



Honorable Andrew Cuomo
Governor of New York
Executive Chamber
Albany, New York 12224

October 20, 2011

Dear Governor Cuomo:

On behalf of members of the Federation of Protestant Welfare Agencies (FPWA), we wish to express our support to the implementation of the Health Home Initiatives. FPWA is a membership organization with a network of human service organizations and churches that operate over 1,200 programs throughout the New York City metro area. Together we serve over 1.5 million low-income New Yorkers of all ages, ethnicities and denominations each year.

Members in our network that serve the elderly, mentally-ill, disabled, substance abuser and persons living with HIV/AIDS are generally enthusiastic that Health Homes will help improve efficiency and care coordination for the populations that are chronically ill and have behavioral problems. However, they are deeply frustrated with the fact that service providers that are most experienced in providing case and care management and necessary support services and the most armed to meet Health Home standards have not been given the attention and opportunity to shape the implementation of Health Homes. As New York State Department of Health (DOH) is getting ready to launch Health Homes by January 2012, it is critical that actions be developed to address the following concerns.

- **Track Record of Providing Care Coordination Services:** Medicaid beneficiaries who have high utilization rates of the Medicaid system are not only chronically ill, but also the most vulnerable and often times, marginalized. In making the award decision of lead Health Home organizations, we strongly recommend preference be given to those that have good track record as case or care management service providers instead of size of the organization.
- **Rate:** We are glad to know that COBRA TCM will be provided at per member per month (PMPM) rates within the first year of implementing Health Homes. However, the projected rate was developed solely based on medical claims of HIV positive patients who participated in TCM in the past 12 months, which does not reflect the real cost to serve high need HIV/AIDS clients. We recommend issues such as domestic violence, housing, legal, entitlements, child care, child welfare, education and employment should be taken into account when determining the Health Home and blended rates.

In year two, COBRA TCM will go to a blended rate. We strongly recommend any blended rate assigned to patients in a health home include additional funding for wrap-around services on top of the determined PMPM rate. If blended rates drop below the year-one PMPM rate, it will have a negative result on outcomes for patients receiving COBRA TCM programs. This will result in changes in acuity for those we serve. Many patients who are considered to have low severity of illness benefit from a wide range of services provided by their case management agencies so that they continue to adhere to their care and treatment plan. It is often times the case that the patient's illness is not severe directly because of the work our case managers do on a regular basis. Given the complexity of health, social and economic issues faced by many of the COBRA clients, we recommend the PMPM rate be the starting point on reimbursement, as TCM moves into year two.

- **Payment Structure:** The most update proposed payment structure of Health Home provides no clarity in terms of the financial relationship between lead Health Homes and subcontractors. This is further complicated by the fact that the estimated number of eligible clients that will be assigned to each Health Home is unknown, making it extremely challenging to develop budget for program and staffing. We recommend developing a standardized payment structure for subcontractors which would allow all providers participating in the Health Home initiative the ability to develop a realistic budget. In addition, we caution that the drastic increase of caseload per care manager per HIV/AIDS client will likely compromise the quality of care and lead to high rates of staff turnover in our member agencies.
- **Enrollment:** We are concerned about the plan to ask that each “enrollee resides in the county being implemented to be enrolled in a Health Home”. Many persons living with HIV/AIDS do not seek care in their neighborhood or boroughs because of stigma. Others have specialists and a long history with providers outside their own neighborhoods. We recommend DOH to consider alternate ways of enrollment. For example, clients’ expression of “loyalty” to a care provider as a allowable preference for Health Home assignment rather than borough of residency. Another suggestion is to rollout Health Homes in all five boroughs of New York City at the same time, which will allow higher level of continuity of care.
- **Technology:** We are concerned about the development and implementation of Health Information Technology (HIT) and Regional Health Information Organization (RHIO). There is great variation among existing RHIOs ranging from subscription fees to system design and requirements. We are also concerned about the number of RHIOs that providers will be required to join, particularly when there is no funding to support it. Most recently, existing COBRA TCM providers were told that they will be required to track 3 types of clients: clients with PMPM rate, clients with Health Home rates and Medicaid fee-for-service clients. This creates a huge administrative burden to service providers which will inadvertently take their time and effort away from delivering care.
- **Transitional Period:** Considering the fact that there is not a single case management model in existence that would perfectly fit the Health Home standards, a transitional period should be given to newly awarded Health Home providers. We recommend creating this period to allow them the time to conduct staff recruitment and appropriate training and for program development. During this period, providers will be temporarily exempted from meeting Health Home standards and contract deliverables. Additionally, we recommend DOH providing an “add-on” rate to cover start-up costs.

We appreciate your attention and consideration to address the concerns expressed in this letter.

Sincerely,



Fatima Goldman
Executive Director/CEO

cc: James Introne
Donna Frescatore
Jason Helgerson
Greg Allen