



**TESTIMONY**

**OF**

**LINDA HACKER**

**ASSISTANT DEPUTY COMMISSIONER  
FOR MANAGED CARE AND FAMILY HEALTH PLUS**

**MEDICAL INSURANCE AND COMMUNITY SERVICES ADMINISTRATION  
HUMAN RESOURCES ADMINISTRATION/DEPARTMENT OF SOCIAL SERVICES**

**BEFORE THE**

**GENERAL WELFARE AND AGING COMMITTEES**

**ON**

**HRA'S HOME CARE SERVICES PROGRAM**

**CITY HALL  
February 28, 2006**

Good afternoon, Chairs de Blasio and Arroyo, and members of the General Welfare and Aging Committees. My name is Linda Hacker and I am the Assistant Deputy Commissioner for Managed Care and Family Health Plus at HRA's Medical Insurance and Community Services Administration. I am here today to brief you on the Home Care Services Program, a fundamental division of HRA. The Home Care Services Program's mission is to ensure the ongoing provision of quality non-institutional long term care to the disabled and frail elderly population of New York City.

HRA's Home Care Services Program provides an array of services to disabled or frail elderly individuals who are Medicaid eligible. The largest number of clients receive personal care services, but the Home Care Services Program also facilitates access to other long term care programs, including Managed Long Term Care and the Long Term Home Health Care program, often referred to as the Lombardi Program.

Since FY 2001, the total number of individuals receiving home care services increased by 15.5%, from 69,637 to over 80,400. While during this time period the HRA Personal Care program caseload has remained relatively stable at approximately 54,000 cases, we have experienced significant growth in the Managed Long Term Care and Long Term Home Health Care (Lombardi) programs, where the caseloads have increased by 158% and 22.8% respectively. This trend is expected to continue as the State continues to expand capacity in these programs and the senior population continues to grow. Currently, 38% of the clients serviced by HRA's personal care contractors are age 81 and above. The availability of the various long term care options will enable

many of these individuals to remain at home in their future years and avoid higher cost institutionalization.

It is important to note the distinction between personal care services and home health care. In New York City, personal care services are currently provided for Medicaid-eligible consumers by 95 vendors who are licensed by the New York State Department of Health and have a contractual relationship with HRA. Services are provided by trained home attendants and are limited to assisting with the functional activities of daily living, such as bathing, grooming, toileting and transferring and ambulating. They also assist with instrumental activities of daily living which are sometimes referred to as “chore services”, including shopping, laundry, cooking, and housecleaning.

Home health care is provided by Certified Home Health Agencies (CHHAs) who are certified by the New York State Department of Health. Home health care is overseen by the State Department of Health. CHHAs do not contract with HRA and HRA does not have oversight over them. Consumers may be referred to CHHA services through several entities, but are most often referred by hospitals. Home health care is a relatively short-term method of providing sub-acute ambulatory care interventions to bring about an improvement in health status and may include nursing services provided under the direction of the recipient’s physician, physical therapy, occupational therapy, and other health related services. Many cases that had previously been receiving CHHA care are eventually transferred to the Home Care Services Program for personal care services.

Consumers in need of assistance can access Medicaid-funded personal care services in New York City from one of the Home Care Services Program's nine local Community Alternative Systems Agencies (CASA). A nursing and social assessment is conducted in the client's home, and a plan of care is developed to meet the client's specific needs. The Home Care Services Program preauthorizes the weekly number of hours to be provided based on the determined level of need. When both the plan of care and Medicaid coverage are in place, the client is assigned to a contracted provider. Each client has a caseworker who is responsible for ongoing oversight of the case, including service reauthorization at appropriate intervals.

HRA's Home Care Services Program has several tools to ensure program efficiency and integrity and vendor accountability. A comprehensive contract management system is utilized to ensure vendor agency compliance and the provision of quality client services. Home Care staff conducts three annual programmatic monitoring visits to each home care agency. The monitoring visit involves the evaluation of 27 quality-of-service performance indicators and 13 contract compliance areas through a random sampling of vendor agency Home Attendant and client records, data gathering and analysis of finding. In addition, fiscal monitoring visits are conducted to evaluate the adequacy of the contractor's internal financial controls and fiscal compliance. We also conduct exit conferences, review and monitor corrective action plans and conduct follow-up visits concerning areas of identified deficiencies.

The Home Care Services Program Quality Control Unit field staff conduct random, unannounced quality control visits to assess the quality of service delivery and client

satisfaction with the vendor agency. A Complaint Tracking Unit receives, evaluates, investigates and ensures resolution of complaints received in response to home care service delivery. The unit maintains a telephone hotline where service complaints are registered and investigated to ensure that any potential risk to the client is removed and corrective actions are taken as needed. Consumers are given the hotline number at the initiation of service and vendors are required to provide consumers with the hotline number at least once annually. The hotline number is also provided by quality control field staff during unannounced quality control visits. Consumers can also access the number through 311 or on the HRA website.

All complaints are taken seriously and handled as expeditiously as possible based on their severity. HRA requires the vendor agency to have a registered nurse visit a client and resolve the risk condition within 24 hours for a complaint that is categorized as high-risk. The Complaint Tracking Unit also conducts an independent investigation of all high-risk complaints.

We are in the process of implementing a performance evaluation tool based on the HRA's VendorStat model, where more comprehensive indicators will be developed to measure vendor performance. This will allow us to evaluate vendors on a more frequent basis on compliance with a broader range of program quality indicators. Each indicator will be ranked so that HRA can evaluate how well the vendor is performing in comparison to other vendors as well. We are implementing a similar performance management support program for our CASA centers, modeled after our JobStat

program that monitors Job Center performance. The CASA Stat program provides local managers with performance data to which they are held accountable and facilitates meetings through which performance can be reviewed and problem-solving strategies developed.

There are several other services that fall under the umbrella of the Home Care Services Program. These include the Consumer-Directed Personal Care, Long Term Home Health Care (Lombardi), and Managed Long Term Care programs. HRA's Home Care Services Program determines Medicaid eligibility and reviews and approves care plans for consumers in need of these programs. The importance of these programs is highlighted by a recent and continuous increase in consumer demand for these services. Long Term Home Health Care (Lombardi) is a federal waiver program under which an individual who would otherwise require nursing home care can receive necessary nursing, clinical and social support services so the individual can remain in the home. The structure of the waiver allows states to determine the level of need and make adjustments as necessary. Services are provided by State-contracted vendors in 120-day increments, and the cost is limited to a maximum of 75 percent of the cost of nursing home care. The State has recently approved significant expansion of the program. Currently, they plan to add 8 new Lombardi providers and approximately 1,125 new slots.

Managed Long Term Care is a medically managed home care services program overseen by the New York State Department of Health. It provides comprehensive long

term care to consumers who are medically eligible for care in a health related facility or nursing home. The client receives continuity of care through case management and a provider network. The number of cases in this program has increased from approximately 5,000 in FY 2001 to more than 12,800 in Fiscal Year 2006. There are currently eight providers in New York City. Services are provided by State-contracted vendors.

The Consumer-Directed Personal Care program allows the consumer to select, supervise and train a personal assistant of their choice to provide the authorized hours of care. The Nurse Practice Act is waived for this program, so that the consumer may train the personal assistant to carry out skilled nursing services and/or invasive interventions that are not permitted under the Personal Care program.

HRA's Home Care Services Program continues its mission to ensure the ongoing provision of quality non-institutional long term care to the Medicaid-eligible disabled and frail elderly population of New York City. Thank you for allowing me this opportunity to testify. I will now be glad to answer any questions you may have regarding the Human Resources Administration's Home Care Services Program.