

**Chapter 257 Provider Information & Dialogue Session:
Congregate Housing Services Coordination
May 4, 2010, 12 pm - 1 pm
One Ashburton Place, 5th Floor, Manning Conference Room
Minutes**

General Questions from Providers:

Q: What contracts are we referring to? Homemaker services? ASAP sub-contracted services?

A: Under this service class, the Purchase of Service Office (POS) and the Division of Health Care Finance and Policy (HCFP) will only be regulating those services under the Congregate Care Site contracts (those utilizing the MMARS code 8017). Services provided by homemakers, through ASAP contracts, and/or under Elder Affairs' Nutrition Programs will be addressed in separate sessions.

Q: Lack of overlap within the service class was mentioned at the beginning of the meeting, but some programs do serve residents also receiving services from DMH, DDS, etc., and it does affect the services they receive under Congregate Care. Will this be considered?

A: While there are Congregate Care residents who are served by both EOEA and other EOHHS Departments, our analyses did not find that *providers* of Congregate Housing Service Coordination were delivering similar services through contracts with other EOHHS Departments. Because a high level of provider overlap was not found, HCFP will be regulating rates specifically for Congregate Housing Service Coordination, and will keep in mind the additional costs associated with serving those residents.

Q: Is there an existing defined rate for the Congregate Care services?

A: The existing rate is what is currently defined in your contracts with EOEA. POS and HCFP will gather information today and in subsequent discussions to inform rates that will be set for this coming fall.

Discussion Questions:

What staff positions, qualifications and staff to client ratios are necessary to achieve the intended outcomes in each program?

- The primary purchase under these contracts is to staff the Social Service Coordinator position at the Congregate Care sites.
- For many organizations, the Social Service Coordinator is responsible for more than one Congregate Care site (requiring travel time and additional coordination efforts). Others are also responsible for a number of roles at their site (e.g. the Case Manager position), increasing the demand for their time and their salary requirements.
- Staff to client ratios typically vary by site, depending on the Coordinator's additional roles, number of sites, current occupancy, etc.

How are your programs currently structured in terms of program components and intended outcomes?

- Program components are typically the job duties related to the Social Service Coordinator's position. Components often include:

- Coordinating Food Stamp, MassHealth, and other public assistance applications
- Providing guidance for notifications such as jury duty and program eligibility
- Connecting residents with appropriate legal services
- Managing residents' prescriptions and communication amongst their service delivery team
- Providing counseling and mediation (group meetings, conflict resolution, etc.) to residents
- Following-up with residents to maintain safety through oversight (i.e. if a resident should miss a function they were expected to attend)
- Providing residents with skills to maximize empowerment
- Overseeing building upkeep and maintenance; accepting packages
- Managing the site's meal services (whether associated with one of the EOEA Nutrition Programs or not)
- Additionally, Coordinators have several program duties related to occupancy management, such as:
 - Managing the transition of residents moving in and out of the site
 - Performing tours to prospective residents and their families
 - Managing the services for residents on the Home Care waiting list
 - Processing referrals, applications, and denials of prospective residents
 - Coordinating the turnaround time for applicants, including communication with the MAT team, assessments, eligibility determination, and matching

What should the units of service be for the Congregate Housing service coordination (hour, day, month, etc)?

- A Per-Unit (Capacity) rate would be appropriate, rather than a Per-Client rate, due to the fact that many Congregate Care sites still incur significant costs related to recruitment, marketing, referral, and placement for unoccupied units.
- There should be some consideration in the rate development process for the additional services provided not related to capacity.
- Individual site factors should be considered as well, including building features and characteristics.

What effect does geography have on costs?

- The changing of neighborhood characteristics (increase in crime, income levels), population density, and housing availability all affect a site's occupancy levels, wait-list times, and necessary services.