

Recovery Requires a Community webinar

Megan: Oop__ Good Afternoon everyone, thank you for joining me. My name is Megan Boncela; I am the Recovery Requires a Community administrator for the department of Mental Health and Addiction services. I am here today with Ellie Jazi who is the Community Transitions administrator at the department. Today we're going to be providing a brief overview of the Recovery Requires a Community program.

slide change

The, a, in general the department of Mental Health and Addiction Services focuses on four main values. Those are a, to contribute and collaborate, to serve compassionately, to deliver quality and be accountable.

slide change

Our area the Community Transitions Program are within the bureau of recovery supports in the department. The goal of our area is to provide individuals with resources that support, sustainable person-centered transitions so those individuals can live and recover within integrated communities. We do that mainly through two programs. The first one being Recovery Requires a Community, which is what we will be discussing today. And the other program is the Residential State Supplement program or RSS.

slide change

The Recovery Requires a Community program helps individuals who are diagnosed with mental health or substance use disorders by providing financial assistance to transition from a nursing facility to sustainable community living.

slide change

The program recently had an expansion of the eligibility criteria which is why we like to invite you to learn a little bit more about the program today. Um, the eligibility criteria are as following: an individual must currently be receiving treatment in a nursing home and plans to transition to the community or recently transitioned from a nursing home, within the last ninety days, and is at risk of readmission. Previously the program was only able to help individuals who were applying at the time that they were in the nursing facility. The expansion of the program has gone on to include individuals who have recently transitioned within 90 days. So, we wanted to share this information with a variety of stake holders, knowing that you might be working with some individuals who fall into that criteria and might be able to benefit from this program. The, uh, other eligibility criteria are they must be receiving Medicaid, they must have a behavioral health diagnosis, this would include mental illness and substance use disorders. And uh something to note here is that it does not have to be a severe mental illness. It can include, uh, lesser diagnoses like Major Depressive Disorder or Anxiety. An individual must also have sufficient income or the means to sustain themselves within a community at the time of transition. They must also have needs that can be safely met through the recovery program or a combination of community resources.

slide changes

An individual will be transitioning from a nursing facility but can be going into a variety of different settings in the community these include; independent living they could be going to an apartment or house, a variety of situations, alone, or with a roommate, or with family. They could also receive funding from the recovery program if they are going to be living in an assistant living facility and ... uh... the other obstipation we have there is that they're going into a residential facility class to formally known as group homes. So, individuals who are going to groups or living in group homes could benefit from this program. As long as their original starting point was the nursing facility either in the nursing facility preparing to transition or in one of those settings but had recently been in the nursing facility.

slide changes

The recovery requires the program provides assistance in a variety of different categories. I will list them and provide just a general overview of what could be included in those categories. So the first one is housing, generally, assistance in the housing section is in the form of the first month's rent or deposit or arrears. Second is utilities, again it's very similar to housing often times we provide assistance or um the deposit to secure utilities or arrears or short-term assistance to pay for utilities. The next is goods and services this is most commonly the actual goods that individuals will need to be living in the community such as; furnishing to a home, durable medical equipment that's not covered by insurance. It's a very broad category that covers a lot of things. The next section is supportive uh supportive services, this could be the actual services that the individual needs that might not be covered by Medicaid, including; peer support services, or waiver gap services, so if an individual is transitioning and there is an anticipated gap in official passport services or Ohio home care waiver services, starting their recovery program could provide financial assistance to pay for that care until their services start. The next is, home modifications that includes; wheelchair ramps, this could include door widening, grab bar installation, large-scale and small-scale home mods to make a setting appropriate and accommodating for an individual. The next section is transportation this could uh be in the form of a bus pass or cab fare, most commonly to get those initial trip to get to job and family services, social security offices, or the primary physician appointment upon that discharge and that time period when their community transportation or Medicaid transportation may not be set up yet. We can provide financial assistance for those trips. The next category is other, although most request typically fall under the categories I've already mentioned it is a program that has a lot of creativity and we do have an other category so if you are thinking of something we have an area for outside the box request that might not fit into those categories

slide changes

The required documents to complete an application for the recovery program are the actual application itself. The authorization for release of information and the documentation of behavioral health diagnosis. Most commonly that is going to come in the form of a face sheet, however, if the individual has already discharged from nursing facilities and into the community, it could possibly be the discharge papers, a physician's note, possibly case notes from a behavioral help provider etcetera. Then if applicable, if you're asking for a home modification, we do ask that three bids are submitted with that request or if you're asking for uh utility or housing arrears, we do ask for the documentation of those arrears owed. Um, again those only apply if you are asking for a large-scale home modification or a uh arrear of some sort. The forms are located on our website and it's it's a not necessarily a one-time

application, but uh submitted or subsequent applications are going to be submitted, but our submitted are going to be reviewed on a case by case basis.

slide changes

An overview of the process uh, so I process the applications. So, an individual would submit an application and I review those for eligibility criteria and the appropriateness of the request. I would determine the award amount and the approval, um, if the request would be funded or not. When the decision is made, uh, determination is made, an award letter is sent to the referrals source letting them know that they can go ahead and move forward with making the purchases for the individual or paying the bills, whatever the request was for that's been approved. They can go ahead and expend those funds. Then that referral source of the entity assisting the individual will submit a reimbursement form to our third-party financial management agency which is called Morning Sun. Once that paperwork is submitted Morning Sun will process and send the funds back to the, uh, provider. So just to highlight this here, I want to make sure that this is clear: the applicant must be working with an entity that is willing to assist the individual with making purchases or paying the bills, again whatever the request was approved, and then that entity will submit invoices for reimbursement. So, this could be a provider of any sort. It could be a behavioral health provider, it could be a transition coordinator while the individual is in the nursing facility, it could be the nursing facility itself. We've also worked with non-profit organizations, base based organizations, uh, manage care organizations, that individual just needs to have that entity in place that is willing to be reimbursed.

slide changes

Uh, just to uh. An example of an individual who was able to utilize the program for a variety of, um, services. It was an, uh, sixty-seven-year-old female who was discharging into the community after nine months of residing in a skilled nursing facility. The individual had been assessed and approved for a Passport Waiver however a gap in the services was anticipated. The individual discharging had a manual wheelchair that was covered by insurance however the SNF therapist also recommended a walker for use, uh, um, during her in home physical therapy for mobility and independence. The individual was going to be discharging to another county then where she was residing in the nursing facility. So, she needed long distance wheelchair transport on the day of discharge to her home. And also, in order to start new services through AEP the individual owed the electric company approximately five-hundred dollars in arrears that had accrued while she was in her stay at the nursing facility. So, we identified quite a number of needs here. Uh, she was going to need Waiver Gap Services in order to get her through and when her passport services officially started. She was also going to need a walker for the therapy that wasn't going to be covered by insurance because the manual wheelchair had been covered. She was going to need that long-term transportation to get from one county to another. Uh, Medicaid was not able to fund, and she also had those utilities arrears that she needed the funding to pay for that in order to start new services. So, she was able to apply for the recovery, uh, program and she received funding in all of those areas. She received Waiver Gap Services for four to six weeks. She also received the Goods funding to provide the walker. She received transportation funding to get her from, uh, one county to another to her new home and she also received utility assistance. The utility arrears were paid and then she was able to start her new uh AEP service.

slide changes

Some additional examples where funding can help an individual, uh just, this does not all include **specifics (11:18)** of course, but these are just some of the things that tend to arise after an individual discharges. So, these might not have been anticipated needs, but within the ninety days of discharge something they need like this could arise and then we're able to provide funding for that. So a couple good examples are durable medical equipment. Um, hospital beds, shower chairs, rollators, wheelchairs. Again, in this situation where Medicaid has covered something within a time frame and was unable to cover it, um, within three years. We can provide funding or when they've received a power wheelchair, but need a manual wheelchair, 'cause it's easier for transportation, we're able to provide funding for things like that. So again, some of these needs that aren't that anticipated until the individual is out in the community and in order to continue to sustain and recover and live independently, um, these needs arise. And we're able to provide funding. So seasonal needs like clothing or air conditioners, sometimes when people discharge, um there might not be **sinking (12:23)** down within three months down the road and then that need arises um especially medical conditions. Air conditioners can be very important and there isn't a way that community resource that can step in and provide that. Um last one, services, this goes along with Goods and Services. These are sometimes needs that arise, um again, when we talk about avoiding readmittance to a nursing facility, extermination services, we know that sometimes an environment where an infestation has occurred has caused that individual to go into a nursing facility. So something like extermination or bed bugs or other types of inse__, uh pest. Uh and then decluttering or cleaning. Um, according to situation can become very common and then very hazardous to an individual. So in order to, um, help them stay in the community they might need a decluttering or a deep intensive cleaning, um, in order to kind of reestablish those healthy habits and that service will be necessary while they're working on um, improving those habits and avoid getting readmission into a nursing facility. So again, these are not all of the um, examples, but just a couple. There is a lot of room for creativity and a lot of ways that this program can provide funding to help individuals.

slide changes

So again, it's a very individualized program and it might be easy to talk case by case, um, offline but I do want to open up the floor for questions; if anyone has it, you can use the type box there and I will check and see, um, if we do have any questions. Oh, first one's a great question. Does a person need to be in a nursing home for a minimal time or any length of time requirement? We do not have a length of time requirement for um, applications to the recovery program. An individual also, I think Home-Choice was mentioned an individual, can be utilizing the Home-Choice program as well and they could also happen to recovery fund. Same with um, other programs like Residential State Supplement. If an individual is going to a group home in RSS, the program can be combined. And it can also be a standalone program the individual can discharge using recovery assistance only as well. Oop, I don't think there's, oop__. Oh, sorry I'm checking here. Is there an age limit? There is not an age limit. It's a great question. Uh there is an age minimum: the individual has to be eight-teen or older, but there's no maximum. And again uh, kinda going back into what I think I uh I've made that clear, but they can be using a combination of resources. So even if they're getting a passport or another waiver service, they can absolutely use recovery assistance as well. And the turnaround time for basically I'll cover the turnaround time for the whole process. So, each week I make determinations, so as long as I have an application, a completed application, with the supporting documentation I per say, um, early afternoon I do determinations on Friday. So, I will get you an answer within the week. So, the turnaround time for a determination is one

week. And then I um when it comes to the reimbursement piece when Morning Sun receives the reimbursement request and it's completed with a supporting document (which would be an invoice or a receipt) uh they usually have a turnaround time of about a week and a half. We can request that it's faster, if that is um something that's necessary, but yes, they're very timely and uh, they do their uh processing on Thursdays. Yes, the uh uh uh services can be so this uh. This question was: Can a service like decluttering or cleaning be completed prior to discharge? Absolutely, um that's a great question, and that's something we do commonly. If individuals are returning back to a home where they did in fact you know have that situation and ended up in a nursing facility. Yes, now that's something we might require free bids for, just so we know exactly what we're getting into, um and we're not going to find out that there's a much larger structural problem with the home. Um, that it is in fact only going to be the deep cleaning or decluttering um in order to prepare for that individual to come home. That's a good question. Yes, uh this question is "Can multiple agencies do a referral for an individual?" We could have a situation where multiple agencies are doing a referral as they are providing a different service for the individual. Generally, it's coming from like one point of contact, but I can see where it would be the case where uh uh different agency might be requesting a different thing for an individual 'cause they're providing a different service. Yes, so we could get multiple referrals from multiple agencies for one individual.

Ellie: And I think too we would coordinate uh with the agencies if they um, just to make sure that all parties involved uh knew that they were, the same person.

Megan: Yes, yeah take like a collaborative approach. Uh and the next question is: "How long can someone be getting the SS ***undecipherable @ 18:02***? So, the Recovery Requires a Community assistance is short term. So generally, we're going to be covering a one-time fee to get that individual back into the community or we're providing short-term and by short-term we generally mean a period of one to three months. So the expectation would be that the individual is going to be able to sustain themselves by the end of recovery assistance with their own income or resources that they have. Now on a case by case basis, um, if a subsequent application does need to be submitted, we're of course going to look at that if—we're not going to leave a person in an unsafe situation. So generally, that means one to three months for individuals and then they're, they're sustaining themselves, but if the needs, uh, extend beyond that period we absolutely do consider that, and additional funding can be applied for. Yes, so the next question is: "If they've had it in the past can they reapply?" Yes they can, um, they can reapply if they received recovery funding in the past however, um, if we're seeing a pattern, possibly you know, multiple times using it, we might start to look at okay, what, what is it that we're not getting or, what, what is this person needing, um, that we didn't meet last time. So maybe we need to look at you know what services they might be missing that's causing them to go back into the nursing facility, um, but yes, they can. Moving expenses can be covered so yes that's another common one. We do, um, pay for moving, uh, companies to move, um, actual moving trucks, actual moving companies, whatever the individual needs. So yes, moving expenses are covered, um, getting things out of a storage unit is the common one and sometimes people do accumulate a lot of things while they're in the nursing facility, so yes. There is not a limit on the number of applications that an individual can submit however, um, it's the preference that an individual finds once they've come to, a, a good point in

their discharge planning. Um, that they have an idea of all the needs that they might have to make that transition happen. Uh, again that's a preference so we know that they are in fact ready to transition and, all, all their needs have really been considered and kind of discussed amongst the planning team, but um of course needs arise and things happen after the fact so additional applications can be submitted, yes. Uh the next question is, "Can the provider be reimbursed for their time?" Um, unfortunately not. The only reimbursement that we can do is for the actual like signature that has gone to the, the individual. So only the purchases that have been paid for or bills that have been paid for on behalf of that individual, not the actual time. Currently this, uh, this question is, "is there a cost for how much funding is available per request?" There is not. There is not a cap currently on a request. Uh great question: uh, "Is this program able to provide ramps and if so, can they do, uh, them prior to discharge?" Absolutely, that's another very common thing that we do, we do a lot of ramps, we do, um, portable ramps, uh, threshold ramps, large ramps, um, aluminum ramps, as long as the three bids are submitted. So that's what we ask that's turned in with the application for a ramp. ***undecipherable* (21:52-21:57)** that's another, uh common request that we get, so yes and those can be done prior to discharge. And ***stuttering*** If it's going onto a unit that's owned by a landlord or a complex, I do also like to have written confirmation that that's okay... from that landlord or complex. Uh, yes everything will be available and recorded and I can have that, um, by the end of the week. So, I can send that out to everyone as early as the end of the week. So, I will send the slides and also available, um, will be a recording.

Ellie: Um this is Ellie, the Community Transitions Administrator, and I work with Megan. Um, just wanted to say Recovery Requires a Community has been around, uh, over five years now and this is the first time that we've been able to expand the program, um, beyond those individuals that are, have, who are applying while in the nursing home and so this is a really great opportunity to have access to what the flexible funding to work with those individuals who are at high risk of readmission, going back to the nursing home and hopefully preventing, um, some of those admissions from happening. So, um, again Megan has done a great job of going over, um, the wide, the wide variety of things that we could assist with. Um, but, uh just wanted to reiterate it is flexible funding, um, and Megan or I are more than happy to work with you if you have some questions about the specific requests, um, do some brainstorming about some possibilities that might help that individual live sustainably in the community.

Megan: Ok we just have a couple more questions and then we'll wrap it up. Um another good question, "often times uh waiver services are delayed due to the availability of finding personal care providers, um, in the area that an individual is transitioning to, so will we provide funding, uh, for non-Medicaid covered providers?"

Ellie: That's something that we'd really have to look at on a case by case basis. Um, but definitely, um, reach out to us, so we can talk more about the individual specific situation.

Megan: Okay, and then I think the last couple we've covered, but just to make sure that I had answered it fully, uh, there is currently not a cap on requests for an individual and last question, uh, "what's the time frame?" So again, I generally like to give you confirmation within a week, uh, whether or not something will be approved as long as they've got all of the documents that I need to process the application and then an award is good. I, I should cover this as well, an award is good for that school year that the award is received in. So generally, if they were to receive it now, it would be good until June 30th of 2020. Um, it can also be extended at that point for our kind of bookkeeping. We do like to

put an expiration date, um, but the individual would be available to use those funds until that time. And then also just keep in mind that this is not an emergency program, but I do try my best to get you answers and determinations and awards as soon as possible. Um, I know transitions can move quickly and, uh, needs can be very crucial, um, needs that you need funding for, so I do my best to get answers as soon as I can. And then again, uh, just to reiterate, Morning Sun generally gets their payments out to providers um within a week, a week and a half. Yes, I can absolutely, that's a great question too! I can absolutely, um, type up these questions and my responses and send them out with the slides. Um, "are there appeal rights if they're denied?" That's another great question, so I will tell you, um right now, our current approval rating is about ninety-eight percent. So, it's very unusual that we deny an individual. Um, if we are denying someone, I can tell you it's because they either didn't make criteria and really, really that's kind of the most common, um, reason for denial. Generally, if I get something and, um, it's looking like it might be something we can't fund, there's very few things we can't fund, but I do like to work with you and find funding, a way that we can provide funding. So, there's a lot of work around we can do.

Ellie: So, there are not hearing an appeal of rights, such you would find with waiver programs however if we do receive a request, um that we're not able to immediately, um, approve we do work with the individual and the referral source to do some, uh, strategizing to see what other, um, what other ways funding could possibly be approved, but again like Megan said, it's sometimes if somebody did not meet the general eligibility criteria.

Megan: And that was the last question. So those were really great questions and yes, I absolutely will, um, print them out and I can type up an answer to all of them and I will provide that with the slides and a recording of the webinar and I hope to be able to do that by the end of this week and the application and forms are all—one last question there that just came in. It's actually on the last slide that's up right now. If you click the "www.mha.ohio.gov//rrac", that's where you're going to find all of the application documents, and I can also, um, send them out. I think that might be a good idea. I will just include them when I send the slides, the questions and the, uh, recording of the webinar. I'll include those too. Ohp

Ellie: Alright, thank you all very much for this and um we will be sharing that information with you soon.

END