

SCCMHA RESIDENTIAL SERVICES

November 2009



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY



Presentation for SCCMHA Board of Directors

- Linda Tilot, Director of Care Management and Quality Systems
- Linda Schneider, Director of Clinical Services and Programs
- Ginny Reed, Director of Network Services and Public Policy



Presentation Objectives

- Understand residential care as a service
- Understand costing of residential care
- Understand service delivery issues for providers
- Appreciate the volatility and complexity of the residential service array.
- Know SCCMHA Care Management plan for residential service management.

Residential Concepts

❑ **Services**

Personal Care

Community Living Supports

❑ **Settings**

Consumer's Own Home

Provider's Facility Not a Licensed Facility (SIP)

General Adult Foster Care

CLF Community Living Facility –Specialized AFC

❑ **Rates**

Facility Based Fixed and Consumer Based Variable and Mixed

❑ **Contracts**

Individual (Type A) or Group (Type B)



What Are Residential Services?

- Personal Care

- Assistance with Daily Living
- In licensed settings only

- Community Living Support Services

- In people's homes, providers homes or licensed settings
- In provider settings only licensed or non Licensed Setting (SIP) Supported Independence Program
- In licensed settings only



Specialized Residential Settings

- Provider Must be a Licensed Adult Foster Care (AFC) home *and* have a specialized certification from the state
- May include varied level of CLS and/or PC services
- Need is indentified in the consumer PCP
- Beyond general AFC/model payment level



Licensed Setting Not Specialized

- General Adult Foster Care
- Not under contract to SCCMA
- Provider paid for Personal Care on a monthly rate by DHS
- Placement, planning and authorization performed by CMH case managers or by DHS case managers.



Non Licensed Setting

- Consumer's Own home

Consumer's parents, or their own home, living alone or with housemates.

- Supported Independence Program

Provider owned facility, consumer pays provider rent.



Specialized Residential Contracts

- Consumer Based Contracts (Type A)
 - One or more persons in a home owned by the provider. Maybe mixed with non-specialized placements. Rates may be fixed and or may be negotiated for individual consumers.

- Home Based Contracts (Type B)
 - All persons are SCCMHA funded and SCCMHA owns all homes.

Components of the Specialized Residential Rate

Individualized Enhanced Staffing Community Living Supports Per 15 Minutes	
Personal Care Services Per Diem	Community Living Supports Per Diem
Room and Board Paid by Consumer out of SSI/SDI (\$787.50 per month, paid by consumer)	



Specialized Residential Rate Costing Methods

- Three models of costing
 - Facility Based Costing (fixed)
 - Consumer Based Costing (flexible)
 - Mixed



Facility Based Rates

- Cost of Service

- Rate negotiation begins with provider response to RFP
- Rate is established before consumers are identified
- Rates include providers staffing costs for all beds in the facility
- Consumers are then placed based on the match of their needs with the capacity (staffing level) of the home.



Consumer Based Rates

■ Cost of Need

- Rate negotiation begins with assessing consumer level of need for personal care and community living supports.
- Provider quotes a staffing cost for meeting that need.
- The provider may have different rates for different consumers in the same home.

Mixed Rate Method

- A provider with an established fixed rate for the facility
- Accepts placement of a consumer with needs above the fixed rate capacity
- Requests additional funding for the consumer specific need...typically one to one staffing for a shorter period of time.
- Additional services are audited above the facility's base services to ensure staffing capacity acquired is provided to the authorized consumer



Residential Provider Network

- 35 Licensed Providers of 75 homes, 9 SIP providers at 31 sites, 2 CLS corporate staffing agencies.
- 18 out of 19 SCCMHA owned homes are barrier free.
- Provider Application/Qualification Process
- Both union and non union represented providers
- Homes located throughout the County
- Out of County placements used when necessary for specific consumer needs.
- Wide range in provider size from small business to large corporations.



Why out of County Placement?

- Consumer or Guardian Choice
- Special Needs
 - Deaf
 - Closed Head Injuries
 - Therapeutic Communities
- Clinical choice or need
 - Distance from home desired



Home Provider Obligations

- Background Checks
- Mandatory Training
- 24/7 Coverage
- Maintain all licensing/SCCMHA/MDCH requirements
- Provide and document services

Rate History

- Excluding legislative direct care wage pass through funding, SCCMHA has awarded only a 3% increase in rates over the last 6 yrs (FY05-FY10).
- Legislative direct care wage pass through (increase only for staff wages not operating costs.)
 - 1% in 2009
 - 2% in 2008
 - 2% in 2007
 - 2010 ??
- Minimum Wage increases since 2006 have gone from \$5.15 hr to \$7.40 hr (43% increase)

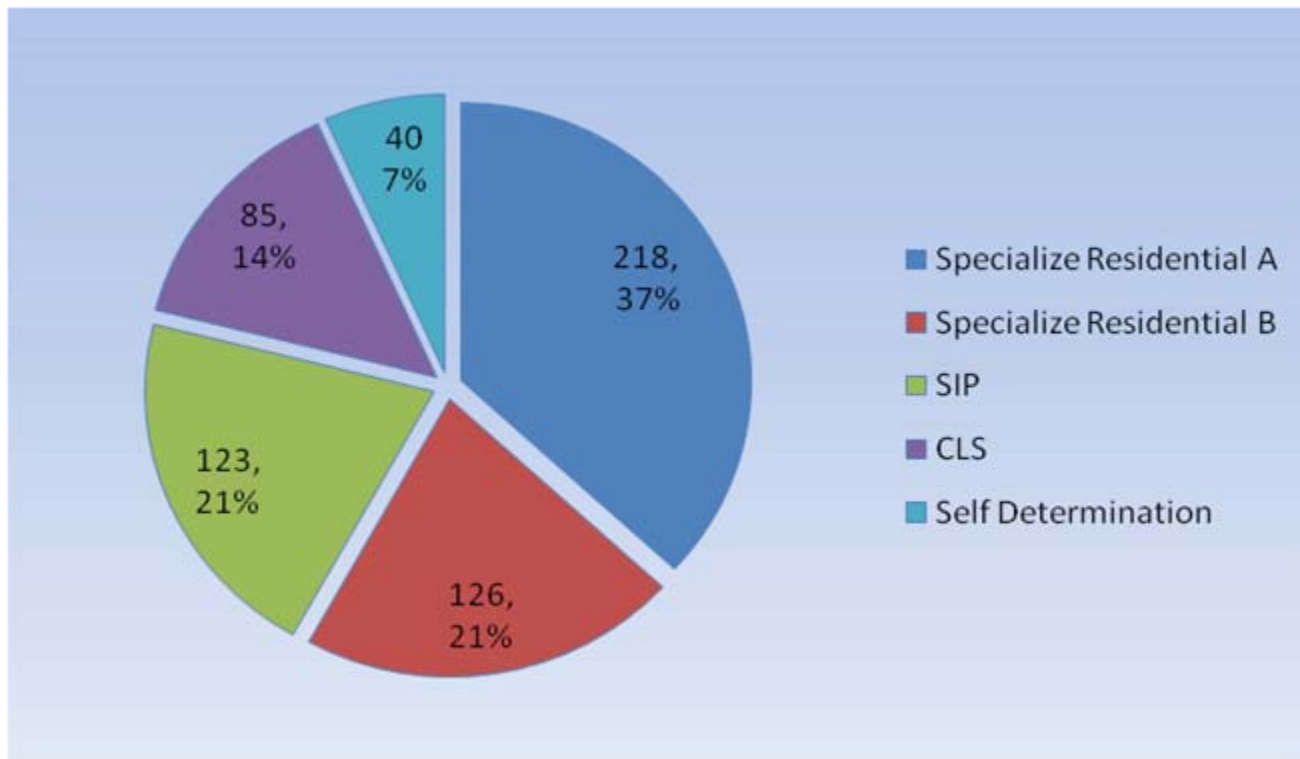


Rate Ranges

- In county rates range from \$14 to \$194 a day
- Out of county rates are higher with specialized homes for persons with head injuries reaching as high as \$500 or more a day.
 - Rates at these facilities sometimes include professional services
 - Providers do not negotiate rates, all CMHSP's are quoted the same rate

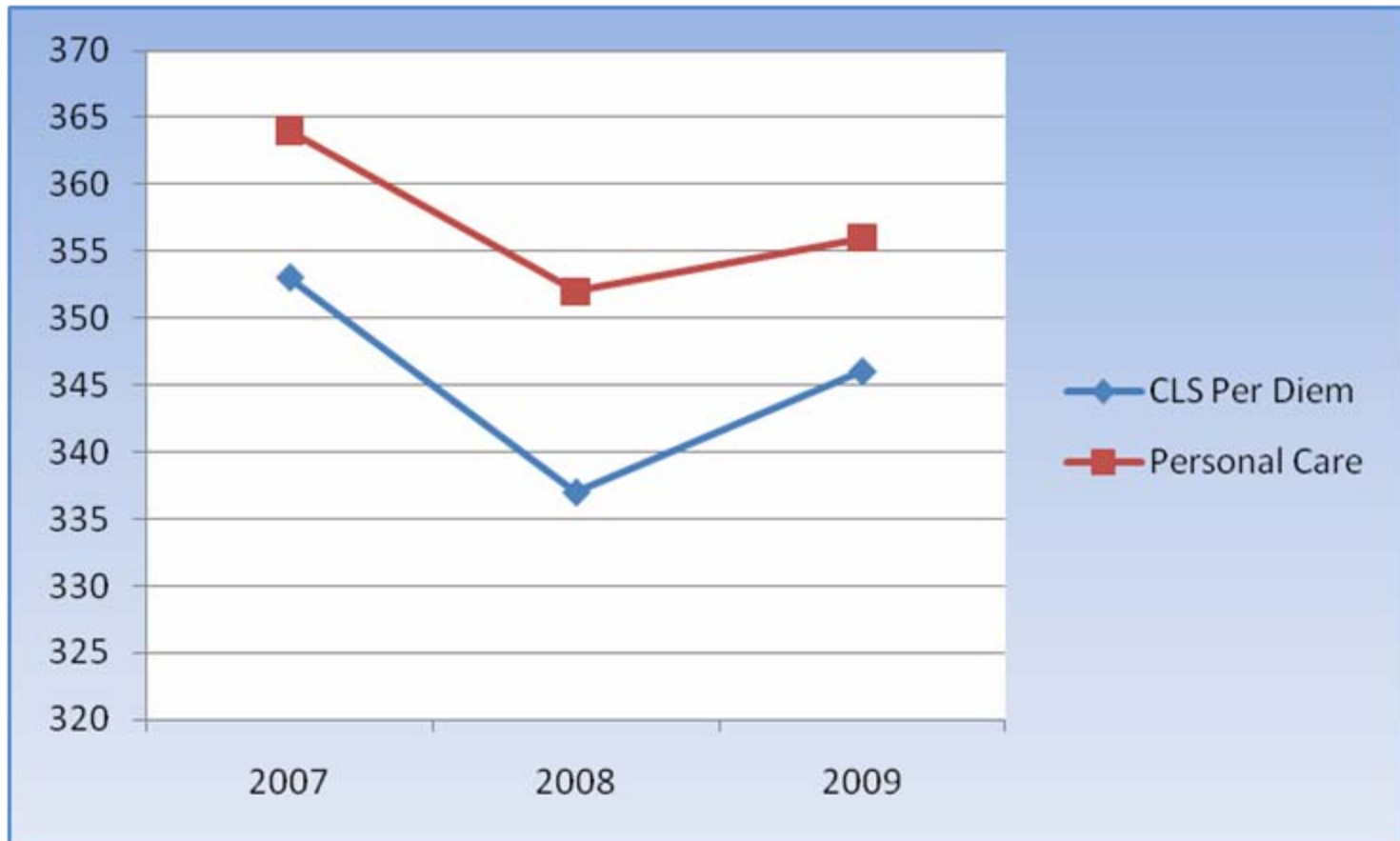
Current Residential Utilization by Setting and Type of Contract

692 Persons October 09



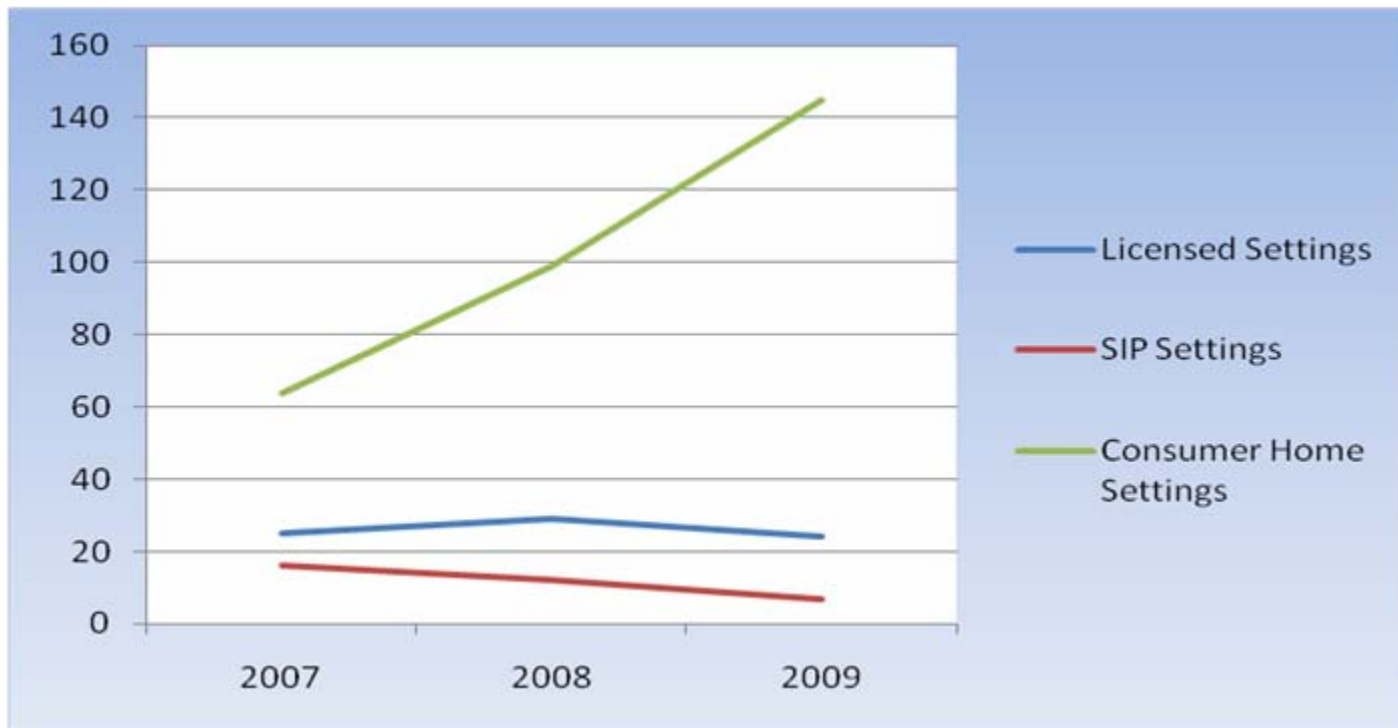
Change in Specialized Residential Setting Utilization

Count of Consumers



Change in Community Living Supports Settings

Number of Consumers by Setting





Growth of Residential Programming

- Increasing SIP and CLS 138 new between 2007 and 2009
- No increase in Type A or B placements overall
- Vacancies created by consumers moving to independent settings filled with new placements
- Increasing level of severity of consumers including high behavioral needs requiring 2 to 1 staffing for persons formerly residing in state facilities.



How Providers/Sites Are Selected

- Consumer Choice and Preferences
- Available 'bed' at time of need
- Able to meet Consumer Specific Needs
- Able to meet SCCMHA Requirements

SCCMHA Oversight

- Case Manager/Supports Coordinator Visits
- Care Management Authorization and Utilization Review
- Recipient Rights
- Contract Management/Property Inspections
- SCCMHA Site Audits
- Adult Foster Care Licensing
- SCCMHA Residential Watch Committee



Provider Challenges

- Finding and Keeping Quality Direct Care Staff
- Fixed Costs
- Vacant Bed Days
- 24/7 staff coverage
- Meeting individualized and changing needs
- Insurance and other rising costs
- Maintaining property
- Communications with SCCMHA
- Respond to SCCMHA policy or procedure changes
- Risk and Liability

Direct Care Staff

■ Number of Direct Care staff

- 966 AFC staff
- 249 CLS/SIP staff

■ Turn over rate

- 300 new staff in 2009

■ Wages

- Average state wage is \$8.90 per hour

■ HS Degree or GED requirement eliminated in 2006.

■ Required Training

- 70 hours for licensed residential



Role of Case Managers and Supports Coordinators

- To assess consumer level of care needs
- To assist consumer in choosing appropriate services through Person Centered Planning
- To help consumers choose a setting and a provider
- To monitor provision of services to ensure consumers needs are met



Budget Management Plans

- Extend all contracts through December pending funding decisions and retooling of residential procurement methods.
- Begin Type A consumer functional independence based rate setting.
(Functional Independence Measure)



Going Forward

- ❑ Improve Facility based costing with cost accounting standards.
- ❑ Improve Consumer based costing with Occupational Therapy Assessment of Functional Limitations.
- ❑ Increase control through reduced fixed rates and increased variable rates.
- ❑ Centralization of rate negotiation.



Challenges

- Provider development for specialty services
 - Adequate volume for special needs
 - Housing options
- Reduce movement for consumers based on rate changes/needs
- State directive to limit to 6 bed homes

Questions & Discussion

