

Family Care Program

2011 Annual Report

New York State

Office of Mental Health

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Acting Commissioner

The Office of Mental Health Family Care Program and Reporting Requirements

Section 31.03 of the Mental Hygiene Law provides the authority and direction for the Office of Mental Health [OMH] to oversee and regulate the services provided in family care homes. Section 7.15(c) of the Mental Hygiene Law requires that the Commissioner prepare an annual report for the Governor, the Legislature, and the Commission on Quality of Care and Advocacy for Persons with Disabilities. The following report is submitted in order to comply with sub-section 7.15(c)(1) through sub-section 7.15(c)(5).

Family Care Homes

Family Care is the oldest and least costly residential program offered by the Office of Mental Health. Family Care Homes provide 24-hour residential services in small family settings that carefully match resident needs and providers' skills to offer individually tailored supervision. This flexibility makes the program a valuable asset to the Office of Mental Health community living options.

The Office of Mental Health issues an operating certificate to qualified individuals in the community who agree to offer specified residential services in their own homes to an average of three persons diagnosed with mental illness. These Family Care providers are reimbursed for expenses incurred in providing care (i.e., room and board, mileage) and may receive additional funds to meet the personal needs of the residents.

The program sponsor (either a psychiatric center or community based mental health program) is responsible for ensuring that the Family Care provider is an integral part of the resident's treatment team. In addition, the program sponsor is responsible for training the provider, securing emergency support services and monitoring the home for compliance with OMH policy and procedures.

Individuals who reside in Family Care Homes are determined to benefit from the family environment and support offered in these settings. Providers are trained to manage a variety of placements including: individuals requiring consistent care for extended periods in order to increase their level of functioning; geriatric individuals, physically disabled persons, and young adults in need of a family setting.

The program's personal care component offers additional training and Medicaid funds to the Family Care providers willing to perform individual hands-on services to residents. Personal Care residents require a substantial portion of their personal and physical care to be provided by another person but have medical needs that are not severe enough to warrant admission to a health related facility.

Statewide, the Office of Mental Health's Family Care Program supports 1,404 residents from 15 State-based programs and 3 community-based programs in a total of 467 homes as of December 31, 2011.

1. Procedures Implemented to Ensure Compliance with Statutes, Rules and Regulations

All Family Care homes are required to undergo a standard certification review process which determines the capabilities and suitability of the potential provider, the home and its environment. Once certified, the Family Care provider must attend all required training, deliver all required services as outlined in the resident's service plan, attend all required resident service and planning meetings, and make their home and records available for home inspections at least monthly. Providers are expected to follow the requirements outlined in the OMH Family Care Policy and Procedures Manual, which contains detailed information regarding the expected practices and services required of each Family Care Provider. Residents are visited at least monthly, in order to determine their level of satisfaction and comfort within the home. In addition, safety inspections are conducted when the home is first certified, and then at least bi-annually thereafter to confirm that the home meets all current life safety standards. Home visits for the purpose of program review, resident satisfaction and/or safety can and do occur more frequently, if necessary. Operating certificates must be reviewed at least every two (2) years (or more often if necessary) and reissued based on the satisfactory compliance with program standards.

2. Organizational Structure

Each of the 18 Family Care Programs has a designated Family Care Coordinator, who assumes day-to-day management of the program. The 15 programs operated by state psychiatric centers are organizationally part of an adult residential, transitional living or community services unit. That unit has a designated individual who oversees the Family Care Program and reports to the Executive Director of the state psychiatric center or designee. Family Care Coordinators report progress and receive guidance from both the Executive Director of the state psychiatric center and Central Office staff in the Bureau of Housing Development and Support of the Adult Community Care Group and the Bureau of Capital Operations.

The three (3) Community-Based Programs are operated by not-for-profit corporations under contract with OMH, with oversight provided by both the Field Office and Central Office staff in the Bureau of Housing Development and Support of the Adult Community Care Group.

3. Amounts and Sources of Expended Funds

During FY 2010–2011, the latest year for which information on expended funds is available, \$8,861,000 in General Funds was appropriated and expended, matched with approximately \$1,200,000 in Federal Medicaid participation for eligible transportation and personal services. This funding included Family Care expenses for items such as: provider supplement, personal care, transportation, respite care, residential needs entitlement, and various provider-related expenses such as training and life safety. In

addition, these funds cover room and board expenses for those individuals unable to receive SSI due to their undocumented status.

4. Procedures to Ensure Proper Use of Family Care Funds

Family Care funds are discretely displayed on the Certificate of Approval with its own internal number. Each facility has its own cost center to ensure only Family Care providers can access Family Care funds.

5. Projected Plans for Improving Care and Service to Residents

In February, 2011 a new 14 NYCRR Part 585 became effective repealing the obsolete 14 NYCRR Part 87. This rule has provided greater accuracy and clarity to Family Care providers with respect to standards under which they are expected to operate.

Family Care providers receive the current SSI Level I Living Arrangement funding level. In January 2011, every Family Care Provider received an additional monthly payment of \$50 for each resident in his or her home. As of 1/1/11, this monthly payment increased to \$100 per month per resident. This supplement payment will encourage providers to better maintain their homes and will allow OMH to recruit new providers for this cost efficient OMH housing program.