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HOME CARE ASSOCIATION OF NEW YORK STATE (HCA)
2019-20 STATE BUDGET PRIORITIES

HCA HOME CARE ASSOCIATION OF NEW YORK STATE

I. Sustainable Financing and Urgently Needed Support for Home Care Reimbursement

- **Home Care Rate Adjustments/Adequacy.** Amend Executive's plan for rate increases for targeted hospitals/nursing homes to include home care/hospice. (Executive plans use of Fidelis/Centene pool funds or other budget sources to support the facilities' increase.)

  Amend the Certified Home Health Agency (CHHA) Medicaid Episodic Payment System (EPS) law being renewed in the HMH Article VII to include essential rate adjustments under EPS and individual fee-for-service rates for CHHAs and contracting LHCSAs. These are needed to cover worker wages, operations and services. The adjusted rates also act as new benchmarks for Medicare managed care plan rates for CHHA services (sample data on NYS CHHAs shows the current median Medicare advantage plan rates to be *54% below* Medicare traditional reimbursement and *90% below* CHHA costs.)

  Amend state reimbursement laws and methods to ensure basic standards to properly benchmark home care rates for all payors, and to ensure full commensurate funding of managed care premiums to support.

- **MLTC/Provider Rate Adequacy.** Approve minimum wage (MW) funds in Executive budget for home care/hospice workers, and ensure the proposed funds cover the full cost of MW mandated of MLTCs and providers.

  Insert a new PHL §4403-f provision in HMH Article VII to require: state transparency in calculation of MW and other mandate costs; state transparency demonstrating adequacy of amount and distribution of funds to MLTCs and providers; and the provision of an efficient, formula-based process for state distributions to plans and providers.

  Stipulate in Article VII that any new mandates on MLTC require state DOH demonstration of full and timely funding, or be pended. Require that the cost of new OMIG proposal to mandate electronic visit verification by providers be fully funded for providers *before* implementing. Current proposal allocates $10M for state administration, but no implementation funds for the predominately smaller providers affected.

- **Service Payment Coverage for MLTC Closings.** Cover defaulted enrollee service payments owed providers by two closing MLTCs who have been wholly state/Medicaid financed, and whose closures are the result of state underpayments. Insert a mechanism in HMH Article VII to guard provider payments in future cases of managed care insolvency.

II. Modify the Executive's Long Term Care Budget Actions

- **Rework Executive's CDPAP/FI Proposals.** Reject Executive's "repeal and replace" approach to CDPAP and FI improvement that is opaque and overly discretionary; transparently rework current CDPAP and FI statutes to ensure desired performance, administrative efficiency and needed FI numbers and coverage, preserving patient access and viability for FI capacity. Reinvest any scored efficiencies for urgent home care workforce capacity.

- **Reject Carve out of MLTC Transportation** from the service package, or at least retain it as a plan-option.

- **Reject Executive's "below the radar" cuts to MLTC reimbursement** that are proposed for support of other budget initiatives, further reducing MLTC funding for services, providers and workers.

- **Reject OMIG proposed over-layers of audit and recoupments** of MLTCs and agencies that portend further administrative and audit overburden on these organizations, new costs and further diversion of clinicians' direct care service time from patients.

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III. Critical Assistance with Workforce Shortage and Support

- **Reject the proposed requirement that home care workers obtain national provider identification (NPI) numbers to provide services in NYS** that creates new health care worker and provider/MLTC burden, exacerbates the worker shortage, and threatens consumer access. There are no state savings booked to this proposal, and its costs and risks far outweigh any benefit.

- **Target worker shortage funding to critical areas, disciplines and key worker support needs** (e.g., transportation, child care, in-service support), by adopting HCA language (S.1420) into HMH Article VII, providing for a $30M supplemental rate add-on for workers in home care, hospice and MLTC. Funds would come from unspent allocations in the PHL §2807-v health finance pool that also the current source for existing home care and other sector staffing rate add-ons.

- **Allow Collaborative, Cross-Training for Hospitals and Home Care/Hospice** via the Health Care Worker Retraining Program, by adopting the enabling HCA language (S.8613 of 2018) into HMH Article VII.

- **Address Structural Issues Affecting Worker Supply** by adopting HCA language (S.1359) into HMH Article VII, providing for: a competitive labor market analysis for home care/hospice worker recruitment and retention, yielding recommendations for compensation and rate levels to meet community need; and establishing a state interagency effort to support and encourage entry into the field, from pipeline, to professional schools, to existing workforce. Also, adopt Article VII provisions resurrecting PHL §2807-h (or a comparable approach) allowing providers to seek regulatory/procedural relief measures from DOH for direct care worker administrative burden.

IV. Balanced Funding for Home Care Infrastructure

- **Health Care Facility Transformation Funds.** Executive proposes $300M shift in Health Care Facility Transformation funds from year 3 to year 2 HCFTP projects, funding substantially institutional projects, while home and community health providers continue to receive comparatively minor support. Amend this proposal, directing that the remaining round 3 funds be further reapportioned to increase support for home care, hospice, MLTC and other community health services. Criteria for these funds should also be included that better aligns to the needed uses of home and community providers.

- **Fidelis/Centene Pool.** Ensure proportionality for home care, hospice and other community health services in the allocation of any Fidelis/Centene pool funding in 2019 and prospective funding periods, which thus far have been targeted solely to institutional providers.

V. Leverage and Reinvest Health Savings and Improvement through Home Care and Hospice

- **Amend the Article VII bill to insert "home care and hospice providers" into the list of "prevention providers"** (currently maternal and ambulatory care providers) in the Executive's proposed hospitalization prevention reinvestment program.

- **Adopt HCA bill language (S.1816/A.3836, S.1817/A.3839)** into HMH Article VII to leverage health improvement and cost savings through strategic incorporation of home care in the state's public health, primary and preventive care programs and efforts, targeting home care interventions in areas like sepsis, high risk maternal and neonatal care, asthma, diabetes, health disparities, falls, pressure wounds, and other. Also adopt language of A.2925 of 2018 targeting elimination of health disparities by leveraging home care, physicians and other key partners.