

**FOR RELEASE:  
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## **Final Report Released from the Long Term Care Workshop: “Creating Solutions for New York State”**

The Office of the University Dean for Health and Human Services at The City University of New York (CUNY) engaged the services of the Vanderbilt Center for Better Health to assist in the research, facilitation, and reporting for the Long Term Care Workshop: “Creating Solutions for New York State.” The process involved approximately 100 providers, academics, policy experts, government officials, and advocates who gathered during a three-day workshop held at Baruch College in New York City in August 2008 to devise workable solutions to the challenges facing New York State’s long term care system. The workshop was organized under the leadership of Monsignor Charles Fahey, who served as its chair.

The policy areas discussed during the workshop were framed by the current fiscal realities and aging demographics in New York State. Policy discussions were directed at devising action and reform for the outlying issues that burden not only consumers and providers, but also the state, federal, and local governments.

Among the findings and policy options are the following:

- The State could use its regulatory and licensing authority to advance integrated models for care delivery and coordination. These models could focus on enrolling geriatric dual eligible beneficiaries requiring long term care and could be the building blocks of the New York State dual eligible program.
- The State could examine benefits accrued by consolidating New York State Department of Health (DOH) long term care programs. For example, consideration could be given to the consolidation, or more purposeful differentiation, of the Medicaid Personal Care Program (PCP), the Long Term Home Health Care Program (LTHHCP), and the managed Long Term Care Program (MLTCP). The introduction of risk sharing opportunities and risk-adjusted reimbursement could be considered as a means of encouraging traditional provider organizations to assume responsibilities for risk management.
- The State could, over time, develop a comprehensive universal assessment instrument that adequately reflects the needs of the frail elderly. This instrument could serve as the basis for care planning and target specific needs. Families and other concerned parties could be participants in these assessments and plans.

- The existing legal structure for the authorization, regulation, and funding of home care services in New York could be reevaluated and more effectively organized. Certified Home Health Agencies (CHHAs) and Licensed Home Care Service Agencies (LHCSAs) could be consolidated over time to simplify care delivery and financing.
- Through regulation and financing, the State DOH could incentivize a resident-centric model of nursing home operations. The State could also explore bed licensure and reimbursement flexibility to allow for aging in place, when it is appropriate and economical. For example, “swing beds” between assisted living programs (ALPs) and residential health care facilities (RHCFs) could enable providers to more easily adapt to changing community needs.
- Community health care workers could be given greater opportunities to advance their careers, to obtain health care coverage for their families, and to obtain wages commensurate with their skills.
- The State could continue its efforts to create an interoperable health care information infrastructure to better support the special needs of the frail elderly. The State could continue its policy efforts to assure that information can be made available to those who are entitled to receive such information and who are involved in patient care in a manner that does not violate the consent or privacy of a willing individual.
- The State could consider new innovative models that increase access to appropriate services. For example, the State could examine a model that includes a universal care assessment, the wide spread use of health IT, and the integration of funding streams.
- Reform should aim to ensure that consumers have a choice in the type of care they receive and who cares for them.

The policy options included in the final report are offered in the spirit of cooperation and collaboration as the State government works to improve long term care services in New York State by providing consumers with better quality and more affordable care while laying the groundwork for future reforms. This report was authored by the workshop sponsor team under the leadership of Msgr. Charles Fahey, Chairman. We particularly want to thank Dr. Mark Frisse, Will Rice, Sarah Stewart, and the Vanderbilt Center for Better Health for their contributions.