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October 11, 2011

Mr. James Introne, Deputy Secretary for Health
Executive Chamber
State Capitol – 2nd Floor
Albany, New York 12224

Dear Mr. *Introne*,

As Chairman of the Senate Aging Committee, I am writing about an important matter to New York's aging community.

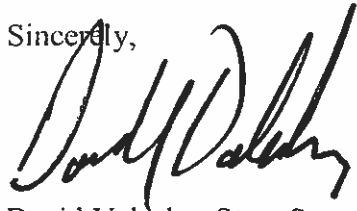
In this year's enacted budget, the Legislature expressly included the directive that programs in addition to managed long term care plans (MLTCs) be available as options for consumers, providers and communities under the state's new managed care/care coordination paradigm for long-term care. The Legislature specifically included the Long Term Home Health Programs (LTHHCs) as a care coordination program option for seniors and communities within this policy, alongside MLTC and other models that would meet care coordination guidelines specified by the State Commissioner of Health.

I am aware that the Department and a workgroup of the Medicaid Redesign Team (MRT) have been drafting and discussing the language for the care coordination guidelines. Members of the health care community have brought to my attention their concerns that the Department and the MRT are on the verge of adopting care coordination guidelines that will restrict the models for patients in need of long term home care under Medicaid to insurance-based models or to criteria that could exclude LTHHCs and other community and consumer-centric models.

As these guidelines are developed, I would ask that the Commissioner be mindful of the LTHHC and these other consumer/community options. In the case of the LTHHC, this program has a thirty-three year proven track record of performance as the state's preeminent care-coordination and cost-containment model in long term care. Moreover, with 107 providers and approximately 30,000 patients statewide, it would be detrimental to this program and the elderly patients and communities it serves to erode the LTHHCs continued availability as a coordinated care model.

I am not asking that LTHHCP be the only model of care, but to be included as a specific care coordination program option for consumers and communities. It is an option that has proven to be efficient, tremendously effective at care coordination, and is already deeply rooted in its communities statewide. I understand that several health care associations have provided the MRT with care coordination guideline revisions and I urge you to consider their suggestions and other community, provider and consumer-based models within the care coordination guidelines.

Sincerely,



David Valesky, State Senator
Chairman, Senate Aging Committee

cc: Jason Helgerson, Deputy Commissioner, Office of Health Insurance Programs
Eli Feldman, Co-Chair, Medicaid Redesign Workgroup on Managed MLTC Implementation & Waiver Redesign
Carol Raphael, Co-Chair, Medicaid Redesign Workgroup on Managed MLTC Implementation & Waiver Redesign
interested parties