

Residential State Supplement (RSS)
Legislative Review Workgroup
October 30, 2013 Meeting Minutes

In attendance: Jonathan Baker, Ohio Department of Mental Health & Addiction Services
Roma Barickman, Ohio Department of Mental Health & Addiction Services
Marc Baumgarten, Ohio Department of Mental Health & Addiction Services
Kueiting Betts, Ohio Department of Mental Health & Addiction Services
Marty Falin, Ohio Adult Care Facility Association
Danielle Gray, Disability Rights Ohio
Janet Hofmann, Ohio Department of Aging
Beverley Laubert, Ohio Department of Aging
Jody Lynch, Ohio Department of Mental Health & Addiction Services
Janel Pequignot, Ohio Department of Mental Health & Addiction Services
Terry Russell, NAMI Ohio
Daniel Schreiber, Ohio Office of Budget & Management
Rick Tully, Governor's Office of Health Transformation
Karla Warren, Ohio Department of Aging

Welcome and Introductions

Roma welcomed the workgroup members and attendees introduced themselves.

Approval of Meeting Minutes

The October 9, 2013 minutes were approved as written.

Consumer Survey Report

The workgroup members reviewed and discussed the consumer survey report. Roma indicated that 149 calls were attempted but only 14 calls were completed. Two out of three Community Forums, some home operators brought residents (both residents enrolled in RSS and not enrolled in RSS) with them to the community forums and were able to share their opinions and thoughts.

- Based on the amount of disconnected phone numbers in the report, Terry indicated there is a need to know more about these ACF's. He also mentioned his experience with a lot of undeliverable mail that were returned to NAMI Ohio when they did mass mailings to ACF's. Roma indicated that the OhioMHAS Toll-Free Bridge staff made these survey calls and ACF's with disconnected phone numbers were reported to OhioMHAS Licensure and Certification Office to help update the contact information.
- Rick stated that CRISE can provide ACF's income information for those on RSS.
- Marc asked what 55% represents on the 1st slide of calls made. Roma responded that there is some missing information in this slide and an updated version will be sent out the group.
- Rick inquired about how ACF's residents were explained about benefits being received between social security and SSDI. Residents were asked "Do you currently receive Social Security, SSI, and/or SSDI benefits?" Roma indicated that home operators/staff assisted residents answering the phone survey questions.

- Janet asked how these 149 ACF's were selected to call. Roma indicated that these ACF homes were randomly selected in different areas of the state. Beverley expressed that the phone survey should be continued until enough information is collected. Jody indicated it is interesting to get perspectives from residents, but it is uncertain if it would produce what the workgroup is looking for.

Review Community Forum Feedback

The workgroup members reviewed and discussed the received feedback from the Community Forums. The feedback were put into the following categories: 1) high control and high impact, 2) high control but low impact, 3) low control but high impact, and 4) low control and low impact. Jody indicated that the workgroup's focus should be on recommendations listed in high control and high impact areas.

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| <p>High Control / Low Impact</p> <ul style="list-style-type: none"> Expand RSS eligibility to include other populations (i.e. criminal justice) | <p>High Control / High Impact</p> <ul style="list-style-type: none"> Open enrollment to current ACF residents Increase allowable fee (timing? MBR) <ul style="list-style-type: none"> Foster homes & family homes should have same allowable fee develop a tiered rate system to cover special diets (i.e. diabetic diets) Develop a fee schedule for operator (standardized costs for things like transportation, ordering RX, etc.) |
| <p>Low Control / Low Impact</p> <ul style="list-style-type: none"> RSS presumptive eligibility Expand criteria to include clients receiving services from their local mental health system regardless of their residence at time of application | <p>Low Control / High Impact</p> <ul style="list-style-type: none"> COLA rebalancing ADAMH Boards provide more resources toward ACF's |
| <p>Statement</p> <ul style="list-style-type: none"> CPST capacity does not meet need (operators pick up slack) Increase CPST/operators communications Training – standardized resident agreement to allow charges for transportation, ordering RX, etc. | <p>Follow-up</p> <ul style="list-style-type: none"> The language about COLA and examine how other states are handling the COLA investigate potential to include housing as part of the Annual Community Plan |

- Terry expressed that it does not make sense about the federal requirement for accumulative Cost of Living Adjustment (COLA) and it should be yearly COLA. Marc indicated, legally, it is out of OhioMHAS' hands. It is possible to work with JFS, Medicaid and talk to federal government about what the intent is. Jonathan indicated that the impact would not help the RSS residents. RSS resident's personal spending amount would be decrease (less pocket money) and doesn't change the allowable fee that can be charged. Terry indicated that if it can be changed to yearly COLA, instead of accumulative COLA, then the allowable fee received by operators can be increased to the amount that the workgroup members agree to, in order to provide better quality of life for residents. Jonathan recommended to look at increasing the COLA for SS and

SSDI, decreasing for SSI (raise \$50, decrease \$467). Marc will follow-up on the language about COLA. It is also necessary to examine how other states are handling the COLA.

- Terry recommended developing a standardized fee schedule/chart that home operators can charge RSS clients.
- Have standardized minimum allowable fee regardless of resident's source of assistance, such as board subsidy. Roma explained about this feedback on the 10/16 community forum minutes: the RSS and non-RSS residents should have the same allowable fees.
- Marty requested clarification on opening enrollment to current ACF residents. Is it making more slots available? Once individuals move out, do the slots open up for that particular home? It was clarified that the slots will be open to any consumers who meet RSS level of care and other eligibility requirements. The slots will not be expanded. As the residents leave the home, there is no guarantee that the next resident will have RSS as funding could be gone. If the number of individuals who meet the eligible criteria exceed the program funding, then those people would be placed on the waiting list. The waiting list will demonstrate need for program.
- Marty indicated that when a new resident (with SSI only) enrolled in ACF and later approved for RSS, the retroactive payment goes back to the date that the individual moved into the facility was allowed when Department of Aging administered the RSS program. Is it possible now? Marc indicated that as JFS controls the rule for RSS eligibility determination, OhioMHAS has limited control on this.
- Jody recommended developing a fee schedule for operators that can be attached to Resident Agreements. The current RSS allowable fees include accommodations, supervision, and personal care services (room, board and personal care). Marty inquired if it is possible to broaden the scope of the fee schedule (a standardized cost for RSS clients) for things like transportation, doctor appointments, ordering RX, etc. Marc indicated that the allowable fees that operators can charge are listed under Ohio Administrative Code Chapter 5122-36-05, but operators are free to charge for things beyond that, like transportation, as long as it is spelled out in the resident agreement and residents agree. It was recommended that trainings in regards to this should be provided to home operators.
- Oftentimes ACF operators receive requests from courts (drug courts, mental health courts, placement courts, etc.) to accept residents. Roma indicated it is okay for ACF operators to accept these individuals, but they don't get RSS payments. Even if these individuals meet other RSS requirements, they can't get RSS payment as these individuals are not been discharged from nursing homes.
- Roma clarified that the following received recommendation from a community forum is for both RSS and non-RSS residents: Allow home operators to charge fees based on resident's income, i.e., sliding scale. The intent is to charge more for RSS clients.
- The following two statements received from a community forum were identified as training issues: 1) Provide residents increased access to community resources, e.g., case management, pay home operators to attend trainings, etc. and 2) Provide resources to support operator'

ability to meet licensure requirements. The workgroup should figure out appropriate ways to provide trainings.

- An action item to compare daily rates or monthly rates for individuals go to different types of facilities (group homes, state hospitals, nursing homes, etc.)
- Workgroup members discussed the following feedback from a community forum: Introduce specific housing line item for all boards. Terry agreed and recommended that a specific line item should be reinstated. Jonathan expressed as Boards need to submit Annual Community Plans, is it possible for OhioMHAS to request certain details related to housing as part of the Annual Community Plan? Roma indicated that the department used to do that but the decision was later revoked as too much information was asked. Terry asked about the Boards responsibility for ACF's. Janel indicated that the current administrative code requires services coordination (Resident Participation Agreement) but it didn't get operationalized. It is in the revised code that operators are required to notify the boards if individuals with mental illness reside in the facilities.
- One of the community forum feedbacks received – develop plan to address changing resident population, e.g. young offenders with histories of violence. Workgroup members recommended that training and money to hire qualified staff are needed. Workgroup members recommend that training and money to hire qualified staff are needed. Janet also recommended having a separate section in the report to list big issue(s) that should be addressed.
- One of the community forum feedbacks received – require first and last month's rent for residents (due to possible housing damages). This should be one of the agenda items for Resident Agreement training.