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Contact: Roger L. Noyes (518) 810-0665
(518) 275-6961 cell

A Statement by Home Care Association of New York State President Joanne Cunningham on the State's Care Coordination Guidelines

This week the Cuomo Administration issued new guidelines dictating the type of organizations solely authorized to enroll Medicaid patients needing more than 120 days of home care services. HCA vehemently opposes this action which undermines the core of New York State's long term home care system and could jeopardize the continuity of services for the vast majority of New Yorkers now receiving long term care at home.

The new structural and capital financial requirements within these guidelines provide no reasonable flexibility for existing provider organizations – especially smaller to mid-sized long term care providers – to continue serving their patients directly. As constructed, these guidelines put the care of community-based long term care patients solely under the custody of managed long term care plans or other mirror-type HMO plans. In short, the guidelines require home care agencies to either operate as or contract with insurers.

In addition to posing major implications for continuity of care and workforce stability, the new guidelines are at odds with the input of associations representing the full continuum of care, they are at odds with the stated positions of key legislators to provide for consumer options, and they are at odds with the statute itself. During the state budget and Medicaid Redesign Team (MRT) process, the Legislature explicitly included language in the budget to recognize New York's provider-based Long Term Home Health Care Program (LTHHCP), along with managed long term care organizations, as a care-coordination model (CCM) for purposes of coordinating the care provided to patients.

HCA worked proactively and productively with the Legislature and a coalition of health association partners to secure within the guidelines the status of provider-based models, such as the LTHHCP, to continue coordinating care for community-based long term care patients, as intended by the Legislature and reflected in the adopted state budget. Despite the intent of the Legislature, the appeal of the continuum of health care associations, and the fact that the LTHHCP has served thousands of patients, at half the cost of nursing-home care, this new policy attempts to shut the door on the successes of the LTHHCP and other existing provider-based models.

HCA will be seeking clarification and modification of these guidelines while further exploring opportunities for providers to operate under this new paradigm.

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