



Adult Day Health Care Council

Invest in Adult Day Health Care Programs Restore Access to ADHC and Help Reopen and Rebuild

Adult day health care (ADHC) programs are a home and community-based service (HCBS) option that serves complex registrants who would otherwise be receiving care in an institutional setting. These programs are vital to registrants, their caregivers, and families. ADHC programs' integrated care teams provide skilled nursing care, personal care, therapies, social work, case management, hot meals, recreation, and socialization – essentially the full array of nursing home services – in a day setting. Registrants return home at the end of the day, and caregivers are able to access some respite.

The Adult Day Health Care Council (ADHCC) urges the State to increase funding for ADHC programs. Increased ADHC Medicaid rates would enable programs to address chronic underfunding since 2009, encourage ADHC programs still closed post COVID to reopen and rebuild, and ensure that rates reflect increases in costs for staffing, utilities, food, medical equipment, building services, and supplies. Programs are operating at rates well below the cost of care.

Requests:

- **Increase ADHC Medicaid Rates:** ADHCC urges the State to set ADHC operating rates at 65% of a program's sponsoring nursing home operating rate and ensure that rates increase with nursing home rate rebasing. The proposal targets both upstate and downstate programs that are subject to extremely low operating rates. More than 90% of ADHC registrants are Medicaid beneficiaries, leaving ADHCs unable to make up for the daily losses with other payor sources.
- **Include ADHC in Targeted Funding:** The Executive Budget provides \$1.5 billion for nursing homes and hospitals to address financial challenges and inadequate Medicaid rates. As ADHC programs are the community program of their sponsoring nursing home, ADHCC requests support for their inclusion in this targeted funding.
- **Fully Restore Nursing Home Capital Cut:** Restore the full 15% of the nursing home capital rate cut made to nursing homes and their ADHC programs. The Governor's budget only restores 10% of the cut.
- **Support Med Techs:** Support the Executive Budget proposal to authorize specially trained certified nurse aides (CNAs) to work in nursing homes as certified medication aides (CMAs) administering routine medications to residents under the supervision of a registered nurse (RN). This proposal would enable nurses to focus on higher-level tasks, while providing new career opportunities for CNAs and preserving quality and safety. Approximately 39 states already authorize medication aides in nursing homes. In New York, the Office for People with Developmental Disabilities (OPWDD) already allows unlicensed direct care staff to administer medications. This proposal would have no cost to the State.

Current Landscape:

The COVID-19 shutdown in March 2020 included the State-ordered closure of all ADHC programs, one of the only provider types in the state to be shut down, without any sense of when they could reopen. For more than a year, individuals statewide went without ADHC services. Staff of programs were diverted to nursing homes, completely dismantling the programs and upending ADHC care of their registrants and support for their families.

To date, only 60 of the state's 116 actively licensed ADHC programs have been able to reopen. Many programs are still closed, and many reopened programs are struggling to stay open due to staffing challenges and inability to cover operating costs.

ADHC access is severely limited throughout the state. Most upstate cities each have only one ADHC program. There are only two ADHC programs in the Bronx – a borough of approximately 200,000 adults over age 65 – while three of its programs remain closed. Most boroughs have only half of their programs open, and most upstate regions lack ADHC programs in their communities altogether.

Conclusion:

ADHC programs allow individuals at a nursing home level of care to age in place in their homes and communities, preventing and deferring nursing home placement and saving significant Medicaid dollars. ADHC programs and the registrants they serve are at a significant juncture that requires focused attention and investment to reopen and rebuild programs.

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