

Who is HCP?

The New York State Association of Health Care Providers, Inc. (HCP) is a trade association representing licensed home care services agencies, certified home health agencies, fiscal intermediaries, health related organizations and organizations that support the home care industry. Through advocacy, information and education, HCP influences the future of the home care industry, leads the industry in adapting, evolving and thriving in a changing health care environment, and sets the industry standards for quality, cost-effective client care.



What is Home Care?

Home care encompasses a wide array of health and supportive services delivered at home. Consumers cross the spectrum of care, from seniors who need assistance with activities of daily living to remain in their homes; to new mothers, the developmentally disabled, postsurgical patients, and the chronically-ill.

Home Care in New York: Investment Drives Savings



New Yorkers want to live and age in their homes and communities. Home care delivers cost-effective care that provides relief to family caregivers, empowers aging and disabled populations to live with dignity and choice, and brings value to the state.

Nursing Home Avg. Medicaid Rate: \$95,265/year*.

- 20 hours of personal care at home/ week: 65% less
- 30 hours of personal care at home/ week: 48% less
- 40 hours of personal care at home/ week: 30% less

The value of keeping people in their homes and communities is significant**:

- 64% of older adults (60+) own their own homes and have no mortgage, contributing to the state and local tax base.
- Older adults contribute directly to New York's long term care system. There are 4.1 million family caregivers in New York State, and their average age is 64. Their caregiving – for people of all ages – is valued at \$32 billion, if paid at the market rate.
- Approximately 935,000 individuals age 60 and over contribute 495 million hours of service at an economic value of \$13.8 billion.

*Association on Aging

** NYS Office for the Aging

The services provided by home care agencies are designed to bolster the post-acute, chronically-ill, disabled and elderly populations that home care providers serve. Homemaking, personal care for nutrition and hygiene, and adaptive devices to prevent slips and falls are as important to these individuals' rehabilitation and functioning as the more sophisticated health technologies that are also delivered at home. Both in-home clinical care and support services are cost-effective and prevent emergency or urgent care events, reducing the number of days spent in a hospital and preventing or delaying institutionalization in a nursing home.

Home care is the patient-preferred option playing an increasingly vital role in New York's health care delivery system as New York's aging population increases. New York must continue to support home care and regard it as the primary source of long-term care services in order to allow vulnerable populations to live and age with dignity in the comfort and safety of their homes and communities.

Types of Home Care Agencies

Licensed Home Care Services Agencies (LHCSAs) offer home care services through personal care aides, home health aides, all levels of nursing care, and various therapies, to patients that are covered by Medicaid or through commercial insurance, or who pay privately for services. Most LHCSAs deliver services under contracts with managed care organizations (MCOs) and some still deliver services under contract with local departments of social services or other service-authorizing agents. Services provided include homemaking, bathing, dressing, grooming, toileting, transferring from beds to chairs or wheelchairs, preparing meals, feeding, and routine skin care, among other services.

LHCSAs also subcontract with other home care providers to deliver services, particularly when delivering skilled care services through MCOs. LHCSAs may offer a full range of services from skilled to paraprofessional or may choose to focus on the delivery of one service or population, such as high-tech pediatrics or aides for seniors.

Certified Home Health Agencies (CHHAs) provide care and support services to individuals who, for the most part, have home health care needs for a limited duration. These agencies provide nursing and home health aide services and provide or arrange for other professional services, including physical and occupational therapy, speech pathology, medical social work and nutrition services. They are generally reimbursed through both Medicare and Medicaid, with additional reimbursement from third party insurers, other government payers and private pay.

Hospices offer home and inpatient care and counseling for the terminally-ill and their families. Hospices offer palliative care rather than curative care to treat disease. Under the hospice program, patients at the end of life and their families receive physical, psychological, social and spiritual support and care.

Fiscal Intermediaries (FIs) are agencies that help consumers facilitate their role as employer in the Consumer Directed Personal Assistance Program (CDPAP). Unlike traditional home care models, CDPAP empowers consumers to directly employ the aides, known as personal assistants (PAs). The program gives consumers a significant degree of control over their care.

FIs assist consumers by: monitoring the consumer's ability to fulfill their responsibilities in the program, processing wages and benefits; maintaining personnel records; ensuring health status of PAs prior to service delivery; and maintaining records of service authorizations or reauthorizations.

Agency-based Home Care: Licensed Home Care Services Agencies (LHCSA)

There are approximately 1,435 LHCSAs. In 2021, LHCAS delivered care to 9.3 million New Yorkers. LHCSAs accept Medicaid, private pay, and commercial insurances.

Patient Need / Level of Care

Chronic, stable conditions, long term.

Services Provided

- Personal Care Services:
 - Hands-on assistance with everyday tasks like bathing, toileting, and eating
 - Assistance with daily living tasks like cooking and cleaning
- Occupational, Speech, Physical Therapy
- Nursing
- Part time and full time, all ages from pediatric to geriatric.

Who determines program eligibility and authorizes care? All services are practitioner-ordered regardless of payor. For most Medicaid recipients, program eligibility is determined by Maximus, the state's contracted Independent Assessor. Maximus is overseen by DOH. The care plan, service type, and frequency are determined by insurance plans. High needs may trigger additional oversight.

Who provides care? Agency employs Personal Care Aides (PCA) and Home Health Aides (HHA) who receive specialized training and are evaluated for competence. Must pass criminal history record check. **There are approximately 566,160 PCAs and HHAs in NY.** Professional services are provided by an authorized practitioner, like a nurse midwife or an occupational therapist.

Worker Management and Supervision: All in-home workers are subject to Electronic Visit Verification (EVV). Home Health Aides, Personal Care Aides and Licensed Practical Nurses are supervised by a Registered Nurse.

Administration and Funding: Agency pays aide. Patient's insurance plan, including Medicaid, reimburses the agency. Agencies also accept private pay.



Meet Fred, an 80-year-old with arthritis, balance issues, and a history of strokes. He's had recent falls while trying to manage household chores, lost weight, and has stopped bathing regularly. He worries that he can't remain in his home.

An RN employed by Maximus does an initial assessment with Fred, followed by a clinical exam by a practitioner employed by Maximus. Fred is deemed eligible for personal care and referred to a Medicaid Managed Care plan.

After enrolling, the plan creates a care plan, determining the type and amount of care Fred will receive. He is assigned an HHA, Mike, who visits twice a week for a total of 8 hours. Mike assists with bathing, personal hygiene, laundry, and keeping Fred's home safe from tripping hazards.

Mike is a trained HHA with at least 75 hours of training and has passed a criminal background check. He clocks in and out using geolocation software on his phone to verify his presence at Fred's home and is supervised by a nurse.

Mike works for a LHCSA, which handles his pay, supervision, compliance, training, and scheduling. The LHCSA is reimbursed through its contract with Fred's insurance, which is funded by New York State's Medicaid program.

The cost to Medicaid for a year in a skilled nursing facility is, on average, \$95,265.

The cost of helping Fred age in place with in-home care is less than \$15,000 a year, depending on region.

Agency-based Home Care: Certified Home Health Agencies (CHHA)

There are approximately 110 CHHAs in New York State.

Patient Need / Level of Care

Acute condition, skilled care

Services Provided

Nursing services; home health aide services; medical supplies, equipment and appliances suitable for use in the home; and at least one additional service that may include physical therapy; occupational therapy; speech pathology; nutritional services; and medical social services

Who determines program eligibility and authorizes care?

Services are physician-ordered, often upon discharge from a hospital to home.

An RN from the CHHA assesses, evaluates the patient to determine appropriate care plan.

Who provides care?


Personal care is provided by HHAs and PCAs, and are sometimes contracted through a LHCSA. Professional services are provided by an authorized practitioner, like a nurse midwife or an occupational therapist.

Worker Management and Supervision

Home Health Aides, Personal Care Aides and Licensed Practical Nurses are supervised by a Registered Nurse (or other licensed professional as appropriate for the type of care being provided). All in-home workers are subject to Electronic Visit Verification (EVV).

Administration and Funding

CHHA pays service provider. The patient's Medicare, Medicaid, or insurance plan reimburses the agency. CHHAs also accept private pay.



Meet Sam, a soccer player who suffered a severe leg break and nerve damage in an on-field accident. After a week in the hospital, he's sent home to recover. He'll need extensive physical therapy to regain strength and dexterity, and in the meantime, requires assistance with wound care, bathing, and meal prep, and other tasks.

At the time of discharge from the hospital, Sam's doctor orders care at home. The Certified Agency, or CHHA, will send an RN to make an assessment and develop a care plan.

Sam gets physical therapy 3 times a week and a nurse visits every other day to help him keep his wound clean and properly bandaged. His Home Health Aide will come twice weekly to assist with bathing, meal prep, and other tasks.

Sam's nurse and physical therapist have had education and training in their respective fields. They have all the necessary licenses and certifications. The HHA has received at least 75 hours of training and passed a criminal history record check. The Registered Nurse supervises the HHA.

Sam's CHHA will pay his nurse, aide, and physical therapist. The agency manages all supervisory, compliance, scheduling, and administrative functions. The CHHA is reimbursed through its contract with Sam's insurance plan.

Program-based Home Care: Consumer Directed Personal Assistance Program (CDPAP)

There are approximately 600 Fiscal Intermediaries serving about 250,000 consumers in New York State. CDPAP is for Medicaid beneficiaries.

Patient Need / Level of Care

Chronic, stable, disabled, and skilled care

Services Provided

- Hands-on assistance with everyday tasks
- Skilled tasks specific to patient, like tracheostomy suctioning, insulin injections, medication administration
- Part time and full time
- All ages, from pediatric to geriatric.

Who determines program eligibility and authorizes care?

All services are practitioner-ordered. Program eligibility for adults is determined by Maximus, the state's contracted Independent Assessor. Maximus is overseen by DOH.

Care plan, service type, and frequency are determined by insurance plans. High needs may trigger additional oversight.

Who provides care?

Personal Assistants (PAs) are trained by the beneficiary to assist with their specific needs. PAs can perform skilled tasks that PCAs cannot.

Worker Management and Supervision

PAs are recruited, hired, trained, scheduled, and supervised by the consumer. Fiscal Intermediaries (FIs) ensure the PA's health and handle payroll functions. All in-home workers are subject to EVV requirements.

Administration and Funding

Fiscal Intermediary (FI) manages all payroll, taxes, benefits, and compliance. The consumer's Medicaid Managed Care insurance plan reimburses FI.



Meet Vanessa, a 30-year-old with cerebral palsy and diabetes. As her symptoms progress, she needs assistance with insulin shots, transferring to her wheelchair, and daily tasks like washing, dressing, feeding, and hygiene. Her cousin Joanne is willing to help but would need to quit her job to do so.

An RN employed by Maximus does an initial assessment with Vanessa, followed by a clinical exam by a practitioner employed by Maximus. Vanessa is determined to be eligible for personal care at home through CDPAP and is referred to a Medicaid Managed Care insurance plan.

After enrolling, the insurer creates a care plan for Vanessa, approving 5 hours of daily care tailored to her needs.

Vanessa contracts with an FI to assist her in managing her role as an employer under CDPAP. The FI ensures her cousin meets qualifications and handles payroll, taxes, benefits, and compliance.

Vanessa hires Joanne to be her PA, training her to administer insulin, and assist with hygiene and feeding. Joanne is scheduled for 35 hours a week, as authorized by the insurance plan. She can only perform tasks listed in Vanessa's care plan.

Joanne clocks in and out via a geolocated app on her phone.

The FI pays Joanne and is reimbursed for wages and administrative costs by Vanessa's MLTC, which is funded by NYS Medicaid.