



New York State Association of
Health Care Providers, Inc.

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Representing home care and related services since 1974.

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TESTIMONY OF THE NEW YORK STATE ASSOCIATION OF HEALTH CARE PROVIDERS, INC.

PRESENTED BEFORE THE ASSEMBLY STANDING

COMMITTEE ON AGING ,

THE HONORABLE STEVEN ENGLEBRIGHT, CHAIR

DECEMBER 8, 2005

NEW YORK, NEW YORK

Good morning, I am Annette Horvath, CEO of Excellent Home Care Services in Brooklyn and HCP Board member. I am here today to present testimony on behalf of the New York State Association of Health Care Providers, Inc. (HCP).

HCP is a statewide trade association representing home and community-based providers through advocacy, information and education. HCP represents approximately 500 offices of Licensed Home Care Services Agencies (LHCSAs), Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCPs), Hospices and related health organizations. Through a strong network of regional chapters and an active State office in Albany, HCP is a primary authority on the health care industry.

The demographics of New York have and will continue to indicate an upwardly aging population. The State has taken steps to address the needs of an expanding elderly community and has implemented and supported several long term care models. At the same time, New Yorkers are less interested in institutional settings for long term care and their dependence on informal caregivers has increased. While this reliance on informal caregivers has grown, appropriate relief and support for these individuals is often overlooked. Home care agencies, however, can and often times do provide that relief.

Although family members often serve as informal caregivers, most do not have the training or experience of the individuals employed by licensed and certified home care agencies. Allowing untrained family members to receive Medicaid reimbursement for providing care to a family member

undermines the concept of a trained, skilled health care workforce and is ripe for fraud and abuse.

HCP is a strong advocate for appropriate caregiver support and relief. In fact, the services provided by home care agencies are often supplemented by a relative or friend and sometimes it is the home care agency staff that provides relief for the caregiver. Providing round-the-clock care to an elderly or ill individual can be both physically and emotionally taxing and the informal caregiver ultimately needs care, too.

HCP fully supports family caregiver contributions because without their help, most individuals would not be able to remain at home. HCP, however, believes that health care services being reimbursed by the government should be provided by licensed, regulated caregivers who have the knowledge and skills to ensure quality care and patient safety. Family members often have no health care training and may not be able to provide appropriate, safe care. Furthermore, with no oversight mechanism in place, government may pay for inadequate, substandard care, thus exposing already vulnerable Medicaid resources to a new form of fraud.

Managing a career, a family, and the care needs of an aging, live-in parent can be exhausting for one individual. A home care agency can provide the services needed while allowing the parent to remain in the security, comfort and familiarity of home. When an aging family member who needs personal assistance with activities of daily living moves in with a married child who has a family of their own, it is the home care agency that can provide the assistance to make the living arrangement workable. This ideal arrangement allows the parent to remain in the home with the child and enables the entire family to maintain their normal routine.

Home care agencies are there to provide a range of services: from assisting seniors with the normal activities of daily living—assistance which allows them to remain in their homes, to providing post-partum nursing visits to new mothers after being discharged from the hospital only hours after childbirth, to providing the care and support services and supervision necessary to allow the chronically ill and disabled to remain at home.

Consumer Directed Personal Assistance Program

The Consumer Directed Personal Assistance Program (CDPAP) is a program that was designed to accommodate the needs of a disabled population who chose to remain in the community. The popular Program is also utilized by aging individuals who want to remain at home, but require some assistance.

The CDPAP has been growing exponentially in recent years, from a modest program that assisted the self-directed disabled population to a large Medicaid home care program. In fact, the CDPAP has become the largest provider of Medicaid personal care services in some counties and is the fastest growing in others. A program that had savings attributed to its expansion, however, may well be costing the State more than anticipated.

At the time of its establishment, HCP was very supportive of the original intent of the Consumer Directed Personal Assistance Program (CDPAP), acknowledging the importance of care options for the self-directed disabled population. Unfortunately, HCP now has a growing concern that the original purpose and intent of the Program has been compromised.

While the purpose and intent of the CDPAP is clear, administration of the Program has raised several “red flags.” Specifically, HCP and providers alike have concerns relative to the appropriate placement of patients in the program; the appropriate oversight of the program to

ensure the health and safety of the worker and the client; and providing fiscal oversight both of individual patients and the overall program. In order to ensure that patient safety and quality of care continue, HCP urges the Legislature to address the following concerns and recommendations before even considering expansion of the program.

Placement

Administration of CDPAP varies from county to county. Inconsistencies in program administration have generated concern regarding the placement of certain individuals in the Program. HCP providers have raised concerns that all types of home care patients are being placed in CDPAP. Providers have noticed a rise in the number of clients placed in the Program who were either deemed unmanageable by a home care agency due to behavioral issues or were placed in CDPAP because the county was unable to obtain the adequate hours of service from a home care agency due to workforce shortages. Further, some patients were placed in the CDPAP even though a home care agency deemed them inappropriate for community-based care because of their complex care needs.

The rapid growth in the program further suggests that some individuals now participating in the Program may be placed there inappropriately. Another factor contributing to the unsuitable placement of patients in the CDPAP is the inconsistency in county assessments. The assessment criteria seem to vary among counties and there is concern that some of the patients who are placed in the program may be self-directed but unable to actually direct their own care because of physical or psychological limitations. It is therefore difficult to ensure that workers receive adequate training to provide the appropriate and necessary services to a patient.

Under the CDPAP, the patient (or a reliable and appropriate proxy) is responsible for the hiring, training and supervision of workers and must be prepared and appropriately trained to handle these responsibilities and oversee all aspects of the delivery of their care, including back-up care. Some of these patients and/or their families are simply not prepared to handle this responsibility. This is especially true for elderly patients with varying degrees of dementia.

If CDPAP participants are self directed and able to participate in their care planning, instruction, and worker supervision, the Program is working and many of the quality of care and patient safety concerns are negligible. If, however, clients are unable to participate in such an active manner, there is a greater risk to the health and safety of both the client and worker.

Increasingly, CDPAP clients are using the Program to obtain skilled services in addition to the paraprofessional services that are routinely provided. When the original intent of the program is being followed, it is appropriate for the client's workers to do what needs to be done, whether the tasks amount to unskilled or skilled care. Unfortunately, given the current environment, many of the CDPAP clients are unable to direct their care. When the care becomes too complex to manage without the assistance of sufficiently trained professionals, the health and safety of both the client and worker are compromised.

Oversight

Appropriate oversight and compliance activities are a growing concern under the consumer-directed programs. Home care agencies are licensed or certified by New York State. Both agency structures are under the stringent oversight of the New York State Department of Health and are held to high standards. Home care agencies comply with a myriad of regulatory requirements that, among other things, ensure the health and safety of patients and workers, including providing initial and ongoing worker training, health screenings, and worker immunizations. In

addition, home care agencies maintain quality improvement committees, implement a consumer complaint process, and are surveyed and audited for operational and fiscal compliance. The CDPAP Program, however, is not subject to the same level of scrutiny or oversight.

There is a role for consumer-directed care programs within the health care continuum in New York State (NYS) and HCP supports the availability of these programs for the appropriate patients. Most family members, however, do not have the level of health care training required of employees of home care agencies. As a result, the quality of care and the safety of both the patient and caregiver alike may be jeopardized. HCP recommends evaluating the current CDPAP and determining its strengths and weaknesses, then taking steps to address the weaknesses and building on its strengths before expanding the program. While there is a role for the consumer-directed care model, it cannot be regarded as a substitute for other service providers nor can it respond to the complex care needs of all individuals.

In addition, HCP remains concerned that there are numerous pitfalls for patients of self-managed care that may not be realized when entering these programs, such as how to provide the back-up coverage of services if a worker does not show up, quits, will not work on holidays, or is unable to work for other reasons; where to file complaints; how to address household disputes if a family member is chosen as the caregiver; how to ensure the health of the worker entering the home; and how to appropriately train the workers.

Conclusion

Home care agencies have been providing caregiver and respite support services for decades and have become experts in providing unparalleled quality health care services in the home setting. Although the CDPAP is an appropriate and creative solution to workforce shortage issues for someone who is otherwise a strong candidate for the Program, it is not appropriate for all home care clients. Providing public reimbursement for family and informal caregivers creates an unfair playing field for the trained professionals and paraprofessionals who have honed their skills in caring for patients with myriad nursing, rehabilitative and personal care needs. While there are clearly home care clients in NYS who may benefit from placement in the CDPAP, it should not become a complete replacement for traditional Medicaid home care programs.

Identifying additional solutions to meet the growing need for long-term health care services must continue to remain a priority for policymakers. As the State looks for these solutions to address long-term care needs for the elderly and disabled, HCP strongly encourages an emphasis on the use of home and community-based services and asks legislators to recognize home care agencies as an irreplaceable provider of those services.