LTCCC
LONG TERM CARE COMMUNITY COALITION

MONITOR

Working to improve long term care through research, education & advocacy

www.ltccc.org • FALL 2012

Campaign to Stop Dementia Drugging: An Insidious & Widespread Problem

Dementia is increasingly recognized as one of the most significant issues facing the elderly and their loved ones. Thirteen percent (13%) of all seniors suffer with Alzheimer's Disease, the most notable (but not the only) type of dementia. Among our growing numbers of older elderly (people 85 or older) 43% have Alzheimer's. Unfortunately for these individuals and their families, and despite the FDA's 'black box' warning, powerful and dangerous antipsychotic drugs are frequently used inappropriately to treat symptoms of dementia. These antipsychotics are used as a form of chemical restraint, often stupefying these individuals so that they are easier to care for, particularly in nursing homes, hospitals and assisted living. In addition to destroying social and emotional well-being, these drugs greatly increase the risks of stroke, heart attacks, Parkinsonism & falls. For the elderly, they nearly double the risk of death!

> **"…taxpayers, nursing home residents…families and caregivers should be outraged – and seek solutions."**
>
> **U.S. Inspector General Daniel Levinson**

The misuse of antipsychotic drugs in nursing homes in particular is a widespread yet preventable problem. Approximately one in four residents are given these drugs every day. As the U.S. Inspector General Daniel Levinson noted last year, "Too many [nursing homes] fail to comply with federal regulations designed to prevent overmedication, giving nursing home patients antipsychotic drugs in ways that violate federal standards for unnecessary drug use." The Inspector

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Mandatory Managed Long Term Care and the MRT Waiver

As this newsletter went to press, the state received verbal approval from the federal government to allow the initial mailing of mandatory Managed Long Term Care (MLTC) enrollment packages to dual eligible consumers aged 21 and over receiving fee-for-service personal care. On July 6, 2012, about 300-500 adult Medicaid recipients in zip code 10002 (Manhattan's Lower East Side) who receive home attendant (personal care) or housekeeping services through the Community Alternative Systems Agency Offices (CASA), and who also have Medicare, began receiving a mandatory managed long term care enrollment packet by mail from New York Medicaid Choice.

> **Investment in better oversight and monitoring is needed.**

This letter gives them 60 days – until Sept. 6, 2012 – to select an MLTC plan. They may also choose either a "PACE" or Medicaid Advantage Plus" plan – but if they don't pick any of these plans, they will be automatically assigned to an MLTC plan on or after Sept. 6, 2012. Other eligible residents in Manhattan and other boroughs and other counties will receive letters as the year goes on. LTCCC has been heavily involved in advocacy around this issue. We have reviewed and made suggestions on material that will be going to consumers as well as plan contract language, and we have been a part of the

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In This Issue...

Please Make a Donation Today

As you can see from this newsletter, our past newsletters, our e-newsletters and our website, we have been very busy protecting elderly and disabled people who rely on long term care this year. **Now, we need your help.** Please make a tax-deductible donation today to support our work!

Make out a check to Long Term Care Community Coalition and send it to LTCCC, 242 West 30th Street, Suite 306, New York, NY 10001 or donate online at: http://bit.ly/supportLTCCC.

In these difficult times, we truly need your support and generosity today to continue our work in 2012 and beyond. Thank you! ❑

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The Monitor is published quarterly.
FALL 2012 • Volume 62

242 West 30th Street • Suite 306 • New York, NY 10001
Phone (212) 385-0355 • Fax (212) 239-2801
website: www.ltccc.org

This newsletter is made possible through funding by the following foundations:
FJC-Foundation of Philanthropic Funds • Robert Sterling Clark Foundation
Layout and design by www.pattiedesign.com

Save the Date

LTCCC to Hold 4th Annual Reception on

Wednesday, October 3rd, 6-8pm

Federal Hall, Manhattan

Join us in honoring an individual whose career has focused on improving the life of nursing home residents and changing the way we think about our elderly.

Dr. Bill Thomas, President of the Eden Alternative

"Where elders live must be habitats for human beings, not sterile medical institutions."

"All human beings retain a capacity for growth, no matter how small, until the last breath is drawn."

Dr. Thomas is dedicated to eliminating the plagues of loneliness, helplessness, and boredom that make life intolerable in too many of our nursing homes.

Tickets: $150 ($110 is tax-deductible). All tickets must be purchased in advance
Call 212-385-0355 for information on purchasing tickets

Campaign to Stop Dementia Drugging *continued from page 1*

General concluded, "Government, taxpayers, nursing home residents, as well as their families and caregivers should be outraged – and seek solutions."

Following the Inspector General's report, LTCCC joined with four other consumer groups and met with Dr. Donald Berwick, then Administrator of the federal Centers for Medicare and Medicaid Services (CMS) in Washington, D.C., to address this widespread and pernicious problem. After that meeting, Dr. Berwick called on the industry to take substantive steps to reduce antipsychotic drugging. He also directed CMS to take the lead in ending unnecessary drugging.

Campaign to Stop Unnecessary Drugging

In March 2012, CMS launched a national antipsychotic drugging initiative. Nursing homes have been charged with reducing their use of antipsychotics by 15% by the end of this year (December 2012). CMS held a Technical Expert Panel in Baltimore in April (attended by LTCCC's executive director) to develop guidance for surveyors (nursing home inspectors) on how to better identify and sanction inappropriate drugging of residents when they are in a nursing home. Since then, CMS has also started working with stakeholders in each of the states to increase understanding of the problem and foster change among consumers, providers, Long Term Care Ombudsmen and state survey agencies. The initial stakeholder call for New York State was held in July. LTCCC was recently awarded a grant from CMS to develop a brochure for the public on the dangers of antipsychotic drugs. The guide will be released in the fall.

For more information and resources go to www.ltccc.org for our new page:

Antipsychotic Drugs & Dementia Care: Resources and Information

Priorities for LTCCC

For far too long, hundreds of thousands of nursing home residents have been drugged in their homes with impunity, sedated rather than provided the care that they need to treat their symptoms and for which the public pays. Since LTCCC started work on this issue last year, we have been shocked by the extent of the problem: nursing homes that tranquilize rather than provide care, doctors who prescribe drugs without ever seeing their patients, long term care pharmacists who are influenced by the big drug companies, and those big drug companies now being prosecuted for illegal marketing of dangerous antipsychotics.

Change is needed and it must be swift and far-reaching. Every day that inappropriate drugging continues is a day in which innocent residents are cruelly robbed of their lives (often literally, given the high rate of mortality associated with antipsychotic drugs!). Thus, we believe the following steps are essential:

1. Nursing home surveyors must identify antipsychotic drugging and cite inappropriate care practices, including the use of chemical restraints and failure to provide appropriate care services for residents. Harm caused to residents must be indicated in and reflected by the citations, not treated as de minimis because the individual has dementia.

2. CMS and the states must implement modifications to survey and enforcement procedures, including improved data collection mechanisms, to ensure strict compliance with the antidrugging requirements.

3. The state Medicaid Inspector General should conduct an audit of antipsychotic drug use in nursing homes, including an assessment of the timing of diagnoses of a psychotic condition and use of antipsychotics on the elderly. Only about one percent of the total population will be diagnosed with a psychotic condition in their entire life, with the vast majority of diagnoses occurring when an individual is young. How can eight percent of the nursing home population have such a diagnosis? Are some nursing homes diagnosing residents with a psychotic condition so they can "appropriately" use such drugs?

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Assisted Living Bills Introduced in NYS Legislature

There are more than 39,000 LTC consumers who live in 485 assisted living facilities in New York State. Assisted living facilities are largely unregulated and consumers often suffer from the lack of protections that are afforded to nursing home residents. The introduction of three new bills proposing training programs for staff in adult care facilities, increased penalties for violations, and requiring a registered nurse in certain facilities, was an exciting step in recognizing the need for reform in this area. Although the bills did not pass, much progress was made in heightening legislators' awareness of these issues which will hopefully spur future reform.

The bills, developed in conjunction with the LTCCC and Richard N. Gottfried, chair of the New York State Assembly Committee on Health, were presented to leaders in both the Assembly and the Senate. While Gottfried introduced the bills to the Assembly, Senators Montgomery and Grisanti put the bills forth to the Senate.

A8861 (S6279): Adult care facilities training program

Though direct care staff in adult homes provide significant resident care, they are not currently required to complete a uniform training program. Lack of adequate training can lead to mistakes, including errors that can put the lives of residents in danger. However, the Department of Health (DOH) has not changed its training guidelines for many years despite the potentially harmful results of lack of staff training. A8861 would create a mandatory 40-hour training course for direct care staff in adult homes. Staff would receive both classroom and hands-on instruction and undergo some basic training in how to safely assist residents with medication.

A8862 (S6274): Penalties for violations relating to residential care programs for adults

Currently, the maximum fine for violations is only $1,000, the same as it was in 1977, and facilities cannot be fined at all if they correct a so-called "nonendangerment violation" within 30 days, even if that violation caused actual harm. This bill will raise the maximum penalty to $5,000 per violation per day, half of the maximum amount for nursing homes, and requires DOH to levy a fine for any violation that harms a resident even if a facility has corrected and gives DOH discretion to levy a fine for violations that have the potential to cause serious harm. It additionally permits the DOH to levy a per violation fine in addition to a per day fine. We view the changes in A8862 as crucial steps to better protecting residents and ensuring that assisted living facilities follow, at least, the minimum standards. As monetary inflation has occurred over the past 35 years, it is absurd that fines for violating standards have not been raised accordingly. It is outrageous that under current law facilities can have repeated violations and even cause harm to their residents without facing a penalty if they correct within 30 days. Without suitable deterrents New York facilities may continue to be pervaded with scandalous conditions.

A8870: Requiring a registered nurse on staff at facilities certified for enhanced or special needs assisted living

Residents in Enhanced or Special Needs certified assisted living residences (assisted living with special certification to provide care for people with significant dementia or frailty) do not need full-time nursing care, but they do require a professional to both monitor and assess their needs. These residents are the most vulnerable to becoming unstable and in need of 24 hour skilled care. Under current law, these facilities are not required to have a licensed nurse on-site to monitor the health of these residents day-today and ensure that they are being properly cared for in an assisted living setting. A8870 would require facilities with these special certifications to employ a registered nurse full

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Quarterly Enforcement Actions Against Nursing Homes

Where are State Enforcement Actions?

Starting with the last edition, *The Monitor* is no longer providing NY State enforcement actions against nursing homes since the state has begun posting this information on the Department of Health (DOH) website. According to the state, they will be updating this information on a quarterly basis. Thus, we expect new information to be added by the 15th of January, April, July and October. LTCCC will continue to provide this information in the format devised by DOH (described below) on our website at www.nursinghome411.org/?articleid=10011.

Following is information on how DOH is compiling and posting these data on its website:

The table of information that we previously published as "NYS Fined Nursing Homes" is called "Enforcements, Stipulation Dates" on the DOH website. The following link provides a download of a PDF file with this table: http://www.health.ny.gov/facilities/nursing/federal_remedies_and_section_12_fines/docs/section_12_enf_from_7_11.pdf. The table of information that we published under the title of "NY State Took Other Action Against Nursing Homes" is called "Federal Remedies" on the state website and can be found here: http://www.health.ny.gov/facilities/nursing/federal_remedies_and_section_12_fines/.

Rather than finding a new table for each quarter as we listed in The Monitor, the DOH tables will add new information to the original tables on an on-going basis. ❑

Selected Enforcement Actions of NYS Attorney General

Medicaid Fraud Control Unit[1] Took Action Against 3 Nursing Home Personnel 3/16/12 - 6/15/12

Nursing Home	Location	Defendant	Narrative	Sentence
Northwoods Rehabilitation and ECF-Troy	Rensselaer	Klein, Gail, Licensed Practical Nurse	Hidden Camera Investigation: LPN failed to provide medication and decubitis care for a 53-yr old disabled resident of NH and falsely indicated in the medical record that care was provided.	3/30/12: Five year and three year terms of probation to run concurrently and defendant surrendered her license.
Rosewood Heights Health Center	Onondaga	Love, Chayla, Food Service Employee	Defendant, a food service worker, posted a picture on her Twitter account of a female resident, suffering from a mental illness, who had partially disrobed, revealing her upper body, in the dining area of the nursing home where she resided.	4/23/12: Fifteen days Jail.
United Helpers Nursing Home	Saint Lawrence	Borasky, Christine, Certified Nurse Aide	Borasky, a C.N.A., grabbed the right hand of a female resident and pressed on it with such force that she fractured the hand.	3/23/12: Re-sentencing: One - three years incarceration. (Admitted that she violated the terms of her probation and was resentenced.)

[1]The unit prosecutes cases of patient abuse in nursing homes.

Federal Civil Money Penalties[1] Against 2 Nursing Homes: 3/1/12 – 5/31/12[2]

Name Of Home	Location	Survey Date	Amount
Broadlawn Manor Nursing & Rehab Center	Amityville	12/19/2011	$15,307.50[3]
Campbell Hall Rehabilitation Center, Inc.	Campbell Hall	12/22/2011	$3,575.00[3]

[1]Civil Money Penalties (CMPs) – a federal sanction against nursing homes that fail to comply with quality care requirements.
[2]As reported by CMS. For more detailed information contact the FOIA Officer at CMS 212-616-2220. This list will be posted on LTCCC's website every three months.
[3]Amount reflects a 35% reduction as the facility waived its right to a hearing as permitted under law.

Quarterly Enforcement Actions Against Nursing Homes

Selected Administrative Actions By The NYS Office of Medicaid Inspector General

Action Taken Against 4 Nursing Home Personnel 3/15/12 - 6/15/12[1]

OMIG works to protect New York State citizens residing in long term care facilities by making sure that those responsible for their care do not engage in abusive and fraudulent activities. This is done through OMIG's ensuring that those who are enrolled as providers into the Medicaid program are properly vetted, investigating allegations of fraud and abuse within long term care facilities, and finally, excluding providers who have abused their positions as care givers. In addition to conducting their own investigations, the OMIG makes determinations to exclude based on other agency actions, including the State Education Department (SED), the Medicaid Fraud Control Unit (MFCU), and Human Health Services (HHS). A single provider can receive multiple exclusions, based on different indictments and convictions. This involved process works to protect residents of Long Term Care Facilities, because it ensures that even if one conviction is overturned, the abusive provider is still banned from receiving Medicaid funds based on other convictions.

Nursing Home	Defendant	Location	Narrative	OMIG Exclusions[2] Based Upon
Beth Abraham Health Services Facility	Vicky Williams, CNA	Bronx	Ms. Williams falsified records related to hourly visual checks necessary for ensuring the safety of a wheelchair- dependent patient who, due to his mental and physical conditions, had a history of wandering off and falling. The resident's wheelchair was found at 7:45 am, and video surveillance showed the resident leaving the facility at 1:48 am. Ms. Williams had signed off on hourly checks between 3:00 and 7:00 am.	MFCU Conviction 4/16/2012 MFCU Indictment 4/17/2011
Blossom Nursing Home	Althenia Bethel, LPN	Rochester	On multiple occasions, Ms. Bethel signed out several doses of Oxycodone under the name of a patient, and then took them for her own personal use.	SED Consent Order[3] 3/19/2012
Northwoods Rehabilitation and Extended Care Facility	Alicia Smith, LPN	Troy	On multiple occasions, Ms. Smith falsely initialed in the Medication Administrations Records that she had administered medications when she had not done so.	HHS Exclusion 3/20/2012 SED Surrender Order 3/19/2012 MFCU Conviction 1/17/2012 MFCU Indictment 6/02/2010
Wingate of Ulster Nursing Home	Stephanie Kaufman, RN	Highland	While working at Wingate of Ulster Nursing Home, Ms. Kaufman allegedly stole 77 Oxycodone pills for her own personal use.	MFCU Indictment 4/17/2012 SED Consent Order 4/03/2011

[1]In addition to these actions, all of the providers which were reported as having actions taken against them by the Medicaid Fraud Control Unit in previous newsletters have been excluded by OMIG. Please see our newsletter archives at www.ltccc.org/newsletter for their names.
[2]Exclusion means that no payments will be made to or on behalf of any person for the medical care, services or supplies furnished by or under the supervision of the defendant during a period of exclusion or in violation of any condition of participation in the program. Additionally, any person who is excluded from the program cannot be involved in any activity relating to furnishing medical care, services or supplies to recipients of Medicaid for which claims are submitted to the program, or relating to claiming or receiving payment for medical care, services or supplies during the period. OMIG may take a variety of exclusion actions against a provider based upon: indictments; convictions; consent orders or HHS exclusion.
[3]An agreement between the State Education Department Office of Professional Discipline, Board of Regents, Committee of the Professions and the licensee who admits guilt to at least one of the alleged acts of misconduct. The Consent Order provides the details of the misconduct and the assigned penalties.

Quarterly Enforcement Actions Against Nursing Homes

Special Focus Facilities (SFF)

The federal Centers for Medicare and Medicaid Services (CMS) initiated the Special Focus Facility (SFF) program in 1999 "because a number of facilities consistently provided poor quality of care but periodically instituted enough improvement…that they would pass [the following] survey only to fail the next…. Such facilities with a 'yo-yo' history rarely addressed underlying systemic problems that were giving rise to repeated cycles of serious deficiencies."

Due to resource limitations, only 136 nursing home across the country are selected for participation in the SFF program at any given time. On average, states have about two SFFs; since New York is one of the largest states in the country it is supposed to have at least five. Only California must chose more at six SFFs.

Once a facility is selected for inclusion in the SFF program it receives special attention from the state, including a federally mandated requirement that the state conduct at least twice as many survey inspections as normal (approximately two per year). The goal is that within 18-24 months of being in the program a facility will either: (1) develop long term solutions to its persistent problems or (2) be terminated from participation in the Medicare and Medicaid programs. Termination usually means that a facility is sold to a new operator or closed.

From a consumer perspective, the SFF program can be a valuable tool to crack down on nursing homes that are persistently failing their residents and, by identifying and fixing (or removing) a state's worst nursing homes on an on-going basis, eventually improve nursing home care overall. Importantly, since CMS started to make the names of SFFs public, this program is an important tool that consumers can use to learn about the quality of the facilities in their communities and what facilities are doing to improve care and address problems.

SPECIAL FOCUS FACILITIES IN NEW YORK STATE - As of June 21, 2012

The numbers in parenthesis indicate the number of months the home has been on the list and identified as an SFF.

Facilities Newly Identified as a SFF	Facilities That Have Shown Improvement[1]	Facilities That Have Not Improved[2]	Facilities That Have Recently Graduated from the SFF Program[3]	Facilities No Longer Participating in the Medicare & Medicaid Program[4]
Rosewood Rehabilitation and Nursing Center (3)	Marcus Garvey Nursing Home (5)* Van Duyn Home And Hospital (8)	Blossom South Nursing And Rehabilitation Center (13)* Countryside Care Center (19) Pleasant Valley (3)	Loretto Utica Residential HCF (25) Pathways Nursing & Rehabilitation Center (55)	None

[1]Nursing homes that have shown significant improvement, as indicated by the most recent survey, and CMS is waiting to see if the improvement continues over time. If the improvement continues for about 12 months (through two standard surveys), these nursing homes will graduate from the SFF list.

[2]Nursing homes that have failed to show significant improvement despite having had the opportunity to show improvement in at least one survey after being named as a SFF nursing home.

[3]These nursing homes not only improved, but they sustained significant improvement for about 12 months (through two standard surveys). "Graduation" does not mean that there may not be problems in quality of care, but does generally indicate an upward trend in quality improvement compared to the nursing home's prior history of care.

[4]These are nursing homes that were either terminated by CMS from participation in Medicare and Medicaid within the past few months, or voluntarily chose not to continue such participation.

*On the list for the second time; graduated and then put back as a special focus facility.

CMS updates a list of all SFFs in the country quarterly. See http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/downloads//sfflist.pdf

Help LTCCC Go Green!

Do you use email? Access information and news online? If so, please help us save paper – and money – by subscribing to the electronic version of *The Monitor*. As an added bonus, you will get your *Monitor* before hard copies go out!

Send an email to info@ltccc.org with the name that appears on the mailing label on the back of this issue and let us know the email address you would like the newsletter sent to. We will email you back to confirm. Thank you. ❑

New Update to Nursing Home Compare!

Nursing Home Compare (medicare.gov/NursingHomeCompare/) is the federal website that enables people to look up any home that accepts Medicare and/or Medicaid (virtually every nursing home in the country) and find out information on quality. The website recently underwent a major overhall and was relaunched over the summer. It is now much easier to look up nursing homes and to find out important information such as details on latest inspection reports, rates of antipsychotic drug use, staffing levels and more! Much of the new information is a result of the 2010 Affordable Care Act, which included the protections in the Nursing Home Transparency Act and Elder Justice Act.

An important improvement is the addition of the symbol below, for any home that is a Special Focus Facility (see page eight of the newsletter for more information on Special Focus Facilities).

Assisted Living Bills Introduced *continued from page 5*

time, one shift a day, five days a week, on-site, to assess and monitor the condition of each resident.

The importance of these bills was recognized by the New York State Nurses Association (NYSNA), which supported their passage wholeheartedly. The NYSNA affirmed their position on the pending bills by stating that each of these bills is needed to protect assisted living residents and to ensure that the industry leave behind the poor care and scandalous conditions that have plagued so many providers over the years.

While there are a variety of perspectives on the proposed assisted living bills, it is LTCCC's hope that consumers, providers, and legislators will work together to ensure the safety, comfort and dignity of assisted living facility residents. It was due to the efforts of individuals who responded to the call to action by writing to state legislators in support of these bills that truly facilitated their immense progress. Overall, the introduction of these bills demonstrated a positive movement toward the recognition that change in assisted living facilities is needed and should be effectuated in order to protect this vulnerable population. ❑

Campaign to Stop Dementia Drugging *continued from page 4*

4. Long term care pharmacists must be required to be independent from any affiliations with facilities or pharmaceutical manufacturers, distributors, or affiliates of these entities. For far too long, big drug companies have viewed pharmacists – who are supposed to be putting their patients first – as extensions of their marketing team.

5. Nursing homes must adopt appropriate care practices and cease treating individuals with dementia like chattel, and using antipsychotic drugging as a form of chemical restraint in the place of sufficient staffing and appropriate care.

6. The public – especially consumers, families and LTC Ombudsmen – needs to be educated about the dangers of antipsychotic drugs and how they are inappropriate for treatment of people with dementia, including dementia related psychosis. ❑

Mandatory Managed Long Term Care *continued from page 1*

MLTC Implementation Advisory Group participating in weekly conference calls. We have released consumer and policy briefs urging recommendations to improve the mandate for consumers and reached out to legislators, Governor's office and Health Department staff individually to discuss our recommendations. State staff agreed to: educate the general public on this initiative, transfer staff from other fee-for-service areas to help oversee managed long term care, and be proactive by choosing a sample of cases over time related to case management as well as other issues to monitor care rather than just waiting to see if there are complaints. They did not agree to ensure that a plan member has the right to continue receiving services unchanged from a prior assessment ("aid continuing") pending a hearing when the consumer transitions into a plan that reassesses and reduces services. In the future, we will continue to participate in the weekly conference calls as well as participate in developing language for plans' contracts with nursing homes as well as language focusing on plan contracts related to care managers. Our dedicated webpage on mandatory Managed Long Term Care, ltccc.org/ mandatorymanagedcare.shtml, is updated regularly.

MRT Waiver

NYS has proposed a "super" waiver to the federal Centers for Medicare and Medicaid Services (CMS) to permit it to implement the Medicaid Redesign Team's Action Plan (http://www.health.ny.gov/ health_care/medicaid/redesign/). The MRT waiver is an amendment to the state's existing waiver, the New York Partnership Plan. The Partnership has been the primary vehicle used by the state to expand access to managed care. The waiver requests that the federal government allow the state to reinvest up to $10 billion of the $18.3 billion in federal savings over a five-year period. The state has proposed thirteen areas for investment:

(1) Primary Care Expansion;

(2) Health Home Development (new partnerships that will be responsible for coordinating care for New York's sickest and highest cost patients);

(3) New Care Models;

(4) Expand the Vital Access Provider Program and Safety Net Provider Program;

(5) Public Hospital Innovation: New Models of Care for the Uninsured;

(6) Medicaid Supportive Housing Expansion;

(7) Managed Long Term Care Preparation Program to fund efforts to modernize nursing homes as they prepare for fully integrated care management as well as expand access to other long term care programs/settings;

(8) Capital Stabilization for Safety Net Hospitals;

(9) Hospital Transition;

(10) Workforce Training;

(11) Public Health Innovation;

(12) Regional Health Planning; and (13) MRT and Waiver Evaluation Program.

See http://www.health.ny.gov/ health_care/medicaid/ redesign/mrt_waiver.htm for more information on this waiver.

The final submission is expected to be sent to CMS in August. The state is actively seeking public input. It held public hearings across the state, it has promised to develop an on-line survey to identify the preferences of the broader community and it will hold Medicaid member focus groups and statewide webinars.

LTCCC proposed that the state use some of the funds it would get if the "super" waiver is approved to invest in more and better trained inspectors for nursing homes as well as more staff to oversee the transition from fee-for-service to mandatory managed long term care. See our "Comments on MRT Waiver - Reinvestment Strategy: INVEST IN MONITORING AND OVERSIGHT OF LONG TERM CARE" (http://www.ltccc.org/documents/LTCCCMRWaiver June2012.pdf).

The MRT Action Plan is a major change for the state's long term care consumers. Over time, all Medicaid/Medicare recipients over 21 needing over

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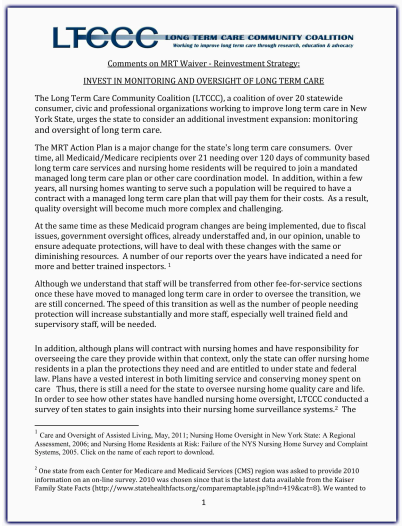
New York State Loses Two Outstanding Advocates

Hermina Jackson, a long time Disabled in Action (DIA) board member, died recently. She was a wonderful activist in both the disability rights and civil rights movements. She rarely missed an LTCCC coalition meeting. She added much to our meetings, bringing the experiences of a lifetime of disability and activism.

Evelyn Weinstein died in June at the age of 89. A long time member of the Coalition, she was, for many years, the Nassau County Long Term Care Ombudsman and, in that capacity, did much to improve conditions for nursing home residents.

Both of these outstanding people will be sorely missed.

Mandatory Managed Long Term Care *continued from page 10*



LTCCC LONG TERM CARE COMMUNITY COALITION
Working to improve long term care through research, education & advocacy

Comments on MRT Waiver - Reinvestment Strategy:

INVEST IN MONITORING AND OVERSIGHT OF LONG TERM CARE

The Long Term Care Community Coalition (LTCCC), a coalition of over 20 statewide consumer, civic and professional organizations working to improve long term care in New York State, urges the state to consider an additional investment expansion: monitoring and oversight of long term care.

The MRT Action Plan is a major change for the state's long term care consumers. Over time, all Medicaid/Medicare recipients over 21 needing over 120 days of community based long term care services and nursing home residents will be required to join a mandated managed long term care plan or other care coordination model. In addition, within a few years, all nursing homes wanting to serve such a population will be required to have a contract with a managed long term care plan that will pay them for their costs. As a result, quality oversight will become much more complex and challenging.

At the same time as these Medicaid program changes are being implemented, due to fiscal issues, government oversight offices, already understaffed and, in our opinion, unable to ensure adequate protections, will have to deal with these changes with the same or diminishing resources. A number of our reports over the years have indicated a need for more and better trained inspectors. [1]

Although we understand that staff will be transferred from other fee-for-service sections once these have moved to managed long term care in order to oversee the transition, we are still concerned. The speed of this transition as well as the number of people needing protection will increase substantially and more staff, especially well trained field and supervisory staff, will be needed.

In addition, although plans will contract with nursing homes and have responsibility for overseeing the care they provide within that context, only the state can offer nursing home residents in a plan the protections they need and are entitled to under state and federal law. Plans have a vested interest in both limiting service and conserving money spent on care. Thus, there is still a need for the state to oversee nursing home quality care and life. In order to see how other states have handled nursing home oversight, LTCCC conducted a survey of ten states to gain insights into their nursing home surveillance systems.[2] The

[1] Care and Oversight of Assisted Living, May, 2011; Nursing Home Oversight in New York State: A Regional Assessment, 2006; and Nursing Home Residents at Risk: Failure of the NYS Nursing Home Survey and Complaint Systems, 2005. Click on the name of each report to download.

[2] One state from each Center for Medicare and Medicaid Services (CMS) region was asked to provide 2010 information on an on-line survey. 2010 was chosen since that is the latest data available from the Kaiser Family State Facts (http://www.statehealthfacts.org/comparemaptable.jsp?ind=419&cat=8). We wanted to

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120 days of community based long term care services and nursing home residents will be required to join a mandated MLTC plan or other care coordination model. In addition, within a few years, all nursing homes wanting to serve such a population will be required to have a contract with an MLTC plan that will pay them for their costs.

As a result, quality oversight will become much more complex and challenging. At the same time as these Medicaid program changes are being implemented, due to fiscal issues, government oversight offices, already understaffed and, in our opinion, unable to ensure adequate protections, will have to deal with these changes with the same or diminishing resources.

Please let the state know that you agree with LTCCC and urge it to invest in more and better trained surveillance and oversight staff.

Go to www.ltccc.org and click on the action alert for the MRT Waiver on the right. ❑

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Action Alert Mailing List

NEW YORK STATE OFFICIALS:

Governor Cuomo
State Capitol, Albany, NY 12224
Phone: 518-474-8390
E-Mail: Go to:
http://governor.ny.gov/contact/GovernorContactForm.php

Nirav Shah, MD, Commissioner
NYS Department of Health (DOH)
Corning Tower
Empire State Plaza
Albany, NY 12237

Keith W. Servis, Director
Center for Health Care Quality & Surveillance
NYS DOH, Riverview Center
150 Broadway, Suite 355
Menands, NY 12204

Jason Helgerson, Medicaid Director
Deputy Commissioner, Office of Health Insurance Programs
NYS DOH
Empire State Plaza
Corning Tower #1466
Albany, NY 12237

Greg Olsen, Acting Director
NYS Office for the Aging
Agency Building #2
Empire State Plaza
Albany, NY 12223

Atty. General Eric T. Schneiderman
The Capitol
Albany, NY 12224-0341
(518) 474-7330

New York State Assembly:
To write to your representative in the Assembly, address your letters to him or her at NYS Assembly, Albany, NY 12248. The general switchboard for the Assembly is 518-455-4000. In addition to your personal representative, it is important that the following leaders hear from you:

Assemblymember Sheldon Silver, Speaker
speaker@assembly.state.ny.us

Assemblymember Richard N. Gottfried, Chair
Committee on Health
gottfrr@assembly.state.ny.us

Assemblymember Joan Millman
Chair, Committee on Aging
millmaj@assembly.state.ny.us

New York State Senate:
To write to your Senator, address your letters to him or her at NYS Senate, Albany, NY 12247. The general switchboard for the Senate is 518-455-2800. In addition to your personal senator, it is important that the following leaders hear from you:

Senator Dean Skelos
Temporary President and Majority Leader
skelos@nysenate.gov

Senator David Valesky
Chair, Committee on Aging
valesky@senate.state.ny.us

Senator Kemp Hannon
Chair, Committee on Health
hannon@nysenate.gov

To obtain the names of your personal state government representatives, go to The Citizen Action Center on our website: www.ltccc.org.

FEDERAL OFFICIALS:
To contact your federal representatives visit our action alert center at www.ltccc.org or call the congressional switchboard 202-225-3121.