

## EDITORIALS

# Home care we all can rely upon

It is a fate that likely awaits all of us, or someone close to us: Do we choose a nursing home or home health care? In New York state, home health care has increasingly become the more desirable and less expensive choice for many people. We see that trend only continuing.

So it's troubling to find the home health care industry in New York, which has been a godsend for thousands of families over the years, at a critical crossroads.

This industry needs more attention. It needs more appreciation for its complexities. It needs sympathy from the state's Medicaid Redesign Team. And for a thankfully small portion of the agencies providing home health care, more inspection and a little tougher enforcement of state regulations appear to be in order.

A recent report in the Times

Union called attention to home health care. A review of inspection reports of 40 agencies with the greatest volume of deficiencies and repeat deficiencies in recent years revealed that during a period of great growth in patient numbers and Medicaid spending on home health care, the ranks of state inspectors have decreased. And despite some scary incidents involving several providers, never has the state suspended or revoked a home health care agency's license.

Calling it a crisis, as our headline did, may have been too harsh for a relatively small portion of a statewide enterprise involving many providers. But it must become a major concern. The state's health department should stop downsizing its staff devoted to home care monitoring and reinvigorate that staff. And when death or serious negligence is at the root of an incident, enforcement tougher than relatively small fines is required. Above all, this industry requires robust communication between the worker in the field and the doctors or nurses in the home office.

That said, we owe words of tribute to the thousands of home health care workers who toil across our state every day, often for very little money. The vast ranks of these health workers are performing an all-too-thankless task of humanity and doing

it well.

Which is why we have an additional concern. Gov. Andrew Cuomo's Medicaid Redesign Team has mapped out major cuts in the state's future spending on home health care and Medicaid, a major source of financing for nursing homes, which face a rocky economic future. The negotiations to develop that plan excluded direct representation of the home health care industry as a whole. When the plan emerged, home care leaders across the state were stunned to learn that their Medicaid financing is earmarked

to be moved to a "managed care" model from its current, mostly fee-for-service model.

What does that mean? Managed care is the buzz term for insurance company-controlled spending built on a budget. When the budget runs out, in theory, the care stops.

That model has brought savings, sometimes painfully, to many areas of medical care. But with home care in New York — some of the best available nationwide — it could be a dangerous experiment. Industry leaders say there's no real experience to prove how it can work. While in a nursing home or a hospital, staff is available, and there are options and flexibility for care, the home care patient is frequently alone, vulnerable and helpless. Are insurance companies the right choice to "manage" that care? And is it smart to force a new model on an entire industry before trying it on a limited scale first?

Mr. Cuomo's MRT plans are not final. They hinge on receiving a federal waiver that would allow Medicaid dollars for home care and other care to shift to a managed care model. The governor should use this time to think this approach through more carefully. And citizens should be watching the choices that are being made that will directly affect what may well be their own future care.

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## THE ISSUE:

New York's regulation of home health care is uneven, and its future course involves an untested model.

## THE STAKES:

It's essential that home health care be safe and of high quality as its use grows.

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