

New York State Department of Health

Long Term Care Restructuring

Request for Information

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New York State Department of Health
Long Term Care Restructuring
Request for Information

I. Purpose of the Request for Information (RFI)

The purpose of this RFI is to gather information from interested parties statewide that will be used in the construct of a new, restructured long term care system in New York State. The framework of this system will be an 1115 Medicaid waiver request to the Centers for Medicare and Medicaid Services (CMS). CMS has the authority to approve experimental or demonstration projects which are judged to assist in promoting the objectives of the Medicaid Program.

Much of the information gathered for this RFI has come from stakeholder input gathered through listening forums, and previously released RFI's as well as the recommendations of the Governor's Health Care Reform Working Group issued in January 2004 and available for review at <http://www.nyhealth.gov> [Click Long Term Care tab]. This information, coupled with Governor Pataki's initiative to plan for the needs of New Yorkers, has led to the effort to rebalance the long term care system in New York State to better meet the needs of any New Yorker in need of long term care. A federal waiver will provide New York State with the flexibility to provide services not typically covered by Medicaid and waive certain federal requirements.

This RFI is one part of a larger ongoing process. In addition to the release of this RFI, there are numerous technical working groups that will be established to focus on areas not addressed in this RFI. The areas to be addressed will include such topics as assessment and fiscal considerations. The discussions and analysis of the findings from this RFI and the technical working groups will play a vital role in the final development and design of the waiver.

We are seeking your input as to how you would envision a restructured and rebalanced long term care system operating **in your region and/or with your constituents**. Please respond to the questions bearing in mind the information which is provided in the sections below.

II. The Vision for LTC Restructuring

The restructured and rebalanced long term care system will be accessible, coordinated and person-centered. The system will support self determination; promote personal responsibility; provide services that meet consumer needs; provide quality care; as well as ensure accountability, efficiency and affordability.

Given the current system, the increasing number and needs of the disabled child and adult populations, and the projected growth of the aged population, the need for long term care reform is an absolute necessity.

Based on earlier feedback from stakeholders we learned that:

Public Education: New Yorkers must be educated on the impact of the future demand for and cost of an effective long term care system.

Personal Responsibility: New Yorkers must assume more personal responsibility for the planning and financing of their long term care needs.

Realignment and Better Coordination of Funding: Commercial, public and private funding in the long term care system must be realigned and better coordinated.

Workforce Development: Current long term care staffing shortages must be addressed and the workforce developed to meet the anticipated need for services over the next several decades.

Regional / local flexibility: Any redesign of the long term care system must be done in a way to afford regional and/or local flexibility in administering services and programs.

III. Restructuring Long Term Care

The Governor's Health Care Reform Working Group made numerous recommendations to the Governor to begin the process of restructuring the current long term care system. These recommendations included eligibility reform, a statewide Point of Entry (POE), the development and implementation of a Medicaid waiver, as well as a comprehensive list of long term care services available under the waiver construct. These recommendations are discussed below.

With enactment of the Federal Deficit Reduction Act of 2005 and conforming State legislation, many current loopholes regarding Medicaid eligibility are being modified or closed. Accordingly, individuals will be encouraged to assume financial responsibility for their long term care.

The POE system being developed by the New York State Office for Aging and NYSDOH will be an integral part of the restructuring initiative. In its beginning phase the POE will ensure the availability of comprehensive information about appropriate long term care services through objective information, screening and assistance. When fully implemented, the POE will serve all New Yorkers regardless of payment source and will include assessment, case management and other functions envisioned by the Governor's Working Group Report.

Having reviewed other waiver options, NYSDOH will pursue a statewide 1115 waiver rather than a 1915(c) waiver as it provides for the following:

- **The flexibility to allow a state to test and evaluate new health care policies.** An 1115 waiver will enable persons of all ages and disabilities in need of long term care to be included in the waiver, regardless of their eligibility for nursing home care. This waiver subsumes existing NYSDOH 1915(c) waiver programs including the Long Term Home Health Care Program, Care At Home and Traumatic Brain Injury waivers, as well as the soon to be implemented Nursing Home Transition and Diversion waiver with Medicaid State Plan Services. The

Office of Mental Retardation and Developmental Disabilities and Office of Mental Health waivers will not be part of this waiver but may be amended to include necessary long term care services previously available to those waiver participants under the State Medicaid Plan.

- **The flexibility to cover services and/or populations which Medicaid typically does not cover.** As a Medicaid program, this waiver will explore the possibility of obtaining Federal Financial Participation (FFP) for non-Medicaid services to provide a limited benefit package for individuals who are not currently income eligible for Medicaid. This may provide Medicaid funding for programs and services which are now only state-funded like the Expanded In-Home Services for the Elderly Program (EISEP), care plan coordination and home delivered meals for higher income groups. This benefit will act to delay the need for more expensive long term care services thereby contributing to cost neutrality.
- **A five year demonstration period that is subject to renewal.**

In addition to the above provisions this waiver must demonstrate and maintain cost neutrality to receive federal approval. The intent of the waiver is to 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.

The Governor's Health Care Reform Working Group interim report also included a list of service menus shown below. They include long term care services formerly available under the Medicaid State Plan but which will now be available only through the waiver construct. This framework recognizes the continued role of the services (e.g. the importance of the Consumer Directed Personal Assistance Program to individuals who wish to have more involvement in and control over their care) while placing them in the context of a more flexible but coordinated service menu. The Department recognizes that the menu of available services needs to be comprehensive so that individuals with a range of needs can be served appropriately.

- **Current Medicaid State Plan Services**

The service menu will include long term care services available under the Medicaid State Plan but which will now be available only through the new waiver construct. The State Plan services to be accessed only through the waiver construct are:

Private Duty Nursing, Certified Home Health Agency Services (long term), Nursing Facility Services, Adult Day Health Care, Personal Care Services, Consumer Directed Personal Assistance Program, Assisted Living Program, Personal Emergency Response Services

- **Home and Community Based Services**

The menu may also include services available under existing Home and Community Based Services waivers (1915(c)) to the extent such services are

appropriate. These waiver programs – the Long Term Home Health Care Program, Care at Home and Traumatic Brain Injury waivers -- will be subsumed under the new construct. Services included in these existing waivers include:

Social Day Care, Community Integration Counseling, Behavioral Management, Home and Community Support Services, Independent Living Skills Training, Moving Assistance, Nutritional Counseling (dietician), Home Delivered Meals, Respite, Medical Social Work, Respiratory Therapy, Home Adaptations & Maintenance, Structured Day Program, Special Medical Equipment and Supplies

- **Acute Care Services**

While Medicaid consumers will access long term care services under the new construct, they will continue to have access to Medicaid State Plan services to meet their acute care needs. These services are:

Optometrists, Psychologists, Clinic Services, Durable Medical Equipment, Dental, Physical Therapy, Occupational Therapy, Therapies for Speech, Hearing and Language Disorders, Prescribed Drugs and Over the Counter (OTC) Drugs, Prosthetic/Orthotic Devices and eyeglasses, Mental Health Rehab Services, Inpatient Hospital, Targeted Case Management, Hospice Care, Transportation (Medical Only), Emergency Room Services, Physician, Lab, X-Ray, Nurse Midwives and practitioners, Family Planning, EPSDT (Early Periodic Screening Diagnostic Treatment).

- **Non-Medical Services**

Finally, the new waiver may include services that are not currently in the State's Medicaid program but could help maintain individuals in their communities and provide cost-effective substitutes for more medical-model services:

Informal Caregiver Support, Mobility Training, Community Transition Services, and Transportation (to 1115 Waiver Services).

The service options put forth by the Governor's Health Care Reform Working Group include a wide-ranging menu of services from which an individual's plan of care will be designed. This plan of care will identify the services and supports that are needed by individuals to best maintain their independence at the least cost with the highest quality care. These services will enhance, but not replace, existing family and community supports. It is intended that waiver participants will use only those services they need, not the complete array available. The goal of the new waiver is to find the optimal means of achieving a person centered planning process that actively engages consumers and their informal supports, respects consumer strengths and preferences while achieving a service plan that balances individual needs with available resources.

In addition to the service menu recommendations, NYSDOH will encourage participation in the two existing models of managed long term care operating in New York State under the proposed waiver construct. These are the Programs of All-Inclusive Care for the Elderly (PACE) and Partially Capitated Programs. The Department is also working on new program models that will combine managed long term care with Medicaid. As noted by the Governor's Health Care Reform Working Group, Medicaid managed care plans may eventually see those plans amended to include long term care services.

IV. Content of Response

These questions are designed to reflect the various components of and implementation issues related to waiver design. Please respond to the questions about the specific waiver elements as they would apply to **your region and/or your constituents**, and identify by letter/number each question you are addressing. It is recognized that respondents may have different areas of expertise and interest; however, you are encouraged to answer as many items as possible. You are also invited to suggest and comment on any other related issues not specifically outlined below.

A. Community Resources:

The Department recognizes the need to address the specific responsibilities placed on the provider community. Providers are identified as anyone who provides formal or informal services or supports to a recipient of long term care. For a successful waiver program, NYSDOH acknowledges the need for workforce development and incentives, service provision independent from service coordination, community support services to assist with provider gaps, and the expanded use of informal supports. While all needed supports may not be available or appropriate to be provided under the waiver, we seek to identify and develop those support services which are critical to allow persons to remain in appropriate community settings.

1. How could workforce issues be addressed to develop a strong and responsive provider community?
2. What types of workforce incentives would produce the best outcomes?
3. What types of community support services (e.g. housing, transportation, vocational training, etc.) would be most beneficial to consumers?
4. How would the above referenced community support services be used to appropriately fill in provider gaps?
5. How could we maximize the use of informal supports in this program?
6. How could consumer choice best be considered when choosing a service provider?
7. Any other comments?

B. Service Coordination and Management:

The vision for a restructured long term care system includes a coordinated system of service delivery that meets consumer needs. The provision of services under the state plan and waivers have been influenced by many parties and defined at various points in time by law, regulation or policy. Certain services have evolved informally to accommodate unique circumstances. The advantage of this process is the extent to which it maximizes the expertise of those involved or fulfills needs unique to a specific population. However, this process can lead to confusion, duplication and unintended consequences.

1. What recommendations do you have for the design of service planning/case management under the new waiver?
2. Do you see a difference between the service planning/case management needs of individuals with intensive needs compared to those with lesser needs?
3. How could differences mentioned in question two be accommodated so that service planning/case management resources are used efficiently and effectively?
4. Since individuals may differ in whether they require medical, social or combination of both models of service planning and case management, do you have any recommendations for tailoring service planning/case management to such needs?
5. The long-term success of the waiver is reliant in part on the promotion of personal responsibility. The idea is to get consumers to think about and plan for their long term health needs before they require services. What are your suggestions for addressing consumer responsibilities in this process?
6. How can consumers be encouraged to take a proactive approach towards planning for their long term care?
7. Any other comments?

C. Long Term Care Service Programs:

By consolidating services under one waiver, we intend to provide equitable access to necessary services and avoid the current negative silo effect of the current State Plan/ multiple waiver environments.

1. Of the current State Plan services (e.g. Personal Care, Consumer Directed) what changes would you recommend to improve quality or availability under the new waiver?
2. Of the existing Home and Community Based Services (HCBS) waiver services, which do you see as vital to include in the new waiver?
3. What changes would you recommend to HCBS waiver services to improve quality or availability?
4. Under the proposed 1115 waiver, there could be the potential for Long Term Home Health Care Program providers to expand the population they serve. How could roles and responsibilities of providers be retooled to fit a new waiver design?
5. What role should managed long term care play in the rebalanced long term care system?
6. Are you aware of other models of long term care services (i.e. best practices in other states) that you would like to see included in New York's program?
7. Any other comments?

D. System Oversight:

Evaluation is an important component in achieving a restructured and rebalanced long term care system. Data must be collected and flow between consumers, service providers, local POE agencies, and state government. Many respondents to previous RFIs have indicated that electronic data sharing and storage is

essential, and that such a system should have the capacity to produce management reports, billing information, and track other areas of interest. A comprehensive and efficient system to manage evaluative functions is expected of the restructuring initiative.

1. What methods are most successful for collecting consumer and provider feedback (e.g. peer reviews, telephone calls, in-home surveys)?
2. What new or existing tools could be used to collect performance and outcome data?
3. Who should provide program evaluation and monitor performance standards?
4. How should recommendations for improvement be given back to providers and consumers?
5. Describe what technology issues (e.g. personnel, staff ability, infrastructure) might impact the ability to collect and monitor data?
6. Any other comments?

E. Infrastructure:

Current Home and Community Based Services waivers differ in how they are administered. Examples of this are the Long Term Home Health Care Program (LTHHCP) and the Traumatic Brain Injury Waiver (TBI). The LTHHCP uses a partnership between local social services districts and LTHHCP providers. The TBI Waiver, as well as the soon to be implemented Nursing Home Transition and Diversion Waiver (NHTD), relies on regional NYSDOH contractors called Regional Resource Development Centers (RRDC). Each administrative structure has its advantages and disadvantages.

1. What administrative structure would you recommend for the new 1115 waiver?
2. Why do you feel the structure you are recommending best addresses the issues you have identified in your responses to the above questions?
3. What process for service plan review and approval would you recommend?
4. Any other comments?

F. Cost Neutrality:

As previously mentioned, cost neutrality is a federal requirement of waiver applications. Some of the ways that cost neutrality can be achieved are:

- An individual cap (LTHHCP).
- An aggregate cap (TBI, NHTD).
- Bands – individuals with similar characteristics are grouped or banded and then cost limits are developed for each band.

1. How would you envision managing cost neutrality?
2. Would you recommend some other model?
3. If so, please describe.
4. Any other comments?

G. Implementation

The NYSDOH is committed to a smooth transition from the existing long term care system to a restructured 1115 waiver. Current waiver and state plan services must be reviewed to determine any changes that may be needed to support the needs of consumers in a restructured system.

1. How do you envision the transition from the current system to the newly reformed system taking place?
2. What changes to the state plan services do you see as necessary to ensure such a transition?
3. What changes to waiver services do you see as necessary to ensure such a transition?
4. Any other comments?

V. Submission of Responses to the RFI

Diverse insights are critical for the development of a comprehensive waiver. All stakeholders are encouraged to respond. We greatly appreciate your efforts on this important initiative.

This RFI has been mailed to potential respondents known to NYSDOH. The Department strongly encourages the submission of your prepared response electronically using the link provided to you in your e-mail invitation. This link is unique to you. Once you have selected the link you will be directed to a site where you will be able to complete, submit, and print a copy of your response. This site will provide you with specific directions for completing an electronic response.

If you wish to share this RFI with a colleague who is interested in responding, please ask them to access the RFI through the NYSDOH website at www.nyhealth.gov [Click Long Term Care tab]. Anyone submitting a response through the NYSDOH website will also be assigned a link unique to them. Once that link is selected, responders will be directed to a site where they will be able to complete, submit, and print a copy of their response. Directions for completing an electronic response will be provided.

The use of individual links will allow responders to save and edit a response before it is submitted. Please submit responses by **September 8, 2006**.

If you are unable to submit your response electronically, you can submit a typed response. Typed responses should be double spaced. Please complete appendix A when submitting a typed response. Please submit all typed responses by **September 8, 2006** to:

Betty Rice, Director
Division of Consumer and Local Relations
Office of Medicaid Management
NYS Department of Health
One Commerce Plaza, Suite 826
Albany, New York 12210
Attn: Steve Fisher

New York State Department of Health

Long Term Care Restructuring

Request for Information

Cover Page for Typed Responses

Please print this page and complete as legibly as possible. This page must be submitted with your prepared response.

Preparer's name/title: _____

Telephone number: _____

E-mail address: _____

Agency name: _____

Business address: _____

County: _____

Agency contact/title: _____

Telephone number: _____

E-mail address: _____

Category of responder (please circle):

Government: Elected Official, Office for Aging, Department of Health,
Department of Social Services

Service Provider: Not for profit, For Profit

Professional or Provider Association

Consumer or Consumer Group

Advocacy Group

Other (please specify) _____