

## Frequently Asked Questions & Comments SFY 2012 Community Plan

*Please note: Comments with similar content are grouped together for a single response.*

1. The timing of having the Plan due December 30<sup>th</sup> is very early in terms of Board's planning efforts for next fiscal year. And for Boards who have levies on the November Ballot, this gives them very little time to make adjustments in planning based upon the passage of the levy.

Asking for discussion of the implications of healthcare reform from each individual board seems meaningless. It will affect all Boards collectively, and with so much yet unknown. We don't see the point in speculating about it in the Community Plan.

The moving of the Part B due date is a major issue. It's not yet provided, but the earlier the due date, the more problematic for boards.

Earlier deadline of December vs. April (in the past) presents more challenges for completion especially in an unstable economy and uncertain funding.

*In these tight fiscal times, it is important that Boards do contingency planning. Some Boards have the exemplary practice of developing five year plans that may give them a strategic advantage in responding to changes in the funding streams. As health care reform rolls out, ODMH encourages Boards to be prepared for a significant increase in the number of adult consumers with Medicaid. Additionally, SAMHSA has informed states that the allowable uses of Mental Health Block Grant may change to services that are not eligible for Medicaid payment.*

2. The focus on needs assessment, in light of the cuts made, seems out of place. Boards are focused more on maintaining than determining unmet need and meeting it. Boards have done some work in this area, specifically as they have looked for grant opportunities to meet local needs, but we think the section on setting priorities is much more appropriate and meaningful.

*Boards' need assessments inform the Departments' budget testimony to the Legislature. Additionally, when funding is reduced, the needs assessment is especially important in re-evaluating priorities. A needs assessment may include new "unmet needs" that occur because of declining funding.*

3. The last paragraph on page 15 states "Please refer to Appendix D for the most recent working definitions related to SMI,SPMI and SED. **Please note that these definitions are still a work in progress and are not final.**" This work has been occurring in the Transition Workgroups but has never been finalized and distributed

to the System. Prior to these draft guidelines, Boards were unaware that they should be using these definitions as criteria for Medicaid services.

SMD as a defined population is continually referred to within the guidelines, however, is not a term defined in the Appendix D-Definitions. Terminology of SMD or SMI or SPMI should remain consistent throughout the document to avoid confusion.

*ODMH is asking Boards to use the SMI, SPMI and SED as “working definitions” in the Community Plan.*

4. Question 22 on page 18 states, “Please indicate the number of system staff on the Continuity of Care Agreements.” There is lack of clarity of what is meant by this question.

*Language has been clarified and will read: “Please indicate the number of system staff that has received training on the Continuity of Care Agreements.”*

5. On page 19, the statement “An inability to audit services funded by Medicaid does not preclude examination and appraisal (evaluation) of those services in terms of their quality, effectiveness and efficiency.” With the rescinding of the '06 Rule, Boards have been told that they should not be reviewing Medicaid Services. And, in cases of some Medicaid only providers, Boards have been unable to have any interaction or communication with them, with the exception of paying for the services, and have had no way to examine anything that these providers have done.

*Boards can evaluate services without being able to do “06” audits of Medicaid funded services. A review of the information provided to voters in attempts to pass a levy or reports made to your Board of Directors for analyses of the efficiency, effectiveness and quality of services may be helpful in answering Question 24. The ultimate reference for the evaluation of Community Plan approved services is found in Appendix B, Definitions and Evaluation Criteria for Completing Section V: Community Plan Evaluation.*

6. Does the portfolio of providers on page 20 include out-of-county Medicaid providers? Also, it should include programs grant-funded by ODADAS, which means TASC programs, which some Boards would not want to list as their providers, since again they have no relationship with them or any coordination of what they do with the rest of the system.

For the table starting on page 54, if this includes out of county Medicaid, Boards are unclear on how to provide Medicaid consumer usage data – it’s too much to review since it’s broken out by so many categories. Also, some areas should be Not Applicable, not just Don’t Know, such as Disaster Preparedness.

*Boards should include all in-county providers with which the Board contracts.*

*No, Boards are not required to include out-of-county Medicaid providers unless the Boards view it as critical services to meeting the needs of their consumers' needs as specified in the Community Plan.*

*Disaster Preparedness is applicable for all Boards. Boards can respond "no change" to a service they have never offered and do not plan to add.*

7. Table 2, the Portfolio of Mental Health Service Providers, includes an estimate of clients served in FY 2012 and an estimate of clients planned for FY 2013. Not sure why it wouldn't be an estimate of those to be served in FY 2011, and a planned number for FY 2012, since the report is due only midway through this fiscal year. It's hard to predict 2 years out when Boards won't have real figures for this fiscal year yet.

*The dates for estimating the clients served are consistent with the dates of the Community Plan.*

8. Having the budget submitted by 12/30 seems absurd. It probably means that Boards would have to resubmit, because it is doubtful that submitting it based on current allocations will hold.

*ODMH recognizes that current allocations may not hold. However, it is important that the Community Plan be written based on information about what funding is available. Therefore, the dates of the Board's Community Plan budget are aligned with the dates specified in Ohio Revised Code [ORC 340.03(A)(1)(c)].*

9. Table 1 of services portfolio seems redundant- at least for prevention with the online PIPAR System.

*ODADAS will explore if the data in the tables can be transferred/pre-populated for future reports. For this community plan, Boards will need to update the portfolio of services from the previous community plan.*

10. Does the Department intend to fund any of the initiatives that would meet the Mental Health prevention goals (not billable under Medicaid)?

*Boards make the decisions about how their communities can best use ODMH General Revenue Funds which may be used for either prevention or treatment. Additionally, SAMHSA has announced its intention to change the allowable uses of Mental Health Block Grant, and is placing an increasing emphasis on mental health prevention.*

11. The revised guidelines show an integration of terminology among AOD and MH systems of care. We support this integration as helpful when researching and responding to areas that overlap within both systems.

*Thank you!*

12. In the body of the memo, there is reference made to submission of a budget and budget narrative, however, there is no reference to the budget narrative in the guidelines document.

*ODMH's Division of Administrative Services will post the budget and budget narrative templates and instructions on ODMH's website on December 1, 2010.*

13. There is nothing reflected in relation to Client Rights. The Client Rights Annual report was added to the plan document in Part B, however has not been integrated into this version of the guidelines. We believe it is important to acknowledge client rights in some fashion and anticipate integration into the Community Plan process.

*The Client Rights Report is a reporting function (not a planning function) which is being requested separately from the Community Plan for SFY 2012 - 2013. ODMH supports the use of Client Rights data in the Community Plan. Client Rights data can be a source of information about the quality of services and unmet needs in the community.*

14. "Subsidized Supportive Housing" is antiquated. So, the Interagency Council would like to change it to Permanent Supportive Housing (See Revisions in purple on attached document.) Not only are we making these adjustments for further clarity within ODMH, but also to align them with ODMH Capital Applications, Ohio Housing Finance Agency, and the Interagency Council.

*ODMH will change the terminology to "Permanent Supportive Housing" in the Community Plan. However, ODMH will include "Subsidized Supportive Housing" in parentheses because that is how it appears in MACSIS.*