



AI & Robotics in Home Care:

Immediate Implications/Long-Term Transformation in New York

By: Jason Helgerson, Founder/CEO Helgerson Solutions Group

May 7th, 2026

The Year is 2035... AI Robot Homecare's Command Center

AIRH is the first New York home care agency to deploy AI-powered robots to provide 24/7/365 care for its Medicaid members.

Human care managers, with AI assistance, are monitoring all members using data from remote sensors and robot caregivers. The data is used to detect small changes in health and well-being, and to make immediate adjustments to care plans when needed.

Care is provided for as little as \$1K per month.



In case you think it's far-fetched... let me introduce you to Neo...



Homecare and AI - Where Do We Stand Today?

- Robotic home care may seem like a long time off, but certain realities of the home care industry make the sector ripe for early adoption.
- Demand for home care is structurally outpacing supply:
 - U.S. will need ~740,000 additional home care workers by 2034
 - This estimate includes both skilled and unskilled aids
- Workforce economics are broken:
 - Median pay ≈ \$16-17/hour nationally
 - New York's wages are far greater (\$25/hour) which helps explain why New York Medicaid spends so much on home care services
 - Medicaid/Medicare rates are not keeping up with rising costs.
- The problems will only get worse as mega trends in aging + acuity continue/accelerate:
 - 93% of adults 65+ have ≥1 chronic condition

👉 Implication:

This is not theoretical—the gap between demand and workforce is so large that **technology is becoming structurally necessary**.

The NY Home Care Supply “Constraint” is Getting Worse

New York could be an earlier adopter of AI/robotics in home care:

- In New York, demand for home care outstrips supply in many parts of the state.
- CDPAP “masked” this labor supply problem by allowing for the payment of family members to provide care.
- The supply constraint is re-emerging with the conversion to a single FI and will likely get worse in the near term.
- Home health is no different, as the cost of nurses rises due to a shortage and fierce competition for the nurses available.

Implication:

NY providers cannot “hire their way out” of the supply constraint

What is Really Happening with AI/Robotics in Home Care Today?

AI adoption is happening, but home care is behind other sectors:

- o The amount of money being invested in AI/Robotics over the next 5 years is incredible:
 - AI - \$1.5 trillion
 - Robotics - \$110 billion
- o ~22% of healthcare orgs report using AI tools today
- o With only ~8% meaningful usage, long-term care lags the rest of healthcare.

What is Really Happening with AI/Robotics in Home Care Today?

Things could accelerate quickly, however:

- o [>80% of health systems prioritizing AI for operations](#)
- o **Labs are developing new and innovative approaches to using AI and robotics to meet the needs of seniors and people with disabilities in the home.**
- o **Elon Musk told Tesla investors that he expects the company to produce 1 million Optimus robots by 2030.**
- o **Steven Cousins - Executive Director, Stanford Robotics Center - expects robots to be in homes helping caregivers by 2035.**
- o **Close to home - ElliQ - robotic companion - being piloted in New York State to help address loneliness.**

Implications:

- Early innings—but change is closer than you think
- The window to gain a competitive advantage is **now (next 2-3 years)**

Short-Term Use Cases

Focus: Productivity + Cost Control

AI Scheduling & Workforce Optimization

- o What it does:
 - Reduces travel time, fills open shifts, trains staff more efficiently
 - Off the shelf options or you can hire vibe coders to build customer solutions
- o Evidence:
 - [Automation reduces coordination burden and overhead](#)
- o Expected impact:
 - **5-15% increase in aide productivity**
 - **10-20% reduction in missed visits**

👉 **NY relevance:** Rate compression means margin compression which requires providers to become more efficient. These are no-lose uses.

Documentation Automation (Skilled + Unskilled)

- Ambient AI reduces:
 - Reduce staff time for updating EHRs and care plans
 - Visit documentation burden lessened
- Evidence:
 - AI [reduces documentation burden and clinician stress](#)
 - Ambient AI is being widely adopted as we speak.
- Expected impact:
 - **30-50% reduction in documentation time**
 - More visits per nurse per day
 - Potential applications in unskilled care as well.

EVV + Fraud/Compliance AI

- What it does:
 - Flags anomalies in visits and hours
- NY relevance:
 - Critical in CDPAP and personal care oversight
 - New York Medicaid is under a CMS microscope relative to fraud, which means providers need to be extra vigilant.
- Expected impact:
 - **Reduced audit risk**
 - Lower compliance staffing costs

NYSDOH/OMIG may start to require providers to adopt EVV+AI in the face of increased CMS scrutiny

Remote Patient Monitoring

- Tools:
 - BP cuffs, glucose monitors, wearables
 - Tools are becoming cheaper and the technology better
 - Medicare reimbursement opportunities (CCM and RPM)
- Evidence:
 - Enables [real-time tracking and early intervention](#)
 -
- Expected impact:
 - **10-20% reduction in avoidable hospitalizations** (typical pilot range)

Interesting opportunities here for CHHAs - partnering with MA plans, Medicare ACOs, others

Digital Caregiver Support/Care Management

- Real-time prompts that can lead to better outcomes:
 - Dementia care
 - Fall prevention
 - Chronic illness care
 - Loneliness and depression treatment
- Better caregiver training leading to better outcomes and lower costs.
- Care management implications are significant:
 - AI as a tool to augment or even replace traditional care management.
 - Could radically reduce the cost of intense care management if AI Agents can replace human care managers who now practice telephonic care management only.
 - Major implications for plans and providers.
- Evidence:
 - Limited but starting to emerge
 - AI [improves care coordination and quality consistency](#)

Medium-Term Use Cases

**Focus: Clinical Integration +
MLTC/VBP Positioning**

Predictive Analytics for High-Risk Patients

- AI predicts:
 - Hospitalization risk
 - Functional decline
- New Care Models:
 - Readmission prevention programs
 - Hospital-at-Home
 - Medicare ACCESS Program
- Could home care agencies become early-warning systems for bad health outcomes?
- Impact: Target interventions earlier
- Value: Expanded value propositions for Medicare, MAP, D-SNP and MLTC plans

Integrated Care and Data Platforms

- Combine:
 - Claims + clinical + home care data
 - Use the data to better assess acuity, identify decline, target interventions
 - Makes the home care industry more proactive and connected to the rest of healthcare delivery.
- Evidence:
 - AI synthesizes [multi-source data into unified patient profiles](#)
- Could be an interesting opportunity for hospital systems.

Advanced Remote Monitoring

- Continuous monitoring vs episodic visits
- Sensorless monitoring - totally non-invasive
- Impact:
 - Shift from “hours of care” → “outcomes”

Case Study - Medicare ACCESS Program

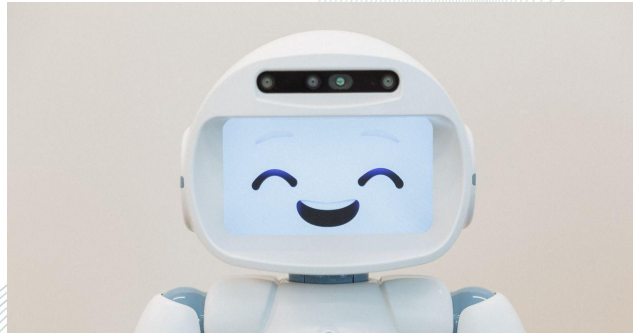
Is this program the “Trojan Horse” for Medicare reimbursement for AI-first care?

- New CMMI APM opportunity for “providers” of digital health solutions
- Rates are very low which will force highly automated solutions
- Will be a testing ground for AI-only or near AI-only solutions to chronic care management.
- If these strategies work... it will accelerate AI payment adoption by Medicaid and Medicare.
- What role will home care agencies play in ACCESS?



Long-Term Use Cases

**Focus: Structural Transformation
Robotics + AI Integration and Adoption**



Physical Assist Robotics

New York enters the brave new world

- Robots enter the home initially for very specific purposes and members
 - Lift/transfer robots
 - Humanoid robots for lower acuity members
 - Eventually, robots providing a full range of home care services (will start initially as unskilled only, but could expand to skilled services assuming scope-of-practice laws allow it.)
- Impact:
 - Lower costs
 - Reduce aide injury
 - Extend workforce longevity

Early adoption is private pay but will quickly becomes an option for Medicaid members because of the radically lower costs.

Companion & Cognitive Robotics

“Home care” moves beyond ADLs to address other human needs

- AI-powered robots and other devices provide on-demand companionship and cognitive support.
- These machines assist with:
 - Dementia support
 - Social engagement
- We are already seeing AI serving this role - “ChatGPT therapy.”
- Robots become very sophisticated home health providers which means labs and other medical services can be done in the home very cost-effectively.
- Expected impact:
 - Reduced need for 1:1 supervision hours
 - Less depression and social isolation?

The home becomes the most important place for the provision of health and social care

Autonomous and Continuous Home Monitoring

- Build on the home-monitoring activities already underway across the country.
- Sensors + AI:
 - Detect falls, movement changes
 - Moving beyond detection to prevention.
 - 24/7 home monitoring that is AI-powered could become the standard of care for certain populations (over 80, multi-chronic, SMI, SUD, etc.).
 - Patient care plans are modified in real time and immediately implemented by robotic caregivers
- Impact:
 - Replace some “check-in” visits
 - Prevent bad things from happening

Care becomes very personalized and constantly evolving.

Fully Integrated “Hospital-at-Home” Models

Hospitals are completely redefined.

- Move even more services out of the 4-walls of hospitals and into the home.
- Healthcare power dynamic is flipped - care goes to the patient.
- Implications for institutional care providers are profound
- Comprehensive Care Bundle - Skilled + unskilled + AI + monitoring + direct healthcare
- Enables:
 - o Higher acuity patients at home
 - o Potentially lower costs

Economic implications of this change will be great - think deindustrialization.



Strategic Roadmap for HCA Members

Next 12 Months

Develop an AI roadmap for your organization and generate early wins

- AI scheduling (high ROI, low risk)
- Documentation automation
- Basic RPM pilots

1-3 Years

Experience workforce efficiencies, build partnerships, prepare for big changes

- Predictive analytics
- New requirements around using AI for program integrity
- Workforce augmentation models

3-7 Years

Prepare for Structural Changes

- Robotics pilots
- Outcome-based contracting
- Full tech-enabled robotic care model

Final Closing Message

- The math is simple:
 - Demand ↑↑
 - Workforce ↓
- AI and robotics are coming:
 - On their way... just a matter of time.
 - Addressing these technological changes will require more than “innovation projects.”
 - **The winners of the future will need to change their core operating infrastructure to survive in the NY home care market.**

Key Takeaway - The technology is real, it's coming and it will transform home care. You must prepare your organization now.

Thank You!



jason.helgerson@hsg.global



<https://www.hsg.global/>



<https://twitter.com/policywonk1>



<https://www.linkedin.com/company/hsg-global/>



Questions & Discussion