ALP REFORM

CONSENSUS RECOMMENDATIONS SUBMITTED BY LEADINGAGE NY, ESAAL & ALFA TO THE MRT AFFORDABLE HOUSING WORKGROUP

The Medicaid Assisted Living Program was enacted in 1991. While it has been a good resource to help divert recipients from more costly nursing homes placements, the program design needs to be modernized. Below is a series of reform recommendations that will help move the program forward as an interim step in the eventual move to a managed long term care/care coordination policy. Many of these recommendations will require changes to state law.

1. Reform the State's Medicaid Assisted Living Program; specifically by:

a) **Allowing the Registered Nurse (RN) employed by the ALP's Licensed Home Care Services Agency (LHCSA) to conduct assessments to determine initial and ongoing clinical eligibility for ALP services.** Current law requires that the Certified Home Health Agency (CHHA) or Long Term Home Health Care Program (LTHHCP) with which the ALP contracts must conduct all resident assessments to determine that the person is clinically eligible for the program. The ALP provider must pay the CHHA for all post-admission assessments, and the CHHA bills Medicaid separately for the pre-admission assessment. Unfortunately, due to lack of resources in some regions, and changes in CHHA reimbursement and resulting changes in business practices, ALPs are struggling to get CHHAs and LTHHCPs to conduct these assessments. The result is a delay in accessing the assessments and commensurate necessary services. At times, this leads to unnecessary nursing home placement. The ALP's RN, employed by their LHCSA, is appropriately licensed and qualified to conduct all such assessments, which would save money for both the ALP provider and the State. This type of admission process is consistent with how assessments are conducted in nursing homes and home care, enabling quicker admissions to their programs. This recommendation is intended to increase the likelihood that medically eligible people are admitted into the ALP, consistent with the state's goals to provide services to individuals in the most integrated setting possible. Checks and balances in the process of determining appropriateness of admissions and retention of residents would continue to be achieved through the local department of social service's review of clinical eligibility determination (discussed below), as well as the Department of Health surveillance process.

b) **With regard to the pre-admission assessment, we propose that the ALP receive additional Medicaid reimbursement but at a lesser rate than what the CHHA is currently paid, thereby saving the State** additional funds. The start date of care for would be the day after the assessment is completed.

c) **Expediting enrollment into ALPs by allowing for an individual to be admitted to an ALP without an assessment conducted by local department of social services (LDSS) or HRA *prior* to admission. Rather, the LDSS can conduct post-admission audits to ensure appropriate admissions.** Currently, an ALP resident must go through a "triple screen" before being admitted to the ALP: being evaluated by the ALP, CHHA or LTHHCP and local district. This means that admissions rarely happen quickly. The goal of this provision is to speed up this process and prevent unnecessary nursing home placement. This change is consistent with recent changes in managed care; PACE and MLTC are subject to a retroactive review.

d) **Repealing the section of social services law that requires a reduction in nursing home beds to create new ALP beds, but maintain the expansion of the ALP**. The beds would be available to any eligible applicant through a modified Certificate of Need process or RFP.

e) **Lifting the moratorium on CHHAs to enable ALPs to serve their residents.** ALPs could more effectively deliver services and manage the care of their residents if enabled to do so directly through CHHA services. The state is currently evaluating lifting the CHHA moratorium in certain circumstances, where doing so will further MRT initiatives. Allowing ALPs to develop CHHAs for the purpose of serving their residents will further MRT initiatives and allow more integrated service delivery so ALPs should be one of the priority groups considered under the emergency regulation pending with the Public Health and Planning Council.

f) **Allowing ALPs the option to utilize their LHCSA home health aides to perform all functions within their scope of practice/tasks.** We propose that HHAs working in an ALP setting should be able to perform the functions that their training allows them to perform. Currently, the Department of Health limits the tasks that the ALP/LHCSA HHA may perform to Activities of Daily Living (personal care) functions. HHAs are trained and certified to perform tasks beyond the ADL services that a certified Personal Care Aide, or ACF aide can provide, however. To the best of our knowledge this limitation is not specified in statute. Access problems for ALP residents for these kinds of services are growing because the CHHAs/LTHCCPs with which the ALPs contract are unable or unwilling to provide some home health aide level services commonly needed by the elderly in the ALP (i.e. eye, nose, and ear drops, nebulizers, etc.) Further, it has been confusing for providers to understand the limitations of the HHA in the ALP. ALPs should have the option to use the **certified home health aides** that they employ in their LHCSA to perform functions **within their scope of tasks**. Just as they provide supervision of aides for personal care tasks provided to residents (i.e. Activities of Daily Living-ADLs), the ALP's RN could provide the required aide supervision for the home health tasks.

g) **Enabling the ALP to contract with more than one CHHA or LTHHCP.** Current statute limits the contracting relationship to a single entity (requiring authorization for more in limited circumstances). Allowing the ALP more flexibility to contract with multiple entities would allow it to serve residents most efficiently. This will also allow more consumer choice.

h) **Allowing ALPs to access Medicare-covered therapy services from providers other than CHHAs or LTHHCPs.** Regulations state that the ALP must contract with a CHHA or LTHHCP for "nursing and therapy services. " The Department of Health interprets this to mean that the contracted CHHA or LTHHCP is the only organization that may provide such services. However, there are circumstances where an ALP resident can appropriately receive physical therapy, occupational therapy and/or speech therapy services from another entity. For instance, maintenance Physical Therapy is available from private PT companies under a different Medicare benefit. In addition, nursing homes licensed to provide outpatient therapies that are located on the same campus as ALPs could provide therapies under a different Medicare benefit. ALP residents' right to choose providers should be promoted so that they have access to all of their Medicare benefits. Allowing ALPs to access therapies from other outpatient therapy providers will also allow more flexibility and more efficient service delivery. Because the ALP is responsible for any

Medicaid-covered therapy services within its capitated rate, this change would not incur any additional costs to the state.

i) Improving the ALP survey process. Currently, the ALP survey process is disjointed. The ALP is surveyed as its components (ACF, home care and ALP) rather than an integrated program. At times, the requirements conflict or do not serve the best interests of the residents. Integrated training for surveyors joint ACF/ALP and home care surveys would facilitate a more integrated approach.

j) Developing a forum to revisit the ALP program in one year to evaluate implementation of these reforms and determine what more change is needed. Develop a forum of Adult Care Facility, Assisted Living Program and Assisted Living Residence providers and industry representatives to evaluate the implementation of these recommendations and to consider other changes to improve the program by meeting the growing demand in the most cost effective, efficient manner possible. The impact of the Medicaid Redesign Team's initiatives, including the expansion of Medicaid Managed Care and the implementation of the uniform assessment system, will be considered, as well as additional changes that may be warranted to streamline administrative functions and costs and expand access to assisted living.