

EMBRACING CHANGE

Home Care Association Annual Conference
Mark Kissinger, Deputy Commissioner
Office of Long Term Care
May 23, 2011

Context

- ▣ New Administration
- ▣ Medicaid Redesign Team (MRT)
- ▣ Macro Budget Issues – Short and Long Term
- ▣ Federal Health Reform
- ▣ Aggressive Timelines
- ▣ Global Cap

Managed Long Term Care MRT #90

- ▣ DOH implementation efforts are starting:
 - enrollment process changes
 - application revisions underway
 - CMS approval still needed

- ▣ Building off Chapter 659 of 1997

Managed Long Term Care

MRT #90 (continued)

- ▣ Guidelines on Care Coordination Models under development
 - Must support the coordination and integration of services
 - Current providers, such as long term home health programs, will be considered if they can meet service requirements and financial criteria

Reduce and Control Utilization of Certified Home Health Agencies MRT # 5

- ▣ Implements per patient spending limits
- ▣ Methodology establishes provider caps adjusting for case mix, including adjustments for high need patients
- ▣ Implements episodic payment system in 2012 for under 120 days ultimately
- ▣ State plan amendment submitted to CMS for approval

Home Care Worker Parity

MRT # 61

- ▣ DOH will consult with Labor on implementation of the requirement
- ▣ DOH will issue an official notice of minimum compensation by area each December for the following year
- ▣ Effective in NYC , Westchester, Nassau, and Suffolk with varying effective dates

Uniform Assessment System (UAS-NY)

MRT #69

- ▣ DOH will implement a uniform assessment tool for entry and reassessment in long term care
- ▣ DOH will tailor an evidenced-based software program using InterRAI tools that will provide individual assessment and system wide data collection
- ▣ Projected full implementation is fall of 2012

UAS-NY: Background

- ▣ Many screening and assessment tools in use today; lack standardization creates significant redundancy.
- ▣ Extensive research identified excellent replacement candidate: interRAI Community Health Assessment.
- ▣ Procured services vendors to implement the interRAI suite electronically and to assure quality and completeness of the system. (GCOM Software and NYSTEC)

UAS-NY: Scope

- ▣ UAS-NY Will Be Used Initially by Eight Long Term Care Programs:
 - ▣ Assisted Living Program
 - ▣ Personal Care Services Program; Consumer Directed Personal Assistance Program
 - ▣ Adult Day Health Care
 - ▣ Long Term Home Health Care Program
 - ▣ Nursing Home Transition and Diversion
 - ▣ Traumatic Brain Injury Waiver
 - ▣ Care at Home I and II Waivers
 - ▣ Managed Long Term Care

UAS-NY: Project Status and Timeline

- ▣ Vendors are Onsite and Working
 - System Development: May 2011 to March 2012
 - Beta Testing: March 2012 to May 2012
 - Pilot Implementation: June 2012 to September 2012
 - State-wide Implementation: September 2012
- ▣ Preparing for Statewide Implementation
 - Computer Readiness Survey; will be used to identify Beta and Pilot participants.
 - Beta, Pilot and Implementation includes training on the UAS-NY and the interRAI assessment tool.

Palliative Care

MRT #109

- ▣ Palliative care recognizes the need for pain management and supports for people with serious illness or injury – not just people in the last stages of life
- ▣ New law includes assisted living, home care, nursing homes, and hospitals

Implement LTHHCP Waiver Renewal MRT #139

- ▣ Waiver Renewal Implementation Guidance (GIS and ADM) – Issued
- ▣ LTHHCP Manual Revision to reflect changes
- ▣ Future of the Program in a managed care environment is under active discussion

Eliminate or Modify Unnecessary Regulations MRT #147

- ▣ Several regulatory changes to reduce burdens on health care providers; homecare changes include:
 - Extend end user reporting and data entry requirements for HCR from 5 days to 10 days: implemented May 2011.
 - Allow home health aide training programs to have a single qualified supervisor RN for multiple training programs: OLTC has a workgroup with provider representatives that will include this initiative in their revised guidelines for training programs.
 - Eliminate the requirement for a physician to be on the Quality Improvement Committee of Licensed Home Care Services Agencies: revised regulation is in internal review process.

Change in Scope of Practice

MRT # 200

- ▣ Expands the scope of practice for Nurse Practitioners, RNs, LPNs, PCAs and HHAs
- ▣ Allows Nurse Practitioners to sign medical evaluations and LPNs to complete assessments in LTC settings
- ▣ Work in progress

Consumer Directed and Managed Care MRT# 1497

- ▣ CDPAP regulations finally issued
- ▣ Input from stakeholders will be sought at several points in the process

Long Term Care Insurance MRT #1462

- ▣ Adds a new option for the Partnership for Long Term Care
- ▣ Staff are also investigating additional incentives for purchase of private LTC insurance

Reform Personal Care MRT #4652

- ▣ Limits Level I PCS to 8hrs weekly
- ▣ DOH staff is completing required regulatory changes to support the budget language on personal care Level 2
- ▣ DOH is preparing administrative directives to implement regulatory changes as well as Fair Hearing notices to implement the provision

Expand Hospice MRT # 209

- ▣ Expand concurrent and curative care to adults; regulatory changes are in internal review process
- ▣ Expand definition of terminal illness; working with CMS
- ▣ Integrate hospice into medical homes and ACOs

Create Supportive Housing Interagency Workgroup MRT # 196

- ▣ Staff are identifying agencies and programs to participate
- ▣ One of 9 MRT sub-committees
- ▣ MRT website is a great resource:
http://health.ny.gov/health_care/medicaid/rede/sign/

Home Care Surveillance Update

- ▣ CHHAs
 - Acceptance of Patients, Plan of Care and Medical Supervision
 - Plan of Care
 - Coordination of Patient Services
 - Periodic Review of Plan of Care
 - Drug Regimen Review

- ▣ LHCSAs
 - Patient Care Record
 - Patient Rights
 - Governing Authority
 - Personnel
 - Records and Reports

Statistical Report

- ▣ CHHAs : 85%
- ▣ LTHHCPs : 91%
- ▣ LHCSHs : 39%

Department will seek enforcement.

LHSCAs

- ▣ Proposed ideas include:
 - Address licensure process and surveillance/monitoring of quality of care using third party entities such as accreditation agencies
 - Require license renewals at periodic intervals

Over 30 LHCSA applications are tentatively scheduled for the first PHHPC agenda.

SAGE

- ▣ Governor Cuomo Launches the Spending and Government Efficiency (SAGE) Commission Web Site for Public to Submit Ideas on How to Make Government More Efficient www.governor.ny.gov/sage

Conclusions

- ▣ Participate
- ▣ Communicate
- ▣ Embrace Change

Questions?

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