



# HOME CARE ASSOCIATION OF NEW YORK STATE 2018 BUDGET AND LEGISLATIVE ASKS

New Yorkers are increasingly dependent upon the home and community-based care system for their health and care – whether they are new mothers and infants postpartum; individuals recovering or rehabilitating after major surgeries or traumas; elderly, chronically ill and disabled individuals striving to stay in their homes and out of institutions; or individuals referred to home care by their physician to receive preventive and primary care at home.

Managed Long Term Care Plans, Home Care Providers and Hospices throughout the state are financially stretched beyond capacity, and are in urgent need of stability and support to fulfill their major role in the health care system. To address this, HCA asks:

## 1 **Reject Budget Cuts to MLTCs and Home Care**

- Reject limits on MLTC provider networks to 10 licensed home care services agencies, which: denies consumers and patients access to care and the choice of caregiver and provider; ignores the reality that home care services are delivered locally; micromanages MLTCs' ability to make care delivery determinations and undermines their operations; and dislocates staff.
- Reject sweeping cuts to MLTC administration/operations, cuts to MLTC reserve funding, elimination of MLTC patient transportation, a ban on provider marketing, and sweeping new penalties, fines and reporting mandates.
- Reject limiting patient enrollment to only those that are the sickest. This creates gaps for those patients no longer qualifying for MLTC and who are no longer eligible for the services of network home care providers. It also increases the financial pressure on MLTCs.

## 2 **Support Budget Proposals to Reimburse Minimum Wage & Health Care Infrastructure**

- Fund the Direct-Care Worker Minimum Wage Mandate and its cost increase to home care, hospice and MLTC. We support the Executive's proposed \$450 million allocation for minimum wage but separately request a more transparent, even and structurally sound approach to the dissemination of funds (as detailed later).
- Support the proposed \$425 million in Phase III funding of the "Health Facility Transformation Program," but ensure that at least one-quarter of funds (\$106.25 million) are for home care, hospice and other community health care providers, and provide additional flexibility to ensure funds can address the most urgent system priorities.
- Modify the Executive's rural home health care proposal, enabling it to operate more flexibly as an essential access fund in both rural and other high-need areas and increasing the proposed allocation from \$3 million to \$30 million to support statewide need.

## 3 **Develop Appropriate, Actuarially Sound and Timely Payment for MLTCs and Providers**

MLTCs, home care and hospice providers are constantly besieged by the lack of timely, transparent, and adequate premium/rate adjustments to meet mandated costs imposed by the law or regulations, such as minimum wage increases, worker overtime and wage parity requirements, new "conditions of participation" which increase the requirements for care, and enrollment of new or special populations, including pediatrics.

- HCA advocates for a transparent, streamlined and timely rate process initiated by the Department of Health and its finance contractor that will meet the premium and rate adequacy needs of plans and providers.

# HCA'S BUDGET AND LEGISLATIVE ASKS

## 4 Address Workforce Needs in Home Care and Hospice

- Increase the HCRA rate add-on for recruitment, training and retention of direct-care workers, targeting the adjustment to specific shortage areas and disciplines, including pilot testing of vital needs (e.g., transportation, education, child daycare, career ladder opportunities, peer support, etc.) for home care/hospice aides.
- Advocate for the implementation of Chapter 444 of 2011 which provides for staff and operational flexibility and innovation for home care providers through waivers.
- Amend the HCRA Health Workforce Retraining Program to include retraining and/or cross-training of the institutional workforce for work in home care and hospice.
- Tap Area Health Education Centers for assistance with home care/hospice worker recruitment in shortage areas.
- Conduct a "Competitive Market Study" through the Departments of Labor and Health to study the rates and actions necessary to support MLTC, home care and hospice workforce recruitment and retention.
- Establish a state interagency workforce coordinating effort (Labor, Health, Education, Aging, Mental Health, etc.) on home care and hospice workforce development and marketing to encourage interest in these important health care professions.

## 5 Maintain NY Licensure Standards for Home Care – and Act Against Scofflaws

New York State has been dedicated to the highest standards, laws and regulations for home care quality in the nation. A health care provider wishing to provide in-home health care for New Yorkers must be licensed to do so – and adhere to comprehensive standards, quality protections and more. System changes have created a major incentive for entities of all types to attempt to provide in-home care outside of this licensure, regulatory and standards process.

- Reject any proposed compromise to the home care licensure/certification system.
- Modify the telehealth proposal to ensure that services currently limited to home care providers by law are not circumvented by non-home care providers using telehealth. Also, any telehealth extension in the home must be coordinated with the patient's primary care physician and home care or hospice provider.
- Modify the community paramedicine proposal to anchor it to the existing collaborative statute as accomplished in S.5588 (passed in 2017) and A.2733-A.
- Direct the Office of the Medicaid Inspector General (OMIG) to investigate scofflaw practices by non-home care/non-article 36 entities, with Medicaid fund recoupments returned to the state for investment in home care.

## 6 Utilize Home Care's Expertise to Yield Savings in Community and Public Health

Tap home care's unique capacity and expertise to help address major and costly public health priorities, including: sepsis prevention and treatment, medical support for community mental health, asthma management, opioid management and abuse/addiction prevention, elimination of health disparities, pressure injuries prevention and management, and others.



388 Broadway  
Fourth Floor  
Albany, New York 12207

## QUESTIONS

Contact HCA at [info@hcanys.org](mailto:info@hcanys.org)  
and (518) 426-8764.