

Senate Human Services Appropriations Subcommittee

Review of Appropriations Actions of
the 2003 Session

Senate Human Services Appropriations Subcommittee

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Senate Human Services Appropriations Subcommittee

Summary of Human Services Appropriations Subcommittee FY'03 and FY'04 Final Appropriations

Agency	Original FY'03 Appropriations	Adjusted FY'03 Appropriation	FY'03 % Red.	Final Adjusted FY'04 Appropriation	% Reduction from Original FY'03	Bill Number
1. OK Comm. On Children & Youth	\$1,751,885	\$1,614,362	-7.85%	\$1,550,000	-11.52%	SB 156
2. Office of Handicapped Concerns	\$386,278	\$357,133	-7.55%	\$356,000	-7.84%	SB 158
3. Human Rights Commission	\$790,374	\$728,330	-7.85%	\$650,000	-17.76%	SB160
4. Department of Human Services	\$410,923,039	\$384,091,616	-6.53%	\$387,455,619	-5.71%	HB 1197
5. Indian Affairs Commission	\$276,685	\$254,965	-7.85%	\$244,000	-11.81%	SB 162
6. Office of Juvenile Affairs	\$102,368,528	\$94,432,599	-7.75%	\$90,000,000	-12.08%	HB 1199
7. Dept. of Rehabilitation Services	\$25,576,817	\$23,569,037	-7.85%	\$24,750,000	-3.23%	HB 1200
Total:	\$542,073,606	\$505,048,042	-7.60%	\$505,005,619	-9.99%	

Senate Human Services Appropriations Subcommittee FY'04 Appropriations

- Department of Human Services (DHS):
\$387,455,619
- Office of Juvenile Affairs (OJA):
\$90,000,000
- Department of Rehabilitation Services
(DRS): \$24,750,000

Department of Human Services

Summary of DHS Budget

- **Original FY'03 Appropriation:**
\$410,923,039
- **FY'03 Revised Appropriation:**
\$348,091,616
 - FY'04 Adjustments:
 - Partial Restoration of FY'03 Cuts: \$1,627,883
 - Advantage Waiver Rate Adjustment:
\$1,736,120
- **FY'04 Appropriation:** \$387,455,619
 - Percent Change from FY'03 to FY'04: (5.7%)

DHS- Potential Issues

- ADvantage Waiver
- DDSD
- Child Care Co-Pay Rates

Office of Juvenile Affairs

Summary of OJA Budget

- Original FY'03 Appropriation:
\$102,368,528
- FY'03 Revised Appropriation: \$94,432,599
 - FY'04 Adjustments:
Budget Reduction: (\$6,028,300)
- FY'04 Appropriation: \$90,000,000
 - Percent Change from FY'03 to FY'04: (12.1%)

Department of Rehabilitation Services

Summary of DRS Budget

- Original FY'03 Appropriation: \$25,576,817
- FY'03 Revised Appropriation: \$23,569,037
 - FY'04 Adjustments:
 - Partial Restoration of FY'03 Cuts: \$1,180,963
- FY'04 Appropriation: \$24,750,000
 - Percent Change from FY'03 to FY'04: (3.23%)

ADvantage Waiver

Randy Dowell

Nicole Barnes

ADvantage Waiver Program

- Federal and State Funding
- Services in-home to older Oklahomans and adults with physical disabilities who are medically and financially eligible to receive nursing facility care under Medicaid guidelines
- Administered through a contractual arrangement by Department of Human Services, Aging Services and the Long-Term Care Authorities of Tulsa and Enid;
- DHS nurses utilize a uniform comprehensive assessment tool (UCAT) to determine level of care.

ADvantage Waiver Program

(continued)

Services:

- Adult day health care
- Home delivered meals
- Comprehensive home care
- Case management
- Skilled care
- Medications
- Specialized equipment and supplies
- Environmental modifications and advanced supportive restorative assistance

ADvantage Waiver Program

(continued)

Changes:

- Consumer Growth:
 - o 17% participation growth for the past four years
 - o January 2003 growth curtails
 - o June 2003, growth increases
- Expenditure Growth:
 - o 36% Expenditure Growth
 - o Clients getting sicker, cost per plan increasing
- Case Management Reimbursement Rate

ADvantage Waiver Program

(continued)

Why ADvantage Waiver?

- Case Managers put together a Plan-Of-Care specific to needs of the clients
- DHS reviews the plan to ensure the program meets the needs of the client
- Clients have the ability to choose from whom they receive services
- Allows clients to remain in homes

Eldercare

- Eldercare services were provided by the Oklahoma State Department of Health to help individuals 60 and over age independently in their own homes. The program provided comprehensive case management for each individual in order to connect them to health and social services in their communities.
- The program served individuals 60 years of age or older, but was not means-tested. This meant that case management services were provided to seniors of any income level. Almost 80 percent of the clients served by the Eldercare program were Advantage Waiver clients.

Eldercare (continued)

- The Eldercare program did not receive a federal Medicaid match because the program was not means tested. This meant that the entire \$5,897,144 program was state funded even though it was serving primarily Medicaid eligible consumers.
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- The Board of Health, with the consent of the Legislature, eliminated the Eldercare program for this reason in April, 2003. All employees were offered a termination package.

Eldercare (continued)

- The Legislature transferred \$1,736,120 of the funds saved from the elimination of the Eldercare program to the Department of Human Services. These funds will be eligible for a federal Medicaid match when used to support the Advantage Waiver program, meaning a total increase for the Advantage program of approximately \$5.8 million.
- The total amount of dollars supporting senior citizen's services was not reduced. The costs were simply shifted from the state to the federal government. The remaining Eldercare funds (\$4.1 million) were used to cover the revenue reduction to OSDH.

Eldercare (continued)

- The funds transferred to DHS from OSDH were vital in assuring the stability of the Advantage Waiver program. For several years, case management providers have struggled to make ends meet on the available rates. It was especially difficult for rural providers who had long distances to travel in between clients.
- The transferred funds were used to increase case management reimbursement rates from \$10.47 to \$13.50 in the urban areas of the state and from \$10.47 to \$18.80 in the rural parts of the state.
- Additional funds totaling \$18,500 were provided to ensure access to care in the three most Western panhandle counties of the state.

THE OLMSTEAD DECISION

Brenda Elaine Price

Anastasia Pittman

Tom Clapper

Title II of the Americans with Disabilities Act (ADA)

- No qualified individual with a disability shall, because of the disability be:
 - Excluded from participation in; or
 - Denied the benefits ofa public entity's services, programs or activities.

ADA Regulations

- The Attorney General of the United States issued regulations implementing Title II of the ADA, including:
 - The **integration regulation**, requiring a public entity to administer programs in the **most integrated setting** appropriate to the needs of qualified individuals with disabilities; and

ADA Regulations

(continued)

- The **reasonable-modifications regulation**, requiring public entities to make **reasonable modifications** to avoid **discrimination on the basis of disability**.
- The reasonable modification regulation does not, however, require measures that would **fundamentally alter** the nature of the public entity's programs.

Description of the Olmstead Case

- L.C. and E.W. are **mentally retarded** women in the State of Georgia; L.C. is also diagnosed with **schizophrenia** and E.W. with a **personality disorder**.
- Even though the treatment professional of the two women concluded that they could be cared for appropriately in a **community-based program**, they remained hospitalized.
- L.C. filed suit against the State of Georgia alleging that the **state violated the provisions of Title II of the ADA** by failing to place her in a community-base program.

Supreme Court Decision

- The U.S. Supreme Court held that:
States are required to place persons with mental disabilities in community settings rather than in institutions when:
the state's treatment professionals have determined that community placement is appropriate;

Supreme Court Decision

(continued)

the transfer from institutional care to a less restrictive setting is not opposed by the affected individual; and the placement can be reasonably accommodated, taking into account:

- the resources available to the state; and
- the needs of others with mental disabilities.

The Supreme Court also held that:

- Undue institutionalization qualifies as **discrimination** by reason of disability.
- In order to receive needed medical services, persons with mental disabilities must, because of those disabilities, relinquish participation in community life they could enjoy given **reasonable accommodations**, while persons without mental disabilities can receive the medical services they need without similar sacrifice.

What is Not Expected of the States

- The ADA does not:
 - Compel states to phase out institutions, placing patients in need of close care at risk; nor
 - Force states to move institutionalized patients into an inappropriate setting, such as a homeless shelter (a placement actually proposed by the State of Georgia).

What is Not Expected of the States (continued)

- Some individuals may need institutional care from time to time to stabilize acute psychiatric symptoms. For others, no placement outside the institution may ever be appropriate.

What is Not Expected of the States (continued)

- If a state were to demonstrate:
 - A **comprehensive, effectively working plan** for placing qualified persons with mental disabilities in less restrictive settings; and
 - A **waiting list that moved at a reasonable pace** not controlled by the state's endeavors to keep its institutional fully populated,
the **reasonable modifications** standard would be met.

Oklahoma's Foster Care Program

Connie Johnson

Anastasia Pittman

Types of Foster Care

Regular – Continuous 24-hour care and supportive services provided for a child in foster placement, including, but not limited to the care, supervision, guidance and rearing of a foster child by the foster parent.

Kinship – full time care of a child by a kinship relation, meaning relatives, stepparents, or other responsible adults who have a bond or tie with a child and/or to whom has been ascribed a family relationship role with the child's parent or the child.

Specialized – foster care provided to a child in a specialized foster home or agency-contracted home which has been certified by DHS DDSD and is funded through the division's home- and community-based waiver services program

Therapeutic – a foster family home that provides specific supportive services, pursuant to a therapeutic foster care contract, that are designed to remedy social and behavioral problems of a foster child residing in the home.

Reimbursement Rates for Foster Care

- **Regular and Kinship:**
- 0-5: \$15/day
- 6-12: \$17/day
- 13 +: \$19/day
- **Specialized:**
- General: \$40/day
- Agency Companion:
- Intermittent – \$60/day
- Regular - \$98/day
- Enhanced -\$125/day
- *(The Companion is a salaried position covering program coordination, and including a 26% benefit package and administrative costs)*
- **Therapeutic:**
- \$65.90/day