

Home Care as a Solution

New Yorkers recognize the state's severe financial condition and challenges to create a state budget that meets consumers' priority needs, balances its finances and continues to combat COVID-19. Home care's integral roles in all aspects of the state's health care system work to accomplish all three. HCA urges state officials to prioritize home care in the adoption of the state's budget.

Reject and Amend the Following Executive Budget Proposals

- **Reject the proposed across-the board and unsustainable Medicaid reimbursement cuts to home care, hospice, and managed long-term care (MLTC)**, including the 2.5% payment cut, MLTC premium cuts and the 50% cut to home health and hospice workforce recruitment and retention funds that support worker salaries and benefits. These cuts are crippling to home care organizations, workforce and patient services, and especially dangerous during COVID-19.
- **Amend the Executive's budget proposal to include tele-flexibility in home care**, and include critical guardrails for coordination, quality, and prevention of "tele-loopholes" to provider licensure/scope of practice standards. Ensure proper access to telehealth services to achieve quality care.

Include the Following Concepts in a Final Enacted State Budget

- **Adopt the "New York Home Care First Policy"** that HCA is proposing to ensure consumers' option to choose home care/hospice for appropriate health care and align statute and regulation to this policy.
- **Provide financial sustainability for care**
 - Ensure that the state Department of Health carries its obligation to update and raise the "episodic," "fee-for-service" and "minimum wage" Medicaid rates for home care, which also serve as updates to Medicare managed care benchmarks for home care (A.293 Gottfried/S.2117 Rivera).
 - Direct a fair share of federal-state COVID-19 relief to home care and hospice providers.
 - Make the cost of personal protective equipment and related safety protocols ongoing components of the state's health care reimbursement.
- **Address urgent home care and hospice workforce needs**
 - Create opportunities across state funding pools and other sources to address core barriers to home care workforce supply (e.g., transportation, childcare, peer collaboration, professional development, reduction in administrative burden, and related).
 - Support capacity increases through state law and regulatory changes that create new training opportunities, entrants and case assignment options.
- **Continue and expand COVID-19 era regulatory relief**
 - Establish a process to continue, expand and/or make permanent areas of COVID-19 era flexibilities that are beneficial to worker and patient safety, efficiency, service capacity, access and quality, including telehealth flexibility.