

<b>ADAMHS BOARD FOR MONTGOMERY COUNTY</b>	<b>BP # 402A</b>	
<b>TITLE</b>  <b>Residency</b>	<b>SUBJECT</b>  <b>Program</b>	
	<b>EFFECTIVE DATE</b>  <b>03/01/2014</b>	<b>SUPERSEDES DATE</b>  <b>7/1/96; 7/1/00; 3/27/2002</b>

**PURPOSE:**

The Alcohol, Drug Addiction and Mental Health Services Board for Montgomery County desires to establish a residency policy for the purpose of ensuring that funds used to purchase alcohol, drug addiction and mental health services are used for persons residing within the Board's service district and to be in compliance with the State's (OMHAS) Residency Determination Guidelines. (See attached)

**SCOPE:**

This policy applies to all contract providers receiving funds from the Board to provide alcohol, other drug and mental health services and to all persons receiving services funded by the Board.

**POLICY:**

It is the policy of the Alcohol, Drug Addiction and Mental Health Services Board (ADAMHSB) for Montgomery County that all persons receiving services funded by the ADAMHSB shall be residents of Montgomery County except as otherwise provided by this policy or by law. All contract agencies providing services funded by the Board shall comply with this residency policy.

In accordance with ORC 5122.01(S), For Mental Health Clients: "Residence" (for the purpose of financial responsibility purposes) is defined as a person's physical presence in a county with intent to remain there, except that: (1) If a person is receiving a mental health service in a facility providing nighttime sleeping accommodations, residence means that county in which the person maintained his/her primary place of residence at the time he/she entered the facility or (2) committed pursuant to section 2945.38, 2945.39, 2945.40, 2945.401[2945.40.1], or 2945.402 [2945.40.2] of the Ohio Revised Code, residence means the county where the criminal charges were filed. [Except for persons civilly committed after a finding under ORC 2945.38(H)(4)]. .

For alcohol/drug clients, the definition of residency is: “Residence means a person’s physical presence in a county with intent to remain there, except that, if a person is receiving alcohol and other drug addiction services from a program that includes nighttime sleeping accommodations, residence means that county in which the person maintained his/her primary place of residence at the time he/she entered the program.”

The above definitions of residency shall apply to all specialized residential treatment programs or facilities in which clients are placed because of their need for treatment, supervision/support, or other specialized services, with this principle to be defined and operationalized below:

A primary criterion for what constitutes a specialized residential program or facility shall be that it is subject to licensure (or some comparable certification)

The following additional terms are used to ensure consistency:

- County of Legal Residence- the county of the person’s permanent residence at the time of service
- County of Committing Court-the county where criminal charges were filed
- County of Service Provision-a county other than the home county or legal county where a person may be receiving mental health and/or addiction services (generally, this is applicable to persons on a conditional release commitment).
- Forensic Legal Status includes persons admitted in the following statuses:
  - Sections 2945.371(G)(3); 2945.38(A); 2945.38(B);2945.38(H)(4);2945.39(A); 2945.40; 2945.02; 2967.22; Jail Transfers (civil admission status); Police Holds (civil admission status)
- "Intent to remain" is to be interpreted to mean a person's expressed or reasonably implied intent, together with actions which taken as a whole indicate a desire to remain permanently in the county. There can be no intent to remain when a person is visiting, transient or present in a county for only a time-limited specific purpose.
  - a. In addition to stated intent, which shall be given primacy, the following are other factors which may be considered in assessing whether a person's actions demonstrate intent to be a resident:
    - mailing address
    - voting
    - car registration
    - job or other vocational efforts
    - payment of taxes

- location of family
- general conduct.
  - i. Where a client lacks the capacity to communicate clearly or is unwilling to state an intent (and there is no compelling evidence to think otherwise), it shall be assumed that the client intends to remain in the service district he/she is currently located.
  - ii. Boards and their agents are not to be involved in efforts to coerce or unduly influence client intent vis-a-vis residency.

In the event the consumer appears at appointment without residency verification, the agency must do their due diligence to obtain residency documentation within 30 days.

Residency for children is to be determined by the residency of the parents (or guardian) and should change when the parents move (even when this occurs in the middle of a hospitalization or residential placement). When temporary or permanent legal custody of a child has been awarded to some other official entity (such as a CSB, ODYS, etc.), residency should remain with the "home" Board of the county where the court which ruled maintains jurisdiction.

Persons with handicapping conditions who consequently may remain in the custody of a CSB, etc., through their 21st year shall be considered to be children for the purposes of these guidelines.

The interpretation of these residency provisions for children is to be guided by the provisions of ORC Sections 3313.64(A)(1 and 4), 3313.64 (C)(2), and 2151.35, which deal with the determination of local responsibility within the educational system.

For clients committed pursuant to ORC Sections 2945.38, 2945.39, 2945.40 2945.401 [2945.40.1], or 2945.402 [2945.40.2] of the Revised code, residency shall remain with the Board of the service district in which the charges were filed only for as long as the client remains in a forensic status. If and when the client's status reverts to a civil commitment, at that point the client's residency shall be changed to that to which it would be for non-forensic clients (i.e. the "home" Board from which the client originally came). For those clients who may be in a non-hospital setting when their commitment status changes, residency should be determined by type of facility and/or intent, depending upon the circumstances. When residency shifts because of a change in forensic status, the Board from which residency is being shifted is to give timely notice to the new Board of residency.

2. A Board (directly or through its contract agencies) may receive requests for services from a client whose residency rests with the Board of another service district (with this encompassing clients involved in emergencies while away from home, clients wishing to travel to receive non-emergency services from a provider in another district, and clients placed in a specialized residential facility

who seek additional services beyond that which the facility itself may provide). Such requests for services from non-residents should be dealt with as follows:

- a. Services other than emergency/crisis services and Medicaid-billable services should remain the sole responsibility of the "home" Board of residency, with this responsibility understood to encompass the items listed in section #2 of this document.
  - b. The Chief Clinical Officer (or designee) of the "home" Board should be responsible for determining what services may be clinically necessary and appropriate for an individual seeking services outside of his/her "home" district. The "home" Board should bear ultimate responsibility for overseeing and supporting the provision of appropriate out-of-district services (to the extent they are approved as being consistent with the Board's Community Plan and sufficient financial resources are available).
  - c. For non-Medicaid services, a Board may have "preferred providers" (i.e. its contract agencies) and expect residents seeking Board-subsidized services to use these organizations.
  - d. Non-emergency services may be provided to out-of-district clients by either the "home" Board of residence or the Board from which the client is seeking services. However, no Board should be expected or assumed to provide ongoing, non-emergency services to out-of-district clients without its explicit consent and without a mutually agreeable reimbursement mechanism having been negotiated. All Boards should adopt official policies and procedures which layout how it will respond to requests of its residents who seek services outside the Board's service district.
  - e. Anytime an SMD client is placed in an out-of-district residential facility with the involvement of the public community mental health system, the "home" Board should notify the Board where the facility is located and work out matters of service coordination and continuity-of-care.
  - f. Contract agencies are free to serve whomever they wish with funds other than those provided pursuant to a contract with a Board.
3. A person incarcerated in an out-of district jail facility shall remain a resident of the district from which he/she came. However, to facilitate and support Board-sponsored programs for the provision of services to a local jail facility, by mutual agreement a temporary re-assignment of a jail inmate to a plan of the local Board may be affected. Upon release from the jail facility, the plan assignment shall revert to the original Board of residence.

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When a college student is seeking inpatient services, residence is the county where their parents live, if student is claimed as a tax dependent on their parent's tax return. If the student is emancipated, at a graduate level of study or has dependent children, the student should have further screening to determine the actual county of residency. If the student is from out of state, the criteria used for out of state residency determination should be used.

When a homeless person/legal migrant seeks inpatient hospital service, residence is the county where they reside as homeless or otherwise.

When a transitional homeless person, whose residence is unknown and cannot be determined, seeks inpatient services, residence is the county where they present for services.

When a person from out of state/illegal migrant seeks inpatient services in a state-operated Behavioral Health Organization (BHO), residence is the county where the BHO is located.

During enrollment, contract providers shall provide documentation of a member's residency. Records verifying residency shall be retained as a part of the member's record throughout tenure with the contract provider. All contract providers, upon request by the Board, shall submit a copy of their procedures for documenting residency and should be able to display evidence of residency verification at any point in time that it may be requested.

Verification of residency shall require one of the following:

Voter's Registration Card, copies of utility bills with a Montgomery County address, Driver's License evidencing a Montgomery County address, , State of Ohio personal identification card, tax payment, mortgage statement, official record of payment on business stationary that includes landlord contact information, a print out from the Montgomery County Auditor's Office that documents property ownership, , PATH statement or homeless shelter verification of homelessness, SSI/SSDI Benefits Eligibility Statement, and/or a signed notarized statement of intent to remain in Montgomery County. All evidence of residency must display an address that matches the current address being recorded for the member who is seeking enrollment.

The residence of children receiving Board funded services shall be the address of the custodial parent(s) or legal guardian i.e., County Children's Services or Juvenile Court with physical custody of the child, unless otherwise determined by a court of law.

For any person who is being referred from the county/local jail, a referral sheet from the jail **WILL NOT** be accepted as proof of residency.

Undocumented immigrants, who cannot establish residency, are eligible to receive Crisis Intervention/Pre-hospital Screening services **only**.

Contract providers may temporarily "certify" a person's residency by submitting a statement that they are working with an individual to obtain one of the acceptable verifications of residency. Verification of residency status may not be immediately available from persons accessing emergency and crisis services, **but** should be gathered, if possible. Verification of residency status for persons hospitalized or recently discharged (within 60 days) from the State Hospital where residency has already been determined, a copy of the hospital admission form that includes the individual's address and/or county of residence (at the State hospital) must be submitted.

All persons securing or receiving services from the Contract Provider after July 1, 2000 shall submit documentation of residency. Contract providers must verify the residency of member's receiving services during the financial assessment and re-assessment at least annually thereafter.

Additional scenarios not contained directly within this policy may be found in the **Ohio Mental Health and Addiction Services Guidelines and Operating Principles for Residency Determinations Among CMH/ADAS/ADAMHS Boards (see attachment)**

When the residence of a person is disputed, the matter of residency shall be referred to the Director of Administrative Services or designee. If the Board's determination is disputed, the matter of residence shall be referred to the Ohio Mental Health and Addiction Services for investigation and final determination.