

## REPORT OF THE COUNCIL ON MEDICAL SERVICE

CMS Report 3-A-10

Subject: Caring for Group Home Residents  
(Resolution 230, A-09)

Presented by: Barbara L. McAneny, MD, Chair

Referred to: Reference Committee A  
(Glenn A. Loomis, MD, Chair)

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1 At the 2009 Annual Meeting, the House of Delegates referred Resolution 230, “Mandated  
2 Unnecessary Care for Group Home Residents,” which was introduced by the Pennsylvania  
3 Delegation and asks the American Medical Association (AMA) to “advocate for our patients, who  
4 are unable to communicate or advocate for themselves, by working with appropriate regulatory and  
5 legislative bodies to effect changes in legislative and regulatory codes at local, state and federal  
6 levels to ensure that only nationally recognized, necessary and indicated medical care be mandated  
7 for group home residents.” The Board of Trustees referred Resolution 230 (A-09) to the Council  
8 on Medical Service for a report back to the House at the 2010 Annual Meeting.

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10 This report provides background on group homes, discusses relevant state financial and  
11 administrative guidelines, highlights related AMA policy, and presents recommendations that  
12 support advocacy consistent with the intent of Resolution 230 (A-09).

### 13 14 BACKGROUND

15  
16 Group homes are small, residential facilities that serve individuals across a spectrum of ages and  
17 abilities. Group home service providers coordinate health and well-being services that are targeted  
18 to meet the individual needs of children (e.g., disabled or minors in foster care); adults (e.g.,  
19 expectant mothers; veterans; those who are mentally ill, mentally challenged, autistic; or those who  
20 have developmental disabilities, or minor physical limitations) and the elderly (e.g., those in senior  
21 care or with Alzheimer’s disease). When individuals or their caretakers opt for residency in group  
22 homes, services may be provided by the individual facility, or independent service providers may  
23 be chosen to provide different elements of an individual’s care.

24  
25 There is no “nationally mandated” care for group home residents as indicated in Resolution 230  
26 (A-09). Most states elect to fund group homes through Section 1915(c) of the Social Security Act,  
27 which provides the Home and Community-Based Services (HCBS) waiver under the Medicaid  
28 program. Participating states are required by the Centers for Medicare and Medicaid Services  
29 (CMS) to establish standards for the provision of services that will ensure the health and welfare of  
30 the Medicaid HCBS waiver participants. The HCBS waiver option allows eligible Medicaid  
31 beneficiaries to choose to receive the service components of their care in group home settings,  
32 rather than in nursing home settings. The waiver option requires that states monitor the provision  
33 of services to ensure that state and local standards are met. States must report to CMS annually on  
34 the results of this monitoring.

1 RESOLUTION 230 (A-09)

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3 Resolution 230 (A-09) expresses a concern that group homes subject their residents to unnecessary  
4 medical examinations for care that is presumed to be required of group homes in order to avoid  
5 payment “penalties.” The reference committee at the 2009 Annual Meeting noted that there is no  
6 standard of “nationally recognized, necessary and indicated care” and recommended that the  
7 resolution not be adopted. During discussion of the resolution on the floor of the House of  
8 Delegates, testimony was provided to suggest that group homes required unnecessary gynecologic  
9 examinations in order to be adequately paid for services provided to group home residents. Based  
10 on this testimony, the House of Delegates referred Resolution 230 (A-09) for further study.  
11

12 The Pennsylvania Delegation, the sponsor of Resolution 230 (A-09), provided the Council with the  
13 Pennsylvania Code Regulation, which describes the provision of medical care to group home  
14 residents in the state of Pennsylvania. The Code states that medical visits are needed to establish  
15 the impairment of the individual and stipulate that group home residents shall have a physical  
16 examination within 12 months prior to admission and annually thereafter. The physical  
17 examination described by the code details that patients shall have, among other services, a  
18 gynecological examination including a breast examination and a Pap test for women 18 years or  
19 older. The Pennsylvania Code specifically allows for a determination that such tests may be  
20 unnecessary or inappropriate in that it states that patients shall have a gynecological examination  
21 unless there is documentation from a licensed physician recommending no or less frequent  
22 gynecological examinations. The Council believes it is critical for state codes to allow physicians,  
23 in consultation with their patients or their caretakers, to avoid unnecessary care, and the Council  
24 acknowledges that the Pennsylvania Code appears to address the concerns expressed during  
25 testimony at the 2009 Annual Meeting.  
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27 RELATED AMA POLICY

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29 Although there is no specific AMA policy on group homes, Policy H-280.984 (AMA Policy  
30 Database) relates to long-term care facilities generally and states that the AMA will: (1) strive to  
31 see that enhanced quality of care results from regulations proposed for long-term care facilities; (2)  
32 attempt to ensure that appropriate and necessary physician involvement be maintained for patients  
33 in long-term care environments; (3) urge the US Department of Health and Human Services (HHS)  
34 to seek consultation and advice from the AMA in developing rules and regulations that affect  
35 medical care in the long-term care facility setting; (4) support cooperative efforts with appropriate  
36 groups for the purpose of developing mutually supported positions regarding medical care  
37 regulations in long-term care facilities; (5) support efforts to monitor federal and state legislation  
38 and regulations which affect physicians involved in long-term care, and to provide testimony and  
39 information about appropriate medical management of long-term care facility patients to regulatory  
40 and/or licensing bodies; and (6) support actions to establish better understanding and cooperation  
41 among federal health agencies as they formulate long-term care facility inspection regulations.  
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43 DISCUSSION

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45 As called for by Resolution 230 (A-09), the Council considered how best to advocate for patients  
46 who are vulnerable and may have difficulty communicating or advocating for themselves. The  
47 Council believes that advocacy for vulnerable and frail patients should emphasize sufficient and  
48 necessary care. Further, the Council considers the patient-centered medical home model a  
49 potentially viable setting for physicians to work with group home residents and/or their caretakers  
50 to develop necessary and appropriate care plans.

1 Group homes are regulated by a range of state laws and there is no national body that would create  
2 “nationally recognized, necessary and indicated medical care” for group home residents as  
3 presumed in Resolution 230 (A-09). State and local regulators are responsible for establishing and  
4 monitoring medical requirements. To ensure the health and well-being of group home residents  
5 and promote quality and appropriateness of care, the Council believes that state medical  
6 associations should work collaboratively with their Medicaid administrators to consider appropriate  
7 guidance:  
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- 9 • Residents of group homes should be offered an annual medical examination that is appropriate  
10 for their age, sex, and needs.
- 11 • All care should be culturally and linguistically appropriate.
- 12 • All preventive care should be guided by evidenced-based medicine.
- 13 • Physicians responsible for the medical care of group home residents should be appropriately  
14 trained and have an active license.
- 15 • Medical care should be coordinated across all elements of the care system. For instance, the  
16 patient and/or his or her caretaker could be offered a list of nearby physicians providing  
17 medical home services, if available.

18  
19 A key concern highlighted by testimony on Resolution 230 (A-09) was that physicians were being  
20 compelled by group homes to provide “mandated” unnecessary care. The Council reviewed state  
21 codes and supports regulations that allow physicians, in consultation with their patients or  
22 caretakers, to avoid inappropriate or unnecessary care. The Council believes that unless the patient  
23 has refused care altogether, physicians in consultation with their patients and/or caretakers should  
24 have the final determination as to whether the medical care provided to patients is necessary and  
25 appropriate. In cases where exams are not necessary or appropriate, physicians should provide  
26 adequate documentation recommending no or less frequent examinations, which states and local  
27 authorities should accept as the final determination on the resident’s care.  
28

29 With respect to Resolution 230 (A-09), the Council believes that group home administrators and  
30 physicians may benefit from improved access to information to help them effectively manage  
31 medical care for residents. The Council suggests collaboration between group home regulatory  
32 agencies and the physicians who manage care for residents. Accordingly, the Council believes that  
33 AMA Policy H-280.984, which promotes collaborative efforts to improve the care that patients  
34 receive in long-term care environments, should be broadened to include care for residents in  
35 facilities such as group homes.  
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### 37 RECOMMENDATIONS

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39 The Council on Medical Service recommends that the following be adopted in lieu of Resolution  
40 230 (A-09) and that the remainder of the report be filed:  
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- 42 1. That our American Medical Association advocate that physicians work with group home  
43 residents and/or their caretakers to develop appropriate care plans. (New HOD Policy)  
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- 45 2. That our AMA encourage state medical associations to work with their Medicaid  
46 administrators to develop appropriate guidance for the medical care of residents of group  
47 homes. (New HOD Policy)

1 3. That our AMA advocate that states and local authorities accept a physician's documented  
2 recommendation to provide no or less frequent medical examinations to a group home  
3 residents, as the final determination of necessary medical care. (New HOD Policy)  
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5 4. That our AMA amend Policy H-280.984[1] by addition and deletion to read as follows:  
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7 LTC Residential Facility Regulations  
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9 The AMA advocates for patients in long-term care, group home and other residential  
10 settings and will: (1) strive to see that enhanced quality of care results from any new  
11 proposed state or federal regulations; ~~proposed for long-term care facilities,~~ (2) attempt to  
12 ensure that appropriate and necessary physician involvement be maintained for patients ~~in~~  
13 ~~long-term care environments;~~ (3) urge state regulatory bodies and HHS to seek  
14 consultation and advice from the AMA and other professional medical societies when in  
15 developing rules and regulations that affect medical care ~~in the long-term care facility~~  
16 ~~setting;~~ (4) support cooperative efforts with appropriate groups for the purpose of  
17 developing mutually supported positions regarding medical care regulations ~~in long-term~~  
18 ~~care facilities;~~ (5) support efforts to monitor federal and state legislation and regulations  
19 which affect physicians involved in long-term, group home or other residential setting care,  
20 and ~~to~~ provide testimony and information about appropriate medical management of ~~long-~~  
21 ~~term care facility~~ patients to regulatory and/or licensing bodies; and (6) support actions to  
22 establish better understanding and cooperation among federal and state health agencies as  
23 they formulate health and safety standards. ~~long-term care facility inspection regulations.~~  
24 (Modify Current AMA Policy)

Fiscal Note: Staff cost estimated to be less than \$500 to implement.

References are available from the Division of Socioeconomic Policy Development.