

# DOH/Long Term Care Perspective

15<sup>th</sup> Annual Elder Law Forum  
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Office of Long Term Care  
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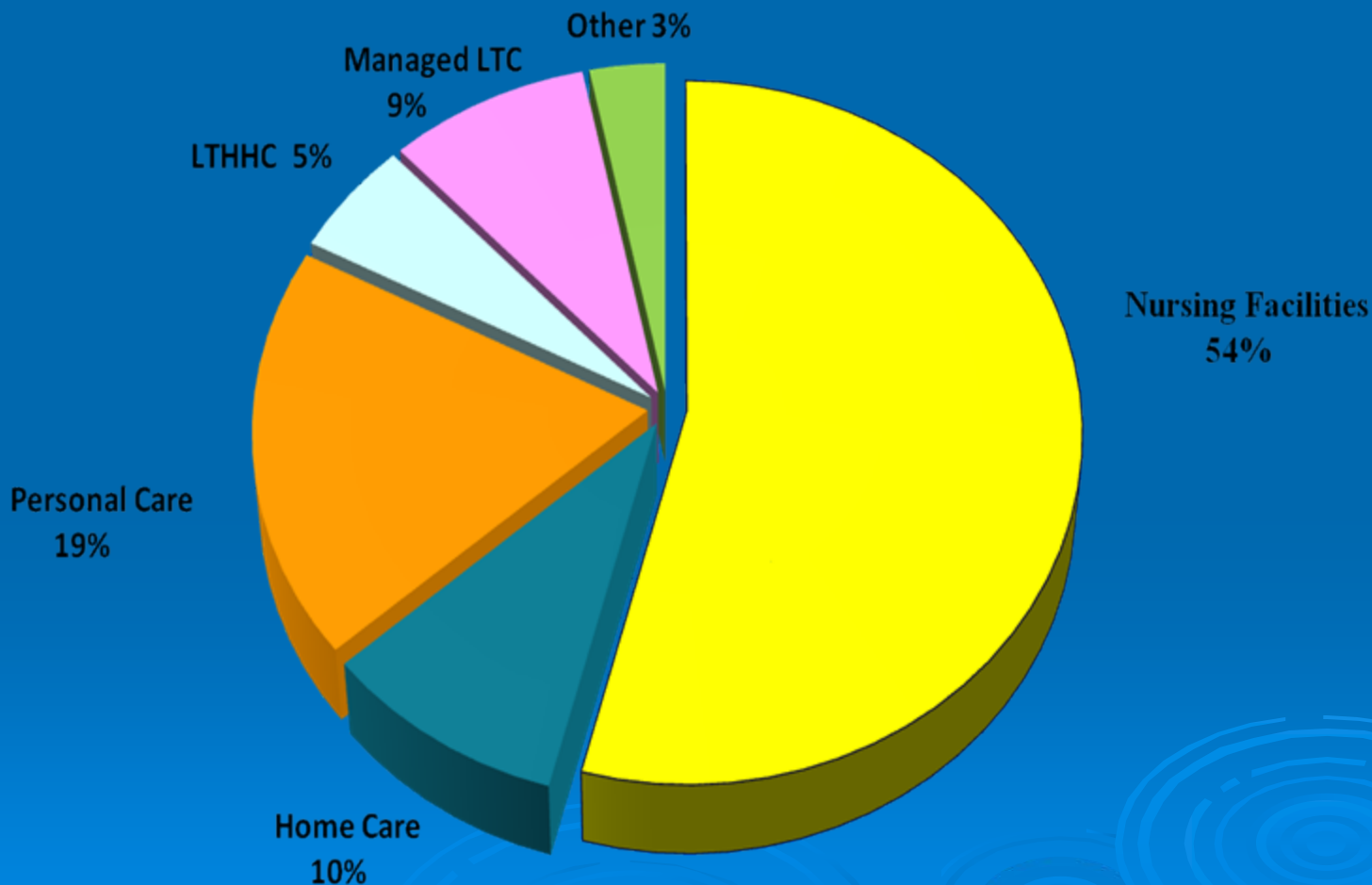
# Long Term Care in NYS

- Complicated
- Comprehensive
- Programs overlap
- Reliant on informal care network

# NYS Medicaid Spending

- NYS spends more than any other state per capita on Medicaid (\$2,360) and twice the national average (\$1,077).
- Medicaid spending will still reach \$51.5 billion, a 1.8% increase over 2009, if all Executive Budget proposals are enacted.

# 28% of Medicaid Spending (\$12.3B) is on Long Term Care Services



Data Source: NYS DOH/ OHIP Datamart (CY 2008)

# Medicaid Spending has Increased for Nursing Home, CHHA and Personal Care Services while the Number of Recipients Served has Decreased

(\$ in Millions)	\$ Change in Spending 2003 to 2008	% Change in Spending 2003 to 2008	Change in # of Recipients 2003 to 2008	%Change in # of Recipients 2003 to 2008
Nursing Homes	\$715.1	12.0%	-7,780	-5.6%
CHHAs	\$414.1	54.5%	-11,130	-12.0%
Personal Care	\$503.3	27.6%	-7,023	-8.3%
CDPAP	\$147.1	99.4%	3,433	24.2%
MLTC	\$634.0	142.7%	17,674	143.8%

# Principles for Reform

- Recognizing the importance of informal caregivers;
- Promoting consumer choice and independence;
- Ensuring that individuals receive care in the most appropriate setting to meet their needs while allowing for the greatest amount of autonomy possible;
- Promoting home and community-based options;

# Principles for Reform (cont'd)

- Rightsizing the “system” of long term care to reduce costs and ensure quality care;
- Improving the quality of life of individuals receiving long term care in residential facilities and community settings; and
- Improving surveillance efforts.

# Reforms in Process

- Uniform Assessment Tool (UAT)
- Rightsizing efforts (HEAL NY, ALPs, ALRs)
- Expanding home and community based options (NHTD, TBI, MFP...)
- Promoting quality of life in community-based and residential settings
- Improving safety and surveillance (Home Care Registry, QIS...)



# LTC Executive Cost-Saving Proposals

- Nursing home and home care budget actions
- Personal care utilization management

# Manage Personal Care Utilization

- Persons receiving PCSP will be eligible for up to an average of 12 hours/day over the course of their authorization period.
- Persons requiring services in excess of the 12 hours/day average are eligible to move into certain waiver programs.
- Affected persons can move to programs such as: Managed Long Term Care (MLTC), CDPAP, the Nursing Home Transition and Diversion Waiver (NHTD), and the Long Term Home Health Care Program (LTHHCP).
- State will pick up expenditures that fall outside the aggregate cap limitation for the NHTD waiver.
- This proposal will take effect for assessments and reassessments occurring on or after July 1, 2010.

# Why manage personal care utilization?

- NYS spends significantly more, per recipient, than any other state on personal care services, spending more than \$2.3 billion/year on PCSP services to approximately 82,000 individuals.
- All other states with a PCSP limit program expenditures by capping allowable hours, establishing more restrictive eligibility criteria, or providing the services only within a cost-neutral waiver program.
- A limit on the number of hours/month of PCSP services will result in individuals with significant care needs utilizing alternative service delivery models that provide care management.

# Long Term Care Initiatives

- County Long Term Care Financing Demonstration Program supports up to 5 counties to shift county nursing homes to alternative settings.
- Long Term Care Financing Demonstration Program allows Medicaid eligibility for up to 5,000 persons under certain conditions.
- Nursing Home Rightsizing Demonstration Program expands to additional 2,500 beds.

# County Long Term Care Demonstration Program

Establish up to 5 demonstrations in counties that operate nursing homes to transform capacity into investments in other long term care services.

- Recognizes ongoing difficulties of county nursing homes.
- Allows innovation in addressing hard to serve populations.
- Creates incentive to increase access and support for community based settings.

# Long Term Care Financing Demonstration

Provide Medicaid Extended Coverage (MEC) to individuals choosing to finance part of their care.

- Allows the state to work with individuals to make private contributions for their own long term care costs.
- Allows the testing of another avenue to finance long term care.
- Limits the demonstration to 5,000 persons.
- Requires approval by the federal government.

# Expand Nursing Home Rightsizing Demonstration Program

Increase the cap on the NH rightsizing demonstration from 2,500 beds to 5,000 beds.

- Rightsizing demonstration allows nursing homes to convert beds to long term home health care slots, adult day care slots, and/or assisted living program slots.
- Complements Assisted Living expansion.

# Other Long Term Care Initiatives

- Undertake reimbursement study of Assisted Living Program (ALP) based on resident data generated from a uniform assessment tool (UAT).
- Extend the Transitional Care Unit (TCU) demonstration by five years and increase the number of sites by five.
- Replace EnABLE and QUIP with a new ACF quality initiative.
- Seek federal approval for establishment of a Federal – State Medicare Shared Savings Partnership.



# 2010-2011 NYS Budget

