

HCANYS

^{48th} **ANNUAL CONFERENCE**

Country Fair of Big Ideas: Showcasing Blue Ribbon Thinking!

**MAY
7 & 8
2026**



Home Care Does It!

President's Address

Al Cardillo
President & CEO

New York Home Care: You Can Do It!



HCANYS Board of Directors

A salute and thanks to the HCANYS Board of Directors for the tremendous work and dedication to the Association, the members and mission!

Welcome to the incoming HCANYS Board members, and special thanks to Board members completing their terms for their amazing service and for the marks made on the Association and the field.

2026 Board of Directors

Amy Bowerman, Mohawk Valley Health System
Andrea Brown, AB Coaching and Consulting, Inc.
Jennifer Brullo, Visiting Nurse Services in Westchester (*through March 2026*)
Thomas Caprio, M.D., UR Medicine Home Care
Rochelle Eggleton, Bartlett Strategy Group, LLC
Elvira Fardella-Roveto, St. Mary's Home Care for Children
Mary Frawley, Catholic Health Home Care and Good Shepherd Hospice
Bridget Gallagher, Americare
Marianne Grady, Anthem BlueCross and BlueShield HealthPlus
Lisa Greisler, Visiting Nurse Association of WNY, Inc.
Jason Helgersen, Helgersen Solutions Group
Albert Johansmeyer, Anytime Home Care
Nathaniel Jones, LHC Group (*through March 2026*)
Walter Kaltenbach, Able Health Care Services, Inc.
Orael Keenan, Visiting Nurse Service & Hospice of Suffolk, Inc.
Andrea Lazarek-LaQuay, Nascentia Health
Russell Lusak, Selfhelp Community Services, Inc.
Michelle Mazzacco, St. Peter's Health Partners Continuing Care Network
Lynne Moore, Cattaraugus County Health Department
Bernhard Schiel, Bestcare, Inc.
Sue Ellen Stuart, VNS of Ithaca and Tompkins County
Suzanne Turchetti, HCR Home Care
Maureen White, Medicaid Solutions (*through March 2026*)

HCANYS Team Brings It

YOUR **VOICE**



Your Advisors!

**Your Member
Service Team!**



TERESA BROWN
Administrative Assistant



PETER CHERNACK
Executive Vice
President for Clinical
and Program Affairs



PATRICK CONOLE
Vice President of
Finance & Management



LAURA CONSTABLE
Chief of Operations &
Membership



JENNY KERBEIN
Senior Director of
Governance & Graphic
Design



WENDY PARKER
Vice President for Program
Services and Development



CELISIA STREET
Vice President of
Workforce Development
& Innovation



MERCEDES TEAGUE
Finance Director



JAN VANDECARR
Assistant Vice President
for Policy & Advocacy



BILL VAN SLYKE
Vice President for
Communications



BILLI WILSON
Associate Director for
Education



AL CARDILLO
PRESIDENT AND CEO

Expertise

Experience

Commitment

Creativity

Connected

Respected

Unyielding

Here for YOU!

HCANYS

48th ANNUAL CONFERENCE

Home Care: The Vision to Do It

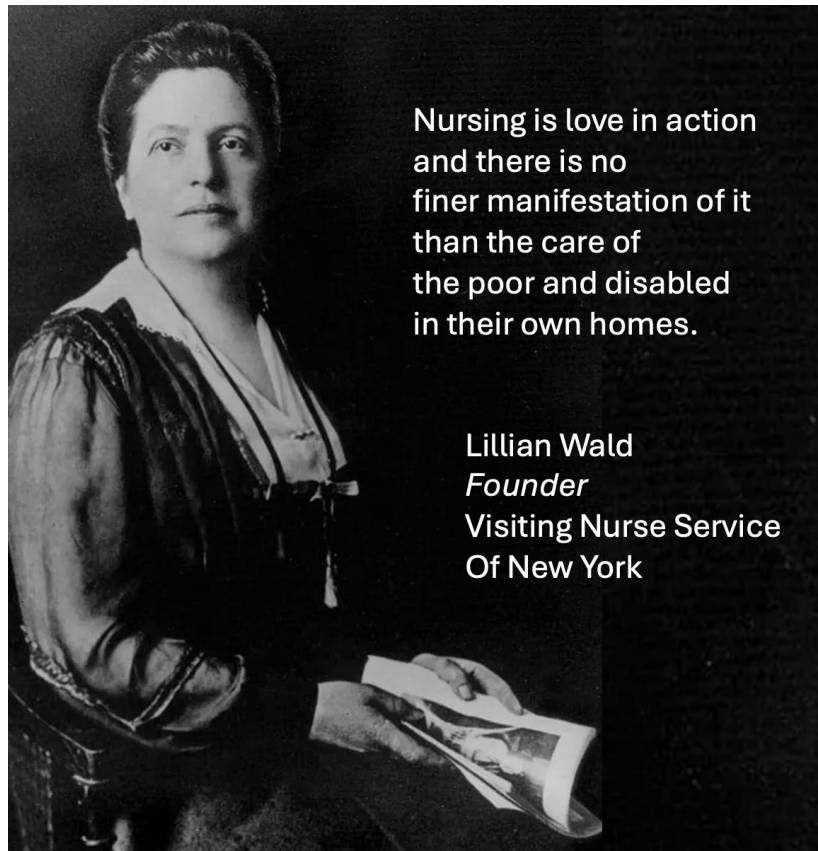


Photo Courtesy of VNS Health



Photo Courtesy of VNS Health



New York Home Care: The Vision to do it

Senator Tarky Lombardi, Jr.
Author of Public Health Law
Article 36 and the modern era of
home care in New York State.

And Now The Need
to Recapture The Vision

Public Health Law Article 36

§ 3600. Declaration of legislative findings and intent.

The legislature hereby finds and declares that the provision of high quality home care services to residents of New York state i a priority concern.

Expanding these services to make them available throughout the state as a viable part of the health care system and as an alternative to institutional care should be a primary focus of the state's actions.

The official tenets of NYS Home Care Policy

HOME CARE IN NEW YORK - 2026



CHHAs
LHCSAs
MLTC/PACE
Hospice

NHTD/TBI
CDPAP
ID/DD
Allied Supports

SDH &
Related H&MH Sectors

**What does the state of the industry tell us
& What do we need to do about it?**

State of the Industry Data – Patients Served



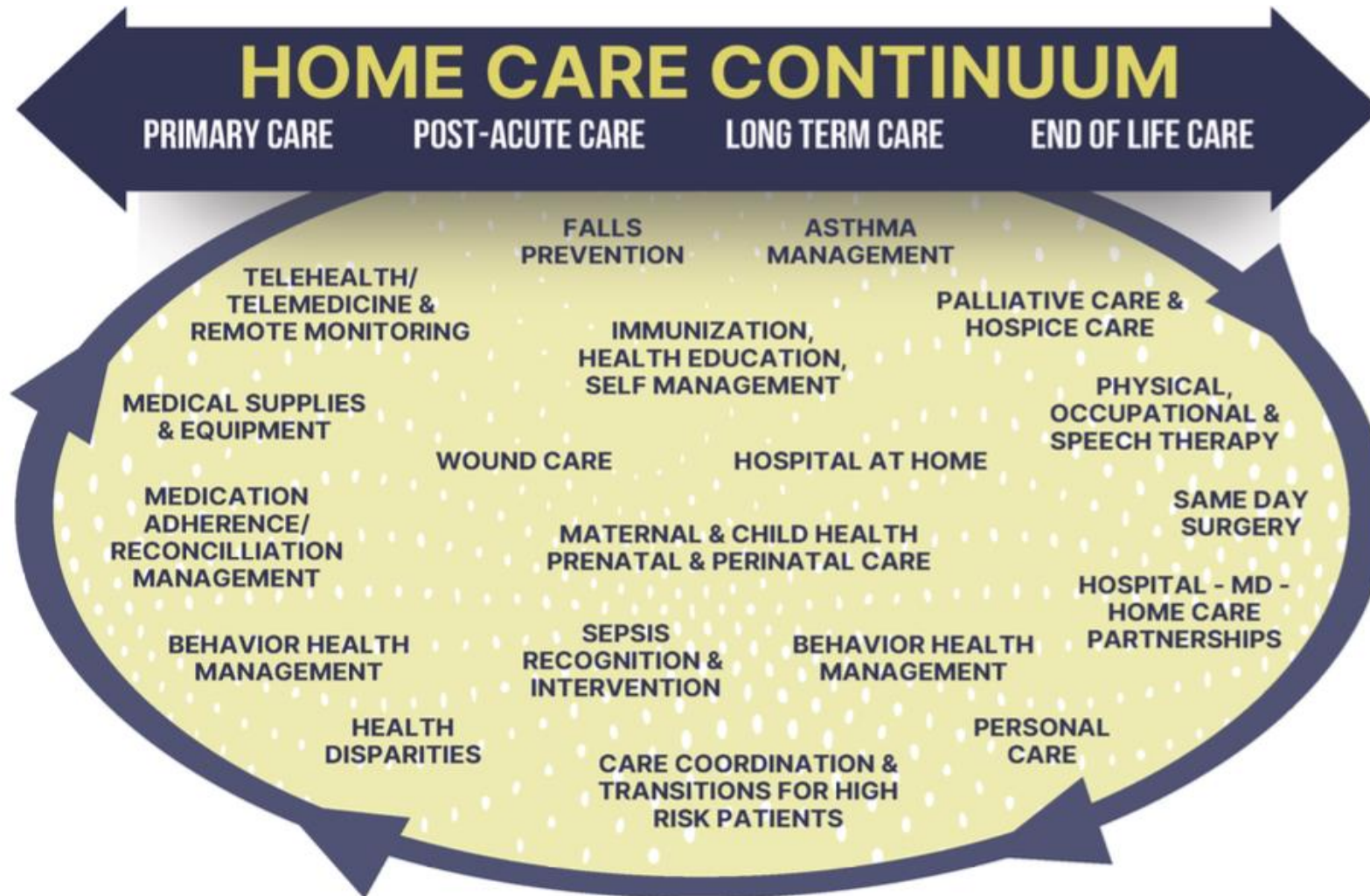
1,000,000+

New Yorkers rely on home care services.

HCBS are a fundamental pillar of the health care system

Home care access, quality, and sustainability are pivotal the health and lives of patients, and to overall health system's functionality and sustainability

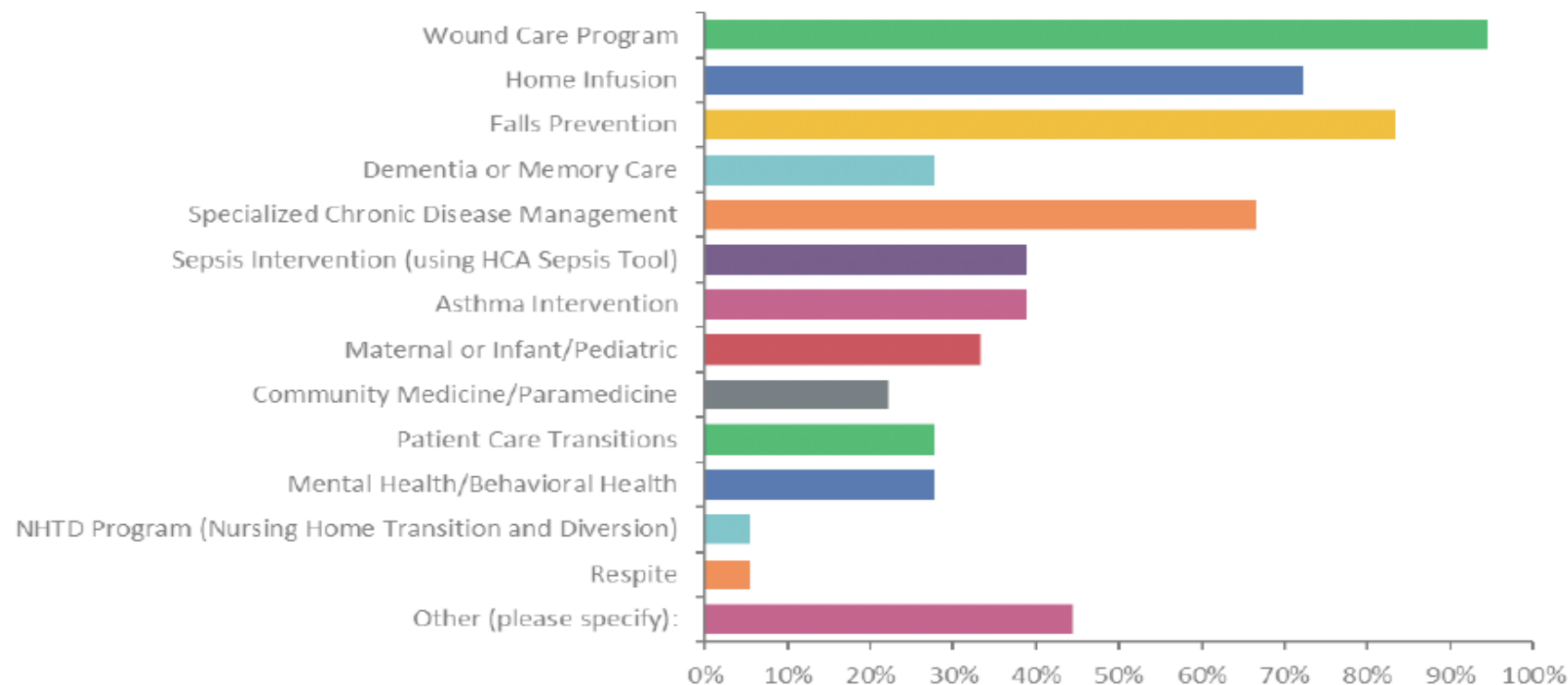
Patients Served



State of the Industry Data

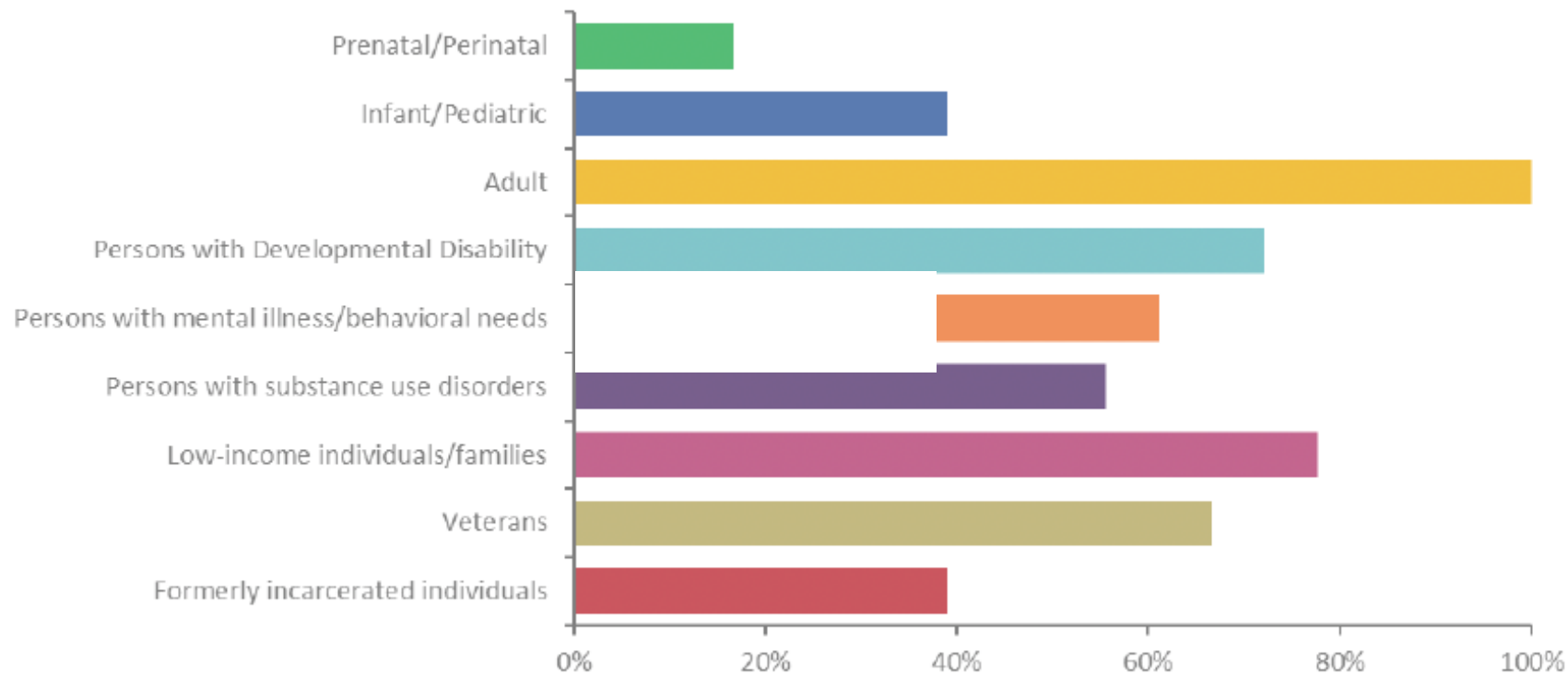
CERTIFIED HOME HEALTH AGENCIES DATA AND ANALYSIS

Service provided by the CHHAs



State of the Industry Data

Populations Served by CHHAs

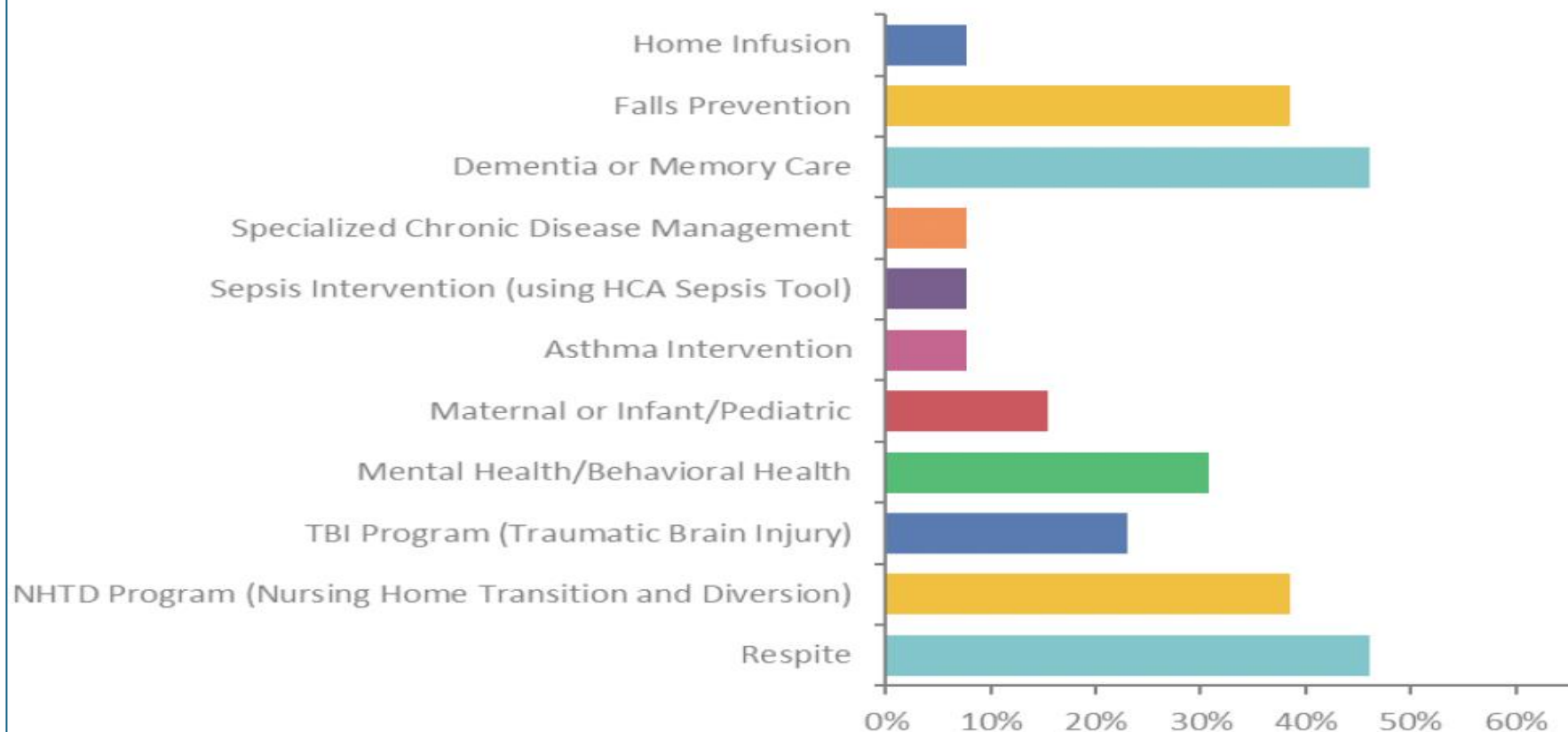


* Source: Based on 2025 HCANYS Member Survey Data

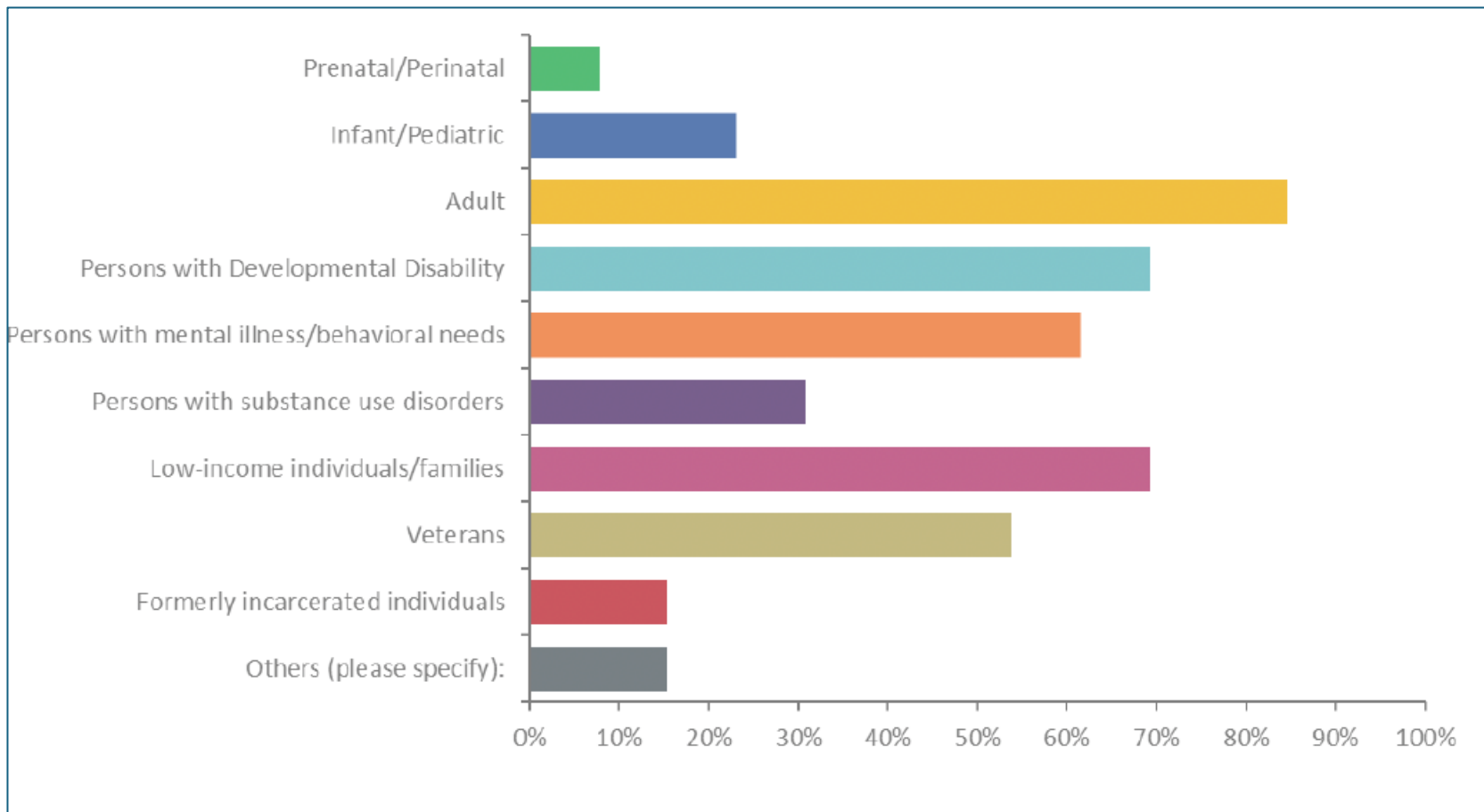
State of the Industry Data

Services provided by LHCSAs

* Source: Based on 2025 HCANYS Member Survey Data



State of the Industry Data



State of the Industry Data



262,038

Medicare enrollees who needed but did not receive home health care 2020 - 2024.



-26%

est. change in home health access from 2019 to 2024.

State of the Industry Data

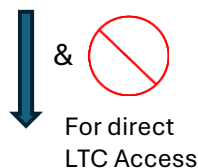


20%

of NYS CHHAs have
closed since 2019.

Receding HCBS Infrastructure

CHHAs



For direct
LTC Access

Hospices



MLTCs



LTHHCPs



For direct
LTC Access

County
Sponsored
CHHAs &
LTHHCPs



Cap on
NHTD



State of the Industry Data

Roughly 60%
of all components
of the HCBS System
are in a negative
margin position from
delivering services
w/o adequate
funding

 **58.4%** of CHHAs had a **negative operating margin** in 2023.*

 **57.5%** of LHCSAs had a **negative operating margin** in 2023.*

 **59.6%** of MLTCs had a **negative margin** in 2023.*

 **60.3%** of Hospices had a **negative margin** in 2023.*



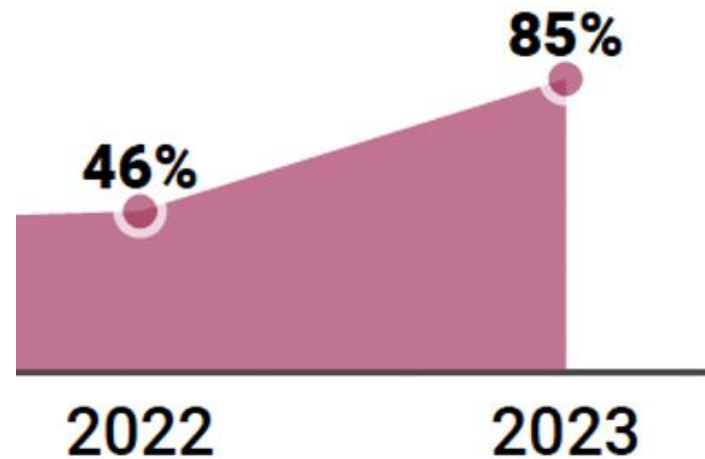
Eroding Financial
Margins

State of the Industry Data

MLTC'S With Medical Expense Ratios over 85%

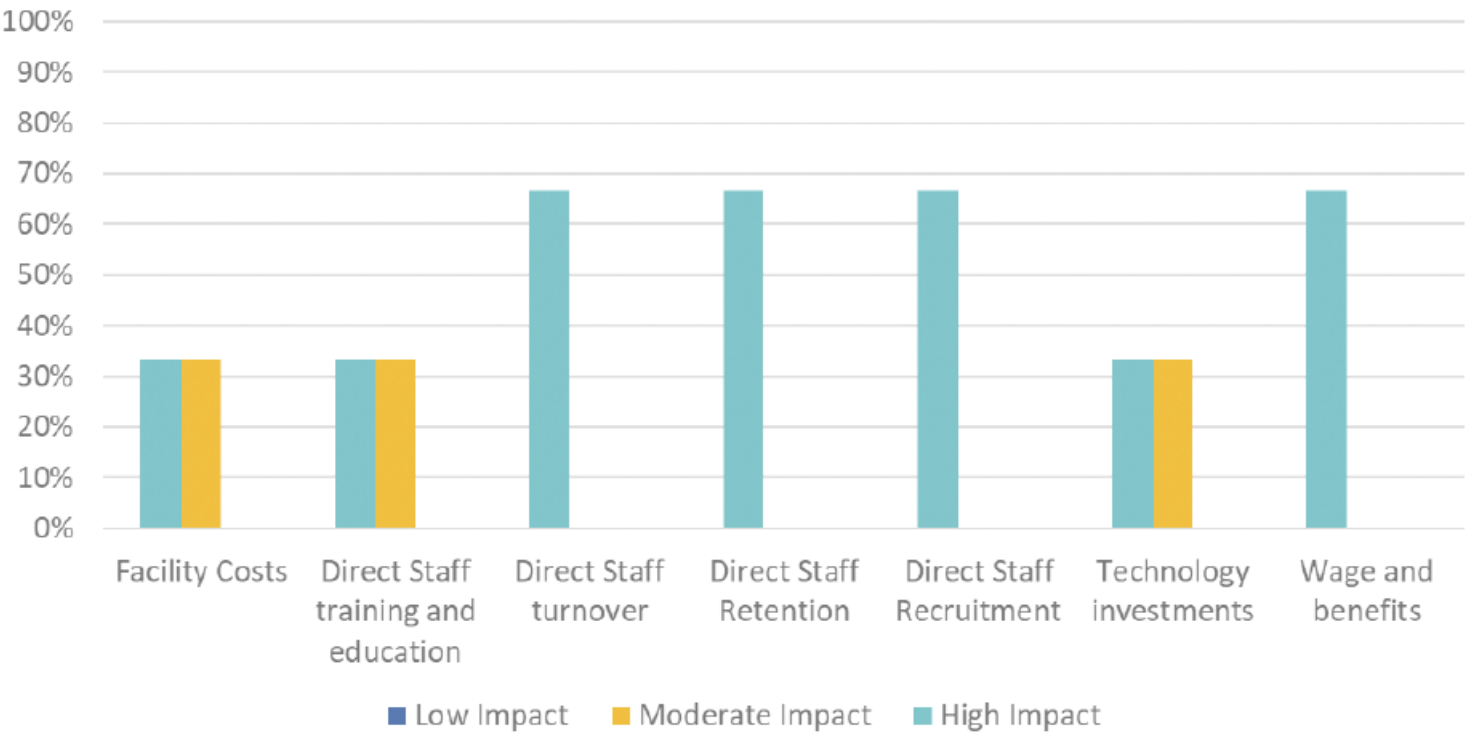
Source: NYS DOH MMCOR Data

Medical expense ratio is a metric used in managed health care to measure medical costs as a percentage of premium revenues. Data indicates that PMPM revenues from the state are not sufficient to meet overall plan medical expenses to pay providers adequately.



State of the Industry Data

Factors that may have contributed to increased expenses in 2025 for MLTCs/PACEs.



* Source: Based on 2025 HCANYS Member Survey Data

Key Issues Impacting the System & of Priority Advocacy Focus 2026

• Rates & Rate Structure
• Funding
• Workforce
• System Access
• Program Integrity
• Education of Public Officials
• Opportunities

Rates & Rate Structure

- **Unworkable Structure** - The state's rate structure for reimbursement of MLTC/PACE/LHCSA services does not work. It's design repeatedly leads to plans and providers taking it on the chin.



- **Plans & Providers Under Water** - While plans and providers continue to find a way to “go on” and deliver services, the ramifications are what we see in HCA’s “State of the Industry” analysis – roughly **60% of MLTCs and LHCSAs with margins “under water”** attempting to provide services.



It is not a sustainable model!

Rates & Rate Structure

- **State-Industry Stalemate** - Remedies have been offered for over 10 years, and thus far none have made it through the budget process.
- **Rate Fix** - This year, HCA advanced a new approach for a rate fix for adoption in the new State Budget. Meanwhile the Governor has proposed a 15% cap on personal care A&G, with intent to further apply this as a broad standard. **The Statute must mandate the state to pay both the statutorily required wages, and A&G operating costs as well, and must reject the 15% cap.**

$$\text{Wage} + \text{A\&G} = \text{Rate} !!$$

- **Sustainability** – Services cannot meet need, nor can plan-provider partnership survive, unless the rate structure is fixed and is fair to plans and providers alike.

Rates & Rate Structure

- **Antiquated Rates** – CHHA Episodic, FFS LUPA, FFS Personal Care, and Pediatric Rates are woefully inadequate and present a similar underwater scenario.
 - CHHA EPS rates not rebased in over 10 years
 - FFS rates not been updated for trend in over 15 years
 - Issuance of even antiquated rates are 2 - 3 years behind, and base costs used to calculate these rates are even further behind that.
 - Antiquated rates are further used in rate negotiations, including Medicare and commercial, adding to funding inadequacy and severe provider instability.
 - HCA has advanced legislation (introduced as A.7013 and S.7052) to provide authority and direction to DOH to address these rate issues and otherwise called upon the DOH to issue contemporary rates.
 - Pediatric Private Duty Nursing rates are also in dire need of adjustment to market levels in order to draw and sustain nursing care for medically fragile children and adults dependent on PDN.

Funding for Community Need

Fund NY's CHHA Community Need Pool at \$100M; Mirror for Hospice at \$19M

- NYS must ensure CHHA and hospice capacity to meet community needs for their services. A program being advocated by HCANYS is already on the books. It needs to be funded, and the distribution mechanism updated.
- Background:
 - NYS provides special pools for mission-driven services like hospitals, FQHCs, local public health departments and more.
 - Created CHHA community-need pool in 1985, with NYS and federal health care shifts from facility-based care to HCBS, and especially with the arrival of hospital DRGs and Nursing Home RUG. Recognition that rate based payments were not alone sufficient to meet CHHA community need.
 - Pool created by Senator Lombardi, Assemblyman Tallon and HCA as section 3615 PLH, funded as annual per capita state aid for CHHAs in all NYS regions.
 - In the state budget deficits of the early 90's, funds were pulled away into Medicaid for indigent care coverage. Program remains on the books subject to annual funding.

Funding for Community Need

- HCA leads the effort to reinstate funding for PHL 3615, drafting A.1494-A /S.6981-A) to allocate \$100 Million annually for CHHAs; and \$19M in mirror provisions for Hospice.
- Funding would cover:
 - Increased service capacity and access
 - Services to high-risk, high-need and diverse populations
 - Underserved areas and populations
 - Health disparities
 - Recruitment, training and retention of nurses and essential workers
 - Specialized training
 - Technology
 - Other related.
- HCA has succeeded in gaining the Legislature's support to fund; however, doesn't make final budgets due lack of Hochul Administration agreement. This year, Senate proposes \$50 Million all-shares funding. Imperative to secure that amount x 2 (\$100M) in final budget.

Home Health & Hospice Workforce

Along with funds, the HCBS workforce need is the dominating issue. The shortage crisis continues, impacting access and sustainability of services, and the health system overall.

Recruitment, Training, Retention

- Funding for RTR is included in HCANYS State Aid legislation, A.1493-A/S.6891-A. The provisions offer new and customizable approaches to staffing support.

Administrative/ Regulatory Relief

- HCANYS has drafted legislation to restart a program created under the “NYPHRM Law” to support workplace efficiency, innovation and patient care quality, known as the “Health Occupation Development and Workplace Demonstration Program”
- Authorizes state DOH to approve provider proposals for innovative workforce and operational efficiencies to support improved access, patient care quality, and worker satisfaction. This legislation is currently before the Senate and Assembly for introduction.

Home Health & Hospice Workforce

Technology Support

- Technology support is not readily provided in the rate structure for HCBS and would be of vital support for the home care workforce. HCANYS has included technology support for workforce in our State Aid legislation, A.1493-A/S.6891-A.

Preceptorships

- One of the major structural barriers to recruitment, training and placement in home care is the lack of organized programing and financial support for “preceptors.”
- HCANYS is pressing the Legislature and Governor to enact A.2331/S.4451 by Assemblyman McDonald and Senator Ashby, and a similar bill by Senator Fahy, that provides for a preceptor stipend program, inclusive of home care, to support workforce recruitment, training and orientation to the field.

HCA Grant Initiatives Supporting Workforce

- See ensuing slides for a preview of current and new workforce grant and educational initiatives .

System Access & Sustainability

- Reference slide #s 14 & 15, revealing severe systemic decline of service access and fiscal sustainability.
- A response requires a full HCBS “system” focus, rather than the pattern of “one-offs” year after year in state legislative sessions and budgets, and has been among the urgent messages led by HCANYS.
- HCANYS 2026 System Proposals to the Legislature and Governor have included:
 - **Maintain access to the Nursing Home Transition and Diversion program**, capped last year.
 - **Restore targeted CHHA access for individuals needing post-120 days** of care, ceased by the 2011 MRT.
 - **Restore targeted access to the Long Term Home Health Care Program**, ceased by the 2011 MRT.
- **Related Fiscal Implications:** State recoveries for Medicare coverage reconciled through Third Party Liability determinations for Medicaid and Medicare home care, attainable under LTHHCPs and CHHAs, were nearly **\$1.7B** for the 10-year period preceding the MRT pauses to CHHAs and LTHHCPs, **vs just \$64.6M** for the 2018-2024 period (post CHHA/LTHHCP cessation of enrollment)

System Access & Sustainability

- **Reject the Executive's Hospital at Home Program/Offsite Acute Medical Services Program Proposal**

- For two straight years, the Legislature has wisely rejected the Executive's budget language to create in essence scofflaw "Hospital at Home" programs, also referred to in the Governor's proposals as "offsite acute medical services" programs. This would only further undermine the system.
- HCANYS has proposed collaborative models that partner hospitals and home care for these programs.

- **Repeal the LHCSA RFO (request for offers)**

- The authority for a LHCSA RFO was provided during a time of Medicaid budget deficit leading into, but formulated just prior to, the COVID-19 pandemic. Such a measure has no place in the current system, especially in the environment of receding access to care, and further as an unbridled authorization to DOH applied in the aftermath of the controversial Fiscal Intermediary RFO by DOH, and the ensuing methods undertaken by DOH in the implementation of FI/CDPAP reforms.

Program Integrity

- Program integrity and “fraud, waste, and abuse” (FWA) concerns in health and Medicaid are receiving immense focus at the federal level, and with particular attention to states with high Medicaid expenditures, including New York.
- **CMS Letters** - CMS Administrator Mehmet Oz, MD, has written to New York and other states posing questions and concerns regarding patterns in Medicaid expenditures that include personal care and home health aide services.
- **NYS Response** - NYS has responded to the Dr. Oz’s letter has to an extent defended NYS program integrity practices and service programs, and disputed the accuracy of some of the information contained in the CMS query. More to come, and a major issue with potentially major federal and state implications.

Program Integrity

- **Congressional Hearings** have also been held on FWA, with the anticipation that federal legislation will be considered to address Congressional/Administration concerns and any determinations of FWA reduction goals they may seek.
- **HCANYS** will be furthering advancing our comprehensive support for members through proactive program integrity and compliance best practices, including education, training, collaboration with OMIG, state and federal officials, continuous quality improvement, and staunch advocacy to ensure that well-intended state or federal FSA policies do not inadvertently harm patients or the system.

Education of Public Officials

A Code Blue Concern!

- Urgent need for education of public officials – Executive, Legislature & Staffs – about HCBS.
- HCBS is neither understood nor recognized for its roles and value in the public arena.
- Continuous grassroots outreach is essential.
- Members must do this directly, and as part of HCA Government Relations Initiative; both state and local district legislative engagement
- HCA new regional data advocacy initiative.



* Use this primer with your legislators and staff

Opportunities

“Make *your own* sandwiches” – “You can do it!”



Opportunities – HCANYS Grants, Innovations, Education, Training, Research, New Models, New Ground for Home Care

 ACTIVE Stop Sepsis At Home Improving sepsis prevention, screening and intervention in the community across the continuum.	 ARCHIVED Best Clinical and Operational Practices in COVID-19 and Beyond Best practices ranging from care protocols to infection control to psychosocial supports for workers, recruitment and retention, and more.	 ACTIVE Strengthening Home Health Care Nursing Workforce To Improve Access To Care At Home Building and strengthening home care agencies' abilities to recruit and retain nurses specialized in the delivery of care at home.
 ARCHIVED Infection Prevention and Control: An Initiative for COVID-19 and Beyond Furthering patient, family, and caregiver awareness and knowledge related to infections and sepsis.	 ACTIVE Statewide Virtual Senior Center Combating social isolation and the associated health risks, by enabling homebound older adults to connect with peers and communities.	 ARCHIVED CDC Project Firstline - Infection Prevention and Control Training for Home Care and Hospice Educating frontline healthcare workers to protect their patients, their coworkers, and themselves from infectious disease threats in healthcare.
 ACTIVE New York State Emergency Preparedness Integrating home care into regional emergency preparedness and increasing home care and hospice providers' collaboration, cooperation, and communication efforts.	 ACTIVE New York City Emergency Preparedness Strengthening emergency preparedness capabilities, including situational awareness, education, and training within the NYC home care sector.	 ARCHIVED Drug Resistance and Anti-Infective Home Infusions: An Educational Program for Chronic Disease Patients and Their Caregivers Educating chronic disease patients receiving anti-infective home infusions, and caregivers of these patients, about drug resistance.
 ACTIVE Addressing Health Disparities Through Home Care Identifying and addressing health disparities in populations receiving health care in homes and community-based services (HCBS) statewide.	 ARCHIVED Statewide Hospital-Home Care Collaborative for COVID-19 and Beyond Improving hospital-home care synchronization for front-end/pre-acute hospital care as well as far-end/post-hospital care, recovery, and long term support.	 ACTIVE Collaborative Models of Community Medicine and Paramedicine Developing and implementing collaborative models between core health sector partners and practitioners from local hospitals, home health agencies, physicians, and emergency medical service organization to strengthen care in their communities.

HEARTS IN HOME CARE NURSE SCHOLARSHIP

Opportunities – Workforce Support – HCANYS Grants

HCA Workforce Grant Initiatives

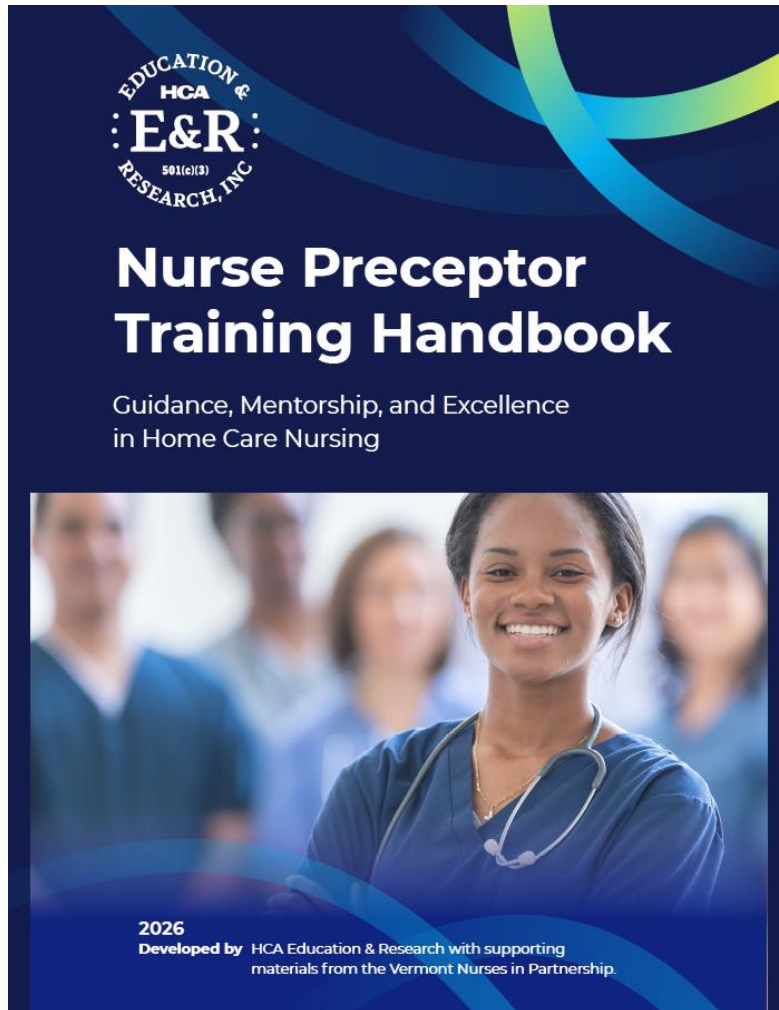


40 nursing students were hosted in clinical placements in home health care agencies across NYS.



22 Hearts in Home Care Nurse Scholarships totaling over \$150,000 were awarded in 2025 for pursuit of LPN, RN, BSN, and MSN degrees as well as specialty certifications in pediatrics and wound care.

Opportunities – Workforce Support – HCANYS Grants



New 2-Part Nurse Preceptor Training Series Coming Soon on the HCANYS Learning Management System

In home health, the onboarding process and clinical education of new employees, and especially those who are also new clinicians, is a critical component of their success in their role and in home care. Improving preceptor preparedness is an important way to have a meaningful impact on employee satisfaction, performance, retention, and ultimately improve patient care.

Funded as part of HCA E&R's Strengthening Home Health Care Nursing Workforce grant initiative funded by the Mother Cabrini Health Foundation, we are pleased to offer this *2-Part Preceptor Training Series* at no cost.

- continued -

HCANYS New Job's Board

Taking another direct step to support member workforce needs, HCA has created this new jobs board. Take advantage of free job postings through August as HCA launches this new resource to assist you.



New Jobs BOARD

HCANYS is making recruitment easier with clear, affordable listings that reach the right audience —no algorithms, no hidden posts, no extra fees for greater visibility. All listings appear publicly, can be searched easily, and are shared through social media and sponsored online campaigns. Enjoy **FREE** job postings through August 2026 as we launch this new resource.



During Our Launch Phase Take Advantage of FREE Postings Through August 2026*

To Post a Job:
Login to the HCANYS Website or Contact Laura Constable (LConstable@hcanys.org) to set up your user profile. Membership is not required.

Once logged in, your profile dashboard lets you submit, view, and manage job listings in the Job Board Postings section.

*Sponsored by a grant to HCA Education & Research from the Mother Cabrini Health Foundation.

Posting Rates – Starting in September 2026

HCANYS Member Benefit
One Free Posting per month (or 30-day period) Member benefit can be applied to 60 or 90 listings as their free posting for that timeframe.

Discounted options are available for members and for longer listings or multiple positions. Payment is required when submitting a listing.

Advertising Agencies: Please note that these prices are Net.

Job Posting Options	HCANYS Member Rate	Non-Member Rate
Single 30-Day Posting	\$0	\$199
Additional (2 or more) 30-Day Postings	\$99	\$169
Single 60-Day Posting	\$179	\$379
Additional (2 or more) 60-Day Postings	\$149	\$349
Single 90-Day Posting	\$279	\$479
Additional (2 or more) 90-Day Posting	\$249	\$449
Internship Posting (Up to 60 Days)	\$0	\$0

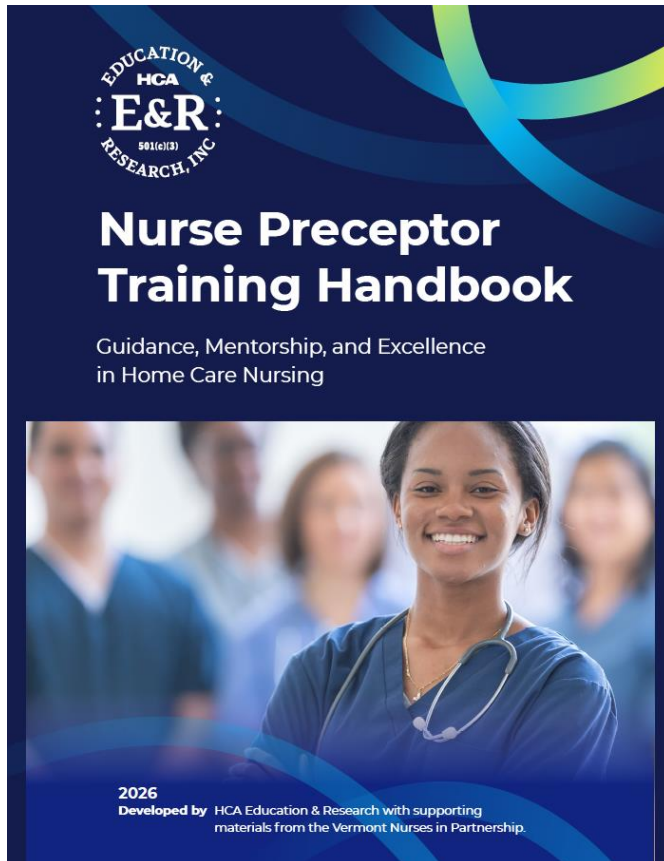
Questions? Contact Celisia Street, Vice President for Workforce Development & Innovation at CStreet@hcanys.org

 260 Washington Ave Ext, Suite 400, Albany, NY 12203

 Home Care is healthcare.



Opportunities – Workforce Support – HCANYS Grants



Two ways to use this training:

1. Recruit and register your identified preceptor(s) to complete as a self-paced course.

To support your agency in selecting the right Preceptor candidate we encourage you to use the 14-item Cotter Preceptor Selection Instrument which was developed to assess attributes of potential preceptor candidates. Please note, individuals must complete both sessions in the series to obtain a certificate of completion.

2. Download the Training Presentation (with trainer notes) and Training Manual (PDF) for use by your Staff Educator to deliver in-house trainings.

Opportunities – Workforce - HCA E&R

New HCA Education Leadership and Certification Programs



HCANYS Certificate in Workforce Leadership and Retention
Coaching & Mentoring Skills for Home Care Supervisors, Managers, and HR Professionals



Is your home care organization stuck in the hire-train-loss cycle draining your time, money, and team stability?

This certificate program gives your leaders a **simple, repeatable system** to turn everyday conversations into retention, engagement, and a lasting workforce.

MEET THE COACHES

DENNIS MCINTEE

- Eliminating Team Drama
- High-Trust Leadership
- Emotional Intelligence

STEVE MILLER

- Company Culture Building
- Resilience Through Failure
- Confident Leadership

BILL PERRY

- Organizational Health
- Accountability Systems
- Executive Team Operations

INVESTMENT
Stop paying the turnover tax.
\$499 for members
\$629 for non-members

PROGRAM DATES
All 10am-11am EST via Zoom

- July 23rd, 2026
- August 26th, 2026
- September 23rd, 2026
- October 28th, 2026

SAVE THE DATE
HCANYS Certificate Program in Workforce Leadership and Retention
For more information contact Billi Wilson, Associate Director for Education, bwilson@hcanys.org

- Coming in July a leadership certificate program in workforce leadership and retention for supervisors, managers and HR professionals.
- Also, being actively developed directly and in partnership with other states, are home care and hospice manager, administrator and executive certification and leadership programs HCA E&R will offer to members, covering fiscal, quality and strategic management for each level.
- These will be part of additional, comprehensive new and upscaled offerings HCA is currently pursuing as part of our Education Programming for members.
- Stay tuned!

Opportunities – Maternal Health

- Home care plays a significant role in maternal and infant health.
- Particularly given NY's concerns with maternal care access, morbidity and mortality, improved maternal and perinatal care is a system wide imperative.
- Medicaid policy for maternal health heavily emphasizes home health's role in maternal and perinatal support.
- HCANYS has initiated member engagement, program/policy and grant development processes to support agencies and health plans for maternal health. We are also currently engaged with multiple legislative offices focusing on maternal care from both a health and direct constituent concern. Moreover, as maternal and neonatal sepsis are among the top causes of morbidity and mortality in this population, HCA offers sepsis screening, intervention and patient education tools for use with maternal and pediatric cases



Opportunities – Public Health – HCA Sepsis Initiative

New Jersey DOH – HCANYS Partnership to *Stop Sepsis Now!*

Background and Goals:

- Genesis of the NJ *Stop Sepsis Now!* Initiative
- CDC support for NJ Providers
- NJ goals for community health providers
 - Adopt and implement the sepsis screening and intervention tools
 - Collaborate with core partners: Hospitals, physicians, health plans, all
 - Share data and experience
 - Improve health and health system outcomes

STOP SEPSIS NOW!

Introducing a New Home Care Initiative for Sepsis Screening



Home Care Association of New York State

What is Sepsis?

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs.

Often misunderstood as an "in-hospital" issue, **87% of sepsis-related infections occur in home and community settings**



Why Should You Care?

- **High Risk Population:** Home care patients are among the highest risk for sepsis.
- **Costly Condition:** Sepsis is one of the most expensive medical conditions, costing over \$24 billion nationwide.
- **Avoidable Hospitalizations:** It is the #1 driver of hospital Medicare readmissions and Medicaid costs for avoidable hospitalizations.

How to Reserve a Sepsis Training Toolkit:

1. Sign and email the Health Care Provider User Letter to: NJ-NY-SepsisPartnership@hcanys.org by May 15th
2. Attend the mandatory training planned for Fall 2026
Official date coming soon

How Can We Help?

The New Jersey Department of Health (NJDOH) is working with the Home Care Association of New York State (HCANYS) to disseminate an innovative sepsis-risk screening tool designed to guide home care clinicians in:

- Screening** Identifying patients at risk
- Early Recognition** Catching sepsis early
- Prevention** Implementing preventive measures
- Intervention** Providing timely treatment
- Education** Informing patients & caregivers

Who Can Benefit?

- Home Care Agencies
- Federally Qualified Health Centers
- Programs of All-Inclusive Care for the Elderly
- Emergency Medical Services
- Nursing Homes
- Assisted Living Facilities
- Individuals with Intellectual Disabilities
- Mental Health Providers
- Substance Addiction Service Providers

Training programs will be announced at a later date and time. Stay tuned for more information.

Webinar Information: Join our [Live Q&A Session](#) on May 1 at 12:30 PM to learn more about the sepsis screening tool. [Register Here](#)

Additional Information: Find more information on the Sepsis Screening and Intervention [here](#)

Have questions? Reach out to NJ-NY-SepsisPartnership@hcanys.org

Funded by NJDOH via a cooperative agreement with the Centers for Disease Control & Prevention
HCANYS | 260 Washington Avenue Ext. Suite 100, Albany, New York 12203 | Phone (518) 426-8764

Opportunities – Public Health & Research

HCANYS

Congratulations to HCANYS Doctor of Medicine Graduates!

The Situation Report | May 27, 2025

HCANYS extends association-wide congratulations to “our own” medical student interns who, on Thursday, May 8 were conferred their Doctor of Medicine degrees at Albany Medical College's 187 Commencement Ceremonies in Saratoga Springs, NY. Cheers to the new MD graduates (as pictured below) Dr. Denveet Singh, MD; Dr. Shayhaan Shaikh, MD; and Dr. Paytra Klein, MD!



Paytra, Shay and Devneet selected HCANYS for their Research Capstone work during their MBA and Leadership in Medicine studies in the joint Union-Clarkson-Albany Medical College program

HCA PEDIATRIC SEPSIS TOOL

Screening Tools
Infant, Toddler, Child

Zone Tool

Algorithm

Protocol

Home Care Services Pediatric Sepsis Screening Tool

INFANT (0 to 1 years)

Home Care Services Pediatric Sepsis Screening Tool – Continued

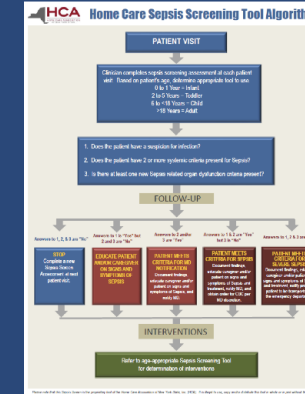
1. Does the patient have any of the following?

2. Are there any changes in the following?

3. If at least one (1) of the following is present, complete the following questions:

4. Complete this section for all patients that received "Follow-Up" advice.

INTERVENTIONS



Home Care Pediatric Sepsis Screening Tool Protocol

1. Purpose

2. Scope

3. Definitions

4. Responsibilities

5. Procedures

6. References

7. Appendix

8. Revision History

Authorized Use

To control for quality and use standards, the authorized access to or use of the HCA pediatric sepsis tool is permitted only via use agreement with HCA. Please note that it is illegal to use, copy, and/or distribute the tool for clinical or business use without the express written permission of the Home Care Association, Inc.

HCANYS and HCA E&R works with colleges and universities across the state in our research and program opportunities that we develop for HCA members! Pediatric Sepsis was one such area. We are currently hosting a 3rd year MD candidate researcher from Albany Medical College on home care referrals.

Opportunities – Collaboration Models

- Partnered models are at the core of the health system's future directions, both at the industry level at CMS.
- **HCA Initiatives** - actively working to develop and support collaboration models such as:
 - The Statewide Hospital-Home Care Collaborative (see ensuing slide)
 - Collaborative Models of Community Medicine & Paramedicine (see ensuing slide and Annual Conference breakout session May 8th)
 - Home Health-FQHC Primary Care Collaborative (see ensuing slide)
 - Hospital-Homecare-Physician Collaboration Program (see ensuing slide)
 - More
- **CMS initiatives** include:
 - Renewal of the Comprehensive Joint Replacement Program – nationwide expansion proposed for 2027
<https://www.cms.gov/priorities/innovation/innovation-models/cjr>
 - The AHEAD Model (Achieving Healthcare Efficiency through Accountable Design) Model through 2035
<https://www.cms.gov/priorities/innovation/innovation-models/ahead>
 - The TEAM Model (Transforming Episode Accountability Model) - five performance years from January 1, 2026, to December 31, 2030 <https://www.cms.gov/priorities/innovation/innovation-models/team-model>

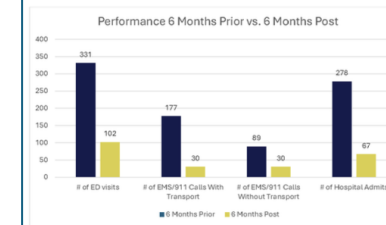
Opportunities – Collaboration Models

Major Results!!

- Executive pursuit
- Legislative Interest
- Payors

COLLABORATIVE MODELS OF COMMUNITY MEDICINE & PARAMEDICINE

Performance Results 6 Months Prior and 6 Months Post Program Implementation



Percentage Change 6 Months Prior vs. 6 Months Post			
# of ED visits	331	102	69% decrease
# of EMS/911 calls with transport	177	30	83% decrease
# of EMS/911 calls without transport	89	30	66% decrease
# of Hospital Admissions	278	87	76% decrease

Source: Data collected by 6 pilot sites representatives.

Pilot Program Details and Payor Mix for 2025

Pilot Region	Pilot Start Date	Total Unduplicated Patients Served in 2025	Total Visits Made YTD in 2025	Payor Mix (2025)	Age Range (2025)
Columbia Greene Counties	November 2022	26	127	Medicare = 52% Medicaid = 4% Other = 4%	51-96 years
Broome County	August 2022	107	536	Medicare = 64% Medicaid = 21% Other = 15%	27-94 years
Jefferson County	February 2022	44	469	Medicare = 86% Medicaid = 11% Other = 3%	44-93 years
Washington - Rensselaer Counties	October 2024	44	203	Medicare = 86% Medicaid = 0% Other = 14%	51-95 years
St. Lawrence County	May 2024	22	32	Medicare = 100% Medicaid = 0% Other = 0%	61-87 years
Tompkins - Schuyler Counties	August 2024	66	209	Medicare = 48% Medicaid = 33% Other = 19%	33-95 years

Source: Data collected by 6 pilot sites representatives.

Collaborative Partners



FOR MORE INFORMATION CONTACT
INFO@HCANYS.ORG | WWW.HCANYS.ORG

Service Population

- Patients with complex, high-risk health conditions that result from medical, cognitive, behavioral, social, and age-related conditions.
- Patients living in rural communities facing challenges accessing care.
- Patients with multiple chronic conditions such as congestive heart failure, chronic obstructive pulmonary disease, diabetes, patients at risk for falls, or other inherent risks of emergency and medical vulnerability.
- Patients who need help with activities of daily living and other supports for safety and health.

What's Next?

Public and private insurers must recognize the value of these collaborative models and their applicability to health care. Ways to do that include:

- Coverage under private and commercial health plans.
- Medicaid coverage under the state's 1115 Medicaid waiver.
- Bundled services coverage under new and evolving forms of federal, state and private reimbursement.
- Coverage under other health plan models offered in New York.

COLLABORATIVE MODELS OF COMMUNITY MEDICINE & PARAMEDICINE

The Home Care Association of New York State Education and Research E&R (HCA E&R) received a grant from the Mother Cabrini Health Foundation to develop and pilot Collaborative Models of Community Medicine and Paramedicine.

HCA E&R partnered with the Iroquois Healthcare Association (IHA), and IPRO, the state-federal regional quality improvement organization to develop pilots in seven rural and small community regions across NYS.

PHYSICIANS
HOME CARE
HOSPITALS
EMS

Pilot Programs (2022-2026)

- Integrates core health system partners and practitioners from hospitals, home care, primary care, EMS, and other community partners in a coordinated manner for support in the community;
- Supports home care by serving as a bridge in critical points in care transitions between health care facilities and the home, while supplementing timely services.
- Improves communication, access, and continuity of care by flexibly choreographing the partnered assistance of core health system partners;
- Meets the health needs of the community, while simultaneously preventing potentially avoidable hospitalizations and avoidable emergency department usage by super-utilizers;
- Decreases 911 utilization and EMS transport for conditions able to be handled through preventive in-home support;
- Provides assessment of social determinants of health and patient educational needs for self-management;
- Supports individualized person-centered care across the healthcare continuum by actively involving the patient in their personal health management; and
- Care team can see a holistic picture of patient's health, history and recovery.

Pilot Site Regions

YEAR 1 PILOT (2022)
YEAR 2 PILOT (2023)
YEAR 3 PILOT (2024)

Decreases emergency department visits by

69%

Decreases hospital admissions by

76%

Source: Data collected by 6 pilot sites representatives.

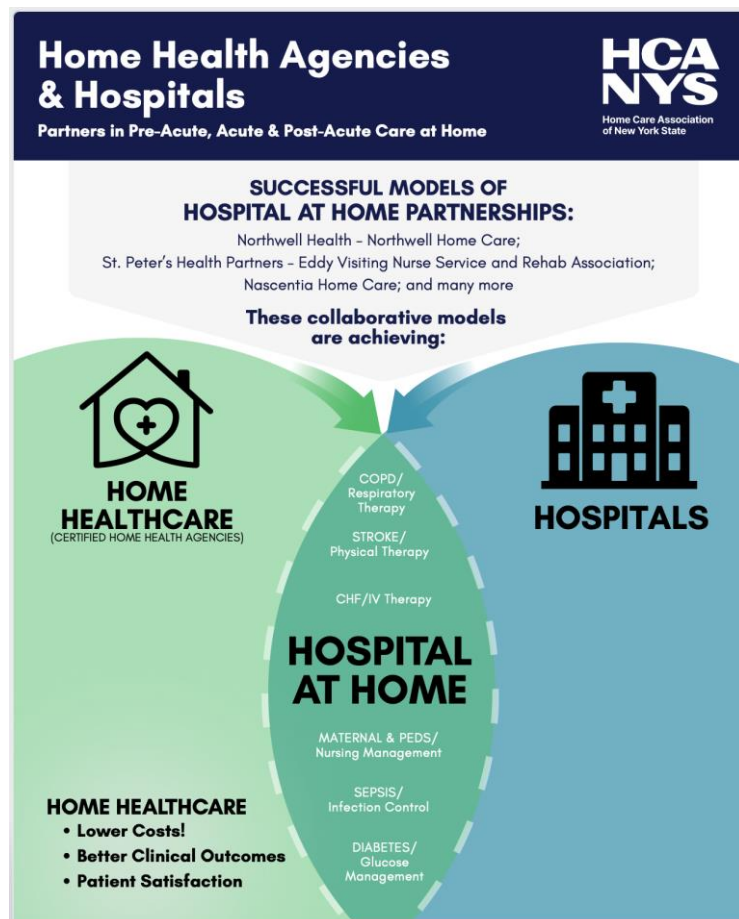
Why?

- Care is received at home, where the patient wants to be.
- Chronic conditions can be managed to prevent emergency department visits and hospital admissions/readmissions.
- Provides over-arching assessment of healthcare needs in the community at a challenging time when the healthcare system has limited resources.

Collaborative Partners

Support for this statewide initiative is provided through a generous grant from the Mother Cabrini Health Foundation.

Opportunities – Collaboration Models



Hospital at Home

Successful models of Hospital At Home Partnerships include:

- Northwell Health-Northwell Home Care
- St. Peter's Health Partners-Eddy Visiting Nurse Service and Rehab Association
- Nascentia Home Care, and many more

2805-x PHL Hospital-Homecare-Physician Collaboration Program

Created by HCA & Iroquois Hospital Association to support collaborative models of care through regulatory waivers, reimbursement innovation and funding

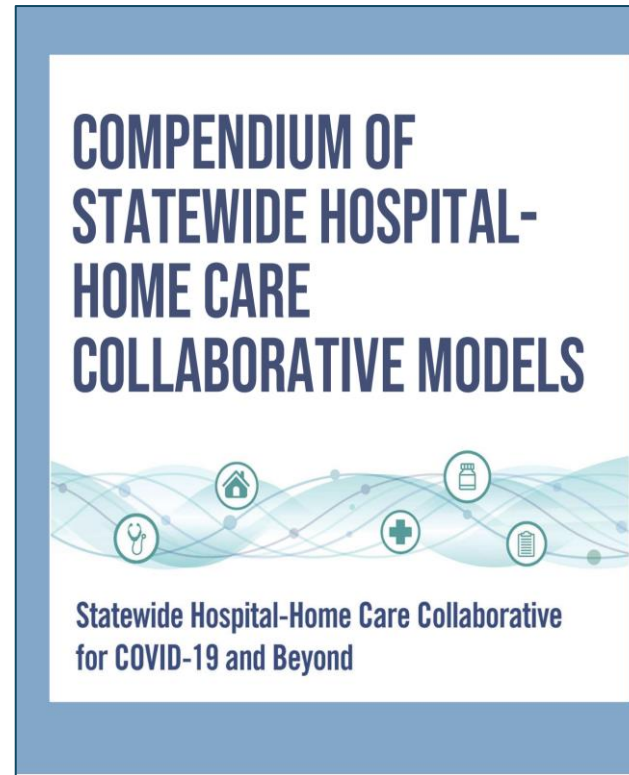
DAL Application

Opportunities – Collaboration Models

Statewide Hospital-Home Care Collaborative

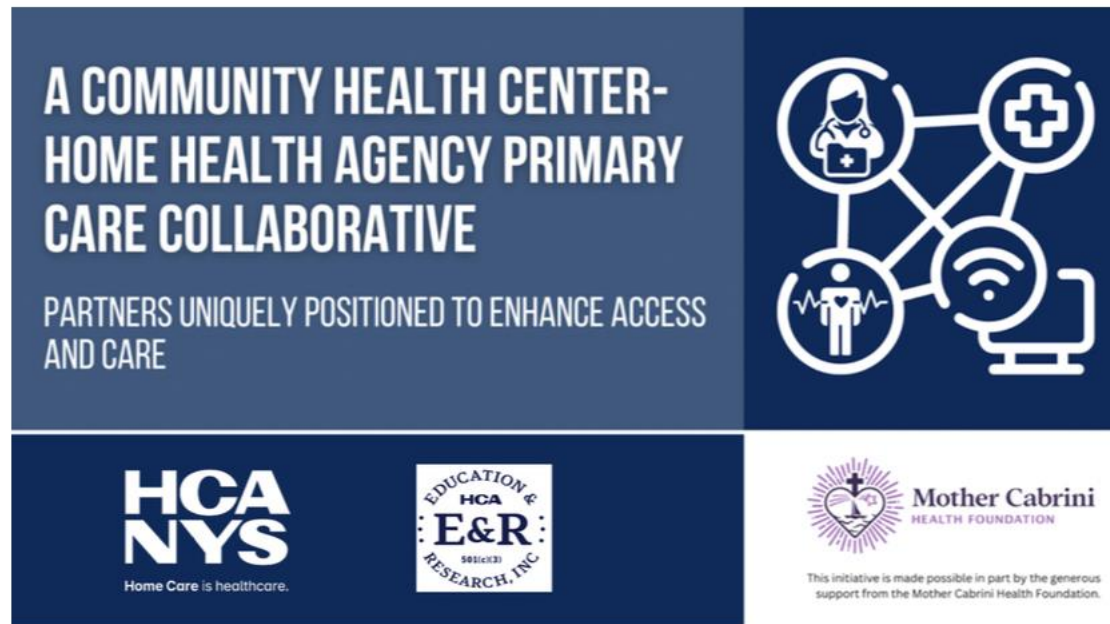


Improving hospital-home care synchronization for front-end/pre-acute hospital care as well as far-end/post-hospital care, recovery, and long term support.



Opportunities – Collaboration Models

Home Care-FQHC Primary Care Collaborative



Two pilots were supported by an HCA/MCHF health disparities funding initiative to provide for rural primary care access:

One served the Northeast/Adirondack region counties, composed of a collaborative partnering HCR Home Care and Hudson Headwaters Health Network FQHC; and another served Central New York composed of a collaborative partnering Nascen1a Home Health Agency and ConnexCare FQHC.

This concept was first pioneered by HCR Home Care and HHHN in response to the COVID-19 Pandemic.

Opportunities – Addressing the Underserved

Health Disparities

- **Resource and Tools Compendium** – Under a multiyear grant from the Mother Cabrini Health Foundation, HCA E&R created and led a comprehensive initiative to help address health disparities through home care. IPRO was subcontracted as a consulting partner.
- **Components include:**
 - 3 levels of Training, Clinical and Organizational Resources for care of individuals with mental & physical health comorbidities
 - Demographic and Regional Profile and Assessment Data
 - Home Health-FQHC Primary Care Initiatives
 - Population Health Education, Training & Certification for Clinicians
 - Education & Training for services to diverse and underserved populations
 - Virtual Health Literacy access initiative
 - SDH & Disparities Assessment Tools for organizations and patient care
 - Translation
 - More

Soon to be Released:

HCA-IPRO Comprehensive Compendium -- electronic, PDF and Print forms -- of Resources & Tools for all components of this initiative.



Opportunities – Underserved - Health Literacy

Health Literacy

- This initiative offers members leadership in value-based care, quality, access and cost through vital support of patients' health literacy.
- Leverage this unique pilot in health literacy launched by HCANYS and Selfhelp Community Services with the support of the Mother Cabrini Health Foundation's Health Disparities grant to HCA E&R.
- Links are available directly through the HCANYS or Selfhelp websites.



HEALTH LITERACY

A partnership between **HCA** and **Selfhelp Community Services** to help educate medically needy individuals at home on information important to their health, their care and treatments, and accessing of services

HCA
EDUCATION AND RESEARCH

Selfhelp VSC
WHERE SENIORS CONNECT, LEARN & PLAY ONLINE

Mother Cabrini HEALTH FOUNDATION

Support for this statewide collaborative training is provided through a generous grant from the Mother Cabrini Health Foundation.

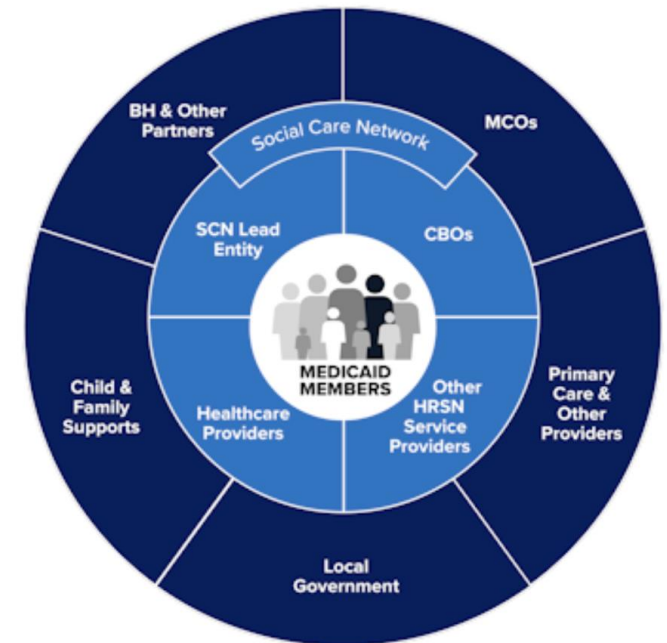
Opportunities – Engaging SCNs

Social Care Networks - 9 Across All Regions

https://www.health.ny.gov/health_care/medicaid/redesign/sdh/scn/docs/updates.pdf

Four Goals for Medicaid Members:

- Expand access to high-quality HRSN services
- Enable consistent, timely screening using the Accountable Health Communities (AHC) HRSN Screening Tool and Navigation to HRSN services
- Create shared end-to-end visibility of the Member journey from HRSN Screening and Navigation through delivery of HRSN services
- Strengthen collaboration between HRSN service providers and other partners in their regional health ecosystem, including, providers, care managers, and health plans



Opportunities – Medication Management Initiative

Cornell University Medication Safety & Management Initiatives

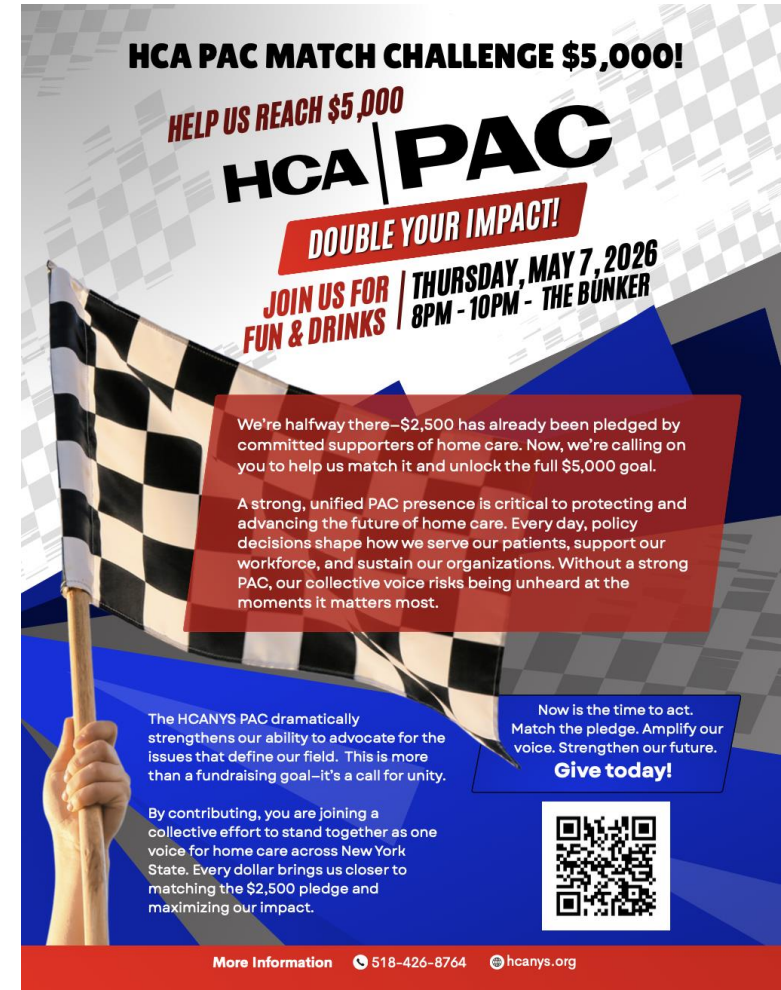
- Cornell has partnered HCANYS in projects managing medications for individuals with cognitive decline. Also partnered is VNS-Ithaca led by Sue Ellen Stuart, President & HCA Board member.
- Under the project, a NYS Home Care Study was co-hosted by Cornell & HCANYS to determine prevalence, challenges and needs for medication management assistance to this population, including need for coverage and resources for patient management.
- The study has led to a pilot proposal to ease the Medicare homebound requirement permitting cognitively impaired persons' eligibility for home care medication management for safety, improved outcomes, reduced morbidity and hospitalizations, and overall quality improvement.
- Plans are underway to meet with NY's Congressional Delegation to seek support of the project.



Opportunities – HCA-PAC

Political Action Committee: HCA PAC

- Essential to making the HCBS system's issues visible and its advocacy voice heard, is achieving and maintaining a supportive PAC fund.
- PACs function based on donations by individuals and, as permitted by organizations, in recognition of the responsibility to educate and support officials who understand and take a stand for constituent needs.
- HCBS constituency competes with organizations and industries both in and far beyond health care in the messaging effort, and typically with resources far beyond our sector's.
- The HCBS system's needs are extensive and urgent; and it is vital that, everyone who can, support in some way, big or small, the HCA PAC effort.



HCA PAC MATCH CHALLENGE \$5,000!
HELP US REACH \$5,000
HCA | PAC
DOUBLE YOUR IMPACT!
JOIN US FOR FUN & DRINKS | THURSDAY, MAY 7, 2026
8PM - 10PM - THE BUNKER

We're halfway there—\$2,500 has already been pledged by committed supporters of home care. Now, we're calling on you to help us match it and unlock the full \$5,000 goal.

A strong, unified PAC presence is critical to protecting and advancing the future of home care. Every day, policy decisions shape how we serve our patients, support our workforce, and sustain our organizations. Without a strong PAC, our collective voice risks being unheard at the moments it matters most.

The HCANYS PAC dramatically strengthens our ability to advocate for the issues that define our field. This is more than a fundraising goal—it's a call for unity.

Now is the time to act. Match the pledge. Amplify our voice. Strengthen our future.
Give today!

By contributing, you are joining a collective effort to stand together as one voice for home care across New York State. Every dollar brings us closer to matching the \$2,500 pledge and maximizing our impact.



More Information 📞 518-426-8764 🌐 hcany.org

Opportunities – Are What You Make of Them

The Flutter Express – An Inspiring Model of What A Person Can Do

The Flutter Express is a customer-focused transportation service founded by Francesca LoPorto-Brandow, a cancer survivor and advocate for compassionate transportation solutions. We provide reliable, comfortable, and stress-free transportation to locations with world-renowned healthcare facilities outside of New York's Greater Capital Region. We offer round-trip services to New York, NY and Boston, MA. Future plans to expand to additional cities will be shared at a later date.



Thank YOU

Thank you HCANYS for the great privilege to serve you and the Association's mission "to promote the quality and accessibility of health care and support at home" for the million+ New Yorkers who depend on your care each and every day.