County of Financial Responsibility (COFR) Dispute Resolution Committee - Case 2005-1

Committee: Mark Keilhorn Department of Community Health

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The Committee met on February 18, 2005 concerning a dispute between two adjoining county CMHSP's. CMHSP representatives from the two counties attended to explain the case and the rationale for each CMHSP's position.

<u>Issue</u>: An individual was arrested in County A on August 22, 2003. He was transferred to a forensic center for evaluation a week later and subsequently transferred to a psychiatric hospital in County B. He apparently has had a long history of mental illness and substance abuse, and was in a psychotic state when arrested and for some time thereafter. He is now ready for placement and has expressed the intent of living in County B.

The individual's Medicaid status has lapsed and his county of residence is in doubt. He was born in County A. He spent two nights in a shelter about May 30, 2003 in County A. He was arrested in County A on August 22, 2003. There is no information as to where else he was during April-August. He had a residence address (several years old) in County B. He has a history of mental health treatment at the CMHSP in County B. He has told two diametrically different stories about his family and their locations, and no one from his family came to visit him.

<u>Resolution</u>: After answering questions, the CMHSP representatives left the meeting and the Committee conferred. The Committee was handicapped by a lack of specific data about when the person was treated in County B, where he lived in the years since his treatment, and his whereabouts during the summer of 2003. His confused condition led to several versions of his family history and he apparently offered little relevant information.

It is possible that he was only "transient" when he was arrested in County A; that he was a resident of County B and his intent has been to stay in County B. The policy states that a transient person is not residing independently in a particular county. Thus, County B would be the COFR.

It is also possible that he lived relatively continuously as a homeless person in County A from May to August of 2003. There was no evidence that he lived elsewhere between his stay in the shelter and his arrest. The policy states that a homeless person shall be considered part of the community. Thus, County A would be the COFR.

The Committee then invited the CMHSP representatives back into the meeting. After some discussions they agreed on the following compromise. County A would bear the in-patient cost since August, 2003. County B would assume the out-patient and subsequent costs, beginning when the individual is placed in the community in County B (actually, the day of this hearing).

<u>Contract</u>: The apparent contradiction in the contract between the guidance on "transient" and "homeless" should be resolved, if possible, with additional specific guidance.

Other: The Committee also determined that, with the implementation of this contractual COFR dispute resolution process, CMHSP's should no longer submit their COFR disputes to the Department of Community Health as a step in the resolution process.