



**Agency for Health Care Administration
Assisted Living Workgroup Meeting
August 8, 2011**

**Florida Health Care Association Statement
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My name is Marilyn Wood, and I am the President and CEO of OPIS Management Resources. We operate 11 skilled nursing facilities and one ALF in Florida, reaching from Jacksonville to Largo.

I am here today representing Florida Health Care Association, in which I serve as the Multi-facility Vice President on the FHCA Board of Directors. On behalf of FHCA, I want to thank you for inviting us to be part of this important ALF Workgroup.

FHCA represents over 500 long term care facilities that provide skilled nursing, post-acute and sub-acute care, short-term rehab, assisted living and other services to the frail elderly and individuals with disabilities in Florida. Specifically, we have 59 Assisted Living Facility members, representing 4,931 ALF beds in Florida.

In May of this year, FHCA hosted an ALF Summit which brought together Association leaders, members from the assisted living community and Agency representatives to discuss the changing long term care environment and challenges that providers face in meeting the care needs of today's seniors.

Below are factors to consider as you move forward and recommendations that came out of the summit:

Factors to Consider

- Public and sector concerns over quality, regulatory requirements and public expectations of long term care.
- There are increasing complexities of residential long term care.
- Consideration of boomers' needs versus available resources, possible ALF administrative licensure and survey repositioning to focus oversight resources on "special focus assisted living facilities."

Representing the Florida Long Term Care Community

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- Access to services must be addressed, given that there are major differences in assisted living in the urban versus rural areas.
- Assisted living services throughout the state differ in the levels of care and staffing abilities; and as well as by levels of cost per month.
- Today's ALFs serve a more impaired resident population than in 1990 with the establishment of the multiple licenses, but there are concerns about the threshold of resident impairment being preserved so ALFs do not become poorly-resourced nursing homes.
- The importance of the Centers for Medicaid and Medicare Services' potential future direction via Medicaid waivers, controversies over the collection of needed data for accurate planning, the impact of managed care on the future of long term care and the recent focus of the press on ALFs.
- With Florida's move to a managed long term care system, it will be important for this group to discuss options for meeting the challenges of seniors' increasing needs in conjunction with declining state resources. Additionally, if there is an over-reliance on ALFs in the future through managed care, would that change the ALF model to become a slightly less regulated and less expensive nursing home.
- Half of the 2,800-plus ALFs in Florida accept Optional State Supplementation-funded residents, which aligns them with Medicaid support. As Medicaid funding reductions continue for community mental health services, ALFs with a limited mental health license will face challenges in ensuring those mental health supports are available.

Possible Recommendations to Come out of Summit

Working in long term care for nearly 40 years, I have seen how the ALF resident population has changed. The passage of the extended congregate care and limited nursing and mental health licenses 20 years ago paved the way for the "aging in place" in ALFs and the respect for individual choice in the residential setting. Here are some possible recommendations that came out of the Summit for us to discuss and consider:

- The ALF population is increasingly in need of nursing services either through the ALF nurse on staff or through contracted home health services; therefore, discussion on the possible elimination of the multiple licenses, excepted for the limited mental health, is needed. It's important to remember, however, that the original plan for the extended congregate care license was to ensure appropriate care with more regulatory oversight by the survey agency.
- Regulations are important to ensuring good quality of care for long term care residents in all ALFs, however, some are known for providing better care outcomes than others. In addition, there has been enlightening discussion among Congress with CMS on their increasing interest in regulatory oversight at the national level for the public-funded residents in ALFs, especially through the Medicaid waiver programs.

- How do we work together to develop an improved oversight system that focuses the state surveyors' work on the more troubled facilities than those ALFs with a history of providing good care and with satisfied residents and staff.
- The ALF "Residents' Bill of Rights" and the decision-making of "appropriate placement" are the hallmarks of the discussion of good care.
- As the role of assisted living in the publicly-supported long term care system expands, there is an important need for more data on resident characteristics, services provided, quality of care and costs. Policy makers and the public will be asking for more uniform data systems across long term care programs.

Conclusion

The complicated trade-offs of regulatory compliance and oversight, data collection, lines of service demarcation and managed long term care are all national, as well as, state concerns. FHCA is pleased to be engaged with this ALF Workgroup as changes within the long term care continuum continue moving forward. I look forward to serving with each of you throughout this endeavor.

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