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

Ensure Access to Quality Home and Community-Based Services – Invest Now

Home and Community-Based Services (HCBS) providers deliver home care, hospice, long-term services and supports, day care, meals, and more to older individuals and those with disabilities who live in their homes and communities. They enable consumers to optimize their health and independence, prevent hospitalizations, and delay the need for higher levels of care. Demand for community-based care continues to soar as our population of older adults grows. However, HCBS providers continue to confront daunting financial and workforce challenges.

HCBS providers are unable to meet rising demand for services due to staffing shortages that are exacerbated by inadequate Medicaid reimbursement. 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 HCBS providers rates that cover the costs of competitive wages is resulting in diminished access to care.

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

Support Investment in Home Care and Hospice Workforce: We urge the State to provide significant funding for Licensed Home Care Services Agencies (LHCSAs), Certified Home Health Agencies (CHHAs), and hospice providers to help providers tackle the workforce crisis and meet demand for care. Funding is needed to support recruitment and retention efforts, training, transportation for staff, and the acquisition and implementation of technology.

Increase Medicaid Reimbursement for Adult Day Health Care (ADHC) / Restore Nursing Home Capital Rate Cuts: We urge the State to provide a Medicaid increase for ADHC that is set at 65 percent of a program's sponsoring nursing home's rate and restore the 15 percent cut in capital reimbursement enacted in 2020 and 2024. ADHC programs provide individuals with the ability to live in their homes with their families, while accessing skilled nursing care, personal care, socialization, recreation, and meals in a day program with an integrated care team. Currently, only 60 of the 120 licensed ADHC programs have been able to reopen since these providers were ordered by the State to close for over a year during the COVID-19 pandemic. Those that have opened are struggling to remain open, as they deal with staffing shortages and reimbursement challenges. There are over 23 counties that used to have 1 or more ADHC programs and are now without a single program. An increase in Medicaid rates would allow more ADHC programs to reopen their doors and provide needed services for older adults and their families.

Increase Medicaid Reimbursement for CHHAs: We urge the State to support additional investment for Certified Home Health Agency (CHHAs) services to address unmet need and rate methodology updates as reflected in A.1493 and A.7103-A (Paulin). CHHAs are critical providers on both the post-acute care and long-term care continuums, providing skilled care and short-term rehabilitation to patients discharged from hospitals, making room for other patients in acute care settings. Workforce challenges and inadequate reimbursement are forcing

CHHAs to limit admissions from hospitals and forcing them to close their doors. Over the past 6 years, 18 CHHAs have closed across the state. The State's CHHA rate methodology has failed to provide a cost of living adjustment (COLA) in over a decade, leading to serious financial losses in over 50 percent of CHHAs.

Reject Hard Cap on Enrollment in NHTD Waiver: LeadingAge New York is opposed to the Executive's proposed administrative action to place a hard cap on enrollment to curb utilization and spending under the Nursing Home Transition and Diversion waiver. The NHTD waiver provides community-based care to individuals who are at a nursing home level of care. This program is required to be budget neutral and has seen significant growth over the last few years. To provide cost containment, we suggest working with stakeholders to study the program and its recent growth to develop strategies to lower costs and minimize disruption to the program and the vulnerable individuals who need its services.

Support Funding for Aging Services: LeadingAge New York fully supports increased funding for the Expanded In-Home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE), including additional funds to address unmet needs of older adults. These programs are necessary to deliver care to individuals who are not Medicaid-eligible and help prevent and defer entrance to the Medicaid program. We also support increased funding for Naturally Occurring Retirement Communities (NORCs) and Neighborhood NORCs, including additional funding for nursing services provided as part of the N/NORC program and additional funding to expand Neighborhood NORCs. This program also serves the non-Medicaid market and delivers support and services to postpone entry into the Medicaid program.

Hospital at Home: The Executive Budget proposes to authorize general hospitals to provide off-site acute medical services in patients' homes, without obtaining a license as a home care agency. LeadingAge New York supports collaborations among providers to facilitate seamless transitions of care and optimize access for people who are unable to leave their homes. However, this proposal should not simply be a path for diverting funding from the long-term/post-acute care (LTPAC) sector to the hospital sector. Hospital services are generally more expensive than those provided by LTPAC providers, and hospitals lack the specialized expertise in delivering in-home care and the regulatory oversight of in-home services. To the extent that "Hospital at Home" providers offer home health care or personal care services, they should be provided by or in conjunction with an Article 36 provider.

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