

**Residential State Supplement (RSS)**  
**Legislative Review Workgroup**  
**November 21, 2013 Meeting Minutes**

**In attendance:** Daniel Arnold, Ohio Department of Medicaid  
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  
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  
Danielle Gray, Disability Rights Ohio  
Janet Hofmann, Ohio Department of Aging  
Ellie Jazi, Ohio Department of Mental Health & Addiction Services  
Beverley Laubert, Ohio Department of Aging  
Jody Lynch, Ohio Department of Mental Health & Addiction Services  
Grace Moran, Ohio Department of Aging  
Janel Pequignot, Ohio Department of Mental Health & Addiction Services  
Michaela Peterson, 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  
Lisa Valentine, Ohio County Behavioral Health Authorities  
Hubert Wirtz, The Ohio Council of Behavioral Health & Family Services Providers  
Mark Zidian, Ohio Adult Care Facility Association

**Welcome and Introductions**

Ellie welcomed the workgroup members and attendees introduced themselves.

**Approval of Meeting Minutes**

The October 30, 2013 minutes were approved as written.

**Review Draft Recommendations**

Ellie presented the RSS Legislative Review draft recommendations (please review two handouts for detailed information).

On the Rationale for Recommendations slide, it indicates the financial assistance for: 1) Nursing Home: \$4,030/month or \$130/day, and 2) State Psychiatric Hospital: \$17,763/month or \$573/day. Ellie indicated that this information is based on the reports from OHT and OhioMHAS Hospital Services Annual Report for SFY2013, respectively.

On the Rationale for Recommendations slide, it indicates: Quality of care is linked to home operators' financial resources – currently receive \$774 - \$877/month or \$25 - \$28/day. Ellie clarified this is only for residents receive RSS.

Workgroup members discussed the following four draft recommendations:

Draft Recommendation 1:

- 1) Open program enrollment to current residents of Adult Care Facilities and Adult Foster Homes in order to align operations with rule by preventing premature or unnecessary institutionalization of individuals who would otherwise meet RSS eligibility criteria.
  - a. Collaborate with ODA and ODM to develop procedure for Level of Care determinations for applicants who are not receiving treatment in a nursing home at the time of application.

- Grace asked how many residents would be qualified for the RSS program if open program enrollment per this recommendation. Ellie responded there is no data for the current ACF occupancy but it is assumed up to the 5,200 licensed beds. Jody indicated that if the need is greater than the capacity (funding availability), a wait list for RSS will be created to demonstrate the need.

Draft Recommendation 2:

- 2) Increase allowable fees so all eligible residences receive the same rates for the same services provided, i.e., increase the allowable fees for Adult Family and Foster Homes to the same rates as Adult Group Homes and Residential Care Facilities.
  - a. Develop a tiered rate system in order to address the increased costs incurred by home operators when they provide specialized services for residents with additional needs.

- Ellie further explained this recommendation. All eligible residences in all living arrangement types (AFH, AFoH, AGH and RCF) should receive \$877 rate regardless of how many beds licensed in the facilities.
- Ellie provided an example for the recommendation 2a: additional needs for diabetic residents would cost more for ACF/AFoH operators. Hugh inquired if the intent is to define what specialized services and costs are in the rule. Michaela suggested that the term “specialized services” should be called something else as that is already used in other definitions.
- Jody suggested that examples should be provided for each recommendation.
- Terry indicated \$877 rate isn’t sufficient to meet the needs of current population and this should be addressed first. In addition, the needs for residents with mental health issues should also be addressed, before creating a tiered rate system to address individuals with other needs, i.e. needs for diabetic residents, special diets, etc.
- With different opinions brought to the table for this recommendation, Hugh inquired about the decision process for the workgroup. Terry suggested that recommendations should be prioritized.
- Rick expressed that the current language written in the recommendation doesn’t address funding level. It could be higher, lower or the same as the current rate. Ellie confirmed it is correct as it is to keep the language general at this point. As ACF’s are currently under-funded, Terry indicated that the first priority should be to increase funding availability for ACF’s. Jonathan indicated that the current RSS program is under-spending about \$100,000 per month.

The first recommendation about open program enrollment will assist to get money out to the field and build a visible case that can be presented to the General Assembly in the future with concrete numbers. Hugh indicated that the issue is not just expanding enrollment to demonstrate the need, it is also not having enough resources for existing services to maintain quality infrastructure. Terry suggested the new funding is needed to serve population in ACF's homes.

- Jody clarified that the provided draft recommendations is for workgroup members to review, respond and possibly redraft recommendations and submit all recommendations by 12/4. Terry expressed that all recommendations should have consensus from workgroup members. Ellie further clarified that each workgroup member can submit recommendations and the revised recommendations will be forwarded to the workgroup members for review.

Draft Recommendation 3:

3) Develop a standardized fee schedule for ancillary services as an addendum to current Resident Agreements, e.g., transportation provided by home operators.

- The current RSS allowable fees include payment for accommodations, supervision, and personal care services. This recommendation is to develop a standardized fee schedule for ancillary services beyond those services included within RSS that home operators can charge their clients. Marc indicated it would be helpful to list examples. Beverley asked if the language in the statutes should be revised. Hugh asked how many ACF's residents enrolled in Managed Care. It was clarified that operators are free to charge for things like transportation, as long as it is spelled out in the resident agreement and residents and/or their legal guardians agree. Danielle pointed out that education and training are needed to increase the awareness that additional charges are currently allowed per rule. Terry recommended that OhioMHAS should develop a list of ancillary services with their costs that home operators can charge clients. Marc indicated that as the current rule doesn't list services and provide fee schedules, this should be clarified.

Draft Recommendation 4:

4) Pursue the COLA issue with state and federal agencies in order to address disparities among RSS consumers per type of income.

- a. Determine whether the federal pass-along provision for SSI recipients is being correctly applied in Ohio and if so, pursue communications at the federal level regarding possible changes.
  - b. Determine whether the income disregard for Social Security and SSDI recipients should be increased.
- Ellie explained that the recommendation 4a. is to address the disparities of the SSI recipients who enrolled in RSS that have \$400+/month for personal spending as opposed to clients enrolled in RSS that receive Social Security and SSDI and have \$50/month. Medicaid has the control of the COLA payment calculation and schedule. COLA has to be in place; otherwise, Ohio will not receive Medicaid funding. Marc and Ellie will continue working with Ohio Medicaid and Social Security Administration to get clarification on COLA. Roma suggested moving this recommendation to the 2nd priority and keeping the 1<sup>st</sup> recommendation as the top priority.

- Ellie explained that the recommendation 4b. is to make Social Security and SSDI recipients' COLA more in line with those who receive SSI . A study previously completed by Aging determined that was permitted because they wouldn't be restricting the COLA for SSI recipients (this is something state could choose to do); all residents who receive RSS could possibly have a higher level of personal spending. Marty indicated that this could help to ease conflicts among residents. Ellie indicated if the federal issue could be resolved, there might not be a need for the recommendation 4b. Jonathan indicated that by lowering the RSS benefit amount for residents who receive SSI, it would free up RSS dollars and these dollars could be used to assist more eligible RSS clients. Terry expressed this won't help operators. Roma indicated that if more residents qualified for RSS, it would benefit operators. Terry stated that there is no new revenue for RSS payments as this recommendation is taking money from current RSS residents who receive SSI to pay for current and new RSS residents.

### **Next Steps**

Please submit all comments regarding RSS Legislative Review Draft Recommendations to [RSS@mha.ohio.gov](mailto:RSS@mha.ohio.gov) by close of business on Wednesday, December 4, 2013 . The review recommendations are due on 1/1/2014, and OhioMHAS is planning to submit the recommendation to legislature around 12/23 due to the holidays.