



North Los Angeles County Regional Center

**AB 637 Concept
Adult Residential Facilities for Persons
with Special Healthcare Needs
(ARFPSHN)
Rate Model**

The ARFPSHN model

- This type of specialized adult residential facility provides
 - 24-hour healthcare and intensive support services in a home-like setting¹
 - A licensed registered nurse, licensed vocational nurse, or licensed psychiatric technician is awake and on duty 24/7.
- All facility staff who work in the specialized model are trained and certified.
 - All staff are DSP I and 2 certified.
 - First Aid, CPR, and AED (if, applicable) Certified.
- Various consultant services available to the specification of the individuals in the home.

History of ARFPSHNs

Through Senate Bill 962, the ARPSHN model was created in 2005 to provide a life-long residential option with the necessary professional staffing for persons with developmental disabilities that have medical support needs residing in State Developmental Centers .^{2,3,4}

NLACRC has 2 vendored ARFPSHN

Each ARFPSHN is the *Forever Home* for 5 residents

Qualifying Personal Care Needs

Assistance with 4 or more of the following:

1. Eating
2. Dressing
3. Bathing
4. Transferring
5. Toileting
6. Continence

Special Health Care Needs

Nursing Supports for Stable and Predictable Health Conditions:

- Nutrition support
- Catheter use/care
- Cardiorespiratory monitoring
- Staph infection care
- Oxygen support
- Pressure Injury Care
- Tracheostomy care
- Post-op care and rehab
- Colostomy/ileostomy care
- Pain management/palliative care
- Injection/ IV medication
- Renal dialysis
- Insulin-dependent diabetes
- Fecal impaction or suppositories

Service Provider Selection

- NLACRC ARFPSHNs were developed through a Request for Proposal (“RFP”) process.
 - Request for RFP
 - Applicant Conference
 - Selection Committee Reviews & Scores Proposals
 - Applicant Interview
 - Debrief & Scoring
 - Applicants notified by email & phone

Who are ARFPSHN Residents?

- Individuals with Typical Medical Needs such as:
 - Ventilator or respirator dependent
 - Renal dialysis patients
 - Require usage of catheters, tracheostomy/gastrostomy, ileostomy, suctioning
 - IV medications



Why we Need ARFPSHN Services

- Highly trained professionals at all organizational levels and in all positions address the goals of the Individualized Program Plan and Comprehensive Care Plan as developed by resident, circle of support, Regional Center and provider clinical and program staff.
- Residents are examined by a physician every 60 days.
- Clinical team includes: Occupational Therapy, Physical Therapy, Dietary, Recreational Therapy, Speech Language Pathology, ABA, Nursing, Pharmaceutical.
- Participation in community life is a priority – as intended by the move out of developmental centers.

Mandated Minimum Staffing

- ARFPSHN requirements do not allow for a reduction in staffing based on occupancy.
- Regulation states, each ARFPSHN¹:
 - *“(1) Meet the minimum requirements for a Level 4-i [including 54 additional weekly direct care staff hours per consumer and 16 consultant hours every 6 months]³ ... and ensure that all of the following conditions are met:*
 - *(A) That an RN, LVN, or licensed psychiatric technician, is awake and on duty 24/7*
 - *(B) That an RN is awake and on duty at least 8 hours per person, per week.*
 - *(C) That at least 2 staff on the premises are awake and on duty when providing care to 4 or more consumers.*
 - *(3) ... Ensure that an administrator is on duty at least 20 hours per week to ensure the effective operation of the ARFPSHN.”*

The Challenge

- The ARFPSHN rate is capped at the median monthly rate for Specialized Residential Facility (Habilitation) services (Service Code 113).
- Service providers cannot bill for a vacancy.⁵
- Therefore, each month if there is a vacancy the service provider is underfunded for costs that are not related to a specific consumer:
 - Administrator and DSP staff salary, and benefit costs
 - Mandated minimum staffing (see next slide)
 - Lease/mortgage, utilities and insurance

Example of Fiscal Impact - Current

- Fixed costs remain constant supporting 1 or 5 individuals
 - Staff benefits
 - Staff benefits
 - Consultants
 - Lease
 - Utilities
 - Insurance

ARFPSHN funding \$110,000: \$22,000 per consumer per month.

- When there are 2 residents and 3 vacancies:
 - \$44,000 total funding per month
 - **\$66,000** per month is underfunded
- When there are 3 residents and 2 vacancies:
 - \$66,000 total funding per month
 - **\$44,000** per month is underfunded
- When there are 4 residents and 1 vacancy:
 - \$88,000 total funding per month
 - **\$22,000** per month is underfunded



Example of Fiscal Impact - Proposed

A	B	C	D	E	F
Consumer	Monthly Rate*	Monthly Rate *Facility allocation per individual	Proposed Monthly Rate *Individual*	Combined Monthly Rate (C + D)	Change in Monthly Rate
Consumer 1	\$22,000	\$17,000	\$3,500	\$20,500	-\$1,500
Consumer 2	\$22,000	\$17,000	\$3,500	\$20,500	-\$1,500
Consumer 3	\$22,000	\$17,000	\$3,500	\$20,500	-\$1,500
Consumer 4	\$22,000	\$17,000	\$6,000	\$23,000	+1,000
Consumer 5	\$22,000	\$17,000	\$8,500	\$25,500	+3,500
	\$110,000	\$85,000 (DS 6023)	\$25,000 (DS 6024)	\$110,000	\$0



The Solution

- *Statute provides a DDS-approval process to address this inadequacy.*³
- NLACRC is seeking DDS authorization to separate the facility costs⁷ and the individual staffing and program costs⁸, which is the practice for the Enhanced Behavioral Supports Homes (“EBSH”).
- Total reimbursement will not exceed the established vendor rate per month at full capacity.
- The rate model being proposed is a rate model that currently is used to fund the EBSH facilities.

Next Steps in Proposal Process

- **July 21, 2021:** Present Concept to Consumer Services Committee for Review
- **August 5, 2021:** Present Concept to Vendor Advisory Committee for Review
- **August 11, 2021:** Present Concept to Board of Trustees for Review and Authorization to proceed with 637 Proposal and hold a Public Hearing
- **October 6, 2021:** Publish Public Hearing Notice
- **October 20, 2021:** Public Hearing
- **February 9, 2022:** Board meeting Presentation for final review and approval
- **February 2022:** Submit 637 Proposal to DDS for review and consideration



Appendix

1. Welfare and Institutions Code, Division 4.5, Chapter 6, Article 3.5. Adult Residential Facilities For Persons With Special Health Care Needs [[Sections 4684.50 - 4684.75](#)]
2. <https://www.dds.ca.gov/general/eligibility/living-arrangements/adult-residential-facility-for-persons-with-special-health-care-needs/>
3. [Association for Retarded Citizens v. DDS \(1985\)](#)
4. [Capitol People First et al v. DDS et al.](#)
5. Title 17, [Section 56004](#). Facility Staff Levels.
6. Welfare and Institutions Code, Division 4.5, Chapter 5, Article 4. Regional Center Alternatives for Service Delivery [[Sections 4669.2 - 4669.75](#)]
7. [DS 6023 cost statement](#): Facility costs
8. [DS 6024 cost statement](#): Individual costs

Thank you.

