



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

**LONG TERM CARE (LTC) E- NEWSLETTER – Mar 2012: Volume 10, Number 2**

Welcome to the [LTC E-NEWSLETTER](#), 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.”

Please support LTCCC’s work to protect the frail elderly and disabled who rely on long term care. Click here to donate \$5 (or whatever you care to give).

Get the latest long term care updates! - Follow us on Twitter at <http://twitter.com/LTCconsumer>.

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**[New Report & Resources: Increasing Consumer Involvement in Medicaid Nursing Home Reimbursement](#)**

Medicaid is the major purchaser of nursing home care in the U.S. It is a significant area of concern for state and federal officials trying to balance their budgets. It also is a significant area of concern for nursing home residents and providers. Although resident advocates have been successful in influencing major changes in both nursing home rules and regulations and in encouraging culture change, few have been involved in the development or modification of state methods for reimbursing nursing homes.

Without doubt the interests of advocates may differ from those of state officials and nursing home industry representatives. In general, industry representatives prefer to maximize payment and flexibility under state methods for reimbursing nursing homes. This is in contrast to advocates who, while also tending to favor maintaining payment levels, prefer that systems be promulgated that incentivize quality by holding providers accountable for performance and outcomes.

Evidence suggests the importance of including the voice of consumer advocates in state reimbursement policy discussions. Lack of consumer involvement has the potential to result in the adoption of reimbursement systems that favor industry and government interests at the expense of issues important to residents and their families: access, care quality, and quality of life. Lack of consumer involvement also has the potential to result in less creative changes to state reimbursement systems than might otherwise have been possible.

The Commonwealth Fund funded this project as a collaboration between LTCCC and the University of Massachusetts to both increase consumer involvement in Medicaid nursing facility reimbursement policy making and to convince policy makers of the importance of consumer involvement. **Products of this project, including our final report and webinars for consumers, are available for free download from the link below.**

[\[http://www.ltccc.org/ConsumerParticipationinReimbursement.shtml\]](http://www.ltccc.org/ConsumerParticipationinReimbursement.shtml)

## **[Reducing Rehospitalizations... The Right Way](#)**

According to [The Center for Medicare Advocacy's March 1 CMA Alert](#),

For several years, reducing rehospitalizations of Medicare beneficiaries has been a key public policy goal, the intent of which is to improve quality of care for beneficiaries and reduce costs for the Medicare program. Studies have shown that rehospitalizations are common and expensive. In 2006, for example, nearly one-quarter of nursing home residents (23.5%) were rehospitalized within 30 days, at a cost to the Medicare program of \$4.34 billion. Yet, in many instances, nursing home residents' rehospitalizations are avoidable.

However, reducing hospitalizations and rehospitalizations must be accomplished appropriately and with attention to the needs of residents.

This is especially true in the current national environment where much of the emphasis in health care is on cost-containment, with increased penalties for unnecessary hospitalizations and rehospitalizations.

- **Not all hospitalizations and rehospitalizations should be prevented.** Some, given a patient's particular circumstances, may well be medically necessary and appropriate. Moreover, denying Medicare beneficiaries the hospital care they actually need can be dangerous.
- **It is important to avoid cost-shifting gimmicks.** Labeling patients in the hospital as outpatients receiving observation care, for example, so that their initial time in the hospital is not counted as inpatient hospitalization and any return to the hospital is therefore not technically a rehospitalization (or, vice-versa, so that the initial time in the hospital is inpatient, the return, outpatient) is simply a semantic trick. It does not reduce patients' actual stays in acute care hospitals. Rather, for many Medicare beneficiaries, this gimmick only serves to increase their potential liability for the costs of outpatient Part B services and put Medicare-covered skilled nursing facility coverage out of reach.

Unnecessary rehospitalizations are correctly reduced by assuring, first, that patients are not prematurely discharged from acute care hospitals and second, that settings where patients receive post-acute care (such as skilled nursing facilities, SNFs) properly provide necessary post-hospital care services.

[Emphases in original; references to source materials removed.]

The Alert, available at the link below, provides a detailed discussion on the 'right' and 'wrong' way to reduce hospitalizations as well as the footnotes omitted from the above excerpt.

<http://www.medicareadvocacy.org/2012/03/01/reducing-rehospitalizations%E2%80%A6-the-right-way/>

## **[New Guide from ABA Commission on Law and Aging: Giving Someone a Power of Attorney for Your Health Care](#)**

The ABA Commission on Law and Aging has released a new free guide with a simple durable power of attorney for health care, designed to meet the legal requirements in nearly all states.

According to the Commission, the guide, ***Giving Someone a Power of Attorney for Your Health Care: A Guide with an Easy-to-Use Legal Form for All Adults***

...can be described as “bare bones” because it doesn’t provide specific instructions about medical treatments, as most standardized health care advance directive forms do. Instead, it provides solely for the appointment of a health care agent with broad health-care decision-making authority. A premise of the publication is that the guidance one gives an agent more effectively comes from having focused conversations with the agent and loved ones over time. There are a growing number of guides available on how to have those discussions and clarify one’s values and treatment goals, which, in fact, will change over time as one’s health and level of functioning change. Our Web page provides a resource list of many of those guides at: [www.Ambar.org/AgingAdvancePlanning](http://www.Ambar.org/AgingAdvancePlanning).

The unique feature of the new form is that it complies with state legal requirements for a valid power of attorney for health care in almost every state.

For New Yorkers, the Commission recommends *not* using the guide if you live in a nursing home or other care facility, due to the state’s special requirements for witnesses in certain facilities (including nursing homes). This limitation is also suggested for residents in Connecticut, California, Delaware and Vermont. The Commission recommends this site, [http://www.americanbar.org/groups/law\\_aging/resources/health\\_care\\_decision\\_making/State\\_forms.html](http://www.americanbar.org/groups/law_aging/resources/health_care_decision_making/State_forms.html), for state-specific advanced planning forms. [[http://www.americanbar.org/groups/law\\_aging.html](http://www.americanbar.org/groups/law_aging.html)]

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## **Spotlight on Advocacy: Send a Message in Support of Critical Assisted Living Protections in New York**

***+++ This is a reposting of our February Action Alert. Please speak out on this important issue if you have not already! Your voice is needed to keep momentum going for these important protections among our representatives in Albany! +++***

LTCCC strongly supports three bills to provide crucial protections for assisted living residents in NY State now and in the future. These bills are needed to ensure that there are sensible standards in NY, especially for people with dementia and other significant frailties. Below and attached is LTCCC's memo describing the important provisions.

Please support these protections - and help ensure a decent and safe assisted living industry in New York - by sending a quick, free message from the LTC Citizen Action Center at <http://bit.ly/ny-assisted-living>. PLEASE PASS THIS ON IN YOUR COMMUNITIES - it is crucial that we get the word out! Thank you!

### **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.

[Tools for Stakeholders & National Report on Increasing Transparency and Consumer Involvement in States' Uses of Nursing Home Civil Money Penalties](#) to Improve Care and Quality of Life.

LTCCC study: Government Monitoring & Oversight of Nursing Home Care in [Word](#) or PDF.

Long term care information booklet in [Chinese](#) and [English](#) for Chinese consumers: What You Need to Know about Long Term Care.

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