



Legislative Forum on Home and Community Care Services

*Home Care, Hospice,
Managed Long Term Care*

Presented By:

Home Care Association of
New York State

Hospice & Palliative Care Association
of New York State

New York State Association of
Health Care Providers

Overview

- This Legislative Forum is co-presented on behalf of the
 - Home Care Association of NYS (HCA)
 - Hospice and Palliative Care Association of NYS (HPCANYS)
 - NYS Association of Health Care Providers (HCP)
- Collectively, the Associations represent the home and community care system in NYS.
- Combined, our memberships are comprised of home care, hospice, palliative care, managed long term care plans (MLTCs) and related support organizations serving your constituents and communities across the state.
- Thank you for this opportunity to present on these vital care services.



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Overview

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HCA, HCP and HPCANYS:

- Provide direct input into the legislative and policy process.
- Lead with advocacy, program support, education, and guidance.
- Conduct research.
- Promote innovation and quality.
- Collaborate with all of the health sectors, including hospitals, physicians, pharmacists, clinics, nursing homes, aging organizations, behavioral/mental health, housing services, county social services and health departments, and more.





Overview

The purpose of today's forum is to offer all state legislative offices important and assistive background on home and community care services – in particular, **home care**, **hospice/palliative care** and **MLTC** – that may aid in:

- Assisting your constituents, families and communities with their health care needs.
- Knowing the types of home and community health services that are available, the organizations that provide them, the ways to access them and the benefits they provide your constituents.
- Alerting you to some of the major challenges, needs and proposals that may come before you in the 2019 legislative session.



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Background on Home Care, Hospice and Managed Long Term Care



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Home Care, Hospice & MLTC in NYS

Every day, across NYS:

- **Home care** organizations provide supportive, preventive, post-acute, rehabilitative, and complex long term care for medically needy children, adults and elderly.
- **Hospice** provides professional medical, supportive and spiritual services for the relief of symptoms and to provide quality end of life care.
- **MLTCs** enroll dual Medicaid and Medicare long term care patients, and under contracts with providers, manage care and services for enrollees.



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Home Care, Hospice & MLTC in NYS

- NYS has the long tradition of the most comprehensive and diverse home care, hospice and managed care system in the nation.
- The scope of this system encompasses a full array of health and support services to care for individuals at home and in the community when this type of care is called for and is exactly what the patient needs.
- NYS heavily depends on home care, hospice and MLTC for the success of its health policies, the operation of its health care system, and the needs of its citizens.
- Individuals – *your constituents* – therefore directly depend on these services for their basic, specialized, preventive and/or advanced illness care.



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Home Care, Hospice & MLTC in NYS

- These services are cost-savers, and critical to keeping patients from hospitalizations, nursing home placements, emergency episodes and other preventable high expense services.
- They are almost always the most efficient and least expensive of the medical options for the patient, and hold down costs for the state to help balance the budget, and the Medicaid program in particular.



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By the Numbers

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Home Care

- Agencies in all counties; **130** certified, **1,300+** licensed; consumer directed in all counties.
- Over **500,000** patients and families served annually.

Hospice

- Providers in all counties; **44** certified hospices.
- Over **47,000** served annually.

MLTCs

- Plans serve all counties; **25** plans statewide.
- Over **200,000** patients are currently enrolled for long term care services.





Home Care

- Certified home health agencies (CHHAs)
- Licensed home care services agencies (LHCSAs)
- Long Term Home Health Care Programs (LTHHCPs)
- Hospice
- Home and community based waiver programs
- Consumer Directed Personal Assistance (CDPAS)
- Managed long term care (MLTC) plans



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Home Care

- Home care agencies are sponsored or operated by:
 - Free-standing entities (e.g., voluntary agencies like Visiting Nurses, public agencies, or private agencies)
 - Hospitals/health systems
 - Nursing homes
- Home care providers are state and federally certified or state licensed, and governed under article 36 of the public health law.
- Home care is provided and reimbursed directly under fee-for-service, and under contract to managed care.

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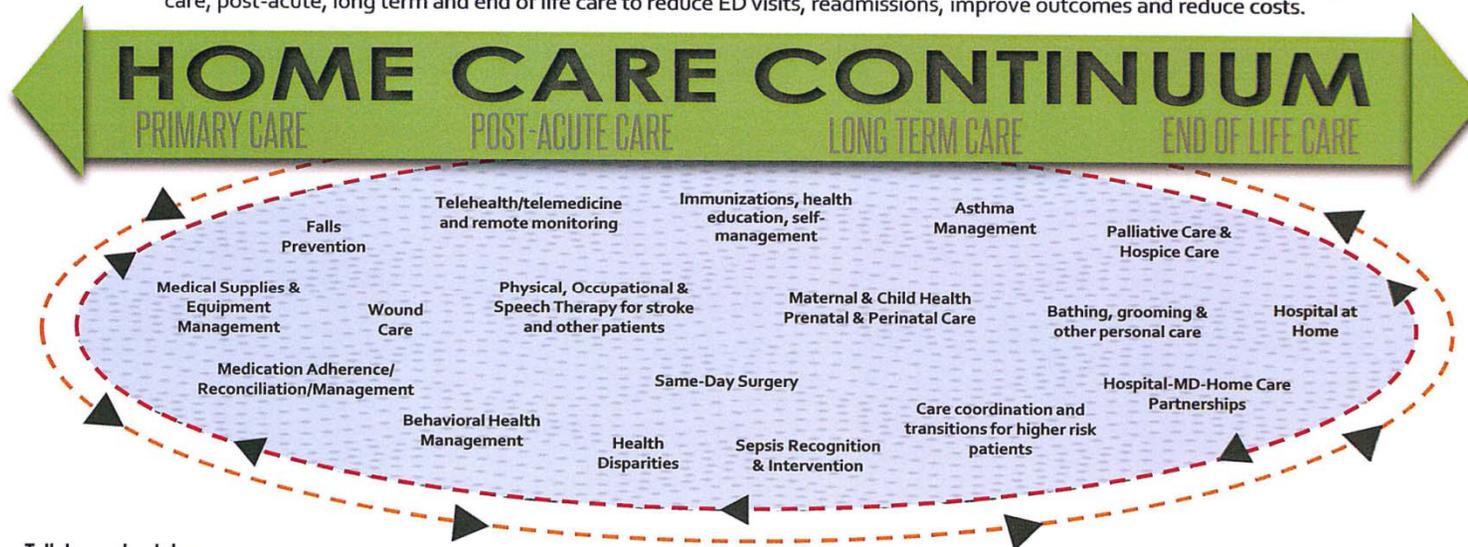




Home Care In New York State: Experienced Partner in Outcome-Based Integrated Care Systems

More than Post-Acute and Long Term Care

HOME CARE: A robust and experienced partner for innovative program design that can leverage its expertise in primary care, post-acute, long term and end of life care to reduce ED visits, readmissions, improve outcomes and reduce costs.



Talk to us about how

- Certified Home Health Agencies
- Long Term Home Health Care Programs
- Licensed Home Care Service Agencies
- Hospices

Work in concert to provide high quality, cost-effective primary, public health, maternal and child health, pre-and post-acute, transitional, long term, palliative and other medical management in coordination with physicians, health plans, hospitals and other partners. Home care operates in a variety of reimbursement arrangements and risk-sharing models such as capitated payments and episodic reimbursement, and other unique payment arrangements that ensure efficiency and appropriate service utilization.

Home care includes a comprehensive range of health, social and environmental services including: care management, nursing, physical therapy, occupational therapy, speech pathology, social work, audiology, respiratory therapy, nutritional counseling, palliative care, home health aide, personal care aide, telehealth, home adaptations, respite care, medical supplies, and other support services.

These are services that can be harnessed by your PPS, ACO, or hospital system to coordinate major health and social support needs, enabling effective care transitions from hospitals and nursing home to home, managing chronic diseases, delivering post-acute care, overseeing medication regimens, and much more for your patients and community members dealing with leading causes of hospitalization and priority area health issues under DSRIP and VBP. Home care is provided patients across the spectrum of clinical needs.



Home Care

- Home care agency services include:

professional services

- including care management, nursing, physical therapy, occupational therapy, speech pathology, medical social work, audiology, respiratory therapy, nutritional counseling and other

aide care

- including home health aide, personal care aide, housekeeper

telehealth services; and

additional supports and services

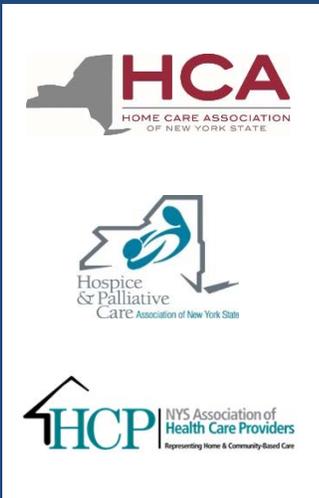
- including home adaptations, home delivered meals, social day care, medical supplies and appliances

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Home Care



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CHHAs	LHCSAs
Federal and state certified	State licensed.
Skilled professional and home health aide services	Personal care/home health aides, nursing
Statewide; about 130 agencies	Statewide; 1,300+ licenses/agencies currently registered
Direct participation in Medicare, Medicaid, private/commercial/LTC insurance	Participation in Medicaid, NYSOFA programs, private/commercial/LTC insurance

Home Care

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CHHA Payment	LHCSA Payment
<p>Reimbursed either fee-for-service under NYS’s Medicaid home health “Episodic Payment System” (a bundled payment for a 60 day episode of care) or under a similar system governed by Medicare for Medicare eligible.</p>	<p>Medicaid/Medicare: Reimbursement rates are negotiated with MLTCs, CHHAs, waiver programs or LTHHCPs.</p>
<p>Also paid under negotiated rate models with MLTC plans. Long term care patients are state-mandated to enroll in managed care.</p>	<p>Private pay or commercial health insurance.</p>



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Home Care: Long Term Home Health Care Programs (LTHHCPs)

- Formerly long term care exclusive, with all skilled, professional, care management, home health aide, personal care, telehealth, and waived services.
- Authorized for direct Medicaid/Medicare billing and service; since 2016, operation of LTHHCPs made analogous to CHHAs; also may subcontract with MLTC or local districts.
- Services covered similar to CHHAs (Episodic/fee-for-service payments, or negotiated).
- Currently operating as a residual model in aftermath of NYS's managed care mandatory enrollment policy, but also being examined to be a Community First Choice Option provider.



Hospice

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- Hospices are certified under state and federal law, and operate in all regions of the state.
- Hospice is governed under NYS public health law article 40.
- Hospices are sponsored by:
 - Free-standing entities (e.g., voluntary agencies like Visiting Nurses, public agencies, or private agencies)
 - Hospitals/health systems
 - Nursing homes
- Hospice specializes in the provision of comfort (palliative) care of individuals (children, adults, elderly) with life limiting conditions and advanced illnesses; under federal definition 6 months or less of life; focuses on comfort rather than cure.





Hospice

- Hospice is provided in the home, in specialized hospice residences, in nursing facilities and in in-patient settings like hospitals or hospice inpatient units.

- Hospice services include:

Professional medical services

- Physician, nursing, medical social work, nutrition and bereavement counseling, medical supplies and appliances/equipment, medications, outpatient care, spiritual support, short term inpatient care, respite care, and at times physical therapy, occupational therapy, speech therapy.

Specially trained aide care

- hospice aide, homemaker.
- Hospice services are a bundled payment with no co-payments.



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Hospice

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- Available statewide (every county served).
- The enabling NYS hospice law was enacted in 1980.
- “Hospice” is derived from term “host;” the modern concept of hospice was pioneered by Dr. Cicely Dame Saunders in the 1960’s with the first hospice in the US in 1978.
- Hospices directly participate in all payer sources and coverages (Medicare, Medicaid, Commercial/Private).
- Important goal (promoted by statutes) is to inform consumers and offer to refer to hospice when eligible; try to facilitate entry into hospice early to optimize quality of life and provide support to the recipient and their family, and the beneficial effects for the health care system.



Hospice

My Hospice: Rudy's Story



Rudy Jones
Hospice Patient

Managed Long Term Care

- MLTCs are state-licensed health coverage plans under public health law section 4403-f, and must also meet requirements under the state insurance law.
- MLTCs develop networks of service providers, including home care agencies, for the delivery and management of care to their enrollees.
- MLTCs cover all areas of NYS, and currently enroll over 200,000 individuals.
- In 2011, NYS adopted a mandate that all individuals dually covered by Medicare and Medicaid and needing long term care services (e.g., nursing, personal care) of more than 120 days be enrolled in MLTCs.



Managed Long Term Care

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- MLTC plans offer personal care, nursing, therapies, care management, and waived services through subcontracts with home care agencies and consumer directed models.
- 90 days of temporary nursing home stays are covered by some categories of MLTCs; others may cover long term stays.
- MLTC recipients are also allowed to receive hospice care provided separately by hospice providers.
- MLTCs are paid on a “capitated” (or “per member-per month”) amount, and then are at risk for the cost of all covered services.
- Forms of MLTCs include “partial-capitation” plans, Programs of All-Inclusive Care for the Elderly (PACE), Fully Integrated Dual Advantage plans (FIDAs), Medicaid Advantage Plus (MAP) plans, and others.



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Consumer Directed Home Care

- Consumer Directed Personal Assistance Services (CDPAS) is a model by which the consumer (care recipient) selects, trains, directs and supervises personal assistance services.
- Originated in 1980 by an organization/agency in NYC called “Concepts of Independence.”
- In mid-1990’s, the CDPAS Program was mandated to be available in all counties.
- In 2011-12 CDPAS was moved as a “benefit” into MLTC.
- Currently is a statewide program.
- Covers Medicaid-only.
- Medicaid paid personal assistance services may be provided by a relative (other than legally responsible, such as parent or spouse).



Consumer Directed Home Care

- Administered as an MLTC benefit option by Fiscal Intermediaries (FIs), which may be a LHCSA.
- There is flexibility under the Nurse Practice Act (NPA) for the paid attendant to provide services otherwise restricted to a registered professional nurse or an immediate family member exempt under the NPA.



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Waiver Programs

- Nursing Home Transition and Diversion Program
- Traumatic Brain Injury Program
- Care at Home / “Katie Beckett” Program
- All continue to be fee-for-service reimbursed, but are targeted for eventual move under managed care
- Medicaid-only
- Statewide in program/geographic access
- Operate as a partnership between assessing and authorizing entity and providers of services



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Accessing Services



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Accessing Services

The ways to access home care, hospice and MLTC services are detailed in this section. Additionally, the following links can assist you and your constituents to locate one of these services organizations in your communities, and provide additional resources:

For Home Care and Hospice:

- <https://profiles.health.ny.gov/hospice/>
- https://profiles.health.ny.gov/home_care/index

For MLTC:

- https://www.health.ny.gov/health_care/medicaid/redesign/docs/mltc_guide_e.pdf
- https://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm
- https://www.health.ny.gov/health_care/managed_care/mltc/consumer_guides/



Accessing Home Care

- CHHA, LTHHCP and LHCSA Services:
 - May be accessed directly under Medicare and Medicaid, upon physician order for care, and a plan of care developed by the CHHA, LHCSA, or LTHHCP.
 - If Medicaid, a patient must be assessed using NYS uniform assessment called the “UAS” (Uniform Assessment System).
 - If patient is enrolled in managed care, and provider is contracted to the managed care plan, patient first receives a “conflict free” evaluation, followed by a second UAS assessment by the managed care plan and provider. Services are accessed upon authorization of the managed care plan, and provision of physician orders.



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Accessing MLTC

- MLTC services are accessed via enrollee referral to and assessment by a “conflict free” assessor (Maximus) to determine eligibility, and then assessed clinically by the MLTC, both using the UAS.
- Services are then planned, provided and managed under a plan of care for the patient, and physician orders. The MLTC enrollee is permitted to select his or her provider agency, which then arranges for and clinically supervises the services.
- MLTCs have flexibility in how they perform their care management function, including how they share responsibilities with contracted providers.
- MLTC enrollees are reassessed at least every 180 days.

Accessing Hospice

- To access Hospice services, an individual is referred by a physician, hospital or Nursing home discharge planners, self referred, or referred by family. A physician will certify that the individual meets the eligibility requirement with a **six months or less** time to live for Medicare and some insurances, and 1 year for Medicaid.
- The hospice team visits to conduct a clinical assessment of the individual to determine eligibility for hospice and explain services.
- The individual consents/elects to enroll in hospice.
- An individual's choice is always respected, and can withdraw from their election of hospice at any time.

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Accessing CDPAS

- CDPAS is accessed as an option under the MLTC benefit package.
- The consumer is assessed as eligible and referred to an FI playing an administrative role under CDPAS. FI's administer the payment to the personal assistant and any other administrative function necessary for the program.
- The consumer is permitted to identify and select an individual to provide personal assistance.
- The consumer trains, orients and supervises the services provided by the personal assistant.
- The authorization of consumer directed services is provided by the MLTC. All MLTC enrollees must be informed of the consumer directed option at least upon every reassessment.



Accessing Waiver Programs

- Nursing Home Transition and Diversion, TBI and Care at Home (CAH)/Katie Beckett waiver programs continue to operate as fee-for-service programs, reimbursed using state-set discrete rates for services.
- The NHTD and TBI programs are accessed by contacting regional resource development center (RDRC), an organization which conducts the assessment, provides choice of service coordinators and providers, and arranges services through contracted providers of home care, and vendors of social and environmental support services covered under the waiver.
- The Care at Home/Katie Beckett Program is accessed through CAH care coordinators at the local departments of social services.
- Individuals must qualify for institutional level care.



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Challenges and Need



Challenges and Need

- Urgency for adequate financing for MLTC, home care, hospice – this is a challenge for the system year-after-year due to underfunding, new layers of mandates, new and higher expenses, sicker and more needy and complex patients.
- NYS must support the reimbursement system and funding in order to avoid repeat budget cuts and underfunding.
- NYS must support needed direct care personnel such as nurses, home health aides/hospice aides, therapists, medical social workers.
 - Support for NYS mandated minimum wage increases.
 - Support workforce's unique immense challenges of home care/hospice work.
 - Address shortages in key disciplines, specialties and geographic regions.
 - Administrative relief.

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Challenges and Need – continued

- Support for infrastructure – clinical and operational technology; electronic medical records and health information exchange; working capital and physical capital. Needs to be addressed in state budget, and it's especially important that budget funding for capital and special programs proportionally fund home care/hospice/MLTC.
- Regulatory and procedural streamlining and compatibility with new models of care.
- Direct incorporation into state's strategic policies and directions for the health care system (part of solution to state/community public health needs and goals).
- Promote overall health system functioning, quality, innovation.
- Promote advance care planning education and resources to consumers.



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