

Invitation and Requirements for Licensed Home Care Services Agencies to Participate in the NY State of Health Private Pay Home Care Services Pilot Program

Below are responses to questions received regarding the [NY State of Health Invitation and Requirements for Licensed Home Care Services Agencies to Participate in the NY State of Health Private Pay Home Care Services Pilot Program](#) (Pilot Program). This Q and A document will continue to be updated as additional questions are received.

Questions and Answers August 12, 2020

- 1. Question: While the program is expected to begin in earnest on November 1, 2020 and it appears that there will be quarterly reporting required, what are the evaluation metrics and rubric with which DOH will be monitoring, measuring and scoring progress, success or lack thereof? What will the reporting consist of?**

Answer: Evaluation metrics and reporting requirements will be defined in the agreement between DOH and LHCSAs participating in the pilot program. At a minimum, LHCSAs will report to DOH: (1) the number of contacts received through this Program; (2) the number of individuals the Applicant provided services to through this Program; (3) reported consumer satisfaction with services received through this Program with measures defined by the NYS Department of Health (DOH); and (4) the number of staff who have completed continuing education training. DOH also expects to conduct an evaluation of this pilot to assess lessons learned, which would include collecting information about consumer and home care worker satisfaction to inform areas for improvement before expanding statewide.

- 2. Question: Pilot counties were selected based on availability for services and demographics of the county population. Please explain how availability for services and demographics of the county population were evaluated. How is size of the eligible population in the county defined? Eligible for Medicaid? Eligible for private pay? What is meant by adequate supply of home care aides in the county? How did DOH determine that there is an adequate supply of aides with the bandwidth to take on more patients?**

Answer: As noted in the invitation, the criteria used to select pilot counties were reasonable choice of LHCSAs in the pilot counties; size of eligible population in the pilot counties; and adequate supply of home care aides in the counties. We used May 2020 data to determine the number of registered LHCSAs that offer house-keeping, home-maker, home health aide, and personal care services, the number of personal care attendants and home care aides in each county and Census Data to determine the number of individuals age 60 or older with income above Medicaid eligibility thresholds.

- 3. Question: If this pilot program is related to privately paying for home care services, why must a participating LHCSA provide private pay services, Medicaid fee-for service and Medicaid Managed Long-Term Care?**

Answer: LHCSAs are required to be enrolled in NY Medicaid, render services to Medicaid fee-for-service members, and have a contract with one or more Medicaid Managed Long Term Care plan(s) serving one or more of the counties in the pilot area to ensure that consumers who transition to Medicaid, including those who spenddown to Medicaid, have continuity of care, which is an important element of the design of this program. Additionally, Medicaid enrollment and MLTC plan credentialing requirements help to ensure that LHCSAs are well-positioned to consumers in this state facilitated program (e.g., not excluded or terminated from federal health care programs).

- 4. Question: With respect to rates charged, how does DOH anticipate or recommend preferential rates be developed? How does DOH recommend a LHCSA anticipate the volume of patients served under the pilot to fairly calculate preferential rates, while at the same time avoiding a rate lower than the Medicaid rate.**

Answer: There is no specific DOH recommendation for preferential rate development. DOH anticipates that preferential, or discounted, rates could be based on a sliding scale related to the number of hours purchased by the consumers, or other factors, provided that these factors are consistent with applicable rules or requirements.

If a preferential rate is provided, applicants are asked to indicate the conditions, if any, a private pay consumer referred through the pilot must meet to qualify for the preferential rate. This information should be included with the Participation Proposal, Exhibit 1 and it will appear on the website for consumers to consider as they deem appropriate when shopping for services and comparing LHCSAs.

- 5. Question: What Anti-trust and price fixing prevention steps have been or will be taken?**

Answer: LHCSAs are expected to comply with applicable State and federal law when participating in this program, including state and federal antitrust law. The program is structured to encourage competition among LHCSAs, including price competition. For example, some LHCSAs may seek to differentiate their services based on preferential pricing, while other LHCSAs may seek to differentiate themselves based on programmatic features.

- 6. Question: What is meant by adequately staffed to respond to inquiries and complaints? Is there a requirement to hire additional staff to participate in the pilot?**

Answer: As noted in the invitation, LHCSAs participating in the pilot program should be adequately staffed to provide phone assistance to respond to consumer inquiries and complaints about the pilot program promptly during regular business hours, Monday to Friday between 9am and 5pm EST.

- 7. Question: In light of the requirement for LHCSAs to accept all consumers who access services through the pilot, does this leave no discretion for the LHCSA, except if the patient cannot be served safely at home? What if a patient is not satisfied with the services of a particular aide, reasonably or not, what is the responsibility of the LHCSA in this regard?**

Answer: DOH expects that, under these circumstances, participating LHCSAs would work with the consumer and offer a replacement aide or refer the consumer back to NY State of Health to search for a new aide.

- 8. Question: With respect to making any available aide available to a patient seeking services through the pilot without discrimination, what is meant by “discrimination” and “available aide”?**

Answer: LHCSAs are expected to supply aides to consumers seeking services based on the availability of the aide (meaning room in the aide’s schedule) and the particular needs of the consumer (meaning the particular services required, duration, and hours). The LHCSA must not assign aides, or prioritize certain patients seeking services, based on factors that are not reasonably related to aide availability and/or serving the care needs of the patient, or based on factors that violate applicable equal opportunity laws.

- 9. Question: Can a LHCSA supply more than one aide, as appropriate, to accommodate the care needs of the patient?**

Answer: Yes, as determined by the care assessment and agreement between the consumer and the LHCSA.

- 10. Question: What if an aide becomes unavailable, how often is a LHCSA required to update the information?**

Answer: LHCSAs will be required to update information about worker availability through a provider management dashboard. This standard will be defined in the agreement between DOH and LHCSAs participating in the pilot program, but this standard will anticipate routine updates. Onboarding and training will be provided to LHCSAs prior to implementation of the pilot program.

- 11. Question: What aide information is required to be listed on the New York State of Health website? We understand geographic location, language, and gender identity are contemplated. What about names, country of origin, photographs? What will be required? Will aide consent be required? What will be the limits of liability for providers?**

Answer: The first names, distance to the care seeker, language(s) spoken, care skills, hours available and gender identity of the home health aides will be included in the search results through the website application tool. This standard will be further defined in the agreement between DOH and LHCSAs participating in the pilot program. It is the LHCSA’s responsibility to obtain the written consent of individual aides before including the above information regarding the aide (including first name) on the website. The agreement between DOH and LHCSAs will address the obligations of the parties to that agreement.

12. Question: How will the Department of Health be promoting and or advertising this Pilot project?

Answer: NY State of Health expects to include promotion of this pilot program in its outreach and promotional activities.

13. Question: To address the total number of employees, can DOH define how to calculate this number since aides work intermittently? For example, can it include all aides who worked in these counties on our roster or received a paycheck in 2019?

Answer: Please see the response to Question 17 of the August 5 Q&A document.

14. Question: We have applied to amend our license to be able to provide services in all three of the pilot counties. The approval process will not be completed by the 08/12/2020 application deadline. We are wondering if an exception can be made since we are in the process of amending our license?

Answer: Applicants must be licensed and registered under Article 36 of the NY Public Health Law at the time the application for this program is submitted for all three pilot counties in addition to other criteria set forth in the invitation. LHCSAs that do not apply for participation in the pilot program now, or that do not qualify based on the terms and conditions of the 2021 pilot program, will have an opportunity to apply at a later date during any expansions of the program beyond the current pilot.

15. Question: Please elaborate on what is meant by “Cooperate with Contractors”?

Answer: LHCSAs will be required to update information about worker availability, share worker data, and other information as defined in the agreement between DOH and LHCSAs participating in the pilot program. DOH expects to contract with a technical platform specialist (“Contractor”) for the web-application tool. LHCSAs participating in the pilot program would be expected to share data with this Contractor. DOH also expects to conduct an evaluation of this pilot to assess lessons learned and would share LHCSA reported data with the evaluator for this purpose.

16. Question: What criteria will the consumer be given to make an informed decision when selecting an agency?

Answer: Consumers and family members will be able to view information for home care services available from LHCSAs, including but not limited to, distance to the care seeker, language(s) spoken, care skills, hours available, hourly rates and gender identity. Consumers and family members will then select an available home care aide of their choice and will work directly with the LHCSA that employs the home care aide to determine the consumer’s needs.

17. Question: Based on HIPAA [sic] and confidential requirements how may a personnel profile contain information regarding gender identity, language spoken, geographic location or personal caregiver information?

Answer: The information that will be listed for individual aides (first name, distance to the care seeker, language(s) spoken, care skills, hours available and gender identity) is not protected health information under HIPAA. As set forth in the response to Question “11” above, each LHCSA will be required to obtain the written consent of individual aides before providing the above information for listing on the website.

18. Question: Under current private intake practices prospective consumers directly inquire about private pay home care services. How will this private pay pilot affect this current process?

Answer: The DOH does not anticipate any changes or impact to LHCSAs’ current intake practices for prospective consumers that contact a LHCSA outside of this pilot.

19. Question: Page 4, Section III, does compliance with Federal and State labor laws include meeting Wage Parity for these services?

Answer: Please refer to the response to question 14 in the August 5 Q&A.

20. Question: What is the process if a LHCSA accepts a case and is subsequently unable to provide an aide because of illness or some other matter not within the control of the LHCSA or if the aide the client chooses becomes unavailable by the time the consumer contacts the LHCSA, can a replacement be offered or is the consumer referred back to the website?

Answer: DOH does not anticipate a separate process for the purposes of this pilot program. As they would today, LHCSAs would work with the consumer and offer a replacement. LHCSAs could also refer the consumer back to NY State of Health to search for a new aide.

21. Question: How will compliance with wage and hour laws be “verified” by the DOH?

Answer: Given that all LHCSAs participating in this program will be required to participate in Medicaid fee-for-service and Managed Long-Term Care plans, these LHCSAs will already be required to attest separately, either directly or indirectly, to DOH. This existing compliance attestation process is one reason for these qualification requirements in the application.

22. Question: Can the LHCSA enter a subcontract with a company to provide remote patient monitoring?

Answer: Yes. This pilot does not preclude a LHCSA from entering into a subcontract with a company to provide remote patient monitoring.

23. Question: Because it is private pay, we assume the LHCSA is permitted to enter into a contract with the consumer for the private pay services and accept payment for services including collection of payment in advance of service to avoid collection issues?

Answer: The DOH does not anticipate any changes or impact to LHCSAs' current payment and collection practices for prospective consumers that contact a LHCSA through this pilot. LHCSAs are expected to comply with applicable State and federal law when participating in this program

24. Question: How often can a LHCSA update its rates? What would be the process if a LHCSA wants to increase its published rates?

Answer: LHCSAs may update their posted standard and preferential rate(s), if applicable, not more frequently than semi-annually. DOH will assess this frequency over the course of the pilot. LHCSAs may submit their request to NYSOHHomeCare@health.ny.gov and must include an updated Exhibit 1. with the request. This standard will be defined in the final agreement between DOH and LHCSAs participating in the pilot program.

25. Question: Given that aides frequently work as employees of more than one LHCSA, what is the result if two LHCSAs list the same aide? How will the consumer be routed to one LHCSA or the other in that instance?

Answer: As designed, the NY State of Health web-application tool will direct consumers to the LHCSAs participating in the pilot who employ the aide. If a consumer chooses an aide that is employed by two or more LHCSAs, a referral to contact the consumer will be sent to all LHCSAs who employ the aide.

26. Question: What is the process to assign the contract if a LHCSA that is approved to participate in the program goes through a change of ownership?

Answer: Any proposed assignment of a contract between a LHCSA and DOH would be subject to the prior review and written approval of DOH.

27. Question: Will LHCSAs be required to complete the vendor responsibility process prior to being notified that they have been selected to participate in the program?

Answer: LHCSAs will be notified of approval to participate in the pilot program as outlined in the invitation, completion of the vendor responsibility process is required prior to entering into a contract with the DOH to participate in the pilot program.

28. Question: What is the process if a LHCSA determines it no longer wants to participate in the program after the contract is in effect? Will there be a penalty?

Answer: Termination of a LHCSA's participation in the program will be governed by the terms of the agreement signed by the LHCSA prior to participating in the program.

29. Question: Please confirm that an applicant can submit a copy of the most recently completed consumer satisfaction survey or results of most recent relicensure survey?

Answer: No. As outlined in the invitation, applicants must submit a copy of the most recent annual audit or results of most recent relicensure survey and accepted plan of correction, if applicable.

30. Question: To keep Hourly rates as low as possible, we increase rates if a client wants any individual caregiver to work more than 40 hours or if a client has a caregiver traveling far distances. Can the software adjust the caregiver's rate due to more than 40 hours or travel distance in miles and will there be a way to include Holiday rates?

Answer: The website application tool will only display standard and preferential private pay hourly rates as outlined in Exhibit 1. A disclaimer will be included noting that rates are set by LHCSAs and there may be exceptions to the posted rates.

31. Question: Please confirm that the State is in no way off setting the consumer's home care service expense or subsidizing the private pay rate?

Answer: There will be no payment from New York State to LHCSAs or consumers through this pilot. Payment for services will be between the consumer and the LHCSA. As outlined in the invitation, the Private Pay Home Care Program will provide consumers with a trusted source through which they can select a home care aide and make arrangements for care with agencies that are licensed by the DOH and which have met and agreed to certain criteria under contract with the DOH. This Program will facilitate the review and selection of private pay home care service providers to provide the needed home care aide services from licensed agencies.

32. Question: Besides the responsibilities outlined for the agreement on page 5, will there be any requirements of participating LHCSAs that are in addition to or more onerous than what is currently set forth in regulation for non-participating LHCSAs?

Answer: The responsibilities of the LHCSA will be defined in the final agreement between DOH and LHCSAs participating in the pilot program. Any LHCSAs electing to participate in the Program will have adequate opportunity to review the contractual requirements and make a determination as to whether any obligations are more onerous than what currently exist in applicable rules and regulations.

33. Question: Will the order of available LHCSAs be determined by rate (e.g., from least expensive to most expensive), randomly, or by other weighted metrics?

Answer: The order of home care aides displayed to the consumer in the tool will be based upon the closest distance to the consumer, among the aides that meet the consumer's preferences as indicated through the tool (e.g., language(s) spoken, gender identity of the aide..).

34. Question: Is it correct that there is no correlation between LHCSA selection and any ACA open enrollment period (i.e., a consumer may select from participating LHCSAs at any point throughout a calendar year)?

Answer: Yes. The open enrollment periods in the Affordable Care Act (ACA) do not apply as this is not an insurance product. A consumer may review the home care aides available and select private pay services that meet their needs at any point during the calendar year.

35. Question: If a LHCSA participates in the Marketplace, is it in any way prohibited from accepting other private pay consumers who do not select them through the Marketplace?

Answer: No. There is no prohibition to LHCSAs participating in the pilot from also accepting non-marketplace private pay consumers.

36. Question: May a LHCSA advertise that it participates in the Marketplace?

Answer: Yes. LHCSAs must adhere to the posted [guidance](#) for authorized partners of NY State of Health including receiving prior approval to advertise that it participates in the NY State of Health Marketplace.

37. Question: On page 3, the invitation mentions “other information related to cultural competencies” (in addition to language(s) spoken). Please provide examples of what other information would be listed.

Answer: The first names, distance to the care seeker, language(s) spoken, care skills, hours available and gender identity of the home health aides will be included in the search results through the website application tool. This standard will be defined in the final agreement between DOH and LHCSAs participating in the pilot program.

38. Question: If a consumer eventually qualifies for Medicaid, may a LHCSA encourage that consumer to stay with the agency or does anything prevent that type of outreach?

Answer: This Pilot program does not prevent a LHCSA from contacting a consumer and providing continuity of care. The purpose of requiring that LHCSAs are enrolled in NY Medicaid, render services to Medicaid fee-for-service members, and have a contract with one or more Medicaid Managed Long Term Care plan(s) serving one or more of the counties in the pilot area is to ensure that consumers who transition to Medicaid, including those who spenddown to Medicaid, have continuity of care which is an important element of the design of this program.

39. Question: On page 4, the invitation mentions “charge no more than rates charged to private pay consumers”. If a LHCSA tiers pricing for private pay patients, is it enough that Marketplace consumers be charged similarly, or must they receive the lowest tiered rate?

Answer: If a LHCSA tiers pricing for direct private pay patients, they must also provide the same tiered pricing for marketplace referred consumers, but are encouraged to offer marketplace referred consumers preferential rates as noted in the invitation and Q&As.

40. Question: On page 5, the invitation mentions “address complaints about the program”. Please confirm that this means the ability to refer general complaints about the Marketplace to the Department of Health.

Answer: Consumers participating in this program will have the ability to refer a complaint about the caregiver search tool, home care aide, LHCSAs or other concerns as they normally would do regardless of participation with the pilot program.

41. Question: May a LHCSA solicit “customer satisfaction” independently through any means or must a Department of Health mandated tool/methodology be used?

Answer: There is no specific DOH “customer satisfaction” recommendation or methodology requirement for the purposes of this pilot program. However, to assist consumers in making comparisons, a standard customer satisfaction survey may be required at a future date after discussion with pilot participants.

42. Will customer satisfaction be a characteristic that is available to the consumer on the Marketplace for decision-making purposes?

Answer: DOH does not intend to include a star rating or other customer satisfaction score on the website at this time; but a customer satisfaction rating may be added at a later date at the discretion of DOH.

Questions and Answers August 5, 2020

1. **Question: To meet the eligibility criteria to be licensed to provide personal care, house-keeping, home-maker, and home health aide services, is a LHCSA's license required to specifically mention each of these services?**

Answer: To be eligible, LHCSAs must be licensed to provide personal care, home health aide, home maker and housekeeping services. The license does not specifically need to list housekeeping and home-maker so long as these can be provided within the scope of services the LHCSA is licensed and authorized to provide.

2. **Question: How do you plan to implement real time updates of home health aide availability?**

Answer: LHCSAs will be required to update information about worker availability through a provider management dashboard. Onboarding and training will be provided to LHCSAs prior to implementation of the pilot program.

3. **Question: The invitation states that LHCSAs approved for this pilot will agree to "accept all consumers who access services through the pilot, except where it is determined that the consumer cannot be served safely at home." Can we assess for financial appropriateness as well as clinical appropriateness?**

Answer: There is no financial test to be eligible to purchase services through the pilot; however, LHCSAs will be expected to educate consumers as they do today about public health insurance programs for which they may be eligible.

4. **Question: If a LHCSA operator holds two licenses with two different license numbers with overlapping counties but one license includes Nassau and the other includes Westchester, is the LHCSA required to submit one participation proposal for each license.**

Answer: A LHCSA operator holding more than one license in the pilot area may submit one participation proposal. However, if the operator's licenses in the pilot area are held by different subsidiary or affiliate entities, the LHCSA operator must list each license and office location, and delineate the corporate/legal relationship between the operator and any separate legal entities holding a license(s). Each licensee must meet the qualifications to participate in the pilot program.

5. **Question: May two (2) LHCSAs be deemed an “Eligible Applicant” if they respond to the Invitation as co-applicants and one LHCSA is licensed in Nassau and Suffolk counties and the other LHCSA is licensed in Westchester County and one LHCSA has 200 employees and the other LHCSA has 175 employees.**

Answer: As outlined in the response to Question “4” above, a LHCSA operator holding more than one license in the pilot area through subsidiary or affiliate entities may submit one participation proposal. However, if the operator’s licenses in the pilot area are held by different subsidiary or affiliate entities, the LHCSA operator must list each license and office location, and delineate the corporate/legal relationship between the operator any separate legal entities holding a license(s). Each licensee must meet the qualifications to participate in the pilot program.

Separate LHCSA operators (those with no common corporate relationship) must submit separate participation proposals.

6. **Question: What documentation of state required in-service training is required? Does this include the actual training material or just the in-service training schedule and course offerings?**

Answer: LHCSAs must provide proof that state required in-service training is being offered and employees are in compliance. This requirement can be satisfied by including your training offerings, training schedule, a recent record of completions (e.g., a download from a Learning Management System) and a list of other additional trainings being offered to home care aides including, but not limited to, dementia care or other disease conditions.

7. **Question: Will anyone but the Department of Health (DOH or the Department) have access to the names, of the home health aides employed by agencies under Freedom of Information Law (FOIL)?**

Answer: By applying to participate in the Pilot Program, LHCSAs agree that the names of aides they employ will appear on the website for a consumer to review and select. The names of aides will appear by first name.

As part of the application to participate in the Pilot Program, LHCSAs must provide names of individual aides to DOH’s Contractor(s), to allow the names to be populated on the website, and to be updated as necessary. As the list of names provided by the LHCSA to the Contractor(s) may be subject to review by DOH to operate the pilot program, the names of the aides would be subject to the Freedom of Information Law.

8. **Question: Will the names of home health aides available to provide services be disclosed on this website?**

Answer: Yes, as noted in # 7 above, the first names of the home health aides will be included in the search results through the website application tool.

9. Question: If the agency does not have CHAP or JACHO accreditation, will they still be considered?

Answer: There is no accreditation requirement at this time. In Attachment B, Line: “Accreditation Agency and Date” may be completed as “N/A.”

10. Question: Will the rates for services provided have any impact on which LHCSAs are approved for participation?

Answer: No. All LHCSAs that meet the criteria outlined in the Invitation will be approved to participate in the pilot program. While the specific rates offered are not an eligibility criterion, the rates will be shown on the website for the consumer to consider as they deem appropriate when shopping for services. LHCSAs are encouraged to offer consumers preferential rates through this pilot program.

11. Question: Are you required to have Department of Social Services contracts in all three counties?

Answer: No. The eligibility requirement is to be enrolled in NY Medicaid, render services to Medicaid fee-for-service members, and have a contract with one or more Medicaid Managed Long Term Care plan(s) serving *one or more* of the counties in the pilot area.

12. Question: Please explain what is meant by “store and forward technology” on page 4 of the Invitation.

Answer: Store-and-forward technology refers to electronic transmission of a patient's health information in the form of patient-specific digital images and/or pre-recorded videos from a provider at an originating site to a telehealth provider at a distant site. For example, a picture of a bed sore sent to a physician by the LHCSA.

13. Question: While some LHCSAs currently provide remote patient monitoring and store and forward technology, it is our understanding that DOH does not currently license LHCSAs to provide remote patient monitoring and store and forward technology. How should LHCSAs respond to Question 4 in Attachment B?

Answer: LHCSAs are permitted and encouraged to offer these telehealth services at the consumer's option. LHCSAs that offer remote patient monitoring or store and forward technology should answer “Yes” to question 4 in Attachment B. (An updated version of Attachment B has been posted to the NY State of Health website: <https://info.nystateofhealth.ny.gov/lhcsainvitation>)

14. Question: Are rates for the private pay market subject to wage parity?

Answer: No. The Home Care Worker Wage Parity terms of section 3614-c of the Public Health Law do not apply to the private pay services provided under this pilot. However, applicants are required to comply with all federal and state wage and hour laws.

15. Question: What does the Department mean by “preferential rates”? When would these apply?

Answer: Through the pilot, applicants are encouraged to offer consumers a preferential, or discounted, rate as compared to the rates they currently or would otherwise offer private pay consumers. Discounted rates, for example, could be based on a sliding scale related to the number of hours purchased by the consumers, or other factors, provided that these factors are consistent with applicable rules or requirements.

If a preferential rate is provided, applicants are asked to indicate the conditions, if any, a private pay consumer referred through the pilot must meet to qualify for the preferential rate. This information should be included with the Participation Proposal, Exhibit 1 and it will appear on the website for consumers to consider as they deem appropriate when shopping for services.

16. Question: What does the Department mean by “conditions” required for the preferential rates to apply? Specifically, what does this mean when it comes to telemedicine modalities for rendering home health services?

Answer: The “conditions” required to be offered preferential rates requested in Exhibit 1 refers to the terms under which the LHCSA will offer a preferential, or discounted, rate to consumers as explained in the response to Question 15 above. A preferential rate for remote patient monitoring might, for example, be offered in conjunction with a minimum number of hours of services.

17. Question: Is there flexibility to the requirement that agencies have a minimum of 350 employees?

Updated Answer to Question 17, August 5, 2020 Q&A:

Answer: As outlined in the Invitation to Participate, for the purposes of the pilot, agencies must have a minimum of 350 employees who have certification to provide personal care, house-keeping, home-maker, or home health aide services across the counties in the pilot area. It is expected that there will be fluctuations in the number of employees over time, and especially in light of the COVID-19 public health emergency. Accordingly, DOH will consider the requirement as being satisfied if the agency has employed the requisite number of individuals at any point over the most recent 12-month period, **July 2019 through July 2020**.

Additionally, LHCSAs that have an employee count within 10% of the required minimum number of employees over the most recent 12 month period and that meet all other eligibility criteria are encouraged to submit a participation proposal. In their proposal, these LHCSAs must include an explanation of the features that make them especially suitable to participate in this pilot program. These features are expected to include a detailed description of how they offer the optional, preferred elements outlined in the Invitation: additional training program that includes, but is not limited to, dementia care or other disease conditions; the capacity to offer remote patient monitoring and store and forward technology; and the ability to meet language access and cultural competency needs of consumers in the pilot area. DOH reserves the right to grant exceptions to this specific requirement regarding the minimum number of employees on a case-by-case basis when it determines that granting such exception is non-discriminatory, promotes access, and in the best interest of consumers.

18. Question: Is there a maximum number of agencies that can participate in the pilot?

Answer: There is no limit on the number of qualified agencies that can participate. All LHCSAs that meet the requirements for participation will be approved to participate, subject to agreeing to a contract with DOH.

19. Question: When does DOH expect to expand this program to other counties?

Answer: The timing for expansion to other counties has not yet been determined, but the intent is to expand the program statewide based on the success of the current pilot. As the program expands, there will be additional opportunity to submit interest in participating.

20. Question: Please confirm that consumers will have to work with home care agencies to select an appropriate aide and won't contact any aides without first working with the agency?

Answer: As designed, the NY State of Health web-application tool will direct consumers to the LHCSAs participating in the pilot. Also, the NY State of Health will not provide information or communication channels for the consumer to contact an aide directly.

21. Question: Will DOH accept "good faith" efforts by agencies to keep the information about the availability of home care aides current on their website as this information changes daily and sometimes more than daily?

Answer: This standard will be defined in the agreement between DOH and LHCSA's participating in the pilot program.

22. Question: Is a LHCSA that is licensed in only one or two of the three pilot counties eligible to participate under the pilot in those one or two counties?

Answer: No. Please refer to the response to Question 1 in the July 29 Q&A below and 13 in the August 5 Q&A above.

23. Question: Are Certified Home Health Agencies (CHHAs) eligible to participate in this pilot program?

Answer: The Pilot program is focused on personal care services, not skilled nursing services, to facilitate the purchase of services that consumers do not already have health insurance coverage for.

24. Question: Are LHCSAs eligible to participate in this pilot if they contract with CHHAs and/or managed care plans but do not render services to Medicaid fee-for-service individuals and are not enrolled in Medicaid?

Answer: No. LHCSAs are required to be enrolled in NY Medicaid, render services to Medicaid fee-for-service members, and have a contract with one or more Medicaid Managed Long Term Care plan(s) serving one or more of the counties in the pilot area to ensure that consumers who transition to Medicaid, including those who spenddown to Medicaid, have continuity of care which is an important element of the design of this program.

25. Question: Is a LHCSA required to have 350 or more HHAS who are all willing to work in the three pilot counties or can a LHCSA apply if it has a total of 350 or more HHAs but only a subset of the workers is willing/able to work in those counties?

Updated Answer to Question 4, July 29, 2020 Q&A:

Answer: Please see the response to Question 17 in this August 5 Q&A document.

26. Question: Can a LHCSA apply if they are only approved for two (2) of the services listed, for example they provide Home Health Aide and Personal Care Aide, but not Home-Maker or House-Keeper?

Updated Answer to Question 7, July 29, 2020 Q&A:

Answer: To be eligible, LHCSAs must be licensed to provide personal care, home health aide, home maker and housekeeping services. The license does not specifically need to list housekeeping and home-maker so long as these can be provided within the scope of services the LHCSA is licensed and authorized to provide.

Questions and Answers
July 29, 2020

- 1. Question: Does the LHCSA have to be authorized to service all three counties or can a LHCSA apply to participate in a single authorized county?**

Answer: To be eligible to participate in the Pilot Program, the LHCSA must be licensed, registered and authorized to service *all* three of the following Pilot counties: Nassau, Suffolk and Westchester.

- 2. Question: Does the requirement that a LHCSA must be authorized to provide services in all three pilot counties mean that a LHCSA must service the entire county? Or can the LHCSA participate in a certain part of the county, for example, if LHCSA can comfortably service lower Westchester, but not upper Westchester?**

Answer: LHCSAs must agree to serve the entire county, consistent with their approval to provide services in a specific county. Applicants may apply to the DOH for an exception to this requirement by submitting a written request to the DOH explaining the facts that justify the exception. The DOH reserves the right to grant exceptions to this requirement on a case-by-case basis when it determines that granting such exception is necessary, non-discriminatory and in the best interest of NY State of Health and consumers.

- 3. Question: For the requirement to have 350 employee minimum, is there any requirement for the employees to reside in those counties, or does the LHCSA just need to have a minimum of 350 employees who are able to service the counties? (i.e. LHCSA has means of transporting employees from county to county but employee may not reside within the county where they are working)**

Answer: There is no requirement for employees to reside in the Pilot counties.

- 4. Question: Is a LHCSA required to have 350 or more HHAS who are all willing to work in the three pilot counties or can a LHCSA apply if it has a total of 350 or more HHAs but only a subset of the workers is willing/able to work in those counties?**

Answer: Please refer to Question 25 above in the August 5 Q&A.

- 5. Question: Are LHCSAs required to offer remote patient monitoring and store-and-forward technology?**

Answer: No, these are optional services. However, as stated in the Invitation, the LHCSA is encouraged to offer these telehealth services.

6. **Question: If a LHCSA is not enrolled in NY Medicaid, and does not render services to Medicaid fee-for-service (FFS) members, is the LHCSA eligible to participate in this Pilot program?**

Answer: No, applicants must be enrolled in NY Medicaid, render services to Medicaid fee-for-service consumers, and have a contract with one or more Medicaid Managed Long Term Care plan(s) serving one or more of the counties in the pilot area to be eligible to participate in this Pilot program.

7. **Question: Can a LHCSA apply if they are only approved for two (2) of the services listed, for example they provide Home Health Aide and Personal Care Aide, but not Home-Maker or House-Keeper?**

Answer: Please refer to Question 26 above in the August 5 Q&A.