



STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

March 28, 2006

Robert J. Boehlert, Esq.
Counsel
State of New York
Commission on Quality of Care
and Advocacy for Persons with Disabilities
401 State Street
Schenectady, NY 12305

Dear Mr. Boehlert:

Thank you for sharing with us the Commission's report on the study of health care delivery in impacted adult care facilities (ACFs). I would note that the 69 resident assessments you reviewed had significantly more diagnoses and fewer preventive screenings than the larger sample of residents (2500) we assessed in conjunction with New York Presbyterian Hospital in 2003-2004. This may indicate that your small sample was not representative of the larger population from which it was drawn. As part of this resident assessment process, care needs that were not met were identified and the Department's regional offices worked with facilities so that the residents received necessary services.

The Department, however, does agree that medical oversight of ACF residents could be strengthened and we are taking the following actions:

- As part of Assisted Living Residence implementation activities, we are revising the 3122 Medical Evaluation Form to be more comprehensive and will be requiring not only that residents be screened for TB, but also that the physician attest to the fact that the ACF applicant is free from communicable disease. We believe the revised form will provide a more comprehensive physician evaluation of the resident. The revised Form 3122 will be available for ACFs as well. However, no matter how complete the form there is still the challenge of having the physician complete it. We do expect the ACF to review the completeness of the form and to follow-up with the physician when information is missing. We will also be taking steps to improve physician awareness of this revised form. The importance of identifying resident care needs will be emphasized as part of our implementation process for this new form.

- As you are aware, it is the responsibility of the ACF to assist the resident with obtaining and maintaining a primary care physician who manages the resident's health care needs and for assisting the resident with obtaining services, examinations and reports needed to maintain his/her health. We consider this coordination to be the responsibility of the ACF case manager. Appropriate documentation of necessary health information is crucial to this effort. Through our contract with Brookdale Center on Aging of Hunter College, we will be conducting case management training sessions for ACF staff around the State between June and December of 2006 and possibly additional sessions in 2007. We will include in the training your recommendations to clarify medical oversight responsibility and to strengthen documentation of necessary health care information including the responsibility of the adult home to obtain medical evaluations (3122) that are adequately completed by the physician.
- In January of 2006, the Department began the mandatory enrollment of SSI recipients into Medicaid Managed Care (MMC) in New York City and will be implementing MMC in the rest of the State in 2007. This will add additional safeguards and medical coordination for these individuals. In conjunction with this effort, the Department has also asked the Centers for Medicare and Medicaid Services (CMS) for approval to enroll the SSI population eligible for a seriously and persistently mentally ill exemption in areas where SSI enrollment is mandatory. The Medicaid Managed Care benefit package facilitates increased use of primary care, better access to specialists and better health outcomes based on standard quality measures. To the extent that many of our ACF residents will be enrolled in MMC, we believe access to services, medical management and coordination with the ACF case manager will be improved. We also anticipate that MMC will appropriately arrange for more frequent health screenings and initiate health maintenance efforts targeted at the individual enrollees.
- Over the course of the next year we also plan to work with the Department's Division of Community Health to identify wellness programs and initiatives that are applicable to the ACF population and could be implemented by facility staff with the proper education and assistance. We will keep you apprised of our efforts in this area.

I believe these actions are consistent with the recommendations of your report and look forward to our continued collaboration in the implementation of these initiatives. Thank you for your continued cooperation and assistance in our ongoing activities to improve the quality of life for ACF residents.

Sincerely,



David Wollner, Director
Office of Health Systems Management