Plan

# CRC Pilot Project Goals

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Improved access and choice for case management resources.

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Increased quality of transition process and services received for youth and families.

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Reduced wait times for case management services for waiver members.

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Improved member and family satisfaction

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Connecting members to long-term employment and housing opportunities to maximize independence

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Ensuring access to support in the least restrictive and costly setting

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Reducing potentially preventable hospitalizations and other service utilization that may result from gaps in care

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More informed stakeholders, including schools, families/caregivers, vocational rehab, and others

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An innovative model for case management that can be implemented within the lifespan waiver.

Requirements: Bachelor's Degree from an accredited educational institution in Social Work, Psychology, Education, Human Development, Nursing, Rehabilitation, or directly related human services field and a minimum of four (4) years' experience in providing support services and/or (paid or unpaid) direct care to clients/families with disabilities or providing support services in a directly related human service field. Previous experience supervising others in the field of human services. Demonstrated Competency in person-centered and family-focused service provision. Knowledge of the public education system in Maine and an understanding of flexible funding and natural supports.

Ability to drive, access to vehicle for travel, and ability to work from home and maintain HIPAA-compliant home office is also required.

**Preference will be given to applicants who meet the minimum requirements and also have: lived experience as an individual with a disability or an immediate family member of an individual with a disability; experience providing support services and/or (paid or unpaid) direct care to individuals who have intellectual/developmental disabilities and/or autism; extensive knowledge of, and connections to, local community organizations, people and resources, including employers; linguistic and cultural competencies; a Master's Degree in the above listed degrees; or licensure as an LSW, LMSW, LCSW, or LCPC.**

## Recruiting: Community Resource Manager

# Recruiting for the CRC role

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Requirements: Bachelor's Degree from an accredited educational institution in Social Work, Psychology, Education, Human Development, Nursing, Rehabilitation, or directly related human services field and a minimum of two (2) years' experience in providing support services and/or (paid or unpaid) direct care to clients/families with disabilities or providing support services in a directly related human service field.

Ability to drive, access to vehicle for travel, and ability to work from home and maintain HIPAA-compliant home office is also required.

**Preference will be given for applicants who meet the minimum requirements and also have: lived experience as an individual with a disability or an immediate family member of an individual with a disability; experience providing support services and/or (paid or unpaid) direct care to individuals who have intellectual/developmental disabilities and/or autism; extensive knowledge of, and connections to, local community organizations, people and resources, including employers; linguistic and cultural competencies; a Master's Degree in the above listed degrees; or licensure as an LSW.**



We welcome your feedback or questions.

Thank you for your valuable input and time in this stakeholder process.

<https://www.maine.gov/dhhs/oads/about-us/initiatives/hcbs-lifespan-project>