

Long-Term Care Survey Alert

Quality of Care: NEW MEDICARE RESOURCES CAN IMPROVE YOUR DEMENTIA CARE

It's the best news that facilities struggling to provide good dementia care on limited resources have received in ages.

On April 1, CMS Administrator **Tom Scully** announced that Medicare would be paying for rehabilitation therapies, psychological services and other care long denied to beneficiaries with a diagnosis of Alzheimer's disease or dementia.

The **Centers for Medicare & Medicaid Services** actually implemented the payment change without fanfare last September in a program memo to Medicare contractors (PM AB-01-135). Scully was forced to make the formal announcement this month after the New York Times reported on Medicare's change of heart on the coverage issue, which triggered a cascade of related media reports on the financial plight of people with AD.

"Intuitively [Medicare's] longstanding approach appeared to discriminate against Alzheimer's patients, and we are glad to fix it," Scully said in his announcement.

Gail Schober, director of the Alzheimer's program at **Sherrill House**, a nursing facility in Boston, tells **Eli** that her facility has been getting phone calls from family members in response to the recent media reports. "They want to know what it means for their loved ones," she says. "People with AD have been financially neglected by Medicare for a very long time."

According to Scully, Medicare is now paying for rehab therapies (including speech and occupational therapy); neurodiagnostic testing and medication management by a physician or other qualified health care provider; and psychological therapy.

"Long-term care groups have been fighting for this change for a very, very long time," says **Susan Polniaszek**, a reimbursement specialist for the **American Association of Homes & Services for the Aging**.

Even so, the new policy represents progress but not a panacea.

"Medicare contractors can still deny rehab therapy services once it turns into maintenance therapy, which Medicare doesn't cover," Polniaszek explains. "And that is more likely to happen sooner with someone who has AD."

Yet, as long as the resident shows some progress, the Medicare contractor may continue to pay for the rehab services. In addition, the new policy means nursing facilities should have an easier time getting paid for physical therapy to treat people with AD who fracture a hip, as an example. "In many cases, contractors were denying all therapy claims if the patient had AD," says Polniaszek.

Under the new policy, facilities should also have an easier time securing Part B psychiatric and psychological services for residents with AD.

Editors Note: The original PM issued by CMS last September can be viewed at www.hcfa.gov/pubforms/transmit/AB01135.pdf.