

Protect Access to Home and Community-Based Services

LeadingAge New York urges the Executive and Legislature to ensure protection of the delivery of Home and Community Based Services (HCBS) in New York in light of the present financial climate caused by the enactment of HR1. While we recognize there are no direct cuts to New York's HCBS providers in the federal legislation, we are concerned that any state imposed rate cuts will have devastating effects on care for the elderly and disabled and the providers that serve them. We urge the State to ensure funding is available for HCBS providers and provide adequate reimbursement that covers the cost of care when it comes time for NY to make difficult decisions.

HCBS providers deliver post -acute care, 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 government 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.

Protect and Support Certified Home Health Agencies (CHHAs): CHHAs provide post-acute care services and are an integral part of post discharge care from hospitals and skilled nursing facilities. Without adequate CHHA services, stays in hospitals and nursing homes are prolonged, exacerbating access to care issues for all. CHHAs are also key to preventing rehospitalizations of those patients.

- Approximately 18 CHHAs have closed since 2019, according to DOH, and more are on the brink of closure. These closures are the result of stagnant Medicaid rates and steadily declining Medicare and Medicare Advantage rates.
- Despite the growing demand, CHHAs are experiencing workforce shortages and the gaps between rates and costs make it difficult to recruit and retain needed staff.

We ask the State to provide adequate Medicaid rates for CHHA services and help prevent further agency closures so they stay open and accessible to all communities.

Nursing Home Transition and Diversion (NHTD) Waiver Enrollment Cap: We appreciate the State's efforts to seek input on how to curtail costs of the NHTD waiver to avoid a hard cap on enrollment in the program. We urge adoption of creative options to achieve budget neutrality, so that elderly and disabled Medicaid beneficiaries needing supervision and long term services and support will not go without care.

Adult Day Health Care (ADHC) Programs Need Support: ADHC programs provide necessary skilled care and other services in a day program setting, enabling participants with significant needs to successfully remain in their home. Their integrated staff offers skilled nursing services, personal care, socialization and recreational activities, medication management, restorative and maintenance therapies to individuals with complex medical conditions and disabilities.

- Less than half of the licensed medical model ADHC (medical model) programs reopened after the pandemic due to funding, workforce challenges, and the financial instability of their sponsoring nursing homes.
- Only 23 counties have an open ADHC program. Notably, the Bronx, with approximately 200,000 residents over age 65, has just one operating program.

ADHC programs require adequate Medicaid rates deliver care and services provided. Current ADHC rates are woefully insufficient to cover the cost of care (set at 2009 rates), capital expenses (recently cut by 15%), staff recruitment and retention, and transportation of registrants to and from program (set at less than half the rate of MAS, the Statewide Transportation broker.) Without the support of ADHC, participants are likely to need nursing home care—having to move from their homes, at a greater cost to the state.

Despite cuts in federal Medicaid spending, HCBS providers need continued support to provide care and support to the State's most frail and vulnerable. Without this, we will see an increase in home care and community based care deserts, and ER visits and hospitalizations will become the default care option. We urge the State to protect home and community based care so that it is available and accessible for all New Yorkers.

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