



HOME AND COMMUNITY-BASED SERVICES

SENIOR HOUSING | ASSISTED LIVING | ADULT CARE FACILITIES | HOME CARE | RETIREMENT COMMUNITIES
ADULT DAY HEALTH CARE | PACE/MLTC | NURSING HOMES | CCRC

Invest in Home and Community-Based Services to Ensure Access to High-Quality Services

Home and community-based services (HCBS) providers continue to confront daunting financial and workforce challenges. While demand for community-based care is soaring due to changing preferences and our growing population of older adults, inadequate Medicaid rates and pandemic-related stresses have led to unprecedented workforce shortages. HCBS providers are being forced to limit patient admissions because they are unable to find sufficient staff. This has ripple effects on the entire health care system, delaying hospital and nursing home discharges to the community due to insufficient home care capacity. Medicaid's failure to pay long-term care (LTC) providers rates that cover the costs of competitive wages is resulting in diminished access to care and long waiting lists.

LeadingAge New York requests the following budget actions to support access to high-quality HCBS:

Support investment in CHHA and Hospice Workforce. Certified home health agencies (CHHAs) and hospice programs are receiving growing numbers of referrals of complex patients from hospitals. But amidst a severe nursing shortage, they are increasingly unable to take patients out of hospitals. *Our largest metropolitan CHHA was unable to provide home health care to more than 11,600 hospital patients in 2022* because of lack of capacity. Smaller agencies are also unable to admit patients due to lack of nursing and aide staff. This is clogging hospitals, worsening the hospital staffing crisis, and delaying care for patients who need it. Hospice is struggling with similar staffing issues, and New York is *50th in the nation* in hospice use. The problem is worse in "home health and hospice deserts" – communities already hit hard by health disparities. HCBS providers play an increasingly significant role in the broader health care system and need support. We urge the State to ***include \$35M (\$70M with federal match) for the Home Health and Hospice Access Fund*** to help agencies tackle the workforce crisis by targeting financial incentives for frontline staff, nurse residency programs and nursing school collaborations, and secure transportation to patients' homes.

Support Funding for Aging Services. LeadingAge New York fully supports the Executive's additional funding for the Expanded In-Home Services for the Elderly Program (EISEP), including additional funds to address unmet needs of the elderly, and expansion of the population served by NYOSFAs private pay program. This will provide access to care for individuals who are not Medicaid eligible. We also support continued funding for Naturally Occurring Retirement Communities (NORCs) and Neighborhood NORCs (N/NORCs), including a restoration of \$1 million in supplemental funding for nursing services provided as part of the N/NORC program and request additional funding of \$1.5 million to expand the Neighborhood NORCs. This program also serves the non-Medicaid market and delivers support and services to postpone entry into the Medicaid program.

Increase Medicaid rates for adult day health care (ADHC) and ADHC transportation by 20%. ADHC programs were ordered closed for more than a year during COVID-19. Since their authorization to reopen in April 2021, only 50 of the 120 ADHC programs statewide have reopened due to financial and staffing challenges. Many counties are without a single ADHC program, including the Bronx. Like nursing homes, medical model ADHC programs and their transportation vendors are subject to Medicaid rates over 15 years old, despite increasing costs of wages, supplies, utilities, and transportation.

Home Care Aide Pay. We support increases in reimbursement to bolster home care aide wages. However, increases in minimum wage rates must take into consideration impacts on providers that deliver services paid for by Medicare and on consumers who pay for care themselves. Home care cases with other payers will not have the benefit of a Medicaid increase and agencies will have to cover the cost of other payors or raise their rates for private pay care.

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Inspire Serve Advocate

Support the Governor’s proposal to modify the advanced home health aide supervision requirements. The current AHHA role and program requirements established back in 2016 have rendered the option unworkable. These changes would help allow some providers to implement this model. Changes should also address Medicaid reimbursement for the AHHA role and nursing supervision visits. While making this AHHA construct workable is important, long term care providers would also benefit from the State allowing more flexibility and alignment between the various long term care roles of certified nurse assistant, home health aide and personal care aide. With such a workforce shortage, flexibility among workers is paramount.

Earmark Percentage of Capital Transformation Grants for LTC. Capital investment in long-term care is needed and overdue. However, long-term care has been underrepresented in awards under prior Transformation rounds, and Rounds III and IV have yet to be disbursed. Deadlines must be imposed for awards of grants and a percentage of Round V should be dedicated, by statute as follows:

- Technology/Telehealth capital pool: a minimum of **25%** for LTC, including nursing homes, ADHCs, ACFs, home care, hospice, and PACE programs;
- Other capital pool: a minimum of **30%** for LTC, including nursing homes, ADHCs, ACFs, and PACE programs, home care and hospice.