**2023 ADHCC Advocacy Talking Points**

1. Introduction
	1. Introduce yourself, name, location of your program. We are affiliated with abc nursing home. (Remember, you are the expert here on ADHC!)
	2. Ask, *are you familiar with adult day health care*?
	3. Adult day health care programs provide skilled nursing, personal care, and therapies to individuals in a congregate day setting. Every ADHC program in NYS is operated by a nursing home—the services and the level of staff are very similar. The main difference between a nursing home and ADHC is that the individual goes home at the end of their day at program.
	4. Almost everyone in my program is enrolled in Medicaid and Medicaid pays for ADHC.
	5. We have a team of hea;lth care professionals serving registrants adults with disabilities, mental illness, chronically ill, medically fragile.
2. The background
3. Covid-19 has hit ADHC programs hard. ADHC was the only provider closed down by the State and programs were closed for more than a full year. Registrants suffered significant physical and cognitive decline without program and some were admitted to NHs. Many ADHC offered telehealth and check-ins during this time, some programs continue to offer telehealth.
4. Reopening was authorized in late April 2021. Only 50 of the 120 licensed programs in the State have reopened to date. Financial and workforce challenges continue and are tied to sponsoring nursing homes which also continue to struggle at this time. Many programs are operating at limited capacity due to Covid protocols, some offering two shifts a day to accommodate registrants.
5. Programs have had to rehire most of staff and readmit and reassess all registrants.
6. Programs are struggling financially and its difficult to hire staff. Low Medicaid reimbursement does not provide ability to offer competitive compensation.
7. The pitch
8. **Increase Medicaid reimbursement for ADHC by 20%**. Governor’s restoration of 1% increase last year does not come close to assisting us. The Governor’s proposed 5% increase for NHs, which should include ADHC, also is not enough.
* ADHC rates have not increased since 2008, while Medical CPI has increased 40% since 2008. Costs to provide care – food, utilities, staffing, insurance, continue to increase while our rate stays the same.
* Programs need to offer decent compensation for the quality care they provide or staff will go to the hospital. Aides will go to retail and restaurant sectors.
* No high-quality, well-managed provider should be forced to close due to inadequate rates.
1. **Provide a substantial Increase to ADHC transportation rate.**
* ADHC transportation vendors are reimbursed, like ADHC, at 2008 rates – this does not cover recent wage increases, gas, purchase and maintenance of vehicles, or insurance.
* ADHC needs vendors to transport ADHC registrants to program. No vendors, no program. Vendors are refusing to accept Medicaid rates because it dodesnt cover their costs.
* ADHC programs are now subsidizing vendors from their program rate to ensure registrants get to program.
* ADHC supports the option for programs to use Method 1 Transportation where programs manage transport of their registrants, including requiring safety plans and policies from vendors.
1. Tell your story

How do you save Medicaid money in your program? Tell a quick story about a registrant who avoided ER, hospital stay or nursing home because of the care you provide. Tell your legislator that you are a **solution** to the health care workforce shortage, ADHC provides savings to Medicaid by enabling seniors and disabled to continue to live at home and in the community. Your programs give caregivers and families a much needed break from caring for their loved one. Your program is a solution when home care options are limited due to staffing shortages.

Thank the legislator/staff person for their time and invite legislator to visit your program.

Report back to ADHCC how your meeting went and how we can follow up with any requested information.

Thank you!