



Human Resources
Administration
Department of
Homeless Services

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Oversight: Home Health Care Services in NYC

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Good Morning. Thank you Chairperson Ayala, Chairperson Chin and members of the City Council's Committees on Aging and Mental Health, Disabilities and Addiction for inviting us to testify and respond to questions today. I would also like to thank my colleague Alan Hom from the New York City Department for the Aging (DFTA) for his partnership and for his testimony today. My name is Annette Holm and I am the Chief Special Services Officer of the New York City Human Resources Administration (HRA).

The New York City Human Resources Administration (HRA)/Department of Social Services (DSS) is the nation's largest social services agency assisting more than three million New Yorkers annually through the Administration of twelve public assistance programs. Every day, in all five boroughs, HRA provides essential programs and support to low-income New Yorkers. We work to ensure that our services and benefits provide low-income New Yorkers the assistance they need, through a wide range of supports, including Cash Assistance and employment services, the Supplemental Nutrition Assistance Program (SNAP/food stamps), eviction prevention, rental assistance, and Medicaid.

As part of our array of social services, HRA administers Medicaid-funded fee-for-service long-term care services through our Home Care Services Program (HCSP). I would like to take a moment to contextualize the current state of the Home Care Services Program by briefly outlining the State takeover of Medicaid in the State of New York and how it has directly affected the HCSP program. Prior to the implementation of New York State Medicaid Redesign, HRA Home Care was the local entity responsible for the determination of Medicaid and personal care service eligibility for all New York City residents seeking personal care assistance. The implementation of the New York State Medicaid Redesign (MRT #90), required the mandatory transition and enrollment of certain community-based long-term care services recipients into Managed Long-Term Care. This State project, which was initiated in 2012 with approval from the Centers for Medicare and Medicaid Services (CMS), was designated to integrate services and improve health outcomes for individuals in need of community-based long-term services and support. Within two years of MRT #90, the overwhelming majority of HCSP homecare cases were transitioned to Managed Long-Term Care Plans (MLTC). Medicaid eligible clients in receipt of Medicare and whose home care needs exceed 8 hours per week were required to seek home care services from New York State contracted Managed Care and Managed Long-Term Care Plans. However,

clients under the New York State Nursing Home Transition and Diversion Waiver or Traumatic Brain Injury Waiver or in active receipt of hospice services are exempt from Managed Care and can receive HRA home care services. Currently, the HRA Home Care Services Program determines Medicaid eligibility for all applicants seeking long-term care who are in receipt of Medicare, aged 65 or over, disabled and/or blind, including those enrolling in the MLTC programs.

Citywide, a total of 192,740 New Yorkers are in receipt of personal care services. Of these cases, HCSP is responsible for the direct administration of only 5,050 fee-for-service cases (as of February 2019); this subset is 2.62 percent of all State personal care cases in New York City. These cases are exempt from mandatory Managed Long-Term Care enrollment in New York City. For this population, HRA assesses home care eligibility and develops a care plan to meet the specific needs of each person. HCSP contracts with 28 licensed Home Care Providers to administer the services. The providers with whom we contract are licensed by the State. The Long-Term Care State regulations dictate the protocol for training and qualifications of Personal Care Aides in New York State.

HRA home care services permit clients to remain at home in the community with assistance and possibly avoid nursing home placement. These services provide assistance with activities of daily living which includes: bathing, grooming, and dressing, ambulation, taking of medications, laundry, grocery-shopping, house cleaning and escorting to medical appointments. Through our five Community Alternative Systems Agency (CASA) offices, HRA provides case management for clients receiving fee-for-service Medicaid home care services. The case managers assist clients with Medicaid renewal applications, home care service renewals, applications for SNAP benefits and rental assistance, and make referrals for additional services provided by Adult Protective Services, HASA, and partner City Agencies such as DFTA, as needed.

For the approximately 5,000 cases that HRA administers, the Home Care Contracts division within HCSP conducts fiscal and programmatic monitoring of the 28 contracted New York State-licensed home care service providers. To ensure program integrity, we conduct annually three programmatic monitoring visits of each home care contractor, during which we assess compliance with contractual service requirements and New York State home care regulations. For example, we check to make sure the home care providers' nurses are visiting clients at least every 90 days to assess the Home Care workers performance – and semi-annually to assess each client's care plan to ensure it meets the needs of each individual. In cases where any deficiency is found, we require providers to develop corrective action plans and conduct follow-up visits to ensure the issue has been properly addressed. Other examples of performance indicators are fingerprinting and criminal background checks of home care workers, annual home care worker evaluations and medical examinations with drug testing, client contacts and client satisfaction surveys.

In terms of fiscal compliance, HRA staff conducts fiscal monitoring visits to evaluate the adequacy of contract internal controls, deter fraud, and assess contractor compliance with laws, state regulations, and HRA requirements. And similar to our programmatic compliance monitoring, we also monitor corrective action plans and conduct follow-up visits to ensure that any issues have been addressed. Any

suspicion of Medicaid fraud is reported to the HRA Chief Program Accountability Officer and the New York City Department of Investigation.

I would like to reiterate that HRA only contracts with and oversees vendors that provide Home Care services in the category of Medicaid-funded fee-for-service, which represents approximately 2.62 percent of New York City's home care caseload; the overwhelming majority of Home Care services in NYC are provided through Managed Care Organizations, which are contracted with State Department of Health and with whom HRA has no contractual or oversight relationship.

In order to give clients the opportunity to voice any concerns about their HRA contracted home care services, HRA also administers a complaint hotline. HCSP's Complaint Tracking Unit investigates all complaints to determine if the individual is on HRA's caseload and to assess what, if any, actions can be taken to assist the client and remedy the situation. Where appropriate, vendors are required to file a corrective action plan to ensure they have policies and procedures in place to prevent the same issue from happening again. Vendors are monitored and given annual performance scores based on the number of complaints and resolution of complaints, which encourages adherence to programmatic guidelines. In the event a client calls HCSP for a complaint related to Managed Long Term Care, the caller is provided with the number to the State Managed Long-Term Care Hotline, which is 1-866-712-7197.

HRA is committed to helping all individuals in need access high-quality services for which they are eligible. Even though HRA administers a very small portion of the home care universe in New York City, we take pride in the work we do to link vulnerable New Yorkers to services which can be provided in the home and help them to remain in the community.

Thank you for the opportunity to testify today and I look forward to your questions.