



**LONG TERM CARE (LTC) E- NEWSLETTER** – October 2013: Volume 11, Number 8

The [LTC E-Newsletter](#) is a monthly electronic newsletter of the [Long Term Care Community Coalition](#). Note to Readers: To go directly to an article, click on its page number in the Table of Contents. Once you are at the article, click on any underlined text for a link to more information or to send a message in “Spotlight on Advocacy.”

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***Dementia Care Without  
 Drugs: A Symposium on  
 Improving Nursing Home  
 Care & Comfort***  
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**[New Report Examines NY State Nursing Homes in Managed Care: Details for First Time Current State of Access & Quality as State Begins ‘Game-Changing’ Shift to Privatize Medicaid Nursing Home Care](#)**

In possibly the most significant development in nursing home care since passage of the federal Nursing Home Reform Law in 1987, New York is transforming the way frail elderly and disabled individuals access nursing homes. Starting in January, the State is going to begin its plan to

mandate that everyone in Medicaid who needs nursing home care access this care through a private Managed Long Term Care (MLTC) insurance plan.

This will affect everyone who accesses nursing home care through Medicaid (the overwhelming majority of nursing home residents). Roll out of the transition will take at least two years and will not affect people who are already in nursing homes, whose care will continue to be paid via traditional Medicaid “fee for service.”

Under fee for service , Medicaid pays nursing homes directly for a resident’s care, and individuals can access any nursing home that accepts Medicaid – over 600 in New York and approximately 15,000 in the U.S. Under mandatory MLTC, people will have to join a private insurance plan and those who need nursing home care will have to access it through a plan. Rather than being able to go to any nursing home, individuals will be given a choice of nursing homes by their plan. Given the enormous ramifications of this change, we undertook this study to identify the present state of MLTC plans’ relationships (i.e., contracting for services) with nursing homes and assess how this may be useful for identifying potential strengths and weaknesses as the state mandates the inclusion of residential care in MLTC.

[The resulting report and information resources](#) bring together, for the first time, the current state of access and quality as New York embarks on this “game-changing” shift to mandatory managed care for nursing home residents. [The report](#) begins with an informative narrative on the relevant nursing home care and quality issues. It then provides [useful resources](#) on the MLTC plans and the quality of the nursing homes currently in their networks. These data are presented in easy to use charts providing information on important issues such as MLTC nursing home network adequacy and quality for every NY county.

[The report](#) includes rankings of MLTC plans, from best to worst, on various criteria. Overall, we found that under current MLTC–nursing home contracting patterns, a whopping two-thirds of the MLTC facilities are clearly understaffed based on their own, unaudited reports to NY State. We also identified sixty four (64) nursing homes currently in MLTC across the state that have recently been the subject of published reports of serious abuse or neglect. These homes reveal the kinds of situations that unsuspecting individuals will be sent to by their MLTC plan unless safeguards are put in place.

To that end, [the report](#) presents recommendations for New York State on how to both protect individuals and families who will rely on nursing home care in the years to come and ensure that the enormous public funding spent on this care will be used appropriately. Currently, there are no quality requirements whatsoever for MLTC plans re. the homes to which they send their members. Any facility with a license is deemed sufficient by the state for MLTC contracting requirements.

[\[http://www.nursinghome411.org/?articleid=10076\]](http://www.nursinghome411.org/?articleid=10076)

## **Debunking Nursing Home Myths about Quality of Care and Enforcement of Federal Care Standards**

On September 12, 2013, the Center for Medicare Advocacy published an analysis of published data on nursing home quality and sanctions for poor care in order to gain insights into both quality of care and the provider industry's argument that enforcement is unfair to them.

According to the Center's Alert,

As policymakers in Washington, DC and beyond continue a national discussion about the state of long-term care in the United States, a critical component of the discussion is the quality of care provided in nursing homes across the country.

The nursing home industry argues that nursing home quality is improving, pointing to higher ratings on the Centers for Medicare & Medicaid Services' (CMS') Five-Star Quality Rating System.[1] The industry also argues that the enforcement system is punitive and unfair.[2] Both arguments are myths, dispelled by an analysis of data on CMS's nursing home website Nursing Home Compare. In fact, as the Center's analysis of the lowest tier facilities in three states demonstrates, nursing home star ratings are going up only because nursing homes self-report that they are doing a good job in the quality measures and, often, the lowest tier facilities face trivial or no federal sanctions when they violate federal standards of care.

To read further about the Center's analysis and findings, go to <http://www.medicareadvocacy.org/debunking-nursing-home-myths-about-quality-of-care-and-enforcement-of-federal-care-standards/>.

## **Many Nursing Homes Operate Without Adequate Sprinkler Systems**

In a September 30, 2013 article, *The New York Times* reported that over 1,000 nursing homes across the country are out of compliance with minimum fire safety sprinkler requirements. This report follows the August 13, 2013 deadline for all nursing homes in the United States to be fully sprinklered to help protect residents in case of a fire. These fire safety requirements were established following a number of horrific resident deaths in nursing home fires. The Centers for Medicare and Medicaid Services (CMS) gave facilities five years – until August 2013 – to come into compliance with these important safety standards.

From the perspective of LTCCC and other advocates, it is outrageous that close to 10% of nursing homes are flouting this mandate and continue to put their residents at risk. We believe that it is critical that residents, families, LTC Ombudsman and surveyors be aware and cautious of nursing homes in their communities that have failed to comply with the law.

See below for more information, including The Consumer Voice's "Hall of Flame," to find out if your nursing home is in compliance with these important safeguards.

[For *The New York Times* article: [http://newoldage.blogs.nytimes.com/2013/09/30/many-nursing-homes-operate-without-adequate-sprinkler-systems/?\\_r=1](http://newoldage.blogs.nytimes.com/2013/09/30/many-nursing-homes-operate-without-adequate-sprinkler-systems/?_r=1). For the latest list of nursing homes that are in compliance with federal fire safety sprinkler requirements, go to The Consumer Voice's "Hall of Flame" at <http://www.theconsumervoice.org/node/1198>.]

## **Doubts About Pay-for-Performance in Health Care**

The Harvard Business Review published an article on its website on October 9, 2013 reviewing the pros and cons of pay for performance in health care. "Pay for performance," also known as "value based purchasing," is a paradigm that is increasingly being embraced by state and federal policymakers. The goal is to *not just pay for the provision of services*, but to *encourage providers to furnish better services* by incentivizing better quality care and outcomes. But questions remain as to how effective it is to (1) improve care and patient outcomes and (2) ensure the efficient use of the enormous public and private funds that go toward healthcare.

Some of the key points discussed in the blog:

- "[P]ay-for-performance schemes seem to be common sense and are now widely used by private payers and Medicare. But astonishingly, there's little evidence that they actually improve quality."
- "There is robust evidence that health care providers respond to certain financial incentives...."
- "There is little evidence, however, that these programs improve patient outcomes suggesting that to the extent that health care providers have responded to pay-for-performance programs, that response has been narrowly focused on improving the measures for which they are rewarded...."

The authors conclude that

Pay-for-performance was brought to health care to address a real problem: the suboptimal quality of our health care given our levels of spending. In the face of perverse financial incentives, health care providers' intrinsic motivation to deliver quality has not been enough to provide sufficiently high-quality, high-value care in the United States. The root of these problems, however, may lie in system failures, not the failures of individual providers.

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One potential solution lies in broader health reform, such as global payment for populations rather than piece-rate bonuses for individual patients. Coupled with public quality reporting, global payment reform has the potential to expand the scope of provider accountability, take advantage of providers' intrinsic motivation, and improve population health.

[<http://blogs.hbr.org/2013/10/doubts-about-pay-for-performance-in-health-care/>]

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## [Register by November 5 for LTCCC's Special Program on Dementia Care Without Drugs in November](#)

LTCCC, with funding from the Fan Fox and Leslie R. Samuels Foundation, will be holding a special program for nursing home staff, LTC ombudsmen, family members, consumer representatives (lawyers, geriatric care managers, etc...) and surveyors on how they can improve care and quality of life for individuals with dementia.

Program Highlights:

- Care Practices That Benefit Both Staff & Residents
- Legal & Regulatory Standards for Dementia Care & the Use of Antipsychotic Drugs
- Palliative Care for Dementia Patients: Creating a Culture of Comfort
- Implementing Change in Your Nursing Home: Administrator Perspectives & Insights

The symposium will be held in New York City on November 13 & 14. **It is a one day program – attendees can select which day they would like to attend when they register.** For more information or to reserve your seat go to <http://ltccc.org/symposium.shtml>. Please email [info@ltccc.org](mailto:info@ltccc.org) or call 212-385-0355 if you have any questions.

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### **We're on the Web!**

[www.ltccc.org](http://www.ltccc.org): Our main website, with access to all of our issues, policy briefs and research.

[www.assisted-living411.org](http://www.assisted-living411.org): For information on assisted living, including consumer issues and policies.

[www.nursinghome411.org](http://www.nursinghome411.org): For information on developments in nursing home care, regulation and policy issues.

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### **LTCCC Links of Interest**

[View](#) the latest enforcement actions against nursing homes in New York State.

[Read](#) the latest edition of LTCCC's quarterly newsletter, *The Monitor*.

LTCCC's dedicated [webpage on antipsychotic drugs and dementia care](#).

NEW!: [Piecing Together Quality Long-Term Care: A Consumer's Guide to Choices and Advocacy in New York](#).

[SIGN-UP FOR THE LTC E-NEWSLETTER \(OR UNSUBSCRIBE\)](#)!