



Healthcare Association  
of New York State

# HANY'S Recommendations for Meaningful Long-Term Care Reform

**Long-Term Care  
Reform Series**

**ISSUES BRIEF #2  
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**H**ANYS is advocating with state and federal agencies for meaningful long-term care reform that benefits patients and enables providers to fulfill their mission of delivering high-quality, cost-effective health care. A variety of changes will be necessary to achieve these goals, including regulatory reform, legislative initiatives, and improved inter-agency coordination.

In New York State, the Department of Health (DOH) is proposing a federal 1115 Medicaid waiver in conjunction with its single point-of-entry (POE) initiative, to achieve long-term care restructuring. Section 1115 of the Social Security Act allows the Secretary of Health and Human Services to authorize research and demonstration projects that provide coverage to individuals not otherwise eligible under the Medicaid program, provide services that are not typically covered, or use innovative service delivery systems.

DOH has recommended that all long-term care services—including Medicaid state plan services, existing home- and community-based waiver programs, and services previously not covered by Medicaid but that support home- and community-based care—be incorporated into the 1115 waiver. DOH maintains that this proposed comprehensive waiver would both expand the types of services covered by Medicaid and increase access to waived services.

Despite the possible expansion of services, HANYS believes that the focus of this waiver is limiting and potentially disruptive. Limiting a vision for long-term care reform to a Medicaid waiver leaves out critical issues that need to be addressed. Additionally, shifting services into a waived category eliminates consumer entitlements guaranteed to state plan services and allows for unequal provision of services across the state.

Restructuring New York State's long-term care system should build on the strength of existing models, locally-based community services, and the strong network of providers with a fundamental mission and proven history of providing high-quality, cost-effective health care. Stakeholders should work collaboratively to identify existing barriers, create flexibility in the system, and develop innovative programs to improve the health and quality of life for people throughout the communities they serve.

A reformed long-term care system must maximize community resources, redefine workforce, integrate flexibility, create more opportunities for making personal choices, embrace patient-centered partnerships including patient navigation, and incorporate technology. HANYS' recommendations to improve the long-term care system include:

- addressing the workforce shortage and other workforce-related issues;
  - ensuring an adequate community infrastructure of social support services;
  - promoting coordinated chronic care management;
  - integrating health care policies with other public policies such as mental health, housing, and transportation;
  - enhancing regulatory flexibility and simplifying government processes; and
  - supporting technology adoption and integration.
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## WORKFORCE

One of the most urgent issues facing the long-term health care system is workforce—specifically, the current and anticipated future shortage of direct caregivers and allied health staff. This issue affects the entire health care delivery system, and will gain added importance in long-term care as the health care system relies increasingly on home- and community-based services. Policies must be designed to promote health care careers, foster continuing education opportunities and skill development, increase flexibility of job responsibilities, and expand employment options.

HANYS supports new ways to address changing workforce needs, including a new health care workforce paradigm that must:

- fund recruitment and retention initiatives for health care workers, with a focus on training and education;
- develop recruitment and retention initiatives for nurse educators;
- address ways to maximize workforce potential; and
- take necessary steps using a “core curricula” model to create a more universal health care worker, qualified to provide care in multiple settings.

In addition, the long-term care system must create incentives to encourage informal caregiving. Relief for family caregivers is provided through respite services, adult day care programs, in-home services, funding to make necessary home and vehicle modifications, and caregiver education and training. Incentives to increase informal caregiving in the home are critical and can include tax credits to caregivers, creating a system of community service “bank credits,” and encouraging employer-sponsored elder care benefits for employees. Informal caregivers need help with the physical demands of daily care, transportation challenges, and learning to use technology.

## COMMUNITY INFRASTRUCTURE

Housing, transportation, and non-medical issues have a clear and significant impact on the ability of people to live in community settings. Bridging the gap between health care policies and other public policy areas (such as housing, transportation, mental health, disabilities, and substance abuse) keeps people in community settings and supports independence while reducing overall health care costs. However, the availability of these critical social supports and health care services is unequal in the state. Ultimately, the success of long-term care reform will depend on the development of an adequate supply of alternative services.

The state should promote the flexibility necessary to meet unique community needs by maximizing existing community-specific resources and networks that are working well. Conducting a service gap analysis of health and social services in each community is an important first step. Any analysis should build upon analyses done in the past and include information from multiple parties at the community level, particularly those closest to the consumer.

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## **COORDINATED CHRONIC CARE MANAGEMENT**

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To proactively manage patients with multiple chronic illnesses, HANYS recommends a program of “coordinated chronic care management.” Coordinated chronic care management focuses on effective treatment (both clinical and behavioral), information and support for self-management, systematic follow-up and assessment tailored to clinical severity, and coordination of care across settings and providers. A progressive and efficient chronic care management program can redesign the delivery system and address accountability, benefits, and long-term costs.

Program and fiscal design should be flexible enough to accommodate both fee-for-service and Medicaid managed care recipients, as well as different program structures. Program structures need to be flexible depending on the type of provider, scope of care management, numbers and types of populations to be served, and other variables. Reimbursement systems should encompass care management activities, technology, services, and initiatives designed to address long-term disease control and prevention.

The organization and role of government—at both the state and local levels—is an important consideration. The lack of government agency integration at the state and local level impedes the development of a seamless system of care that addresses the needs of consumers and providers. Navigating the long-term care system is very difficult; navigating state and local government can be equally difficult.

It is important to standardize and provide accountability in the approval of Medicaid benefits across the state. Currently, differences among counties’ application of standards for assessing patient eligibility for certain services like long-term home health care programs (LTHHCPs) and managed long-term care (MLTC) programs make it difficult for providers to operate in some areas. These differences also raise concerns about the implementation of a future POE system that is county-based. Regionalization, or at least regional collaboration, should be encouraged.

Simplification of government processes, such as streamlining enrollment procedures, is an opportunity to eliminate barriers and improve access to long-term care services. Regulatory reform efforts should examine inconsistencies between state and federal regulations that inhibit consumers from receiving needed services, and stifle flexibility and efficiency. Efficiencies can be achieved by eliminating duplicative requirements that exist within New York State programs and regulations.

## **GOVERNMENT REFORM**

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## SERVICE COORDINATION AND CASE MANAGEMENT

New York State has a number of successes in the area of service coordination and care management, such as LTHHCPs, MLTCs, Program of All-Inclusive Care for the Elderly (PACE), and others. These programs are known for their focus on case management and are considered a “best practice” in the provision of care to patients. Alternatives to institutional care have the potential to significantly manage health care services and costs.

POE can be a useful resource for patient and family education. However, effective coordination of care can be done best by those closest to the patient—providers and practitioners, working with local agencies. Government should not become the case manager, or in effect the middle man, for long-term care. Case management should be a partnership between the consumer and those providing care.

## INFORMATION TECHNOLOGY

HANYS believes a comprehensive assessment of the use of health information technology (IT) within the Medicaid program is needed. Telemedicine and telehomecare initiatives should be enhanced and covered by Medicaid. Electronic monitoring of patients’ health status can increase patient engagement and decision making, make better use of a limited workforce, and reduce hospitalizations and emergency room use.

Many providers have already made significant investments in IT, while others do not have the resources to make such investments. A significant financial investment will be needed in the future, in addition to any funds available through the Health Care Efficiency and Affordability Law for New Yorkers (HEAL NY).

## CONCLUSION

HANYS conceptually supports reform to the long-term care system, but not the proposed comprehensive waiver as a vehicle for restructuring. The DOH Long-Term Care Restructuring Initiative Request for Information stated that New York State should “develop a more efficient system that will meet growing demand, be more responsive to consumer needs and preferences, and build service infrastructure that encourages the development of a strong and responsive provider community.” None of this requires a federal waiver. Addressing the spectrum of long-term care needs of New York State residents requires a comprehensive, holistic approach to service delivery organization and management. To achieve such a system, state policy should build on the expertise and strength of providers and others, seek to expand available workforce opportunities, strengthen home- and community-based services and housing options, support investments in technology, and promote coordinated chronic care management. HANYS will continue to advocate for these principles.

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