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

HCA Seeks Passage of Bills Supporting Home Care's Role in Medicaid Redesign

ALBANY – As the 2013 state legislative session winds to a close, the Home Care Association of New York State (HCA) urges the Senate and Assembly to adopt vital measures that support the state's Medicaid Redesign efforts for home care. These bills would specifically offer regulatory relief/flexibility, program sustainability, and clarity in the roles of home care providers and Managed Long Term Care (MLTC) plans as they work jointly to serve patients.

HCA is additionally urging adoption of other important bills to assist home care providers in their emergency response roles and to support care collaboration aimed at lowering costs and improving clinical outcomes, among other initiatives.

Under Medicaid Redesign, the state has begun enrolling long term Medicaid home care patients into MLTCs for management of their service needs. The MLTC plans, in turn, contract with home care agencies and other network providers to deliver services to patients. This policy presents a major shift in the way services are managed and financed; yet much of the existing regulatory structure for home care providers and MLTC plans has not similarly changed.

“Over the past several months, HCA has worked closely with home care providers, managed care plans, the Legislature and state health officials to discuss ways of sorting out the areas where regulatory flexibility, change, and clarity are needed so that providers and plans can best fulfill the state's Medicaid Redesign goals,” said HCA President Joanne Cunningham.

She added: “In fact, this year's state budget included a provision to convene a workgroup that would examine needed regulatory changes in the movement of home care services to managed care. But while the workgroup process offers an important venue and framework for this discussion, we know from the experience of providers in the field that specific areas of regulatory relief are urgently needed now, especially as the transition to Managed Long Term Care accelerates.”

Working with the home care community, the Legislature has recently introduced a series of bills aimed at creating more uniformity, flexibility, sustainability and clarity for home care providers, home care programs and MLTC plans in this new Medicaid Redesign context. “These measures will help secure the viability of New York's home care provider infrastructure, allow more options

for MLTC plans seeking to partner with home care provider networks, and ensure continuity of care for patients,” Ms. Cunningham added.

HCA’s priority bills this legislative session include the following:

- **A.7845 (Gottfried)** – would set uniform regulations for home care providers when they contract with MLTCs, eliminating duplicative, inconsistent and/or conflicting assessment and administrative requirements while reducing Medicaid costs. Such regulatory changes would support the viability of home care agencies seeking to join MLTC provider networks; provide more options for MLTCs looking to contract with providers; and, as a result, expand choice for patients who are enrolling into MLTCs.
- **S.5671 (Valesky)/A.7922 (Hevesi)** – would facilitate the ability of Long Term Home Health Care Program (LTHHCP) providers to continue to serve their patients under contract with managed care plans. The LTHHCP, also known as the “Nursing Home Without Walls,” serves some of the most vulnerable patients in the Medicaid program. Most of these patients will be transitioning to MLTC plans as the state’s Medicaid Redesign policies unfold.

By amending the LTHHCP statute to explicitly allow providers and managed care plans to contract, S.5671/A.7922 would make it possible for a patient’s existing LTHHCP provider to continue serving that patient as he or she transitions to managed care. The legislation also amends the eligibility, access and operating requirements for the LTHHCP to better match the eligibility requirements and operating procedures for MLTC plans, thus further improving the structural compatibility of plans and providers in the state’s Medicaid Redesign effort.

- **S.4956 (Young)/A.7440 (Morelle)** – would provide for continuity in New York’s highly effective and landmark Home Telehealth Program. Home telehealth involves the use of technologies in the home that allow patients to receive education and daily monitoring of vital signs and/or video visits from a registered nurse or therapist. Studies show that home telehealth programs substantially improve health outcomes and prevent costly acute-care hospital admissions or readmissions. However, as patients transition into MLTC plans, they are at risk of losing their home telehealth care, which right now is exclusively a service of home care providers – Certified Home Health Agencies (CHHAs), LTHHCPs, and Licensed Home Care Services Agencies (LHCSAs) – that contract with MLTC plans.

S.4956/A.7440 ensures the continuation of this program within home care agencies, incorporates the Home Telehealth Program as a feature of Managed Long Term Care, and provides for a timeline by which these home telehealth services would commence under Managed Long Term Care – specifically, when the State Health Commissioner determines that the appropriate features and rates are in place.

Without the bridging mechanism offered by S.4956/A.7440, patients transitioning to managed care face disenrollment from the clinically successful Home Telehealth Program that

is distinctly provided by home care agencies. This legislation is vital for the continuation of a clinically successful program and the infrastructure that exists to support it.

- **S.5217 (Hannon)/A.7309 (Hevesi)** – would establish a panel to assist in developing provisions for quality measurement and reporting within the state’s shift of home care services to managed care. Home care providers and managed care plans currently have different metrics and reporting responsibilities for quality measurement, assurance and care. This bill would involve stakeholders from across the home care and managed care spectrum in a deliberative process to determine the best and most appropriate measures and means of assuring quality of care as home care providers and MLTCs jointly work to serve patients.

HCA also urges action on additional legislation to support New York’s home care community this legislative session, including ‘essential personnel’ legislation for home care staff during declared emergencies.

- **S.4719 (Lanza)/A.6530 (Cusick)** – would extend ‘essential personnel’ status to home care personnel and their vehicles, providing staff with an exception from certain travel restrictions or curfews during an emergency so that home care can support the needs of vulnerable patients in times of crisis. When curfews and access restrictions are imposed during declared emergencies, such ‘essential personnel’ exceptions are often made to permit access by emergency responders and others, but this exception authority has routinely failed to also accommodate home health and hospice personnel and their vehicles, posing great risk to patients, costs to the system, and an over-reliance on other scarce medical or emergency response resources.

“With the approach of this year’s peak hurricane season, and as state officials work to improve New York’s emergency response capabilities generally, we can take the lessons learned from Hurricane Sandy last year to assist home care providers in their preparedness efforts going forward,” Ms. Cunningham said. “Transportation issues were among the biggest obstacles for home care personnel seeking to reach vulnerable patients at home during and after Hurricane Sandy. This session, HCA urges the Senate and Assembly to pass ‘essential personnel’ legislation to support home care providers in their important emergency response role.”

The last scheduled day of the state legislative session is June 20.

The Home Care Association of New York State (HCA), the state’s premier home care association, represents approximately 400 home and community-based providers, individuals, and associate members who collectively serve thousands of New Yorkers.

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