



**Medical Model Adult Day Health Care Programs  
Need Support and Attention from the State**

**ADHC Programs Continue to Struggle to Reopen and Stay Open**

**What is adult day health care?**

Adult day health care (ADHC) is a community-based long term care service that offers comprehensive care in a congregate day setting. ADHC programs provide skilled nursing care, personal care, social work, therapy, recreation, and socialization, to functionally impaired individuals to maintain their health status and enable them to remain living at home and in the community. ADHC programs have operated since 1969, as a deterrent and alternative to institutional care, and serve registrants who are at a nursing home level of care. Only nursing homes can own or operate ADHC programs in NYS and programs are subject to CON and regulated by NYS Department of Health. ADHC programs are different from social adult day care programs in that they offer a broad array of skilled services and care with an interdisciplinary team approach.

**The Majority of ADHC Programs are Still Closed**

In March of 2020, all 116 adult day health care (ADHC) programs across the state were instructed to close due to COVID-19 – one of the only provider settings to be instructed to close their doors. During that time individuals statewide went without their ADHC services, including personal care, therapies and skilled nursing services, resulting in a spike in preventable hospitalizations, nursing home admissions and deterioration of member health and hygiene. The loss of opportunities to see friends and participate in enriching activities led to cognitive and emotional decline for many ADHCC registrants.

ADHC programs were authorized to reopen in late March 2021, ending a year-long period of isolation and limited access to care for registrants, and a complete depletion of ADHC staff and revenue loss for programs. To date, only 50 ADHC programs have been able to reopen. Many programs are trying to reopen and are struggling to do so. Several reopened programs have reclosed. And some closed programs are currently seeking permanent closure. Currently, there are over 26 counties in the State that used to have one or more actively licensed ADHC programs. Now, none of these counties has an open ADHC program, including the Bronx – a borough of approximately 200,000 adults over age 65. Many regions now lack ADHC programs in their communities altogether. [See Attachment A.](#)

The Adult Day Health Care Council (ADHCC) respectfully requests that the State dedicate the necessary resources to commit to a full return to operational status for ADHC programs, including a substantial increase in Medicaid. ADHC programs provide nursing home-level care to individuals who live in the community, and it is critical that these resources are re-established as quickly as possible.

## **Increase Medicaid Rates for ADHC Program and ADHC Transportation by 20%**

**ADHC Program Rates:** The Adult Day Health Care Council urges the State to provide a substantial increase in Medicaid reimbursement for ADHC programs to reflect current costs of care, including adequate compensation of staff. ADHC programs have seen a mere 1% increase in Medicaid rates since 2008. Programs require a Medicaid rate which reflects the current medical Consumer Price Index (CPI) to address increased costs for staffing, utilities, food, medical equipment, building services, supplies and PPE.

The costs of staffing ADHC programs alone have risen exponentially due to challenges attracting workers to long-term care. Many ADHC staff were moved to the nursing home during COVID-19. Others are often lured away by hospitals which can offer higher salaries. Many aides are moving to the hospitality or retail fields for the same wages where the work is less emotionally and physically demanding. ADHC programs are rebuilding from scratch and the current market requires higher salaries, wages, and other costs to deliver services, far short of Medicaid's 2008 reimbursement rates. Many closed ADHC programs will not reopen with Medicaid rates at their current level.

**ADHC Transportation Rates:** One of ADHC programs' most significant barriers to reopening and rebuilding is affordable ADHC transportation. ADHC Medicaid transportation rates are considerably lower than any other health care transportation rate and vendors either cannot afford to or are unwilling to serve our registrants. Programs struggle to find transportation vendors that will accept the State's 2008 Medicaid rate and must subsidize vendors with their own program rates to get their registrants to program. Current ADHC transportation rates fail to cover the increased costs of gas, insurance, driver wages, and the purchase and maintenance of vehicles.

Transportation vendors are experiencing their own workforce shortages, limiting their ability to serve ADHC programs and causing ADHC program census challenges. Many of our programs have registrants waiting for access to transportation to attend program. Both Method 1 (ADHC managed) and Method 2 (State broker MAS and Modivcare) transportation programs are struggling to serve our programs. To note, ADHC programs prefer Method 1 transportation, which allows them to directly manage transport of this highly vulnerable population.

***REQUEST: We urge to State to provide a 20% increase in Medicaid rates for ADHC program and ADHC transportation. This rate is critical to programs rebuilding and reopening post COVID-19.***

**QUESTIONS:** Please contact Meg Everett: 518-867-8871 or [meverett@leadingagency.org](mailto:meverett@leadingagency.org).

## Attachment A

Approximately 53 ADHC programs have reopened of the 116 actively licensed programs in the state. ADHC programs are now nonexistent or limited in most counties and regions of the state and many of the reopened programs are operating at very low census. Many closed programs will likely not reopen without a substantial increase in the ADHC Medicaid rate.

**Capital Region** - only 1 reopened program, 4 recently permanently closed

**Onondaga County** - only 1 reopened, 3 temporarily closed

**Broome County** - 1 reopened

**Herkimer** - -3 reopened, 1 temporarily closed

**Erie County** 2 reopened, 1 temporarily closed

**Westchester**- 3 reopened, 4 temporarily closed

**26 counties have no reopened ADHC programs, though they have at least one or more programs with active licenses:** Bronx, Alleghany, Cayuga, Chautauqua, Chemung, Columbia, Fulton, Genesee (reopened program is closing), Jefferson, Lewis, Livingston, Niagara, Ontario, Orange, Putnam, Steuben, Wayne, Warren, Ulster, Seneca, Steuben, Sullivan, Tioga, Ulster, Wyoming, and Yates

**NYC and LI:**

**Bronx** - no open ADHC programs, they used to have 14 ADHC programs, 6 are actively licensed but not reopened, 8 are permanently closed

**Manhattan** – 2 reopened, 5 temporarily closed

**Queens** - 3 reopened, 6 temporarily closed

**Brooklyn** - 7 reopened, 6 temporarily closed

**Nassau** - 2 reopened, 4 temporarily closed

**Suffolk** - 6 reopened, 6 temporarily closed