



November 23, 2011

Hon. Nirav Shah, MD, Commissioner
NYS Department of Health
Corning Tower, 14th Floor - Empire State Plaza
Albany, New York 12237

Dear Commissioner Shah:

As the state associations representing the continuum of long term care services, we write jointly to request the immediate revision of the Care Coordination Model (CCM) guidelines as posted to the Department of Health (DOH) website on November 15. We are also joined in this request by many other organizations, including the New York State Catholic Conference and the UJA-Federation of New York.

Expeditious revisions to the criteria are of utmost importance as providers continue to be under extreme pressure to attempt to plan, budget and take action in an already harsh timeline to implement the MRT reforms.

We object to the content of these posted guidelines and ask your personal involvement to secure the necessary modifications. As presented, the guidelines provide only for a singular, managed care/insurance model of CCM, in effect replicating MLTC, rather than for the flexibility and inclusion of provider-based models. Model flexibility and, specifically the inclusion of provider-based CCMs, were raised in the MRT discussions and principles, were the intent of the Legislature and were urged by our collective associations, and individual providers statewide throughout the months of discussion, including in the MRT vote itself.

Such narrowing of the guidelines in the final document runs contrary to discussions of the MRT workgroup and the full MRT, the principles adopted by the MRT and the intent of the Legislature as reinforced in letters to DOH by key members of both the Senate and Assembly. It further disregards months-long input and proactive efforts by all of our respective associations with regard to parameters for CCMs.

Enclosed for your reference are copies of the collective correspondence, including letters of legislative intent filed by members of the Legislature. In addition, our meetings with the Legislature, including key negotiators of the 2011 State budget provisions, affirm the Legislature's intent that alternate CCM program options be included alongside the managed care/insurance model for mandatory long term care enrollees, including, and specifically, the Long Term Home Health Care Program (LTHHCP).

The CCM principles were advanced by the full MRT on November 1 with a negotiated preamble specifically articulating the intent to allow "flexibility in model design." This intent/need for inclusiveness of provider-based models was additionally affirmed by Assemblyman Gottfried and other MRT members in the discussion surrounding the MRT vote. The general principles, however, were then translated into the detailed, now-posted set of CCM criteria, written to define CCM models with no flexibility whatsoever in payment or structure.

The statute enacted with the State budget required "the Commissioner to seek input from representatives of home and community based long term care services providers...to develop guidelines for (such) care coordination models." The statute refers specifically to the *guidelines* to be posted by DOH, not

preliminary CCM principles. Despite requests, there was no open channel for (we) the representatives of home and community based long term care services providers in the development of these guidelines, which took general principles and created a restrictive model and pathway for CCM.

Notwithstanding the flexible language of the underlying statute with regard to CCM designation and criteria, and the "flexibility intentions" of the MRT and the adopted CCM principles, the CCM guidelines impose a one-way method of CCM financing (monthly capitation), financial feasibility (with reserves and capital requirements conforming to the business of insurance), CCM designation (predicated upon the requirement to apply for article 44 certification – managed care/insurance), and other insurance-model provisions.

In addition, rather than providing a method whereby existing long-standing and successful care coordination programs, like the LTHHCP, would be guided or modified to meet any new standards in an accommodating fashion, the guidelines establish obstacles and anticipated timetables for these programs which defy their realistic participation as CCMs.

It is nonsensical to disenroll and disrupt (as the guidelines would do) the care of some 30,000 LTHHCP enrollees who are receiving exemplary and cost-effective care coordination through this program, which already substantially operates in furtherance of the State's new policy goals. If it is believed that the LTHHCP or other similar consumer options need revision for further alignment with the new policies, we stand ready and willing to work diligently and quickly with the Administration, Legislature and LTHHCP community to achieve these changes. Indeed, we have been appealing to the Department since April to work with us to reach agreement on any such changes, and since June have sought to facilitate discussions and agreement with the Administration on Assemblyman Gottfried's and Senator Hannon's legislation (A.8522/S.5853) to accomplish this goal for the LTHHCP. Variations on the legislation have also been offered to DOH.

We respectfully request the immediate revision of the posted CCM principles in order to incorporate the requisite flexibility for provider-risk based payment and service structures for provider-based CCM options for consumers, including the LTHHCP. We ask to meet with you within the next week to discuss and set forth this process for achieving these modifications. Time is of the essence.

We look forward to your reply and to working with you on an effective approach for the State, the providers and the citizens we serve.

Sincerely,



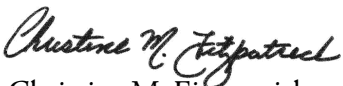
Joanne Cunningham
President, HCA



Christine Johnston
President, HCP



Daniel Heim
Executive Vice President
LeadingAge New York



Christine M. Fitzpatrick
Executive Director
Adult Day Health Care Council

Enclosure

cc: Hon. Andrew M. Cuomo, Governor
Hon. Dean Skelos, Senate Majority Leader
Hon. Sheldon Silver, Assembly Speaker
Hon. Richard Gottfried, Chair, Assembly Health Committee
Hon. Kemp Hannon, Chair, Senate Health Committee
Hon. David Valesky, Chair, Senate Aging Committee
Hon. Joan Millman, Chair, Assembly Aging Committee
Hon. Catharine Young, Chair, Legislative Commission on Rural Resources
Hon. Aileen Gunther, Vice-Chair, Legislative Commission on Rural Resources
Hon. Martin Golden, State Senator
James Introne, Deputy Secretary for Health
Jason Helgeson, Deputy Commissioner, Office of Health Insurance Programs
Mark Kissinger, Director, Division of Long Term Care
Edie Mesick, State Government Relations Executive, UJA Federation-New York
Janna Heyman, PhD, President, Society on Aging of New York
Richard Barnes, Executive Director, New York State Catholic Conference