



# Adult Day Health Care Council

June 4, 2021

Ms. Donna Frescatore  
Mr. Brett Friedman  
New York State Department of Health  
Empire State Plaza, Corning Tower  
Albany, New York 12237

Re: HCBS eFMAP Spending Recommendations

Dear Ms. Frescatore and Mr. Friedman:

On behalf of the Adult Day Health Care Council and the adult day health care providers we represent, we offer our recommendations for New York's enhanced Federal Medical Assistance Percentage (eFMAP) for Home and Community Based Services as provided in the American Rescue Plan. The eFMAP offers a once-in-a-generation opportunity to make transformative investments in adult day health care at a time when our population of older adults is growing rapidly and the working age cohort is shrinking.

We encourage the State to direct enhanced eFMAP funds to reimagine and improve medical model adult day health care (ADHC) programs. ADHC is a cost-effective, community-based alternative to nursing home placement and other higher levels of care. All-inclusive services delivered in a congregate setting allow New Yorkers to remain in their homes, especially in communities where there is a shortage of private duty nurses or home health aides.

Adult day health care was the only community-based long term care program that was mandated to close during the pandemic. For over a year, ADHC programs incurred costs but were unable to provide in-person, medically necessary services to functionally impaired adults. Reopening ADHC has been slow as restrictions on capacity and costly mandates remain in effect. The enhanced eFMAP funds creates an opportunity for the State to update, strengthen and maximize the value of this important program.

We respectively request the State to use enhanced eFMAP funds for ADHC in a variety of ways, including, but not limited to:

- **Workforce Support (Appendix C)** - Offer incentive payments to recruit and retain ADHC staff in the form of enhanced wages, signing bonus for certified nursing assistants, registered nurses, and licensed practical nurses. Like nearly every HCBS provider, ADHC programs are struggling to find staff to operate the program.
- **Specialized Payments (Appendix C)**
  - Provide specialized payments to medical model adult day health care programs to make physical changes to program. Physical changes may include relocating entrance of ADHC program so that it is separate and distinct from the nursing home, remodeling or

relocating ADHC program to an off-site location. These changes are necessary to comply with the federal Home and Community-based Services (HCBS) Settings rule. Compliance with the HCBS Settings Rule will be costly and there is no funding earmarked to assist providers with these changes.

- Use specialized payments to purchase new vehicles (vans or ambulettes) to transport registrants to and from program and medical appointments. Most ADHC programs choose to contract with a vendor or use their own vehicles to transport participants. Since the pandemic, many Medicaid transportation vendors have gone out of business or increased rates so high that ADHC programs are unable to reopen. Safe, reliable transportation is the cornerstone of ADHC. In addition to purchasing vehicles, specialized payments could also be used for maintenance and other safety features on vehicles, such as plastic barriers, as well as driver training for specialized populations.
- Use eFMAP funds to make retainer payments to ADHC providers. ADHC programs closed on March 17, 2020 and remained closed until April 1, 2021. Most programs are still closed. ADHC providers never received retainer payments or any other relief from the State throughout the 13-month long interruption in service delivery. During the COVID-19 pandemic, ADHC programs received little to no reimbursement, but continued to pay rent, heat and maintain the building or program space. Retainer payments for ADHC are long overdue.
- **Purchase Personal Protective Equipment (PPE) and Testing Supplies (Appendix C)** Payments for supplies and equipment to be used to cover the costs of staff and registrant testing, PPE, plastic barriers in program and on vehicles, tables and other equipment to ensure safety of registrants.
- **New and/or Additional HCBS (Appendix D)**
  - Add telehealth as a new Medicaid HCBS service. Many ADHC programs developed successful telehealth programs during the public health emergency and wish to continue to provide telehealth, along with in-person services, permanently. Unfortunately, this service is tied only to Executive Order 202 and will expire when the EO expires. New York State should develop a robust telehealth program and reimburse providers at parity with existing on-site visit payments.
  - Enhanced Case Management ADHC model- Develop an enhanced case management program utilizing ADHC services and staff for individuals transitioning from the hospital or nursing home back to the community.
  - Integrate ADHC with Medicare to off-set some Medicare services, such as restorative physical therapy, speech therapy, occupational therapy and skilled nursing reimbursed provided by ADHC under the all-inclusive Medicaid rate.
  - Add transportation aides (also known as “matrons”) to non-emergency Medicaid transportation program. Transportation aides are necessary to assist some participants with intellectual or physical disabilities and those with memory impairments to and from ADHC. Unfortunately, there is no reimbursement mechanism for this important service.
  - Add meal delivery to the ADHC benefit package. Most meal delivery service providers are unable to prepare modified or specialized diets. This gap in service was evident

during the PHE when ADHC programs were closed and participants were unable to access meals according to their health care needs. ADHC programs routinely provide specialized diets to participants in program and should offer this service in the home.

- **Quality Improvement Activities (Appendix D)** - Develop and adopt quality measures for ADHC.
- **Develop Cross-system Partnerships (Appendix D)** - Create incentives for managed care plans to develop partnerships between ADHC programs and behavioral health organizations, independent living centers and housing agencies to improve care coordination and health outcomes.
- **Training and Respite (Appendix D)** - Provide grants to ADHC programs to develop caregiver training and education on community integration; provide grants to ADHC program for respite visits.
- **Expanding Provider Capacity (Appendix D)** - Provide nursing facilities with funding to convert existing nursing home space to adult day health care or purchase/lease space in community.
- **Addressing Social Determinants of Health and Health Disparities (Appendix D)**  
Provide one-time grant payments to ADHC programs to support expenses related to community integration.
- **Expanding Use of Technology and Telehealth (Appendix D)**
  - Make investments in UAS-NY to make it interoperable with electronic medical records and RHIOs.
  - Grants to ADHC providers for EMRs; provide smartphones, computers and other devices to participants to promote independence and community integration.

We appreciate and share interest in maximization federal support, and would not want to lose this opportunity to make some transformational investments. We look forward to working with you to develop and carry out a plan that will strengthen ADHC providers and create a sustainable system to ensure access to quality home and community based care for all who need it.

Sincerely,

*Anne S. Hill*

Anne Hill

Cc: Adam Herbst