

Residential State Supplement (RSS)
Legislative Review Workgroup
October 2, 2013 Meeting Minutes

In attendance: Adam Anderson, Ohio Department of Mental Health & Addiction Services
Jonathan Baker, Ohio Department of Mental Health & Addiction Services
Roma Barickman, Ohio Department of Mental Health & Addiction Services
Angie Bergefurd, Ohio Department of Mental Health & Addiction Services
Kueiting Betts, Ohio Department of Mental Health & Addiction Services
Missy Craddock, Ohio Department of Mental Health & Addiction Services
Marty Falin, Ohio Adult Care Facility Association
Liz Henrich, Ohio Association of County Behavioral Health Authorities
Janet Hofmann, Ohio Department of Aging
Selina Jackson, Ohio Department of Health
Ellie Jazi, Ohio Department of Mental Health & Addiction Services
Beverley Laubert, Ohio Department of Aging
Jody Lynch, Ohio Department of Mental Health & Addiction Services
Mark Mayle, Ohio Adult Care Facility Association
Grace Moran, Ohio Department of Aging
Beth Oberdier, Disability Rights Ohio
Janel Pequignot, Ohio Department of Mental Health & Addiction Services
Michaela Peterson, Ohio Department of Mental Health & Addiction Services
Rod Pritchard, Ohio Association of Area Agencies on Aging
Terry Russell, NAMI Ohio
Daniel Schreiber, Ohio Office of Budget & Management
Brandon Sturgill, Ohio Department of Mental Health & Addiction Services
Rick Tully, Governor's Office of Health Transformation
Hubert Wirtz, The Ohio Council of Behavioral Health & Family Services Providers

Welcome and Introductions

Ellie welcomed the workgroup members and attendees introduced themselves.

Approval of Meeting Minutes

The September 24, 2013 minutes were approved as written.

Summary of Brainstorm & Discussion

Workgroup members reviewed and discussed the brainstorm ideas received from the last meeting in regards to 1) RSS program eligibility criteria, 2) allowable fees for ACF/AFoH operators & disparity issues, and 3) residential care facilities/assisted living. In order to start forming specific proposals, Ellie requested that workgroup members make clear recommendations for possible changes that build upon the received ideas from the brainstorm session.

RSS Program Eligibility Criteria

Suggestions from the last brainstorm session:

- 1) RSS Program
 - a) Expand eligibility criteria
 - i) Include community-based clients, not just nursing facility (NF) residents
 - (1) How enroll those already in ACF/AFoH's? Board referrals?
 - (2) Only including nursing facility (NF) applicants demonstrates clearer cost savings to state
 - ii) "At risk of institutionalization"
 - (1) Look at federal definitions
 - (2) Include Protective Level of Care (LOC) component

- (3) Possibly include homeless as can be defined as “at risk” due to increased health issues
- iii) Include other populations, i.e., current patients at state psychiatric hospitals, those with multiple emergency department admissions, offenders being released from prison/jail
 - iv) Include those not currently enrolled in Medicaid (MA), such as those who will be eligible under MA expansion
- b) Waiting list will demonstrate need for program
 - c) Remove rule exclusion for those needing more than 120 days of skilled nursing care who receive medication administration only (not assistance with self-administration of meds)

Workgroup members discussed whether we should expand the RSS program to all listed above.

- In terms of volume of population and available facilities, Rick inquired how to prioritize if eligibility were expanded to include all the named populations. Ellie indicated the prioritized criteria are listed in rule regarding the program’s waiting list. Beverley asked how to identify the number of people that are potentially at protected level of care or at risk of institutionalization. Rick indicated we need to have these figures in order to evaluate.
- In addition to program capacity, Hugh stated quality is also an issue the group should consider. How do would quality placements be monitored? Ellie asked the group whether quality standards were needed in addition to being licensed by OhioMHAS, and if so what those standards should be. Michaela expressed concerns about prioritizing residents, waiting list criteria, and quality if eligibility criteria were to be expanded.
- Adam expressed there is a need to find a balance between knowing the available resources and expanding the criteria, in order to prevent an unmanageable waiting list.
- Rod asked about the definition for protective level of care in the current rule and whether language was needed to expand the eligibility criteria. Ellie indicated that “at risk of institutionalization” would need to be defined in order to meet the protective level of care.
- Adam asked the group to consider whether all eligible individuals in institutional settings were being connected with RSS before expanding the program’s eligibility criteria. Are the current rules and eligibility criteria meeting the need? Terry responded that the RSS program does not meet the need of those who could be institutionalized and although there is no waiting list for those in nursing homes, there is a tremendous need in the community.
- Ellie presented the following brainstorm requests for information: 1) age/diagnosis information for RSS consumers, 2) income type for RSS consumers, and 3) reasons for RSS disenrollment. Please review the handout for detailed information.
- Should we recommend opening the eligibility criteria to those in state psychiatric hospitals or private psychiatric units? Beverly asked where people would go if they don’t get enrolled in the RSS program. Roma explained that it depends on where the mental health system finds them the appropriate placements. They could be in ACF but won’t have subsidies attachment to them. Ellie explained that an individual who is hospitalized and is disenrolled from RSS is then ineligible to reapply due to being in the hospital, not a nursing home setting.
- County Department of Job & Family Services (CDJFS) offices should report to Ellie if there is any disenrollment decision (prior to disenrollment) and any changes in benefits. OhioMHAS is looking at the new integrated eligibility system, including tracking and reporting functions, to get notifications from CDJFS automatically.

- Angie requested clarification on whether we are talking about expanding the eligibility requirements currently in the rules and statues or the operational definition of eligibility. Ellie stated that if eligibility were expanded, then the rule would need to state what how individuals meet the protective level of care when they are not receiving treatment in NF's. When OhioMHAS adopted the RSS program, the need for the AAA's to complete additional level of care determinations was eliminated in order to streamline the process.
- Ellie indicated case management is not provided through RSS, but most of the consumers enrolled in RSS are linked to services through local mental health boards and providers.
- In order not to overload the resources and create a long waiting list, Rick stated a triage function, such as case management functions, could be developed so people can be diverted to different resources and RSS program can be available for people most in need. Janet expressed a waiting list is a way to show demand to policy makers.
- Rick asked Adam's projection for the demand of Recovery Requires a Community. Adam responded that if Home Choice is used as a vehicle, the qualified resident standards are difficult due to the 4 beds or less issue. Ellie indicated there is no significant overlap between Home Choice and RSS because of the 4 beds or less issue.
- Roma indicated a preventative method is needed to keep ACF residents from going in and out of nursing facilities. Janet suggested collecting data for people who are currently living in ACF's, but not enrolled in RSS, as a way to assess their level of care. Rod discussed the concern of expanding RSS eligibility because of the unknown variables, e.g., capacity, vacancy rate.
- Beth asked if there is any way to track consumer flow from the state hospitals/private hospitals to homeless or to the facilities that we are concerning about. It is hard to make clear recommendations without these numbers. Roma indicated that OhioMHAS does track this information at state hospitals, but it is difficult to do at private psychiatric sites.
- Marty asked if the number of licensed facilities stay the same and Ellie responded there were 125 new beds added in the past fiscal year. Janet indicated that after the ACF program transferred from ODH to OhioMHAS, there were 52 more ACF homes (total 802 ACF homes), based on the information from 4 months ago. Terry expressed these numbers are questionable because there are limited homes who actually receive clients and some are closed. He stated that operators are discouraged to open these homes, as there is no incentive if they can't get RSS or a subsidy from the Boards. Terry stated only some of ACF's accept residents with severe mental illness and it is necessary to find out how many ACF homes actually accept this population in order to provide necessary training to these ACF home operators. A number of these ACF homes are not at their capacity because of funding issues.
- Adam asked if the current RSS budget would be able to fund additional ACF residents. Janet responded that was the importance of the waiting list and that individuals could be prioritized based on their level of care.
- Ellie asked if we open the RSS enrollment to those who are currently living in ACF but not in RSS program, how should we address the level of care issue? Beverley responded even though AAA doesn't do any case management anymore, they still have the responsibility for level of care for the long term care system. Roma inquired whether the AAA's could handle the influx of level of care determination requests. Terry expressed that we should concentrate on those people already living in ACF's in order to increase the quality of care for those individuals. Michaela indicated that she liked the idea of capturing the data and assessing the level of needs for those people already in ACF's. If residents were assessed and did not meet level of care, then those individuals would not receive RSS, but they also would not have to move.

- Mark expressed that some of the boards do subsidize ACF residents, so the number may not be as great as the group discussed. He reported concerns that boards would withdraw subsidies if RSS was expanded, which Roma indicated is possible.
- Marty and Mark suggested that the required Initial and Annual Health Assessments could help determine the level of care. The standardized assessments are required for every ACF resident and provide a lot of information about an individual's ability. These assessment templates created by the OhioMHAS Office of Licensure and Certification will be sent to workgroup members to review and see if we can add some questions to gather information about level of care determination. Janel stated the Office of Licensure and Certification is currently reviewing regulations and utilization of forms. From regulatory reduction prospect, one of the things they are looking at is whether annual health assessment is needed. Terry recommended this should be put off until we determine whether or not this assessment would be a substitute for what we are doing.
- Brandon recommended considering creating an additional appeal process for people that are denied the access to the RSS program based on the assessment. The appeal process now for level of care determination is through the Area Agencies on Aging. Ellie indicated the appeal process for RSS is implemented through JFS and based on the financial eligibility, not on level of care needs.

RSS Program Possible Recommendations

- Open RSS enrollments to include those individuals already residing in ACF's and meet the protective level of care requirement.
 - Is it possible to modify level of care determination?
 - Who will determine the protective level of care?
 - Establish the number of individuals that would be eligible and the cost to RSS.
 - Who should be prioritized to get into the facilities? Communities or individuals who will be discharged from NF's?
 - Do we want to presume a protective level of care? For example, if individuals are discharged from state psychiatric facilities, we could presume that these individuals meet the protective level of care determination and are eligible to enroll in the RSS program. However, some of the workgroup members raised their concerns because some people might meet NF level of care and the placement might not be appropriate.
 - Can AAA's handle the influx of level of care determinations?
 - Look at the Department of Aging level of care evaluation.
 - If assessed and don't meet level of care, the individual will not get RSS but they would not have to move.
 - How to ensure that Boards who subsidize currently would still fund those who do not meet level of care.
- Have the AAA perform the level of Care determination
 - Consider an additional appeal process
- Utilize the initial/annual health assessment that are required by all ACF's as a tool to determine level of care?
 - This may be repealed by licensure and certification

Allowable Fees for ACF/AFoH Operators & Disparity Issues

Suggestions from the last brainstorm session:

- 2) ACF/AFoH Operators
 - a) Prohibit home operators from being representative payees
 - b) ACF standards should include a quality component, e.g., choice, client satisfaction, health/safety.

- i) Ohio is a pilot state for National Association of Aging/Disability regarding quality
- ii) Review DD criteria for selecting providers, i.e., Nice Neighbors Program
- c) How track current bed utilization to show legislature need?
 - i) Possibility of snapshot or daily average?
 - (1) Use ACF/AFoH Incentive participation to get info
 - ii) Where is need for homes?
 - (1) Geomapping
- 3) Allowable Fees
 - a) Current allowable fees:
 - i) Not enrolled in RSS - SSI recipients (\$22/day); Social Security & SSDI recipients pay even less
 - ii) Enrolled in RSS
 - (1) Adult Group Homes - \$28/day
 - (2) Adult Family & Foster Homes - \$24/day
 - b) Increasing allowable fees would help operators with overall costs (including living wages), but would not address disparities among residents
 - i) COLA Disregard for SSI vs. Social Security and SSDI recipients
 - (1) Have higher COLA disregard for Social Security & SSDI recipients
 - (2) Lobby for federal changes to address disparity
 - c) Consider Fair Market Rent (FMR) values established by HUD for single-room occupancies (SRO's)
 - d) Establish payment structure for "critical access" facilities – incentive to have homes where needed (per geomapping)
 - e) Allow ACF/AFoH's to bill for services to residents, e.g., CPST
 - i) Federal match for MA-billable services

Workgroup members discussed the allowable fees for ACF/AFoH operators and disparity issues.

- If eligibility criteria are expanded, should allowable fees remain at current rates? One member responded it is premature to decide. Terry expressed cost of living should not be accumulated and his concern about quality as there has been no payment increase to operators for the past 20 years. Michaela indicated it would be nice to get payment increase to ACF operators, but she would also like to have discussion about what they can provide differently with the increased money.
- Mark stated he would provide two budgets to workgroup members at the next meeting, one for the current budget and the other would be the budget to increase standards.

Allowable Fees Possible Recommendations

- Have COLA disregard- accumulative or not?