

Health Care Oversight Committee

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We want to thank the legislature for requiring an annual assessment of the adequacy of our long term care provider network. We believe that the results of the stake holder survey give the clearest picture of the gaps in our system. The survey was distributed to Choices for Care providers and advocates. The challenges that were identified by stakeholders are consistent with the challenges that ombudsmen face daily in their work.

Challenges:

- Access to services across the LTC continuum
- Staffing in home and community based settings
- Lack of coordinated mental health services across the continuum

→ Nursing Homes:

- It is difficult to find and retain nursing home placements for individuals with “behaviors” or a diagnosis of mental illness.
- It is difficult to find a placement for someone who does not have a 3 day qualifying hospital stay (no Medicare coverage/ delay processing LTC Medicaid applications)
- Although it is not reflected in the stakeholder comments we receive numerous complaint from residents and family member either directly or indirectly related to inadequate staffing.

→ Residential Care Homes:

- In many parts of the state it is difficult to find affordable RCH placements. RCHs limit the number of Enhanced Residential Care (ERC) or Assistive Community Care Services ACCS beds in their homes.
- Like with nursing homes it is difficult to find and retain nursing home placements for individuals with “behaviors” or a diagnosis of mental illness.

→ Adult Family Care:

- The option is limited. There are currently only 18 active AFC homes.
- Confusion about how the program works and low tier rates impede the growth of the program.

→ Home Health Care:

- The HHA cannot staff all the hours in a service plan.

- Individuals with “behaviors”, a diagnosis of mental illness or a problematic history with the agency have difficulty accessing services.
- Sometimes people wait weeks for services.
- High turnover results in inconsistent staffing so individuals do not receive the care that they need.

→ Moderate Needs Homemaker:

- Individuals receive services based on the availability of homemakers instead of their service plan.
- Individuals with “behaviors” or a mental illness diagnosis have difficulty receiving services.
- Because of high turnover, some homemakers are not adequately trained and cannot meet the needs of the individuals they serve.
- There continue to be wait lists for services.
- Once accepted in the program, people sometimes wait weeks for service.

Opportunities:

1. Maximize the funding available through the MFP to create an AFC home system that provides a meaningful alternative to nursing homes or residential care homes.
2. Explore establishing consistent training requirements and opportunities for direct care workers who provide services to individuals on CFC.
3. Clarify and simplify the ACCS process so RCHs will be encouraged to participate.
4. Establish a team from DAIL and DMH that is readily available to providers and advocates to assist with treatment and placement issues that arise for individuals with behaviors or a mental health diagnosis.