

M E M O R A N D U M

TO: Home Care, Adult Care Facility and Assisted Living Members

FROM: Anne Hill, Community Services Policy Analyst
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DATE: January 22, 2009

SUBJECT: **NYAHSA Meets With DOH to Discuss Home Care Services and ACF Issues**

ROUTE TO: Administrators, Program Directors

ABSTRACT: Discussion regarding the provision of home care in ACFs.

Introduction

NYAHSA met with the Department of Health (DOH) and other health care associations to discuss issues related to the provision of home care services in Adult Care Facilities (ACFs). Member input on these matters is requested, as this is the beginning of an ongoing discussion with DOH.

Questions and Concerns Regarding the Provision of Home Care Services in ACFs

During the meeting, several themes and questions arose:

- Despite clarifications issued by DOH in the past, there remain areas where it is unclear which entity is responsible for what service. It is also unclear how much home care can be provided in an ACF. Case management is a service example where confusion about responsibility or duplication of service is possible.
- It remains unclear what the responsibility is of each entity—the home care agency and the ACF—if there are concerns about quality of care for the consumer. If one entity has concern about the other entity's service, or is being asked to do something that seems inappropriate, what is their responsibility to act on these concerns, both with regard to the consumer and in the larger context?
- With regard to qualifying for Medicaid-covered services, there remains confusion about the qualifiers of “some” versus “total assistance” and how that applies to an ACF resident. Historically, the interpretation of this criterion has resulted in very few people being eligible.

- There is concern that managed care may be denying the provision of legitimate services in ACFs.
- Limited licensed home care services agencies, which were designed to provide personal care services to Medicaid-eligible individuals residing in ACFs, has not been successful given the design of the program, the eligibility requirements and inadequate reimbursement.
- ACFs are being directed to bring in home care for basic services that could easily be provided in the ACF, which home care agencies would not ordinarily open a case for, and that are ultimately extremely costly to an ACF resident.
- During a time when the Office of Medicaid Inspector General (OMIG) work plan indicates a focus on the provision of home care in ACFs, clarification where there are ambiguities is essential.

Conclusion

As NYAHSA continues to talk with DOH about these issues, it would be extremely helpful to hear member concerns, experiences, or questions related to the points above. **If members have experiences or comments to share, please contact Anne Hill at ahill@nyahsa.org or by phone at 518-449-2707, ext. 141; or Diane Darbyshire at ddarbyshire@nyahsa.org or NYAHSA ext. 162.**