PRESS RELEASE

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Virginia Providers File Federal Complaint Over Medicaid In-Home Care Access

Cites long-standing underfunding and rising workforce costs as challenges to consistent care delivery across Virginia

RICHMOND, Va. — The Virginia Association of Personal Care Providers (VAPCP) has filed a formal complaint with the Centers for Medicare & Medicaid Services (CMS), raising concerns that current Medicaid reimbursement rates in Virginia are no longer sufficient to sustain access to in-home personal care services for elderly and disabled residents.

The complaint outlines how years of inadequate reimbursement, combined with newly enacted workforce mandates, are placing increasing pressure on licensed home care providers and impacting their ability to consistently staff authorized hours of care for Medicaid beneficiaries.

Personal care services are a required Medicaid benefit and are designed to help individuals remain safely in their homes rather than entering more costly institutional settings. However, providers across Virginia report increasing challenges staffing authorized hours under current reimbursement structures.

In-home care is widely recognized as one of the most cost-effective forms of long-term care. When access to these services is limited, individuals are more likely to require higher-cost institutional care, resulting in greater overall costs to the Medicaid program.

“Providers are ready and willing to meet the need for care, but the current reimbursement structure has to support the reality of delivering that care,” said Christa Klippen, owner of One on One Care and Vice President of VAPCP. “When it doesn’t, access is what gets impacted.”

The complaint highlights that upcoming workforce mandates, including increases to the state’s minimum wage and new paid leave requirements, are expected to drive labor costs up by approximately 24% over the next two years. Medicaid reimbursement rates, which are set by the Commonwealth, have not kept pace with these changes.

Providers and advocates have repeatedly raised these concerns with state officials and legislators, including tens of thousands of communications from stakeholders across Virginia, but the underlying issues remain unresolved, prompting providers to seek federal review.

The filing also clarifies that agency-directed personal care services, which include clinical oversight, supervision, and administrative support, are not interchangeable with consumer-directed models, and that access to one does not guarantee access to the other.

VAPCP is requesting that CMS review Virginia's compliance with federal Medicaid access requirements and work with the state to ensure that beneficiaries have meaningful access to authorized services.

"In-home care is one of the most cost-effective and preferred options for long-term care," Klippen added. "But it only works if there are providers available to deliver it."

For more information or to request a copy of the complaint, please contact:
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