



## MEMORANDUM

**TO:** Adult Care Facility and Assisted Living Members  
**FROM:** Diane Darbyshire, Senior Policy Analyst  
**DATE:** February 5, 2010  
**SUBJECT:** Updates on ACF Budget Proposals, Aide Training and More  
**ROUTE TO:** Administrators

ABSTRACT: Meeting with DOH yields updates on several issues.

### Introduction

This memo provides the latest information from the Department of Health (DOH) on a variety of adult care facility (ACF) and assisted living issues.

### General ACF Issues

#### *Disposal of Medications*

A recently announced settlement of actions brought against nursing homes and hospitals by the Office of the Attorney General regarding the disposal of pharmaceutical waste into the water system has raised serious questions regarding the proper disposal in a variety of settings. There is no state or federal requirement that prohibits flushing of these medications; however, based on the recent actions of the Attorney General, there are reasons to examine current practice. NYAHSA has been aggressively pursuing answers to this issue, and DOH is also looking into the matter.

DOH suggests that facilities contact your regional office to discuss their methods of disposal, and DOH will research.

For more information, see [NYAHSA Doc ID# n00004237](#).

#### *Budget Update*

NYAHSA obtained additional details on ACF and assisted living issues in the Executive Budget Proposal.

- *Changes to QUIP and EnAble:* DOH discussed thinking behind the proposal to develop a new quality improvement program for ACFs, replacing Quality Incentive Payment Program (QUIP) and EnAble. DOH reports that the changes

would eliminate some of the administrative costs in administering these funding processes. It would also eliminate some of the problems associated with the EnAble competitive review process, particularly related to the scoring of applications and Resident Council sign-off on projects. DOH envisions a process similar to QUIP, rather than a request for proposals process. Funding would flow directly to the ACF providers. The statute allows DOH a good deal of flexibility in developing the plan, which must take into account the financial status of a facility as well as resident needs. DOH will share more information with NYAHSA regarding the parameters and process as it is developed.

- *DOH study on ALP rates:* The department confirmed that the uniform assessment tool (UAT), which was introduced in last year's budget initiatives, would be used to collect resident data to help inform possible refinements to ALP Medicaid rates. The tool would be piloted with the ALP and other services, and data would be collected electronically. Based on the data, DOH envisions developing a new pricing acuity-based reimbursement budget proposal possibly for 2012. DOH will be providing NYAHSA with a briefing on the UAT in the future, but the tool is not yet available for public review.
- *Services to adult home residents:* DOH confirmed that the proposed \$1 million to provide education, assessments, training, and monitoring to adult home residents relates to the state's remedial plan regarding the *Disability Advocates, Inc. v. Paterson* decision. The department has yet to hear back from the judge regarding the state's [proposed remedial plan](#), however.

[NYAHSA would like to hear from members](#) regarding the quality incentive program and ALP study proposals. For more information on the Executive Budget proposal, see [NYAHSA Doc ID# n00004247](#).

### ***Annual Census Due***

The 2009 Annual Census Report for Adult Care Facilities was due to DOH on **January 31, 2010**. If you have not yet submitted the report, you are encouraged to review the information carefully. The revised definition of mental health diagnosis is likely to result a smaller number of identified individuals. If you encounter problems completing this report, please contact either Joan Justice at 408-1132 or Jacqueline A. Dudek at (518) 408-1133. In order to submit the form to DOH, you must indicate "complete" on the HPN.

### **Assisted Living Program Issues**

#### ***ALP LHCSA Criminal History Record Check Requirements***

Effective February 1, 2010, licensed home care services agencies (LHCSAs) serving assisted living programs (ALPs) are subject to criminal history record check (CHRC) requirements. DOH held a series of trainings statewide to assist providers in meeting these requirements. If you were unable to attend training and need assistance, please [let](#)

[us know](#).

DOH is working on clarifying the supervision requirements for an individual pending a CHRC determination. There was debate as to whether the supervision requirements should follow that of a home care agency or a congregate living setting (such as a nursing home). It is anticipated that DOH will provide more clarification shortly.

DOH has also clarified that, in the event that an ALP makes no distinction between their LHCSA and ALP employees, only the aides providing direct care to the residents are subject to the CHRC requirements.

## **Assisted Living Residence Issues**

### ***Resident Care Aide Training***

The department plans to issue the assisted living residence (ALR) resident care aide (RCA) curriculum soon. The curriculum will be **recommended but not required**. Facilities are encouraged to utilize the curriculum and tailor it to the needs of their particular facility. NYAHSa will have the opportunity to review and provide additional comments before the curriculum is released.

## **Other Issues of Interest**

### ***Medical Orders for Life Sustaining Treatment (MOLST)***

To enable physicians and other health care providers to discuss and convey a patient's wishes regarding cardiopulmonary resuscitation (CPR) and life-sustaining treatment, the Medical Orders for Life Sustaining Treatment (MOLST) form can be used statewide by health care providers and facilities as the legal equivalent of an inpatient Do Not Resuscitate (DNR) form. The MOLST is an actionable medical order that can transition with a patient through all health care settings. It is intended that the form will be transported with the patient between different health care settings in order that their wishes for life-sustaining treatment and CPR will be clearly indicated.

In the ACF setting, the MOLST is much the same as a DNR in that residents may have them in place, *but the facility cannot act on them*. Rather, the forms should be given to first responders. For more information on the MOLST, go to the DOH Web site at: [http://www.nyhealth.gov/professionals/patients/patient\\_rights/molst/](http://www.nyhealth.gov/professionals/patients/patient_rights/molst/).

### ***H1-N1 and Influenza Vaccinations***

DOH would like to know how ACFs are doing with accessing vaccinations for residents and staff. [Let us know](#) your experiences.

### ***Resource on Bedbugs***

DOH shared a new resource for the prevention and management of bed bugs, which they recommend be used if experiencing an infestation. DOH also recommends quality

assurance regarding bed bugs, and this resource provides a guide for implementing such a program. This resource is provided as an attachment to this memo.

## **Conclusion**

NYAHSa meets regularly with DOH to receive updates regarding pertinent issues and advocate for members. **Please keep us informed of any issues that you may be experiencing so we can advocate appropriately.** If you have questions or comments regarding this memo, please contact Diane Darbyshire at 518-449-2707, ext. 162, or by e-mail at [ddarbyshire@nyahsa.org](mailto:ddarbyshire@nyahsa.org).

## Attachment

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