

Resident Evaluation Services Legislative Mandate and Interim Plan

Legislative Mandate

The 1999 Session of the General Assembly (Session law 1999-237) directed county DSSs to provide Resident Evaluation Services (RES) to applicants and recipients of State/County Special Assistance for Adults (SA). The target population for RES includes SA applicants and recipients requesting or receiving care in the following types of facilities: family care homes and adult care homes licensed under G.S. 131D; group homes and certain other entities licensed under 122C where SA recipients reside; and adult care homes in combination nursing home facilities licensed under G.S. 131E where SA recipients reside. Through this service, Residents Evaluators in county departments of social services will carry out the following functions and will use the RAI-ALNC assessment instrument in their work:

- Assess SA applicants and recipients, using the RAI-ALNC assessment instrument, to collect data that will be used by the Division of Social Services and DHHS to establish criteria for adult care home level of service. In the future, these level of service criteria will be used by the designated local agency to determine whether an adult care home is the appropriate level of care for individuals applying for SA to pay for care.
- Assess SA applicants and recipients to identify those who may need mental health, developmental disabilities, and/or substance abuse services and refer them to area mental health programs or other qualified mental health professionals for further evaluation and decisions about treatment or habilitation services;
- Assess SA applicants and recipients to identify those who need community based services and refer them to appropriate services in coordination with the facility staff; and
- Provide technical assistance to facilities on resident assessment and care planning using the RAI-ALNC assessment instrument.

In related legislation, SB-10 (Session Law 1999-334), the General Assembly directed adult care homes licensed under G.S. 131D to assess all residents (SA and private pay) within 72 hours of admission and annually thereafter, and to develop comprehensive care plans based on these assessments. The NC Medical Care Commission adopted rules requiring adult care homes licensed under G.S. 131D to assess all residents within 72 hours of admission, within 30 days of admission, for significant changes, for annual re-assessments, and for purposes of care planning. The RAI-ALNC assessment instrument will be used by adult care homes and family care homes licensed under G.S. 131D for these assessments and care planning. Adult care homes licensed in combination with nursing homes under G.S. 131E may use the RAI-MDS assessment instrument currently used by nursing homes or may use the RAI-ALNC. The group homes licensed under G.S. 122C will continue to use their current assessment instruments.

Interim Plan for Implementation of RES

Given that the pilot and statewide implementation of RES will take some time to carry out, Secretary Carmen Hooker Buell directed us to develop an interim plan to immediately screen SA recipients for possible referral for mental health, developmental disabilities, and/or substance abuse services. This interim plan will help to assure that the legislative requirement for RES to identify and refer SA recipients for mental health services is met until statewide implementation for this program is complete. The interim plan involves **all** county DSSs and area mental health programs.

Currently there are 23,100 SA recipients statewide. The Divisions of Social Services and Mental Health/Developmental Disabilities/Substance Abuse Services (MH/DD/SAS) are working with the Division of Medical Assistance to use data from the Medicaid Management Information System (MMIS) to identify a subset of SA/Medicaid recipients who need to be screened and possibly referred for further evaluation of the need for treatment or habilitation services. Once this subset of SA recipients is identified, county DSSs will be provided lists of the SA/Medicaid recipients to be screened for possible referral.

County DSSs will use existing adult services staff (adult care home case managers, adult homes specialists, other adult services social workers) and the funding sources currently used to fund these positions to screen SA/Medicaid recipients on the list provided to them for possible referral for mental health, developmental disabilities, and/or substance abuse services. The State Adult Protective Services fund and State Adult Homes Specialist Fund cannot be used for staff time spent on screening these individuals and making referrals.

County DSSs will use a short, paper screening tool based on a subset of the questions on the RAI-ALNC assessment instrument (questions related to mental health, developmental disabilities, substance abuse). The responses to certain questions on the tool will "flag" or "trigger" the need for a referral. Referrals may be made to area mental health programs or other qualified professionals.

SA recipients can refuse to participate in the screening. The screening is not tied to eligibility for SA. Its primary focus is to identify individuals who may need to be referred for further evaluation of the need for mental health treatment or habilitation. When a recipient consents to the screening and the need for referral for mental health treatment or habilitation services is identified as a result of the screening, the recipient or the recipient's legally responsible party must sign a release of information before the referral is made to the mental health program or other qualified professional.

Referrals to area mental health programs or other qualified professionals can be one of two types: either 24 or 72-hour referrals. The referral type is based on the responses to the screening questions and the degree of urgency. This is consistent with the procedures currently in place for Phase I of RES. Area mental health programs will use their established procedures for handling these referrals, which is to assess the individual and determine if services are needed. Time frames for completing evaluations and communicating with county DSSs and facilities about findings from the evaluation by the area mental health program are outlined in the Memorandum of Understanding between the Divisions of Social Services and MH/DD/SAS dated February 8, 2000. A copy of the MOU is included with this letter for your ready reference. You may also want to refer to DSS Administrative Letter No. Adult and Family Services 1-2000 dated February 7, 2000, for additional information about the collaboration required by county DSSs and area mental health programs to implement RES.

The other components of RES (assessing the need for community based services, conducting follow-up with the facilities on incorporating treatment orders into plans of care, and providing technical assistance to facilities on assessment and care planning) are not part of this interim plan. Those functions will be carried out later when statewide implementation begins. County DSSs will be asked to provide a limited amount of data to the Division of Social Services on a monthly basis during the interim plan. Reporting requirements will be discussed at the training in October/November.

Training Schedule for RES Interim Plan

Staff from the Divisions of Social Services and MH/DD/SAS will conduct training for county DSSs and area mental health program staff. This one-day training will be conducted during the months of October/November 2001 at nine locations across the state. The target audience for the training is county DSS Adult Services supervisors and staff who will conduct the screenings and area mental health program staff who will be involved with the referral/screening process. There is no cost for the training, but staff will be asked to register so that we can accommodate the number of people attending each training site. Staff will receive the list of SA recipients to be screened, the short screening tool, program procedures, and the monthly reporting log at the training sites.

County DSSs should begin conducting screenings and making appropriate referrals to area mental health programs or other qualified professionals upon completion of training. They should also begin submitting the monthly reporting logs to the Division of Social Services upon completion of training.

The training dates and sites are as follows:

October 9 - Edgecombe DSS-Rocky Mount
October 10 - Craven DSS-New Bern
October 11 - New Hanover DSS-Wilmington

October 16 - Southwest Community College-Sylva
October 17 - Caldwell DSS-Lenoir
October 18 - CenterPoint Human Services-Winston Salem

October 24 - Stanly DSS-Albemarle
October 25 - Central Carolina Community College-Pittsboro

November 1 - Cumberland DSS-Fayetteville

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