

## Aging in Place Depends on Home and Community-Based Services:

### Invest Now to Preserve a Continuum at Risk

Home and Community-Based Services (HCBS) providers deliver home care, hospice, adult day care, meals, social supports, and more to older individuals and those with disabilities who live in their own homes. They are a lifeline, enabling consumers to maximize their independence and delay the need for higher levels of care that tend to be more expensive. HCBS are also a critical element of the health care ecosystem, enabling safe discharges to home after a hospitalization or nursing home stay. And, they are a valued resource for family caregivers, providing respite and enabling them to work and meet other obligations.

We urge the state to increase support for HCBS. While we appreciate the Executive Budget's investment in Naturally Occurring Retirement Communities (NORCs) and aging services, these modest investments are not sufficient to meet the growing need for HCBS among our rising population of older adults. HCBS providers are confronting daunting financial and workforce challenges, leading to program closures and reduced access for consumers in need of care.

The State is experiencing a constriction of capacity and access across HCBS providers. Since 2022, 18 certified home health agencies (CHHAs) have closed, eliminating access to Medicare-covered home health services in several upstate counties. Workforce challenges and inadequate reimbursement are making it difficult for home care agencies to meet demand for services and forcing some to limit admissions as well. In addition, with a new cap on enrollment in the Nursing Home Transition and Diversion program, individuals who require supervision and services not covered by the managed long term care program may have nowhere to turn. And, the recently awarded Rural Health Transformation Program grant does not appear to address in-home care.

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

**Ensure Adequate Funding for CHHAs, LHCSAs and Hospice:** We urge the State to support additional investment for Certified Home Health Agencies (CHHAs) to address funding shortfalls, including rate methodology updates as reflected in A.1493-A and A.7013-B (Paulin). CHHAs are critical providers of both post-acute care and long-term care, providing skilled care and short-term rehabilitation to patients discharged from hospitals and nursing homes.

We likewise request increased funding for licensed home care services agencies (LHCSAs) and the Managed Long Term Care (MLTC) Plans that arrange and pay for the majority of LHCSA services in New York. However, MLTC plans have not received a rate update sufficient to account for increased costs associated with the transition to a single statewide fiscal intermediary for the Consumer Directed program.

Further, we ask for increased funding for home care and hospice providers to tackle the workforce crisis and meet growing demand for care. Increased funding is needed to support recruitment and retention efforts, training, mentoring programs, transportation for staff, and the acquisition and implementation of technology.

## **Increase Adequate Medicaid Rates for Adult Day Health Care (ADHC) / Restore Nursing Home Capital Rate**

**Cuts:** 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. Many counties that had access to ADHC are now without a single program.

To support the availability of ADHC services statewide, the State must ensure that the 2025-26 year's investment in ADHC provider rates recurs and that new funds targeted to nursing homes and hospitals include ADHC, the community program of the nursing home. A permanent increase in Medicaid rates would allow more ADHC programs to reopen their doors and provide needed services for older adults and their families. We also support the Executive Budget's restoration of the nursing home capital rate cut by 10%, which also affects ADHC programs, and request restoration of the remaining 5% cut.

**Support Funding for Aging Services:** While we recognize increased funding to address unmet need of older adults in past years for NYS Office for the Aging programs, including EISEP and CSE, significantly more dollars are needed to address the long wait lists for aging services and supports that persist throughout the State. LeadingAge NY supports the \$8M in additional funds in the Executive Budget for Naturally Occurring Retirement Communities (NORCs) and Neighborhood NORCs. These programs are necessary to deliver care to individuals who are not Medicaid-eligible and help prevent and defer Medicaid enrollment.

**Senior Housing Resident Assistance Program:** We urge the State to create and fund a dedicated Affordable Independent Senior Housing Resident Assistance Program in the 2026-27 State Budget. A strategic and modest investment of \$10 million in State funds over five years (\$2 million/year) would allow Resident Assistants to serve 1,600 or more older adults in affordable housing annually, promoting their general wellness and helping them continue to age independently. The "light touch" support and services provided would allow more low-income senior residents to remain in their homes and age-in-place, by connecting them to outside health, wellness, and other supports, delaying or preventing reliance on high-cost Medicaid services.

**Hospital at Home:** We oppose codification in State law of the Hospital at Home program in the absence of participation by an Article 36-licensed provider. 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, hospital services are generally more expensive than those provided by long-term/post-acute care 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.

**Contact for Questions:** Sarah Daly, [sdaly@leadingageny.org](mailto:sdaly@leadingageny.org)

LeadingAge New York

13 British American Blvd., Suite 2 | Latham, New York 12110-1431 | P 518.867.8383 | F 518.867.8384 | [www.leadingageny.org](http://www.leadingageny.org)

*Inspire Serve Advocate*