

**Teresa Koehler**

# Adult Therapeutic Foster Homes

**From:** Patti Cordova  
**Sent:** Thursday, February 21, 2013 3:09 PM  
**To:** Teresa Koehler  
**Subject:** FW: Adult TFC advocacy

Do we have this in our comment book?

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**From:** Barbara Lang  
**Sent:** Wednesday, February 06, 2013 11:38 AM  
**To:** Cara Christ, MD  
**Cc:** Thomas Salow; Valerie Grina; Patti Cordova; Teresa Koehler  
**Subject:** FW: Adult TFC advocacy

Just received this.

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**From:** Lane Barker [mailto:LBARKER@devereux.org]  
**Sent:** Wednesday, February 06, 2013 11:36 AM  
**To:** Barbara Lang  
**Cc:** Emily Jenkins  
**Subject:** Fwd: Adult TFC advocacy

Good morning, Barb -

Hope you're doing well. I'm writing to express Devereux's concerns related to the recent communication from OBHL surrounding the change in licensure for Adult Therapeutic Foster Homes.

The communication advised that as of July 1st, the current licensure rules would be dissolved and that providers must be licensed as Adult Behavioral Supportive Homes. In a review of those rules and their implications for service delivery, it appears that these homes are essentially equivalent to unlicensed Board and Care homes. There are a myriad of unintended consequences that will result from this change.

We believe strongly that in the absence of another viable licensing option under OBHL's current plans, the Adult HCTC service would likely disappear. This will have a significant negative impact on the individuals Devereux currently serves, as well as countless others in similar treatment settings across Arizona.

The treatment options for these service recipients would be narrowed considerably:

1) A residential facility - not the lowest level of care appropriate to their needs; not the ideal environment for many individuals who are better served in a smaller, family-like setting; not enough capacity in the system.

2) A Board and Care setting - an unlicensed, unmonitored facility whose business model isn't built around meeting the clinical needs of this population, and which may actually increase utilization of more intensive and expensive levels of care (e.g. hospitalization).

In addition to the clinical ramifications, the change implies an alteration in the reimbursement rate by CSPs to provider agencies like Devereux. We assume the rate would be commensurate to that of a Board and Care home, which is not adequate to cover the operating expenses of a high quality, accredited treatment program. Our assumption is that CSPs will simply move their service recipients to Board and Care facilities, and shift the cost of "care" to the consumers themselves via social security monies. I use the term "care" loosely. To be blunt, these service recipients would move from a supportive, professional treatment setting to "three hots and a cot."

This scenario is reminiscent of the treatment environment many years ago in Arizona for Serious and Persistent Mentally Ill adults. This population was either languishing in the state hospital or residing in board and care homes without the proper support, supervision and access to much needed mental health services.

If the proposed changes are instituted, Devereux will most assuredly discontinue its adult HCTC program. This is unfortunate in that we have solid outcome data regarding significantly lower hospitalization rates and long-term stability of individuals we have had the privilege to serve.

Please let me know if there is anything further we can do to help influence the course of OBHL in this regard. And, as always, please let me know if you have any questions.

Thank you!

Lane

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[View Summary](#)**Respondent Type:** Normal Response**Collector:** Web Link (Web Link)**Custom Value:** *empty***IP Address:** 206 169 202 209**Response Started:** Tuesday, January 22, 2013 2:11:49 PM**Response Modified:** Tuesday, January 22, 2013 2:31:13 PM**1. After reviewing the revised draft of the DUI Services rules, please provide any comments or concerns you may have on the substance of the rules:**

I am very concerned that adult supportive homes may no longer permit the assistance of foster parents in distributing medications to the residents of the supportive homes. Intermountain has provided adult therapeutic foster home options for SMI adults for more than 15 years. Many of the individuals that we have served in therapeutic foster homes have thrived as a result of the intensive individualized attention that they have received in these settings. Without assistance in taking their medications many of these individuals would have to be placed in Level II group homes at a much higher cost of care. Very few of the many residents that we have served in therapeutic foster care were capable of self-administering their medications. Therefore, I fear that unless adult supportive homes can continue with the option of assistance with medication management most of the residents residing in therapeutic foster homes currently supervised by Intermountain would lose their placement and have to be placed in Level II group homes.