Public Policy

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TO: HCA MEMBERS

FROM: HCA POLICY STAFF

RE: PRELIMINARY SUMMARY OF 2014-15 EXECUTIVE STATE BUDGET PROPOSAL

DATE: JANUARY 23, 2014

Overview

On January 21, Governor Cuomo submitted to the Legislature the Executive State Budget proposal for the April 1, 2014 to March 31, 2015 state fiscal year (SFY).

This memorandum summarizes the Governor's budget and its implications for the home and community based care system. HCA's analysis is based on information contained in the Executive Budget briefing documents and bill text. This analysis should be considered preliminary, as HCA continues our review and inquiries to the Executive on the budget content and intentions. HCA will supplement this memorandum with additional analyses and communications to members as the budget review, hearings, and negotiations proceed.

Highlights of the Executive Budget

The fiscal and programmatic highlights of the Executive Budget are summarized in this section.

Overall Fiscals

- The Governor has proposed a $142.1 billion spending plan for the coming 2014-15 fiscal year, including federal aid for Superstorm Sandy recovery.
- The budget increases spending by 1.7 percent over the previous year.
- A surplus of $500 million is projected. A $310 million surplus from 2013-14 is proposed for funding phased-in tax cuts that are expected to impact 2014-15 receipts.
- The proposed budget relies on a series of fees and tax extenders to help add revenue, including an increased surcharge related to the New York Racing Association operations,

from 0.5 percent to 0.6 percent.

Priority Areas of the Governor

While the entire Executive budget proposal reflects the Governor's proposed fiscal policies and priorities, the Governor has selected an array of areas for specific emphasis. An understanding of the health budget is best understood and viewed in the context of the whole budget and, in particular, the Governor's stated priority areas. These include:

- **Medicaid Waiver for Health System Delivery Reform & Infrastructure Support** – A clear priority in the budget message verbally delivered by the Governor and reflected in his health/Medicaid proposals is the acquisition of major new federal funding under the waiver that the state has been negotiating with the U.S. Centers for Medicare and Medicaid Services (CMS). The funding would come from savings achieved through state/provider program initiatives and system delivery/finance reforms. The budget contains a series of waiver-related priority measures, which will be further described later in this memorandum.

- **Taxes** – The budget proposes reductions and reforms across an array of taxes, including business, property, estate, personal income, renters, boxing/wrestling, agriculture and others. The budget also proposes an array of changes to the tax code itself.

- **Education** – Education aid would increase by 3.8 percent, or $807 million, to a total of $21.9 billion, including: $682 million in additional formula-based school aid; funding a statewide universal pre-Kindergarten program, with $100 million targeted for spending in the first year and a total of $1.5 billion in phased-in spending over the next five years; and a $2 billion education bond act proposed to be voted on in the fall.

- **Local Government Consolidation** – Aid to local governments would remain flat at $715 million; however, the budget proposes $39 million for consolidation and shared services by municipalities.

- **Public Safety, Emergency Preparedness & Response** – The budget includes several public safety, emergency preparedness and response initiatives, including support for infrastructure, coastlines, transportation, recognition of first responders and providers, and others. As extensively reported in the past, HCA has sought "Essential Personnel" status for home care and hospice providers working to assist patients during emergencies and will seek incorporation of this home care provision in the budget, building on strong legislative support from last year's session.

- **Ethics** – The budget pursues various reforms related to campaign finance and ethics in government.

Overview of Health & Medicaid Provisions

Below is an overview of the proposed Health and Medicaid budget provisions, indicating those areas particularly emphasized by the Executive in the Governor's budget speech and/or briefing documents. This is followed by HCA's summary of the budget's home health related provisions. (Note: Any allocation and/or savings figures reflect numbers available as of this memo's publication.)

- **Overall Medicaid Spending** – Spending on the state's Medicaid program is expected to be $58.2 billion, an all-funds increase from $55.6 billion.

- **Medicaid Redesign Team (MRT) Initiatives** – The Executive Budget continues MRT actions, including the Medicaid Global Spending Cap enacted in 2011-12, and it recommends funding consistent with its provisions. It seeks to further promote: integration of physical health and behavioral health services; funding for affordable housing; payments to essential community providers; Health Homes; and other managed care initiatives, including the transition of foster care children into managed care.

- **Medicaid Waiver Proposals** – The budget proposes to implement programs under the state's Medicaid waiver and make complementary investments in the areas of: capital and pilot programs to promote system restructuring through a delivery system reform incentive payment program (DSRIP); establishment of Regional Health Improvement Collaboratives (RHICs); improved health information technology, collecting and sharing health care data across providers; and others.

- **Regulatory Flexibility under DSRIP** – Proposed amendments to the core powers and duties of the Commissioner of Health would authorize the Commissioners of the Office of Mental Health, Office for People with Developmental Disabilities, and Office of Alcoholism and Substance Abuse Services to waive any regulatory requirements to allow providers participating in joint projects under DSRIP to avoid duplicative requirements and allow for the integration of services in a rational and efficient manner.

- **Private Equity Demonstration** – The budget authorizes up to five business corporations to participate in a private equity demonstration program to encourage the investment of private capital in transformative health care projects. The corporation may include the "ownership and operation, or operation," of a Certified Home Health Agency (CHHA), Licensed Home Care Services Agency (LHCSA), or Hospice. All participants would be subject to Public Health and Health Planning Council (PPHPC) approval. Publicly traded entities would not be permitted to participate.

- **Health Care Reform Act (HCRA)** – HCRA would be reauthorized for three years; however, not all provisions are extended (including pool allocations and specified rate

adjustments for home health, hospice and managed long term care plans).

- **Public Health & Aging Program Funding, Reductions and Reforms** – The budget proposes to achieve major savings through reforms to public health and aging programs and cost-control measures, including reforms to the General Public Health Works program and the Early Intervention (EI) Program ($54 million in projected EI savings alone over five years).

Provisions Affecting Home Care

The Executive Budget proposal contains major new provisions affecting Medicaid, health, and home and community-based care in particular, as further detailed in this section. Many of these proposals aim at continuing to reshape the state's public health and health delivery systems. A number of the proposed provisions reflect HCA's ongoing outreach, work and collaborative efforts with the Executive Chamber and the State Department of Health. We are appreciative of this ongoing engagement and the Administration's consideration of mutual goals in several important areas.

HCA continues to analyze and discuss with the Executive and others the details of these still freshly-delivered massive budget bills. The bills contain provisions which HCA can strongly endorse, others which will require further information and assessment, and still others which in present form compel our concern and will likewise be a focus of our engagement during the budget negotiations.

HCA will keep members closely apprised of any new developments that affect this budget summary, and particularly these next proposals. We will also have updates as the Executive further briefs the Legislature and public over the coming days and weeks. A critical stage in this process involves potential Executive budget amendments which the Governor may yet submit over the next 30 days, and which could affect virtually any area of his budget.

New Reimbursement Actions

- **Wage Parity Rate Adjustments** – The proposed budget would direct the Commissioner of Health, beginning March 1, 2014, to adjust Medicaid rates of payment for services provided by CHHAs and Long Term Home Health Care Programs (LTHHCPs) for cost increases stemming from wage increases required under the Home Care Worker Wage Parity Law.

  As proposed, the adjustment would be based on a comparison of: 1) hourly compensation levels for home health aides and personal care aides as they exist in the current Medicaid rates; and 2) the compensation levels that are incurred under the Wage Parity Law (ostensibly for 2014 and subsequent periods).

From the outset of the original 2011 Wage Parity proposal, HCA has strenuously and persistently advocated for appropriate funding of Wage Parity. This past fall, with the announced 2014 wage levels and additional mandated expenses escalating to new and unreachable levels, HCA, providers, labor representatives and health plans all appealed for action and funding as reflected in a letter sent to State Medicaid Director Jason Helgerson (See http://www.hca-nys.org/documents/HCAWageParityLettertoJasonHelgerson.pdf).

The Executive budget proposal is a positive response to this multi-level appeal, and our analysis of it is ongoing. Without additional detail, however, it is unclear: whether this proposal adequately funds the required wage parity level and associated new provider expenses; how the requisite funds are anticipated to be channeled to Licensed Home Care Services Agencies (LHCSAs) and other contracting home care providers; whether adequate funds are provided to managed care plans for requisite worker and agency compensation; and whether other elements of this issue area are adequately met.

This will be a priority focus of HCA's budget engagement and advocacy.

- **Managed Long Term Care (MLTC) Premium Adjustment for Regulation** – The Administration indicates that the proposed budget includes funds to adjust MLTC rates for DOH-projected cost increases expected to result from DOH regulatory clarifications that will affect MLTC-home care services. Over the past two years, as well as in the Home Care Regulatory Workgroup, DOH has received innumerable questions from providers and plans regarding the applicability of federal/state regulatory provisions on these services. These questions have been accompanied by significant concerns as to costs and contracting, pending DOH answers. Meanwhile, the home care and managed care communities have been appealing for extensive regulatory streamlining for the home care-managed care model. It is unclear thus far how much the proposed budget has allocated for increased regulatory costs and HCA will be engaged on this issue as a priority focus. HCA will also be urging and continuing to submit proposals for home care-managed care regulatory streamlining and relief. The Home Care Regulatory Workgroup is charged to report its recommendations by March 1.

- **VAP Payments to LHCSAs** – Starting April 1, 2014, the Commissioner of Health would be authorized to make "temporary periodic lump-sum Medicaid payments" to LHCSAs that are: (i) undergoing closure; (ii) impacted by the closure of other health care providers; (iii) subject to mergers, acquisitions, consolidations or restructuring; (iv) impacted by mergers, acquisitions, consolidations or restructuring of other providers; or (v) seeking to ensure that access to care is maintained. The payments follow the Vital Access Provider (VAP) program structure which provides financing to hospitals, nursing homes, CHHAs and other entities for reconfiguring their operations.

  Those LHCSAs seeking funds must demonstrate that they will achieve one or more of the following: (i) protect or enhance access to care; (ii) protect or enhance quality of care; (iii)

improve the cost effectiveness of the delivery of health care services; or (iv) protect or enhance the health care delivery system as determined by the Commissioner.

- **Discontinuation of 2 Percent Across-the-board Medicaid Reduction** – The budget would discontinue, after March 31, 2014, the 2 percent across-the-board payment cut to Medicaid for all sectors, including the alternative cuts made in lieu of the 2 percent cut (such as the additional 0.7 percent Gross Receipts Tax, or "GRT," on LTHHCP payments). Elimination of the 2 percent cut and alternative cuts was an active part of the State Department of Health's Global Cap Advisory Group discussions with HCA and other stakeholders and a major HCA priority.

- **Medicaid Global Spending Cap Shared Savings Initiative** – The budget proposes to extend the Medicaid Global Spending Cap through SFY 2015-16. Last year's final state budget continued, through March 31, 2015, both the Medicaid Global Spending Cap and the Commissioner of Health "super powers" to reduce expenditures that exceed projections. The cap for SFY 2014-2015 is $16.5 billion.

  The global cap limits annual state Medicaid expenditure growth to a ten-year rolling average of the medical component of the consumer price index, published by the U.S. Department of Labor, Bureau of Labor Statistics (estimated at four percent for the fiscal year).

  However, as part of the 2014-15 proposed budget, the Governor has included an initiative to reinvest back into the provider system savings achieved under the global cap. As extensively reported in recent editions of HCA's *ASAP* newsletter, HCA and other stakeholders on the Executive's Global Cap Advisory Group have discussed and provided input on approaches for supporting and fashioning such a reinvestment initiative.

  Specifically, the proposal would allow the Commissioner of Health, in consultation with the Director of the Budget, prior to January 1 of each year, to determine the extent of savings that have been achieved as a result of the global cap and further determine the availability of such savings for distributions during the last quarter of the SFY (January 1 to March 31).

  Under this scenario, the Commissioner would be authorized to distribute funds up to an amount equal to the available savings proportionately among providers and plans. The allocation would utilize three years of the most recently available systemwide expenditure data reflecting both fee-for-service and managed care encounters. The proposal allows the Commissioner to impose minimum threshold amounts in determining provider eligibility for receipt of shared savings. The proposal also allows a portion of the funds (not to exceed 50 percent) for assisting financially distressed and critically needed providers as identified by the Commissioner. Funds can also be used to assist the Department with implementing

the Medicaid waiver amendment, the Fully Integrated Duals Advantage (FIDA) program, VAP, and the Balancing Incentive Program.

Actions in the State's Medicaid waiver amendment include not only assistance with public hospital transformation but also MRT supportive housing initiatives, activities to facilitate the transition of vulnerable populations to managed care and rate resetting and other program operations activities related to managed care plans.

- **Workforce Recruitment & Retention (R&R) and Recruitment, Retention and Training (RT&R) Funding** – The budget proposal continues the 3 percent R&R funding for LTHHCPs and AIDS Home Care programs, as well as for CHHAs billing for services to children under age 18 and for services provided to a special needs population of medically complex and fragile children, adolescents and young disabled adults by a CHHA operating under a pilot program, included in Public Health Law (PHL) Section 3614(8).

  However, the proposed budget **discontinues** the HCRA pool funding allocation for CHHAs, LTHHCPs, Hospice, MLTC plans and contracting LHCSAs for workforce recruitment and retention, and repeals Public Health Law provisions 3614(9)-(10) that authorize workforce rate adjustments of up to $100 million per year. This includes repeal for CHHA services provided to children under age 18 and for services provided to a special needs population of medically complex and fragile children, adolescents and young disabled adults by a CHHA operating under a pilot program.

  While the proposed budget memorandum indicates that existing RT&R funding in 3614(9)-(10) would be maintained by shifting it to providers' base rates and MLTC premiums, HCA will be seeking immediate clarification from DOH on how this is to be realized. HCA has already posed questions to the Department regarding whether RT&R funds will be passed-through, paid separately, or paid as an add-on to the MLTC. The Department's response is crucial for understanding the effect of these changes as well as the movement of these special funds.

  Moreover, HCRA funding traditionally devoted to home care, hospice and MLTC should be preserved for continued investment in these services and infrastructure.

  The proposed budget continues funding for R&R rate adjustments for Personal Care providers in an aggregate amount of up to $340 million for rate adjustments to New York City providers, and up to $28.5 million for rate adjustments for Personal Care providers in the rest of the state through April 1, 2017.

  It is unclear why the budget proposal discontinues R&R funding for home health, hospice and MLTC providers while continuing R&R funding for Personal Care. HCA will pursue an explanation and remedy in our forthcoming outreach to the Executive and Legislature.

- **Pre-claim Review** – The budget would extend "pre-claim review" requirements (by a verification organization) to home care providers, including CHHAs, LTHHCPs or Personal Care providers who have total Medicaid reimbursements – **including payments from managed care plans** – that exceed $15 million per year. Currently, managed care payments to home care providers are **not** included in calculating the $15 million threshold and pre-claim review is currently **not** conducted for managed care claims.

Continuation of Prior Reimbursement Actions

The Governor proposes to include the following reimbursement cuts and actions previously implemented for home care. HCA is awaiting further information on projected state fiscal year impacts attributable to these reimbursement actions. Such forecasts are very different from previous years for home and personal care sectors since the ongoing mandatory transition to managed care is causing significant changes in fee-for-service expenditures, and, thus, changes in impact.

- **Trend factor elimination** – Last year's final 2013-14 final State Budget eliminated the Medicaid trend factor for CHHAs, LTHHCPs, Personal Care programs, hospitals, nursing homes, outpatient services and diagnostic and treatment centers through March 31, 2015.

  However, last year's final budget confirmed that the Department will still calculate the Medicaid trend factor for all providers by analyzing the ten-year rolling average of the medical component of the consumer price index (CPI), as published by the U.S. Department of Labor. Previously, the Department was calculating the Medicaid trend factor for all providers by analyzing the annual inflationary updates from the U.S. Consumer Price Index for all urban consumers (CPI-U).

- **Gross Receipts Tax (GRT)** – The budget would continue the GRT on CHHAs, LTHHCPs, LHCSAs and Personal Care providers that have a Medicaid contract with a Local Social Services District for the delivery of Personal Care services. (This GRT has been in effect since April 1, 2009.) For CHHAs, LTHHCPs, Personal Care providers and LHCSAs, a 0.35-percent assessment applies to cash receipts for all patient care services (including Medicaid, Medicare, managed care, private pay, etc.).

  As mentioned previously, the budget proposes that, beginning April 1, 2014, LTHHCPs will no longer be subject to the higher GRT calculation of 1.05 due to the elimination of the two percent across-the-board cut.

  Recently, DOH sent out a notice informing providers that all cash receipts for patient care services are assessable under the GRT, including patient care cash receipts from MLTC providers. Prior to the managed care transition, many LHCSAs provided services through contracts with CHHAs and LTHHCPs and the monies that LHCSAs received from

such subcontracts were not subject to the GRT because the CHHAs and LTHHCPs were assessed on these monies.

- **Medicare Maximization Targets** – The Medicare Maximization targets, which were first established as part of the state budget in 1996 to 1997, were extended as part of last year's final budget through March 31, 2015, and are built into the fiscal plan for 2014-15. The initiative requires CHHAs and LTHHCPs each year to meet a pre-assigned target in which Medicaid revenues are reduced as a percentage of the total Medicare and Medicaid revenue combined. For benchmarking purposes, the state is divided into two regions: the downstate region, consisting of New York City and Long Island, and the upstate region consisting of the rest of the state. CHHAs and LTHHCPs in each region have a target percentage.

  The base year for the targets remains 1995. The 2014 target period is from January 1, 2014 through November 30, 2014, and each year subsequently the target period shall remain January 1 through November 30 for that respective year. Therefore, the target that must be achieved is in relation to CHHA and LTHHCP Medicaid/Medicare revenues in that year, and the targets are not cumulative.

  Once a provider has reached a target, it is expected to maintain that ratio. The process for determining how providers are doing and what they must pay is twofold. First DOH must calculate how the group performs (e.g. all upstate CHHAs). If the group reaches the target then there is no liability for any individual provider. If the group does not reach the collective target, then DOH must examine each individual provider and assign liability accordingly. The total dollar value for the entire state is $5 million.

  Notwithstanding whether the above calculations continue to be conducted for each succeeding budget year, this cut continues to be carried forward as part of the historical containment of the state's Medicaid costs.

- **CHHA Administrative & General (A&G) Cap** – The 2013-14 final state budget extended through March 31, 2015, the statewide A&G cap on CHHAs. This cap is thus built into the 2014-15 state fiscal year plan. For CHHA services provided to children under age 18 – and for services provided to a special needs population of medically complex and fragile children, adolescents and young disabled adults by a CHHA operating under a pilot program (i.e. non-CHHA Episodic Payment System cases) – DOH will continue to utilize a "rolling cap" adjusted annually using agencies' two-year-old Medicaid cost reports. The initial 2014 A&G cap for CHHAs providing services to these individuals is 22.68 percent.

- **LTHHCP A&G Cap** – The final 2013-14 State Budget similarly extended through March 31, 2015 the statewide A&G cap on LTHHCPs. The LTHHCP A&G cap will continue to be a "rolling cap," adjusted annually by DOH using agencies' two-year-old

Medicaid cost reports. This initial 2014 LTHHCP A&G cap is 22.66 percent. LTHHCPs over the statewide A&G cap will have their Medicaid rates lowered by DOH applying the aggregate statewide A&G limitation.

- **CHHA Charity Care Requirement** – Last year's final state budget amended Chapter 884 of the Laws of 1990 to extend authorization for bad debt and charity care costs as reported by CHHAs through June 30, 2015.

  The CHHA charity care statute was revised in 2009 based on HCA-drafted legislation to reduce the percentage requirements in line with hospital percentages (0.5 percent) for bad debt and charity care payments and to provide for DOH consideration of a fuller array of CHHA-provided charitable service through the development of community service plans (as is required in hospitals) that would be submitted by CHHAs to DOH. The Department has identified CHHA charity care to be among the areas recently listed for regulatory promulgation in 2014.

Select Appropriations

- **Regional Health Improvement Collaboratives** – Provides $7 million in 2014-15, growing to $16 million in 2015-16, to support eleven Regional Health Improvement Collaboratives (RHICs), including support for the Finger Lakes Health System Agency to share its experience and provide technical assistance to other regions. RHICs will function as conveners of key health care stakeholders to identify regional health care challenges and implement recommended solutions.

- **Health Homes** – Allocates funds to Health Homes for member engagement, staff training, health information technology, joint governance technical assistance and other purposes. Priority would be given to applications which address implementation challenges, leverage regional partnerships, link care coordination networks and don't duplicate funds available from other programs.

- **Health Benefit Exchange** – The budget proposes $54.3 million in 2014-15, growing to $148.3 million in state funding, between DOH and Department of Financial Service budgets, to sustain the Health Benefit Exchange.

- **Criminal Background Checks** – $3 million is proposed for criminal background checks of staff of home care agencies and nursing homes.

- **Home Care Aide Registry** – $1.8 million is allocated for the home health aide registry.

- **LTC System Improvements** – the proposed budget appropriates $3.35 million for "making improvements in the long term care system for the point of entry initiatives, for

the purposes of expanding and promoting a more coordinated level of care for the delivery of quality services in the community."

- **Local Office for Aging Staff Training** – $250,000 is included to train local Area Agencies on Aging staff so they can provide "up-to-date information and services to older adults."

Select Appropriations

- **Certificate of Need and other Reforms** – Reduces the period used to review an entity's "character and competence" from ten to seven years under the Public Health and Health Planning Council approval process; and creates an expedited review process for approval of up to nine additional beds, up from the current five, in existing enhanced assisted living residences and special needs assisted living residences.

- **Workforce Flexibility/Scope of Practice** – Includes provisions for nurse practitioners and for direct care staff in OPWDD settings.

  Nurse Practitioners: The budget proposes the "Nurse Practitioners Modernization Act." This would allow a nurse practitioner whose written agreement with a physician terminates or cannot be renewed through no fault of the nurse practitioner to be supervised by another nurse practitioner with more than 3,600 hours of work experience with the approval of the state Education Department (SED) for up to six months (or longer for "good cause"). Also, it would allow nurse practitioners with more than 3,600 hours of work experience to forego written collaboration agreements and written practice protocols with physicians, as long as they document, in the manner dictated by SED, collaborative relationships with physicians who have agreed to maintain such relationships.

  OPWDD Direct Care Staff: An existing exemption in the Nurse Practice Act is proposed to be expanded to include tasks provided by direct support staff in non-certified programs funded, authorized or approved by OPWDD when performed under the supervision of a registered nurse, in accordance with an authorized practitioner's ordered care.

- **Managed Care** – Multiple provisions are proposed related to managed care, including:

  - Requiring managed care contracts with nursing homes to include a basic hourly rate of pay and a supplemental benefit rate, as determined by the DOH Commissioner, for nursing home employees, including nurses, nursing aides, attendants, orderlies, and therapists.

  - Authorizing DOH to reinvest funds saved from transitioning the behavioral health population to managed care for increased investment in community based

behavioral health services, including residential services.

- Expanding the existing Medicaid Managed Care Advisory Review Panel (MMCARP) from 12 to 16 members by adding a consumer representative for individuals with behavioral health needs, a consumer representative for those dually eligible for Medicare and Medicaid, a provider representative for entities that provide services to individuals with behavioral health needs, and a provider representative for those who provide services to dual individuals.

- **Spousal Refusal** – A new form of this longstanding proposal is introduced, seeking to limit the ability of a financially responsible spouse from avoiding income and asset payment to Medicaid for a spouse's medical bills. Specifically, the budget proposes to allow Medicaid to be provided to one spouse without counting the other spouse's income and resources ***if*** the spouse is refusing to make his or her income and/or resources available; **and** the applicant executes an assignment of support to the social services district or the refusing spouse is absent from the household and fails to make his or her income and/or resources available.

- **Fair Hearings** – A Fair Hearings "Chargeback" would be established under which local social service districts will have to meet certain performance improvement criteria related to preparation and attendance at fair hearings. If these criteria are not met, the state could recover a portion of the costs incurred for hearings in that district.

- **Defers Provision of COLA to Human Services Agencies** – The budget proposes to defer the cost-of-living adjustment (COLA) for certain human service programs under the state Office for Aging, Office for People with Developmental Disabilities, Office of Mental Health, Department of Health, and other state agencies.

- **Excess Medical Malpractice Insurance Coverage** – The Excess Medical Malpractice Program would be extended. This program, first established in 1985, assists with the purchase of a secondary layer of medical malpractice coverage for qualified physicians and dentists.

Next Steps

HCA will continue to analyze the Executive's budget proposals and documents, as well as meet with the Executive, Legislature and colleagues in the health care community, to further assess the proposals and determine next steps in our advocacy.

Budget and Advocacy Materials for Member Advocacy: HCA's 2014 legislative and budget advocacy material can be accessed on our *Power of Home Care* advocacy website at http://powerofhomecare.org/advocacy-reports-and-resources/.

This material presently includes: 1) a one-page *Home Care Priorities in the 2014-15 Budget* document, which spells out HCA's legislative asks; 2) message-points to guide your outreach to legislators and Executive officials; and 3) a special report on *New York's State of Home Care*, which explains to legislators all of the critical developments occurring in the home care industry as well as the provider-level impact of these developments based on responses from HCA members to a statewide survey.

Statewide Advocacy Day: HCA's Statewide Member Advocacy Day is Monday, January 27 in Albany. All HCA members are needed for Advocacy Day meetings with their Senate and Assembly members, and HCA will be holding additional advocacy programs and efforts throughout the coming weeks.

Statewide Budget Conference Call: On February 6, at 3 p.m., HCA will be holding a statewide conference call to further detail the budget provisions. If you have not already registered for this call, please do so by contacting HCA at info@hcanys.org and dial-in information will be sent to you.

Legislative Hearings: Joint Legislative Hearings on the proposed new budget have already been scheduled by the Senate and Assembly, with the Hearing on the Health and Medicaid Budget scheduled for February 3 at 9:30 a.m. in the Legislative Office Building in Albany. HCA will testify, as will state officials and others concerned with or affected by the proposed new budget.

Ongoing Member Participation: HCA will otherwise be providing regular updates and analyses to the membership on further budget details as well as on related budget developments and advocacy action items. Participation at all levels in HCA's advocacy effort is vital to the budget outcome as well as to gaining support and changes the home care system urgently needs to succeed in this transitioning environment. Toward this end, the grassroots engagement of HCA members is indispensable.