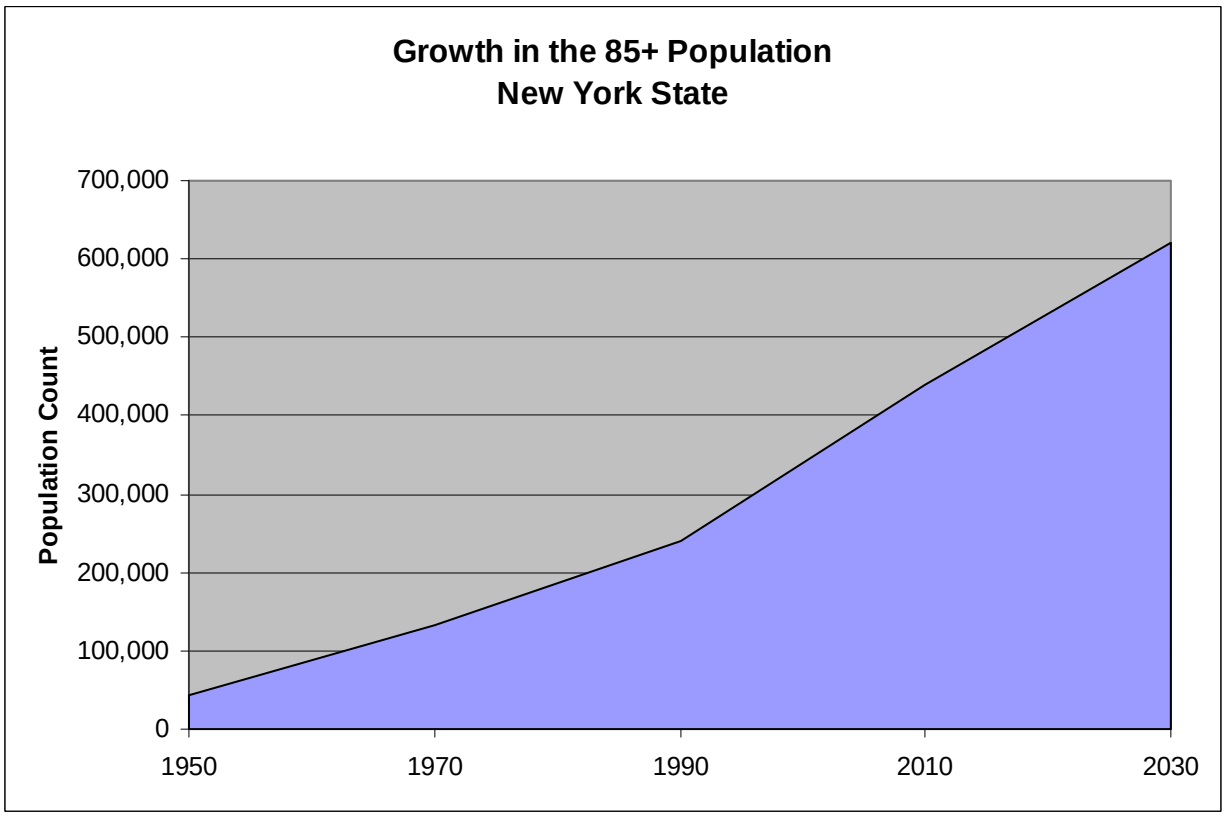
NEW YORK STATE DEPARTMENT OF HEALTH
LONG TERM CARE RESTRUCTURING INITIATIVE
REQUEST FOR INFORMATION (RFI) RESPONSES

Executive Summary

New York State's long term care (LTC) restructuring initiatives are driven by dramatic shifts in demographics (as seen in the chart below) that predict steep growth over the next ten years in the number of elderly and persons with disabilities who will require LTC services.



The expanding need for service coupled with changing consumer preferences for community based care and federal action as a result of the Olmstead decision,[i] creates an imperative for the State to rebalance the existing system. Such an effort should promote personal responsibility and provide high quality care delivered in the least restrictive setting appropriate to the patients' needs.

The ultimate goal for reform is to rebalance elements of the State's $10 billion long term care service system through a comprehensive approach that will address the complexities and inefficiencies of the current system, while improving consumer access

to information and high quality, appropriate services. This comprehensive approach may include a new waiver offering comparable services to those currently provided through several individual Medicaid waiver programs, including: Care at Home (CAH), Long Term Home Health Care Program (LTHHCP), Traumatic Brain Injury (TBI), Nursing Home Transition and Diversion (NHTD), and other necessary services.

Success in this effort can only be assured in partnership with the system's stakeholders. Accordingly, many past opportunities provided through interviews, requests for information (RFI) and regional forums have enabled stakeholders to express their thoughts on the most important issues in long term care today and for the future.[ii]

In the spring of 2006, the New York State Department of Health (DOH) conducted a series of collaboration sessions throughout the State, attended by over 1000 stakeholders, in an effort to stimulate discussion and elicit comment on the development of a comprehensive waiver proposal.

In the fall of 2006, DOH received responses to an RFI[iii] seeking public input concerning the use of a comprehensive 1115 waiver. The RFI was designed to elicit ideas from stakeholders regarding design and implementation issues with respect to the following points:

- Community resources,
- Service coordination and management,
- Long term care service programs,
- System oversight,
- Infrastructure,
- Cost neutrality, and
- Implementation and other operational issues.

Two hundred eighteen responses were received from advocates, consumers, service providers, professional organizations, other State agencies, and local governments representing forty-seven counties and the City of New York. A chart reflecting a listing of responders (Attachment 1) is included.

The 2006 Long Term Care Restructuring RFI and collaboration sessions are part of a larger process to partner with all stakeholders interested in the development of a rebalanced system of care in New York. Other significant components include: collaboration with the NYS Office for the Aging (NYSOFA) in the implementation of NYConnects, a locally based point of entry system; a fifteen member LTC Advisory Council,[iv] established in May 2006 to assist Department staff to resolve issues and provide direction regarding the restructuring initiative; and a network of stakeholder workgroups[v] to focus on specific elements of reform and needed services.

Certain themes can be traced through the responses to the various sections of the RFI, and echo discussions from the regional collaborative sessions. Such themes include the need to:

- Explore options to support and improve existing programs as an alternative to a new comprehensive waiver,
- Strengthen family and informal caregiver supports,
- Update and simplify regulations, documentation requirements, and provider reimbursement rate setting methodologies,
- Ensure consistency of program administration across geographic areas,
- Institute a single standardized assessment tool,
- Enhance educational efforts to increase awareness of all the programs and services,
- Improve affordable and accessible housing opportunities, workforce recruitment and retention, and transportation systems, and
- Ensure standardization of case management and service coordination throughout the LTC system.

The RFI findings will be used to inform the continuing overall planning process, and to explore additional options of restructuring LTC services in New York State with consumers, stakeholders, state and local government agencies, and elected officials.

Background and Summary of RFI Responses

The Department of Health, working in collaboration with NYSOFA and other key state agencies, and stakeholders from across the State, is exploring options to rebalance the elements of the State's $10 billion long term care service system to improve the opportunities for home and community based alternatives. The goal is to establish a cost effective system that will promote personal responsibility and provide high quality care delivered in the least restrictive setting appropriate to patients' needs.

This comprehensive approach may include a new waiver offering comparable services to those currently provided through several individual Medicaid waiver programs (CAH, LTHHCP, TBI and NHTD), and other necessary services.

On July 5, 2006, DOH issued a RFI seeking public input about using a comprehensive 1115 waiver to provide community based services as an element in the State's effort to restructure the overall LTC system. Specifically, the RFI was issued to elicit ideas from stakeholders regarding: community resources, service coordination and management, specialized LTC service programs, system oversight, infrastructure, cost neutrality, implementation and other operational issues. Respondents were also asked to discuss how a restructured LTC system might operate for their particular geographic region and/or constituents.

Two hundred eighteen responses were received from advocates, consumers, service providers, professional organizations, other State agencies, and local governments representing forty-seven counties and the City of New York.

The Center for the Development of Human Services (CDHS), a division of the Research Foundation of the State University of New York, Buffalo State College used text analysis software[vi] to summarize and prioritize the responses.

A chart reflecting responses by category of questions posed in the RFI follows below.

AVERAGE RESPONSE RATE FOR RFI CATEGORIES		
Category of Response	**Responses Per Category**	**Percent Response Rate**
Total RFI Responses	**218**	
• Community Resources	180	82.6%
• Service Coordination/Management	158	72.3%
• LTC Service Programs	129	58.9%
• System Oversight	139	63.9%
• Infrastructure	118	54.1%
• Cost Neutrality	130	59.6%
• Implementation	108	49.5%

The 1115 Waiver Approach

Numerous concerns were raised over the utilization of an 1115 comprehensive waiver as the prime mechanism for system reform. Concerns can be broadly categorized as follows:

- It is not clearly understood how New York could achieve cost neutrality under an 1115 waiver proposal without impacting the right and ability of the elderly and people with disabilities to live in the most integrated setting, as the data for adequate verification of cost neutrality has not been presented.

- An 1115 waiver does not address chronic problems with the current system, including staff shortages, lack of service in many parts of the State, and the lack of accessible and affordable housing.

- An 1115 waiver approach may result in negative outcomes for consumers, and dismantle existing delivery systems of care, such as the LTHHC and TBI programs, that are presently providing services to meet the LTC needs of the elderly and persons with disabilities.

- As an 1115 waiver may remove entitlement to services, there may be a potential for restriction in consumer choice and service rationing via a “gatekeeper” model.

- It is not clear how additional preventive and proactive services can be provided to more people without reducing services in other areas.

RFI Responses By Category

Community Resources

RFI: Stakeholders were requested to comment on enhancements they perceive are needed for a successful LTC system, particularly in the areas of: workforce development and retention incentives, service provision independent from service coordination, community support services that could address provider gaps, and expanded informal caregiver supports.

Response: It was recommended that any restructuring of the LTC system reflect consumer input and be person centered. Consumer information and control over one’s own care were common threads that linked each response. Other specific suggestions include:

- An efficient and person centered assessment tool, easy access to unbiased information, and quality care coordination were deemed necessary in a rebalanced LTC system.

- Approximately seventy-five percent of responders mentioned the need for accessible transportation, for both medical and social purposes. Some of the transportation issues addressed were the need for more/improved transportation systems in rural areas, requiring vendors to utilize accessible vans/taxis, allow for ease of transportation across county lines, and tax incentives for provider agencies that offer employees transportation assistance.

- Approximately seventy percent of responders identified affordable and accessible housing as basic to a successful community-based service system. Suggestions to address the shortage of affordable and accessible housing include Medicaid rental subsidies, establishment of a housing trust fund, use of HOME[vii] funds to provide rental assistance to tenants, incentives for contractors to build accessible housing, expansion of low income assisted living, and placing service coordinators in public housing.

- Other responders mentioned adult day care, increased use of technology, financial management assistance, vocational rehabilitation, nutritional, and Personal Emergency Response Services (PERS) as enhancements. The need for mental health and substance and alcohol abuse rehabilitation services was also mentioned.

- Fifty-eight percent of respondents identified a need to increase efforts to recruit volunteer and informal caregivers by reaching out to community groups (i.e. churches, the Retired Senior Volunteer Program (RSVP), retired teacher associations, fraternal organizations, and local businesses) to fill certain service gaps within the community. Many indicated a need to address caregiver burnout by increasing respite, adult day care, and support group services. Reimbursement for family members who provide supports was suggested as a possible solution to the demand for more home care services. Other ideas mentioned to maximize the availability of informal caregivers include: tax incentives, mileage reimbursement for non-medical transportation, involvement in assessment and care planning, signed caregiver agreements, and improved information and assistance.

- Workforce development suggestions included a guaranteed employee base pay, salaried rather than hourly pay for some positions, increased pay rates for weekend and evening shifts, health care insurance and sign-on bonuses. Development of career ladders and peer mentoring programs were suggested to enable individuals to experience professional growth. Specifically:

  - Many providers indicated that employee training programs are expensive to administer and encouraged free statewide or regional training that would standardize learning materials. Providers also suggested that the State reimburse agencies for backfilling positions while employees are in training. Other suggestions included better utilization of BOCES and community college programs to train and certify home health aides and other high priority specialty service providers, English as a Second Language courses, cultural competency, community care, dementia, pediatrics, geriatrics, and vision rehabilitation skills.

  - Comments focused on ensuring that the rate of pay for various types of provider groups such as Consumer Directed Personal Assistance Program (CDPAP) and Licensed Home Care Service Agencies are consistent in a given geographic region.

  - Respondents indicated that more emphasis should be placed on developing educational programs between NYSDOH, State Education Department, SUNY and CUNY. Other suggestions to address nursing shortages included: target retired nurses as educators; increase salaries for nurse teaching positions; and examine nursing responsibilities and amend the Nurse Practice Act accordingly to allow more efficient use of home care staff.

  - Suggested measures to increase recruitment efforts for home care workers included: implement media campaigns; work with high schools to promote the health care industry; utilize Workforce Investment Boards and the Workforce Investment Act to train workers, young retirees, and older adults. The concept of a universal employee certification was shared by providers who suggested that additional training would make cross employment between settings possible and result in improved access to a greater number of

aides.[viii] It was further suggested that cross trained aides could be listed in a central registry for ease of identification by employers and consumers.

Service Coordination and Management

RFI: Responders were asked to comment on an efficient and cost effective service planning/case management system and how consumers could be proactively engaged in planning for their LTC needs.

Response: Nearly fifty percent of respondents gave a general recommendation that a uniform, comprehensive, and holistic assessment tool is necessary to ensure consistent service planning across care settings and geographic regions of the State. Respondents also recommended that uniformity be established for all facets of service coordination, including standards for education and licensure of coordinators, as well as regulations for agencies and individuals. More specifically:

- Respondents asked for a standard definition of service coordination, flexible and individualized plans that include the consumer and their families to the maximum extent possible, use of a multi-agency interdisciplinary team to produce a coordinated plan for the consumer, and triaged service coordination and home visits by providers.

- Seventy-one percent of those responding to service coordination and management recommended a blended social-medical model of services. Other suggestions include a web-based shared data system be established as a means to improve cross provider access to patient information, and ongoing training and education to keep service coordinators current on complex medical issues.

- Nearly half of all respondents stated that a public education campaign is necessary to emphasize the need for all persons, including younger adults, to adequately prepare for their LTC needs. Components should include consumer training regarding disease prevention and management, purchase of LTC insurance, and use of the NYConnects point of entry infrastructure to obtain information.

- Respondents recommended service coordination models used in LTHHCP, Managed Long Term Care (MLTC), and the NYS Offices of Mental Retardation and Developmental Disabilities (OMRDD) and Mental Heath (OMH) programs.

Long Term Care Service Programs

RFI: In view of the State's goal to provide equitable access to necessary services and avoid the silo effect of the current system of a Medicaid state plan program with multiple targeted waivers, stakeholders were invited to recommend initiatives that would improve the quality and/or availability of services and to consider what role MLTC should play in the rebalanced system.

Response: Recommendations to enhance LTC services programs include:

- Seventy-nine percent of all respondents stated that a rebalanced system must support families and other informal caregivers, and provide for transition from service to service without interruption or unnecessary reassessment as a patient's needs change.

- Twenty percent of responders to this category noted that CDPAP services should be promoted as a consumer option; a similar number remarked that this program would benefit from heightened regulation and supervision.

- Several responses addressed the need for more community-based options for the young disabled and pediatric populations.

- An increase in the capacity of the Assisted Living Program was recommended as an effective means to address the housing and supervision needs of some applicants.

- Fifty percent of respondents recommended the inclusion of all existing Medicaid waiver services in any system reform. Those services consistently noted as vital included: social day care, independent living skills training, home delivered meals, respite, non-medical transportation, residential habilitation, and PERS.

- Expedited eligibility and enrollment processes to avoid institutional placements while awaiting the completion of assessments and determinations of care needs was recommended. It was suggested that the State promote an increase in clustered services (i.e. shared aide programs), and revisit the certificate of need process to offer a wider array of LTC services.

- The LTHHCP was seen as a "model" program by many of the responders, especially for its ability to coordinate services for recipients through care management. However, a number of respondents noted the high overhead of the program, the perception that it may provide unnecessary services, and remarked that this program should serve a more "high need" population.

- The MLTC program was seen by forty-two percent of the responders as an option that should play a broader role in a rebalanced long term care system. Other comments included the establishment of a review process prior to admission, development of a rural-based model, a pediatric option, and improved access to specialists for people with disabilities.

System Oversight

RFI: Stakeholders were asked for suggestions to improve quality assurance activities including: data management, setting performance standards and program monitoring and evaluation.

Response: Responders provided the following substantive quality assurance suggestions regarding participant satisfaction, program performance monitoring, and information technology (IT) infrastructure:

- Many respondents indicated that successful participant survey outcomes would require a variety of approaches targeted to specific subgroups. Over half favored telephone and in-person/in-home surveys indicating that mailed surveys generally yield low response rates. Government responders indicated that telephone surveys were often the most cost-effective, non-threatening approach to gathering consumer feedback. Advocates and other respondents expressed the importance of consumer rights/privacy and providing a method of communication appropriate to all, including individuals with visual, hearing, and cognitive impairments. Service and provider organizations favored annual reports and requests for information for provider feedback.

- Some respondents indicated a need for a new standardized/universal tool to collect program performance and outcome data. Others favored existing tools such as: the Minimum Data Set (MDS), Outcome and Assessment Information Set (OASIS), DMS-1 or the Social Assessment Management System (SAMS) data collection system.

- Responses were divided between the State and local governments, and third-party contractors as to who should be conducting program evaluation and monitoring performance standards. Service providers stated that the local NYConnects point of entry offices might be an efficient way to collect/report recommendations for improvement. Others favored written follow-up reports to providers and letters to consumers. Service providers and other respondents suggested that their case manager or service coordinator could discuss quality improvement suggestions with consumers.

- Sixty-one percent of the responders indicated that a standardized IT infrastructure for use by the various groups administering LTC services would positively impact State and local ability to collect and monitor data.

Infrastructure

RFI: Stakeholders were asked to comment on the administrative infrastructures of existing waiver programs and describe the administrative structure that would best deliver coordinated LTC services in their regional area.

Response Summary: The following responses were received:

- Local government respondents stated a preference to maintain a county based approach to administering the waiver, indicating that county based agencies have a greater understanding of community resources, are closer to the consumer and are better able to monitor the delivery of service. The LTHHCP was cited as an example of a successful program operated at the local level.

- Providers, associations and advocates expressed the desire to have the waiver administered through regional entities staffed by either government employees and/or independent contractors. Justifications for regional structure included efficiencies gained by having fewer offices from which to oversee the program, and increased consumer focus by having distance from the payor source. The TBI Regional Resource Development Centers were often cited as a strong model for this approach.

- Forty percent of responders recommended a team approach to service plan review and approval, with all those participating in the development of the care plan.

Cost Neutrality

RFI: Stakeholders were asked to recommend methods for achieving cost neutrality in a restructured LTC system.

Response: When asked about managing cost neutrality, stakeholders generally focused on reimbursement methodologies for capping costs. Responses identifying preferred approaches were equally divided among:

- Individual caps (CAH and LTHHCP) were cited as promoting self-direction and easier to case manage, but it was also noted that they may cause unnecessary utilization if the cap is viewed as a goal rather than a limit.

- Aggregate caps (TBI and NHTD) were cited as protective of individuals with higher levels of need, and easier to manage and oversee. Government respondents indicated aggregate caps can discourage providers from accepting patients with higher needs and be difficult to administer when expenditures start to approach the maximum.

- Service or eligibility bands that group individuals with similar characteristics and ascribe cost caps.

    - Respondents favoring service or eligibility banding (with certain flexibilities), viewed it as a fair, albeit complex, method. Government respondents suggested banding by geographic region as well as by individual assessment. A service provider suggested an amended LTHHCP model that would

increase the number of capped banded levels of care from two to four to better align program services with consumer needs.

  - As an extension to the banding reimbursement option, respondents commented on the need for a single assessment tool as the cornerstone for fair banding or reimbursement methodology. Consumers and advocates favored functional needs based assessments for community-based care that would not include a medical component. Government respondents favored assessments that include both functional and medical evaluations. Adopting a single assessment tool had also been a strong theme in regard to reimbursement reforms in the collaboration sessions as well for its impact on positive case management and care coordination, and elimination of the need to complete a new assessment for each setting or program.

- Use of the Medicare Prospective Payment Home Care System and utilization groups were suggested by several local government agencies as potential ways to preserve cost neutrality in a reformed LTC system.

- Other suggestions to manage cost neutrality included incentives for inclusion of preventive care services in health plans, local agency collaborations (single point of entry) for administrative and workforce efficiencies, tax incentives for informal caregivers, and regulatory and licensure reforms.

- Seventeen percent responded that they did not know how cost neutrality should be managed.

Implementation

RFI: Respondents were asked to provide suggestions for a smooth transition during future system change and what services may be needed to support consumers in a restructured system.

Response: Nearly all those responding to this category expressed the desire for the process to take a planned and collaborative approach in order to avoid service disruption. Many supported the State's effort to continue communication and opportunities for feedback with the public. In addition:

- Nearly half of responders to this category advocated a phased or piloted approach to mediate any service disruptions that may occur as a consequence of change to the LTC system and allow for ongoing evaluation and the continuous improvement over the implementation period.

- Comments concerning transitioning to a new waiver or other consolidated service delivery approach reflected responders concern about the difficulty of transitioning all current consumers at once. Many responders recommended bringing in new consumers as they are approved to participate and transitioning existing

consumers at the time of recertification to preserve a seamless continuum and quality of patient care.

- Further considerations included the need to have related regulatory amendments, and administrative staff and provider training in place before system changes are implemented. Responders also mentioned that the IT platform should be operational from the outset to support any system change.

Closing Comments:

The findings of the 2006 RFI and Long Term Care Restructuring collaboration sessions are part of larger, ongoing efforts between DOH, NYSOFA and other State agencies, elected officials, and consumer, advocacy and provider representatives to rebalance the LTC system and improve access to services for all New Yorkers.

Examples of such efforts are: development of NYConnects, a locally based point of entry system that will provide access to information and services; the NHTD waiver program, intended to enhance opportunities for individuals to receive needed services in their home or community who would otherwise be cared for in a nursing facility; and implementation of the Money Follows the Person Demonstration, which will provide investment funding for the rebalancing of community-based services.

The concerns expressed over using an 1115 comprehensive waiver as the prime mechanism for system reform must be addressed. Therefore, the Department of Health will continue to collaborate with the stakeholder network at large, the Long Term Care Advisory Council, and Restructuring workgroups to conduct the necessary dialogue aimed at identifying and developing alternative approaches to the delivery of long term care services in New York State.

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[i] In Olmstead v. L.C., 527 U.S. 581 (1999), the United States Supreme Court held that unjustified institutionalization of persons with disabilities violates the Americans with Disabilities Act, and further held that states are required to provide community based treatment for persons with mental disabilities when the state's treatment professionals determine that such placement is appropriate, the affected persons do not oppose such treatment, and the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with similar disabilities.

[ii] Previous efforts to solicit stakeholder input to the planning process, including the Most Integrated Setting Coordinating Council (MISCC or Council), DOH and Office for the Aging (NYSOFA) statewide "listening sessions" held in 2002 and 2004 respectively, and other RFI's conducted by NYSOFA regarding the point of entry program, NYConnects, in 2004, and DOH regarding the Nursing Home Transition and Diversion Medicaid waiver (NHTD) in 2005.

[iii] The RFI and other information related to rebalancing the LTC system can be found on the DOH website at: http://www.health.state.ny.us (Click Long Term Care tab).

[iv] The Council was named and is comprised of the Executive Directors and members of organizations representing consumers, providers, professional organizations, and government. The function of the Council is to review restructuring proposals, suggest new approaches/models, provide research and data, and serve as a liaison to their memberships. A list of members can be found at the above DOH web address.

[v] Workgroups will address targeted long term care issues, such as workforce development, Managed Long Term Care, local government issues, implementation, provider concerns, consumer concerns, technology and fiscal issues.

[vi] *SPSS Text Analysis for Surveys v. 1.5* was used to analyze RFI responses. Key words from responses are extracted and sorted using algorithms based on linguistics and frequencies of words/phrases. The extracted words are then grouped based on identified *key terms* and each response is assigned a category/ies based on the key terms or words it contains. The responses to each RFI question were ranked in descending order based on the frequency of response. This analysis, supplemented by a manual review, quantified the responses for study and reporting.

[vii] HOME is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act, and provides formula grants to States and localities that communities use-often in partnership with local nonprofit groups-to fund a wide range of activities that build, buy, and/or rehabilitate affordable housing for rent or homeownership or provide driect rental assistance to low-income people.

[viii] For example, currently, a Certified Nurses Aide (CNA) can now only work in institutions and may not be hired to work in the community until they complete a Certified Home Health Aide training course.

Attachment 1

2006 Long Term Care Restructuring RFI Responders

Advocacy Groups (21 Responses)

Access to Independence and Mobility Independent Living Center
Alzheimer's Association-NENY
ARISE, Inc. (2 Responses)
Center for Disability Rights
Center for Independence of the Disabled, New York
Finger Lakes Independence Center
Friends and Relatives of Institutionalized Aged Inc. (FRIA)
Hands On! The Hudson Valley
Headway of Western NY Inc. or Headway for Brain Injured Inc.
Independent Living, Inc.
Kingston Resource Center for Accessible Living, INC
Long Island Health Access Monitoring Project
National Alliance on Mental Illness
National Alliance on Mental Illness, Westchester
New York Association on Independent Living
New York State Alliance for Retired Americans
Paraprofessional Healthcare Institute
Project DOCC - Delivery of Chronic Care
Northern Regional Center for Independent Living
United Hospital Fund
Western New York Independent Living Project

Local Government (65 Responses)

Albany County LDSS (On behalf of: LDSS, Departments of Aging, Health and Mental Health and Residential Care Facilities)
Allegany County Department of Health (DOH)
Allegany County Department of Social Services (LDSS)
Broome County (On behalf of LDSS, CASA, Office for the Aging)
Cattaraugus County Department of Aging
Cattaraugus County Department of Aging
Cayuga County Department of Health and Human Services, Long Term Care Access Office
Cayuga County Department of Aging
Chemeng County Department of Aging and Long Term Care
Clinton County LDSS
Clinton County Health Department
Clinton County Office for the Aging (OFA)
Columbia County Department of Health
Cortland County LDSS
Delaware County LDSS – Office of Long Term Care
Erie County Department of Senior Services (2 Responses)
Essex County Coordinated Care Unit
Essex County Public Health
Franklin County Public Health Services

Franklyn County LDSS
Genesee County LDSS
Hamilton County Public Health Nursing Service
Herkimer County
Jefferson County Department of Aging
Jefferson County Public Health Service
Livingston County Center for Nursing and Rehabilitation
Livingston County Department of Aging
Madison County DOH
Montgomery County LDSS
Montgomery County Public Health
Nassau County Department of Senior Citizen Affairs
Niagara County Health Department (2 Responses: Director of Patient Services and RN)
Niagara County Department of Aging/LDSS
New York City Human Resources Administration/LDSS
Oneida County DOH
Oneida Nation Health Department
Onondaga County Department of Long Term Care Services
Ontario County Home Care Agency
Ontario County Department of Aging
Orange County LDSS
Oswego County LDSS
Otsego County DOH
Otsego County OFA
Rensselaer County LDSS
Rockland County of Office of Health & Human Services Policy (On behalf of: DOH, Department of Hospitals, Department of Mental Health, LDSS, and OFA)
Schuyler County OFA
Saint Lawrence County OFA
Saint Lawrence County Public Health Department
Steuben County OFA
Suffolk County Department of Health Services
Suffolk County LDSS
Tompkins County LDSS
Tompkins County Health Department
Tompkins County OFA
Ulster County LDSS
Warren County LDSS
Warren County Health Services (2 Responses)
Warren/Hamilton Counties OFA
Washington County Public Health
Wayne County Department of Aging and Youth
Wayne County Public Health
Westchester County Departments of Social Services and Senior Programs and Services
Yates County LDSS

New York State Government (8 Responses)

Commission on Health Care Facilities in 21st Century
NYS Commission on Quality of Care and Advocacy
NYS Department of Health, Office of Medicaid Management–Division of Program Guidance (Community Nursing Services Consultant), Office of Public Affairs, and Division of Home and Community Based Care (3 Responses)
NYS Developmental Disabilities Planning Council
NYS Office of Children and Family Services–Commission for the Blind and Visually Handicapped Program
NYS Office of Mental Retardation and Developmental Disabilities

Professional or Provider Associations (12 Responses)

Council of Senior Centers and Services
Empire State Association of Assisted Living
Home Care Association of NYS
Hospice and Palliative Care Association of NYS
Medina Memorial Hospital, LTHHCP
NYS Association of Health Care Providers, Inc.
NYS Health Facilities Association (NYSHFA)
NurseCore
NYS CASA Association/CCDSS
Park Terrace Care Center (Traumatic Brain Injury Waiver Regional Resource Development Center)
Project Home
The New York Association for Homes and Services for the Aging (NYAHSA)

Service Providers (87 Responses)

Association for Vision Rehabilitation and Employment, Inc. (A.V.R.E.)
At Home Care, Inc.
A & T HealthCare, LLC–Home Health Care, Case Management Resource Group
Barton's Adult Home
Brain Injury Counseling Resources
Bristol Village
Catskill Regional Medical Center
Cerebral Palsy of the North Country (2 Responses)
Changing Places, Limited Liability Corporation (RN response)
Chemung County Nursing Facility (2 Responses)
Center for Nursing and Rehabilitation (CNR) Healthcare Network
CNR Long Term Home Health Care Program
Community Programs Center of Long Island
Consulting Dietician
Coordinated Care Management Corporation
Family and Children's Service Home Care Program
Finger Lakes Health
Flower City Health Care Services
Flushing Manor LTHHCP
Fort Hudson Health System
Good Samaritan LTHHCP
Guild Home for Aged Blind
Hamaspik Services of Rockland County, Inc.

Headway of Western New York
Healthcare Associate
Healthcare Association of New York State (HANYS)
Home First
Indian River Rehab & Health Care
Individual Geriatric Care Manager (Self-Employed)
Ira Davenport Memorial Skilled Nursing Facility (SNF)
Isabella Long Term Home Health
Jewish Home and Hospital Lifecare System
Lifespan
Little Sisters of the Assumption Family health Service
Livingston County Home Health Agency
Lutheran Home and Rehabilitation Center
Madison County Office for the Aging, Inc
Martin and Katherine Luther Skilled Nursing Facility
Maximus, Inc.
Mercy Haven
Metropolitan Council on Jewish Poverty
Metropolitan Jewish Health System
Montefiore Medical Center Home Health Agency
Mount View Health facility
Mountainside Residential Care Center
New York County Health Services Review Organization
North Country Center for Independence
North Country Home Services
Northeast Center for Special Care
NurseCore
Ontario County Health Facility
Our Lady of Consolation
Parker Jewish Institute
Pathways, Inc.
Personal Touch Home Care
Project OHR, Inc.
Resource Center for Accessible Living
RegionCare Nursing
River Hospital
South Nassau Communities Hospital
Saint Francis Hospital Certified Home Health Services
Saratoga Care Nursing Home
Schofield Residence
Schuyler Ridge
Senior Network Health
Sibley Nursing Personnel Service, Inc.
Sick Kids (Need) Involved People, Inc. (S.K.I.P. of New York)
Southern Adirondack Independent Living Center
Southern Tier Independence Center
Saint Camillus Health and Rehabilitation Center
Saint Josephs Hospital Nursing Home
Saint Josephs Medical Center, Long Term Home Health Care Program
Saint Mary's Healthcare System for Children

Saint Joseph's Hospital SNF
The Long Island Home
The Waters of Orchard Park
Unity Health System (2 Responses)
Village Care of New York
Village Center for Care
Visiting Nurse Association of Long Island
Visiting Nurse Association of Staten Island
Visiting Nurse Regional Health Care System
Visiting Nurse Service of New York
Wayne Health (dba DeMay Living Center)
Winthrop University Hospital LTHHCP
YAI Home Health Services

Other (17 Responses)
Private Individual Response
Anonymous (16 Responses)