

MRT Work Group Meeting Summary

Work Group Name: Affordable Housing – ALP subcommittee

Meeting Date, Time, Location: November 7, 2011, 4:00 – 5:00 p.m., Conference Call

Members in Attendance: Ginger Landy, Lisa Newcomb, Ted Houghton, Steve Volza, Diane Darbyshire, and Toni Lasicki; DOH staff Mark Kissinger, Carla Williams, Paul Pflieger, Karen Meier, Victor Chen, Tamika Black, Bob Loftus

Summary of key meeting content: discussion focused on identifying issues and proposing solutions that would help the Assisted Living Program serve more individuals who require less intensive care in community settings with a high-quality level of care.

Several issues were identified as impediments to the above stated goal:

- ALPs need more flexibility to meet functional and health needs of residents;
- Funding is not sufficient to cover those with high needs even if they could be safely served in an ALP – it does not allow for aging in place or special needs populations;
- The pace of admissions process is a disincentive to place persons who would benefit from the program in an ALP;
- Certain changes may endanger federal Medicaid reimbursement;
- ALP capacity is insufficient to meet demonstrated needs;
- Retention standard is too inflexible and results in persons who could be well served in ALPs being moved to more restrictive institutions;
- Only allowing CHHAs to provide skilled services dramatically increases overhead costs;
- Admission standards bar some atypical populations that would benefit from the model, including younger individuals with substance abuse issues, behavioral problems and criminal histories;
- ALPs are over surveyed currently under too many different standards;
- Notice and appeal process creates, in effect, a 90 day unpaid bed hold that compromises care for the resident, harms the operator, and restricts access to others in the community;
- Amending regulatory structure would allow State to revisit pricing structure as well as benefit from reduced institutional care costs;
- ADHC is a medical model that is too costly to be incorporated into the ALP capitated rate.

The following suggestions for reform were discussed:

- Fully integrate ALP into ALRA to ensure that people can access the same services regardless of payer source, to incent the development of new beds as only one standard would be in effect, and make it easier for providers to compete for business;
- Allow ALPs to contract with more than one CHHA and other providers, including nursing homes, for skilled services;
- Remove the local district from pre-admission eligibility determination or CHHA from assessment role to streamline admissions with the caveat that ALPs would be at risk if the individual is determined ineligible;
- Amend regulations to have CHHAs provide coordinated care but allow LHCSAs to provide services beyond personal care;
- Amend regulations to incorporate ALR/ALP requirements so that only one survey standard is necessary;
- Allow qualified ALPs to admit and retain special, at-risk populations;

- Amend regulations to permit more flexibility on retention standards so that qualified ALPs can continue serving some residents that would have been determined ineligible due to, for example, incontinence;
- Tighten up time frame of notice and appeal process and allow operators to discharge those who are not expected to return soon.
- Remove ADHC from the capitated rate to allow more residents to take advantage of the state plan service and incentivize operators to use the program.

Next steps/preliminary agenda for next meeting:

- To be determined; Mark Kissinger asked those who have not shared their ideas in writing to do so.

Next meeting date, time, and location:

- To be determined