



Reference Guidelines for Resource Coordinators:

Forensic Involvement

August 26, 2014

REFERENCE GUIDELINES: FORENSIC INVOLVEMENT

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OVERVIEW:

The Secure Evaluation and Therapeutic Treatment (SETT) Program of the Developmental Disabilities Administration's (DDA) court involved service delivery system includes two State Forensic Residential Centers operated by the Administration. Pursuant to Criminal Procedure Article Title 3¹, the SETT Program Units are responsible for evaluating and treating individuals committed to the Department of Health and Mental Hygiene by the courts while working to integrate these individuals, with court approval, into less restrictive, more integrated settings in the community and ensure public safety.

The SETT Program provides evaluation and assessment services, as well as active treatment to people with intellectual disabilities and court involvement within a secure and safe environment. In addition, direct case consultation and assistance is provided to both criminal justice and human services staff regarding people with intellectual disabilities involved with the criminal justice system.

TYPES OF RESOURCE COORDINATION

The Developmental Disabilities Administration's Resource Coordination (RC) services include Comprehensive Assessment (for people applying for funding), Waiting List Coordination Services (for people on the Waiting List), Community Coordination Services (for people receiving ongoing funding for services), and Transition Coordination Services (for people actively transitioning from an institution). People residing in an institution may be categorized for RC services under Waiting List Coordination Services, Community Coordination Services, or Transition Coordination Services depending on their circumstances as noted below.

Type of RC Service	Authorized for People
Comprehensive Assessment	Applying to DDA for eligibility.
Waiting List Coordination	<ol style="list-style-type: none"> 1. On DDA Waiting List in crisis resolution, crisis prevention, or current request categories. 2. People residing in a SRC <i>who do not attend a DDA day program off campus, and are not pursuing transitioning to the community.</i>
Community Coordination	<ol style="list-style-type: none"> 1. Receiving ongoing DDA funding for community services (i.e. day, residential, supported employment, family and individual support services (FISS), etc.). 2. People residing in an SRC <u>and</u> <i>attend a DDA day program off campus.</i>
Transition Coordination	Actively transitioning from an institution includes people residing in a: <ol style="list-style-type: none"> 1. SRC <i>but do not attend a day program;</i> 2. Nursing Facility; or 3. Secure Evaluation and Therapeutic Treatment Services (SETTS).

Note: Individuals on the Future Needs Registry are not eligible for resource coordination services.

¹ For additional information on Maryland Statute visit <http://mgaleg.maryland.gov>.

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Transition Coordination Services are provided for people actively transitioning from an institution to the community including people residing in an SRC that do not attend an off campus day program, people in nursing facilities, and **people in the SETTS**. This service authorizes 208 units of RC services per fiscal year.

ROLE OF THE RESOURCE COORDINATOR

Resource coordinators remain responsible for comprehensive assessments, monitoring and follow-up activities, referral and related services, and development and periodic review of an individual plan (reference COMAR 10.09.48.05) for individuals who have *forensic involvement*. These activities need to take place across many diverse settings including treatment programs, detention centers, jails, State Residential Centers (SRCs), and Forensic Residential Centers (FRCs). Many times, the first contact an individual may have with DDA is through the legal system.

Pursuant to Criminal Procedures Article Title 3, the court may request the Department of Health and Mental Hygiene (DHMH) to conduct an evaluation of competency to stand trial and/or criminal responsibility of a defendant in a criminal case or a violation of probation proceeding. **During this time until sentencing or disposition by the court, resource coordination services are to continue.**

PROTOCOLS AND BUSINESS RULES:

- A. When an individual already receiving ongoing DDA funded service is arrested or summoned to court, or served a hospital warrant, the following will occur:
 1. If the resource coordinator becomes aware, they are to notify the Regional Office's forensic coordinator in the Region where the person receives services. Within two (2) business days, the RC shall then complete a monitoring and follow-up note in PCIS2.
 2. The regional forensic coordinator will notify the DHMH Office of Forensic Services (OFS) DDA Pre-Trial Evaluation Services Unit (Appendix A).
 3. The Pre-Trial Evaluation Services Unit will request and review the court order, statement of probable cause, screener's report, and other pertinent documents.
 4. The Pre-Trial Evaluation Services Unit will analyze for any evaluations that are required (i.e., competency, dangerousness, restorability).

- B. When an individual has been found eligible by DDA, but is not receiving on-going DDA funded services, is arrested or summoned to court and is referred to DHMH or DDA, the following will occur:
 1. If the DHMH OFS DDA Pre-Trial Evaluation Services Unit is notified first, they will notify the Regional Office's forensic coordinator in the region where the alleged offense occurred.

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2. The regional forensic coordinator facilitates a referral by the Regional Office for the appropriate type of resource coordination services within 48 hours being notified by the Pre-Trial Evaluation Services Unit.
 3. If the Regional Office is notified by the court or jail system, within 24 hours the Regional Office will then notify the Pre-Trial Evaluation Services Unit and refer the individual for the appropriate type of resource coordination services.
 4. If the individual is at the SETT Unit and not receiving ongoing DDA funded services, the SETT forensic coordinator will notify the Regional Office where the offense has occurred for a referral to the appropriate type of resource coordination services.
- C. When an individual is not known to the DDA and is referred to DHMH or DDA, the following will occur:
1. If the DHMH OFS DDA Pre-Trial Evaluation Services Unit is notified, first they will notify the Regional Office's forensic coordinator in the region where the alleged offense occurred.
 2. The regional forensic coordinator facilitates a referral by the Regional Office for resource coordination services within 48 hours being notified by the Pre-Trial Evaluation Services Unit. A resource coordination provider will be randomly assigned. The authorized RC provider will then complete the comprehensive assessment in accordance with COMAR 10.09.48 and 10.22.12.
 3. If the Regional Office is notified by the court or jail system, within 24 hours the Regional Office will then notify the Pre-Trial Evaluation Services Unit as well as refer the individual for resource coordination services. A resource coordination provider will be randomly assigned. The authorized RC provider will then complete the comprehensive assessment in accordance with COMAR 10.09.48 and 10.22.12.
 4. If the individual is at the SETT Unit, the SETT forensic coordinator will notify the Regional Office where the offense has occurred for a resource coordination referral. A resource coordination provider will be randomly assigned. The authorized RC provider will then complete the comprehensive assessment (CA) in accordance with COMAR 10.09.48 and 10.22.12. In this instance the CA needs to be completed within 30 calendar days.
 - ❖ The SETT forensic coordinator will also notify the Regional Office forensic coordinator in the region where the individual resides.

NOTE: In all instances, the Regional Office must authorize the individual for the appropriate type of resource coordination (*comprehensive assessment, waiting list coordination, community coordination, or transition coordination*), within PCIS2 prior to the referral for RC services being sent.

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WAIVER ELIGIBILITY AND PARTICIPATION

If an individual is known to DDA and is receiving services through any waiver, the waiver services stop at the time of commitment to DDA or incarceration.

1. A new MA application will need to be completed as a provisional MA number can be assigned six (6) months in advance of court proceedings or release from jail, a treatment center, the Potomac Center, or a SETT Unit.
2. At the time of the waiver application, only the MA application and required documentation is to be submitted to the regional waiver coordinator.
3. If an individual is committed to the SETT or Potomac Center for evaluation, the forensic coordinator from the SETT or Potomac Center will notify the assigned resource coordinator.

NOTE: If the individual is incarcerated or in a treatment program, the resource coordinator needs to set up an appointment. This is called a “professional visit.” At the time of the appointment, the resource coordinator will need their ID from their agency and a photo ID (i.e., driver’s license, passport, etc.).

COURT PROCEEDINGS

DDA is the lead in all court proceedings. The Administration will determine the appropriate staff member to attend court proceedings on behalf of DDA. While a resource coordinator (RC) may attend court proceedings, the RC is a vendor of DDA and not a spokesman for DDA. The Regional Office and resource coordinator will discuss and determine if the resource coordinator should attend the actual court proceedings or not.

Prior to Court Proceedings

- A. For an individual already receiving ongoing DDA funded services, the RC will:
 1. Continue monitoring and follow-up activities in accordance with COMAR 10.09.48.06D;
 2. Work with the provider and regional forensic staff to determine if any additional services may be required;
 3. Submit the Request for Service Change (RFSC) as necessary depending on the individual’s circumstances (Appendix C); and
 4. If the current service provider declines to continue to serve the individual, then the resource coordinator will refer the person to other service providers.
- B. For an individual not receiving ongoing DDA funded services, but who has been found eligible for DDA services, the resource coordinator will:
 1. Continue monitoring and follow-up activities in accordance with COMAR 10.09.48.06D;
 2. Share information about relevant resources and make referrals in accordance with COMAR 10.09.48.06C; and

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3. Develop and periodically revise the Individual Plan in accordance with (COMAR 10.09.48.06B. The resource coordinator should involve the regional forensic coordinator in the planning process as necessary.

Discharge Meeting

- A. The resource coordinator will meet with the interdisciplinary team to ensure all services are identified within the person's individual plan.
- B. Within the IP, a person responsible shall be clearly identified for all services.
- C. The associated costs for any medications and services that are needed in the first 90 calendar days following discharge shall be identified and submitted as part of either the Request for Service Change (Appendix C) or the individual plan as appropriate.
- D. The following will need to be completed and submitted to the regional waiver coordinator:
 1. Initial Certificate of Need (ICON) (Appendix D);
 2. Freedom of Choice Form (Appendix E); and
 3. Community Pathways Waiver Enrollment Checklist (Appendix F).²

Post Court/Date of Discharge

- A. On the day of discharge, the resource coordinator should arrange for the individual to immediately go to the Social Security Administration to reapply.
- B. Following discharge, the resource coordinator should:
 1. Ensure all supports are in place as set forth in the individual plan; and
 2. Ensure all appointments, including court related appointments, are set-up and the necessary plans are in place for the individual to attend as required.
- C. The regional forensic coordinator should be notified of any concerns, problems, or inability to provide any of the above services.

NOTE: If the individual is found competent and is given a sentence (*time to be served in jail*), resource coordination services will end on that date.

² The Community Pathways Waiver Enrollment Checklist has replaced the Waiver Applicant Verification Form WC-2C.

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APPENDIX A: PRINCIPAL CONTACTS

Jessup SETT Unit

(410) 970-7478 SETT Forensic Coordinator: Cathy Ford (cathy.ford@maryland.gov)
(410) 724-3061 For professional visits: David O'Neal (david.o'neal@maryland.gov) or Katrin Guillory (katrin.guillory@maryland.gov)

Sykesville SETT Unit

(410) 970-7478 SETT Forensic Coordinator: Cathy Ford (cathy.ford@maryland.gov)
(410) 970-7474 For professional visits: William Vandervall (william.vandervall@maryland.gov)
(410) 970-7472 For professional visits: Troye Wickers (troye.wickers@maryland.gov)

DHMH OFS DDA Pre-Trial Evaluation Services Unit

(410) 724-3210 Ext. 6130 General Information

DDA Regional Office Contacts

(410) 234-8261 CMRO Forensic Coordinator: Jo Stevenson (jo.stevenson@maryland.gov)
(410) 234-8269 CMRO Waiver Coordinator: Natalie Jones (natalie.jones@maryland.gov)

(410) 572-5948 ESRO Forensic Coordinator: Rachel White (rachel.white@maryland.gov)
(410) 572-5926 ESRO Waiver Coordinator: Edwina Harris (eharris@maryland.gov)

(301) 362-5147 SMRO Forensic Coordinator: Onesta Duke (onesta.duke@maryland.gov)
(301) 362-5110 SMRO Waiver Coordinator: Carol Bowman (carol.bowman@maryland.gov)

(240) 313-3861 WMRO Forensic Coordinator: Tim Jenkins (timothy.jenkins@maryland.gov)
(240) 313-3877 WMRO Waiver Coordinator: Tina Swink (tina.swink@maryland.gov)

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APPENDIX B:

GLOSSARY OF TERMS

“Committed person” means a person committed to the Department of Health & Mental Hygiene (DHMH) as not criminally responsible under the test for criminal responsibility.

“Court” means any court that has criminal jurisdiction.

“Hospital warrant” means the legal document issued by a court that:

- (1) Authorizes any law enforcement officer in the State to apprehend a person who is alleged to have violated an order for conditional release and transport the person to a facility designated by the DHMH; and
- (2) Requires that the issuance of the warrant is entered in the person’s criminal history record information of the criminal justice information system.

“Incompetent to stand trial” means not able to:

- (1) Understand the nature or object of the proceeding; or
- (2) Assist in one’s defense.

“Mental disorder” means:

- (1) A behavioral or emotional illness that results from a psychiatric or neurological disorder.
- (2) Mental disorder includes a mental illness that so substantially impairs the mental or emotional functioning of a person as to make care or treatment necessary or advisable for the welfare of the person or for the safety of the person or property of another.
- (3) Mental disorder does not include intellectual disability.

“Not criminally responsible” means the defendant, at the time of the conduct, because of a mental disorder or mental retardation, lacks substantial capacity to appreciate the criminality of that conduct; or conform that conduct to the requirement of the law.

“Screening” means an initial assessment of competency to stand trial or criminal responsibility completed by a clinician designated by the Mental Hygiene Administration and serves as the Department of Health & Mental Hygiene’s representative. The initial assessment does NOT include any actual testing procedures.

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APPENDIX C: REQUEST FOR SERVICE CHANGE

DEVELOPMENTAL DISABILITIES ADMINISTRATION Notification Form-Cost Neutral Change

_____	_____	_____
Last Name	First Name	Middle Name/Initial
_____	_____	_____
Medical Assistance Number	Social Security Number	Jurisdiction/County

Remains with _____ or _____ with a change of site address:
(Residential Provider) (Day Provider)
 Address _____ City/State _____ Zip _____
 Anticipated date of change: _____ Jurisdiction/County: _____

Anticipated to move from _____ and/or _____ to a new waiver provider:
(Residential) (Employment/Day)
 Address _____ Address _____
 New Provider _____ and/or _____
(Residential) (Employment/Day)
 New Address _____ New Address _____
(Residential) (Employment/Day)

Anticipated effective date for a change in waiver service _____
 From _____ to _____ (Please write provider/address change above)
Type of Service Type of Service
 Examples: Residential Habilitation to CSLA; Supported Employment to Day Habilitation; F/ISS to Supported Living (CSLA)

Has had a change in Resource Coordination Agency from _____ to _____
Resource Coordination Agency Address
 Anticipated effective date _____

Resource Coordination indicates reason for change _____
 Assurances: Person/guardian initiated Yes No, or Agrees Yes No Health Safety and Behavioral Needs Met Yes No
 Site(s) accessible Yes No, and have adequate trained staff to implement individual plan Yes No
 Least restrictive alternative Yes No RC _____
(Print name) (Signature)
 RC agrees with accuracy of information? Yes No Date _____
 RC Comments:

Regional Office confirms: RC assurances Yes No Appropriate licensure Yes No PCIS updated Yes No
 Copies to RC Yes No Copies to Provider Yes No
 Reviewed and confirmed by Regional Office Yes No Signed _____ Date _____
 CMRO SMRO ESRO WMRO

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APPENDIX D:

INITIAL CERTIFICATE OF NEED

DEVELOPMENTAL DISABILITIES ADMINISTRATION COMMUNITY PATHWAYS WAIVER

LEVEL OF CARE INITIAL CERTIFICATE OF NEED

This is to certify that _____
(FIRST, MIDDLE, LAST)

Medical Assistance Number:

In accordance with DDA eligibility criteria, has been determined to need waiver services and meets the appropriate Level of Care effective: _____.

Verification of a "developmental disability" per the DDA PCIS2 Eligibility Category determined on _____ (insert date).

Service Delivery Model: (check one)

- Traditional/Provider Managed Services
 Self-Directed Services
 Combination of Traditional and Self-Directed Services

Resource Coordinator: _____ Date: _____
Signature

Resource Coordinator (printed name): _____

DDA Review: _____ Date: _____
Signature

LOC - Initial Form
Revised September 19, 2014

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APPENDIX E: FREEDOM OF CHOICE FORM

Developmental Disabilities Administration Community Pathways Waiver Freedom of Choice

Individual's Name _____ (FIRST, MIDDLE, LAST)

I understand that there are alternative services for which I may be eligible, including services in the community under the waiver, in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID), and licensed nursing/rehabilitation facility. I understand and have considered my options which have been explained to me. I further understand that in order to receive, and continue to receive home and community-based waiver services, I must meet all the eligibility criteria of the Maryland Medical Assistance program and DDA Waiver program.

Please check your choice in services to be received:

- I choose to receive home and community-based services under the Maryland Medical Assistance Program/DDA Community Pathways Waiver
- I choose to receive services in an institution (ICF/ID)
- I choose to receive services in a licensed nursing/rehabilitation facility

Acknowledgement of the choice of waiver service delivery model:

The Community Pathways Waiver offers two service delivery models including traditional/provider managed and self-directed services. Individuals may choose a combination of the two.

Please check your choice in services to be received:

- Traditional/Provider Managed Services
- Self-Directed Services
- Combination of Traditional and Self-Directed Services

Acknowledgement of the various waiver services and providers:

I have been advised of the various waiver services and providers licensed by the DDA and informed of my right to choose providers that meet my needs and preferences.

Signature: _____
Individual

Or:
Legally Authorized Representative or Guardian/Parent (if applicable)

Signature: _____ Date _____
Resource Coordinator

Freedom of Choice
Revised September 19, 2014

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APPENDIX F: COMMUNITY PATHWAYS WAIVER ENROLLMENT CHECKLIST

COMMUNITY PATHWAYS WAIVER ENROLLMENT CHECKLIST

INDIVIDUAL'S NAME: _____ (FIRST, MIDDLE, LAST)

Current address: _____ County: _____
 _____ Zip Code: _____

DDA FUNDING CATEGORY GROUP (CHECK ALL THAT APPLY)

Transitioning Youth - Fiscal Year _____ Crisis Resolution/Emergency

Currently receiving State only funding (Conversion) Waiting List Equity Fund (WLEF)

Money Follows the Person (MFP) Placement from an SRC/SETT/Nursing or State Hospital Facility

Facility Name: _____ Discharge Date: _____

WAIVER SERVICE REQUESTED: (CHECK ALL THAT APPLY)

Assistive Technology & Adaptive Equipment	Environmental Accessibility Adaptations	Support Brokerage
Behavioral Supports	Environmental Assessments	Supported Employment
Community Learning Service	Family and Individual Support Services	Transition Services
Community Residential Habilitation	Live-In Caregiver Rent	Transportation
Community Supported Living Arrangement/Personal Supports	Medical Day Care	Vehicle Modifications
Day Habilitation	Respite	
Employment Discovery & Customization	Shared Living (formerly Individual Family Care)	

DOCUMENTS:

	Document Name	Date Completed
√	Medicaid Application (Long or Short Form)	
	Level of Care - Initial Certificate of Need	
	Freedom of Choice Form (WC-3B)	
	Individual Plan (IP) - Traditional Model: The most recent IP (Initial or Annual)	
	Individual Plan (IP) - Self-Directed Model: IP and Self-Directed Budget	
	Waiver meeting minutes and sign in sheet.	

For Regional Office Use Only

	Document Name	Date Completed
√	Service Funding Plan (SFP) with Regional Office Sign-Off	

Resource Coordinator (printed name): _____

Resource Coordination Agency (printed name): _____

Office Address: _____

Email Address: _____

Phone: _____ Fax: _____

Resource Coordinator (signature): _____ Date: _____

DDA Regional Waiver Coordinator: _____ Date: _____