



Chinese-American Planning Council Home Attendant Program Policy and Advocacy Priorities New York State FY22-23

The Chinese-American Planning Council Home Attendant Program, Inc. (CPCHAP) is a not-for-profit, 100% Medicaid funded home care service agency based in New York City, serving all five boroughs, Long Island and Westchester. Licensed in 1998 by the NYS Department of Health as a Home Care Service Agency, CPCHAP contracts with the New York City Human Resources Administration, Managed Care Organizations (MCOs), and Managed Long-Term Care Plans (MLTC) for the provision of Personal Care Services and Consumer Directed Personal Assistance Program to Medicaid-eligible individuals. CPCHAP provides home care to nearly 3,000 patients – who are older adults and people with disabilities – by nearly 4,500 workers. 1199SEIU represents all CPCHAP hired home care workers.

Home Care Issues and Needs

Because of the growing needs of people with disabilities and an increasingly aging population, the home care sector is the largest employer in the nation yet continues to face labor shortages. In New York State, there are over 330,600 home care workers, and in NYC alone, there are 187,000 home care workers. Yet because of growing need, New York is the epicenter of a national home care worker shortage with a projected shortage of 50,000 workers by 2023, and over 83,000 by 2025. New York State has rationed care for far too long, prioritizing government austerity over our quality of life and dignity for both workers and patients. Workers have suffered, older adults have suffered, and disabled New Yorkers have suffered as a result, disproportionately women, people of color, immigrants, and low-income New Yorkers.

It does not have to be this way. New York has the resources to fully fund Medicaid and the long-term care services to meet the growing demands and fulfill its constitutional obligation to provide them. We must reject solutions that pit workers and patients against each other – the claim that we can only provide adequate care by paying low wages or that we will have to reduce hours of care if we increase wages. Rather, the solution is a robust long-term care system in which we create good jobs where workers can thrive, and seniors, disabled New Yorkers and everyone else who needs home care can receive the full care they need in their homes with dignity. **In order to reform the home care system, CPCHAP recommend that the Governor and State Legislature:**

- 1) Pass Fair Pay for Home Care (A6329/S5374)**
- 2) End 24-hour Shifts, Make 12-hour Split Shifts the Standard, & Pay Workers Back Wages**
- 3) Remove the Arbitrary Spending Cap on Medicaid**
- 4) Pass New York Health Act (A4738/S4840)**

1) Pass Fair Pay for Home Care (A6329/S5374)

This legislation would raise home care worker pay to 150% of the highest area minimum wage across the State. In July 2021, the fast food minimum wage outstripped the home care minimum wage for workers in the 54 counties north and west of Westchester. Home care workers and Consumer Directed Personal Assistance (CDPA) workers in those counties now make \$2.50/hour less than those who work in the fast food industry, making it even harder to fill much-needed home care jobs because it is not enough to pay bills. To rebuild long-term care in a way that prioritizes community-based services and workers, as well as bring New York into compliance with Federal requirements about access, home care workers must be paid a minimum of 150% of their current regional minimum wage. This would cost approximately **\$3 billion per year** and eliminate the home care job shortage within five years.



2) End 24-hour Shifts, Make 12-hour Split Shifts the Standard (A3145 Epstein/S359 Persaud), and Pay Workers Back Wages

One of the most urgent issues in the home care sector is 24-hour cases, where home care workers are assigned 24-hour shifts and are being paid for 13 hours of work, with 8 hours allocated for sleep and 3 hours allocated for meals. 24-hour home care cases are determined by regulations by the NYS Department of Health (DOH) and Department of Labor (DOL); funded by Medicaid; contracted through NYC Human Resources Administration, MCOs, and MLTCs; and affirmed by court decisions and union agreements. Because of their contracts and Medicaid funding, nonprofit home care agencies must accept 24-hour cases but can only compensate those workers for the 13 hours unless a worker documents and reports interruptions, which imposes yet an additional burden on workers, patients, and agencies. Home care agencies are only reimbursed for 13 hours of service for 24-hour shifts, which is then passed along to workers as compensation. **We support the bill to end 24-hour shifts for home care workers and replace those 24-hour shifts with 12-hour split shifts (A3145 Epstein/S359 Persaud).** This would cost approximately **\$1.1 billion per year** to split shifts for the 11,000 24-hour cases across New York State.

Additionally, we recommend that **the State provide back wages directly to workers who have staffed 24-hour shifts** in recognition that just because the 24-hour rule is enshrined in law does not make it just or fair to workers. Because the 11 hours of each 24-hour shift is not included in contracts, home care agencies that are carrying out contractual obligations should not bear the cost of back wages. Providing back wages for the gap between the 13 hours Medicaid paid workers for shifts and the 24 hours workers were in a patient's home would cost approximately **\$6 billion** for the six-year Medicaid lookback.

3) Remove the Arbitrary Spending Cap on Medicaid

Home care is primarily funded through Medicaid in New York State, and Medicaid has been the major financier of long-term care services in the US since 1975. New York State's Medicaid program represents 87% of home care and personal care services, including MLTCS and nonprofit home care agencies. Medicaid rates have been artificially depressed by the Medicaid Global Spending Cap, an arbitrary limit on spending growth that was put in place in 2011, and the Medicaid Redesign Team (MRT II) enacted over \$1 billion in cuts to Medicaid in the midst of a global pandemic last year. This austerity has led to the scarcity mindset that we can either pay workers or serve patients, when in fact by lifting the Medicaid Cap we could fund a robust care system. We urge the removal of the Medicaid Global Spending Cap and fully funding Medicaid to meet the needs of the more than one-third of New Yorkers who rely on it.

4) Pass New York Health Act (A4738/S4840)

The New York Health Act would establish a universal, publicly financed single pay health plan to provide comprehensive health coverage for all New Yorkers regardless of age, immigration status, or financial status. It would provide full long term care coverage from day one, ensuring that all New Yorkers could have dignified care in their homes. The New York Health Act is sponsored by Assembly Member Gottfried and Senator Rivera.

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