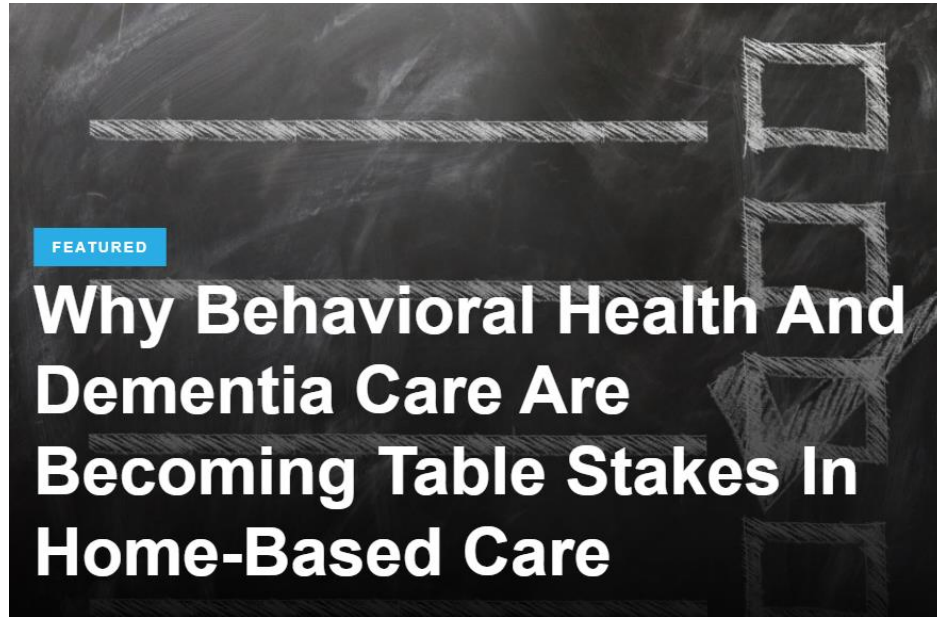




Morgan Gonzales, Oct 01, 2026

Providers of aging services, including home-based care, have had to adapt to patient trends like higher acuity levels, growing regulatory complexity and ramping need for data and operational sophistication.

They are also adapting to new expectations and needs for services.

Two service lines that have now become table stakes for providers are behavioral healthcare and dementia care.

This is evidenced not just by my conversations with providers, but also by a track record of investment and tangible business decisions.

What stands out to me is that these decisions are coming from different corners of the aging-services industry. Traditional home care providers are considering how to deepen their dementia expertise. Organizations like VNS Health are investing in behavioral health partnerships. Specialist companies like Author Health have built businesses around the behavioral health needs of older adults. These approaches differ, but they point to a similar conclusion: Dementia care and behavioral healthcare are becoming more central to providers serving older adults.

There is an important distinction here between owning a service line and having access to one. I do not think every home-based care provider needs to become a behavioral health company or build a comprehensive dementia practice. But if an organization's strategy is to help people remain at home, it needs a plan for the cognitive and behavioral health needs that can make that goal more difficult to achieve.

Dementia care can still differentiate a provider in its local market, and behavioral health partnerships can create new growth opportunities. But I think the bigger question is becoming less about whether these services make an organization stand out and more about whether an organization can meet the needs of its patients and clients without them.

In this week's exclusive, members-only HHCN+ Update, I'll dive into the growing importance of behavioral healthcare and dementia care, offering analysis and key takeaways, including:

- The evidence for dementia care becoming a core home-based care capability
- The role of behavioral health as a utilization and growth strategy

Specialty care no more

I love talking with providers about specialty care, and in the home-based care world, that often translates to dementia care.

Dementia care has historically been viewed as a specialized offering, including at panels at HHCN events. Providers have talked about how dementia care is invaluable for clients and patients and helps them stand out in crowded markets.

But I think the framing of dementia care as a niche or specialty service is starting to feel outdated.

That does not mean every home-based care provider needs to employ a crew of dementia specialists. It does mean that providers serving older adults need a credible plan when a patient or client has cognitive decline — especially as people increasingly plan to remain in their homes for as long as possible.

For many organizations, that answer will be internal training, stronger care coordination and better caregiver support. For others, it will be a partnership with a specialist organization. Either way, dementia competency is increasingly part of the baseline expectation for providers that want to care for aging adults with complex needs.

HomeWell Care Services is a recent example. CEO Crystal Franz [recently told me](#) the company is exploring ways to expand its support for clients with dementia.

“The rise of Alzheimer’s and dementia patients within the senior population, particularly, is just incredible,” she said. “From a brand program perspective, we have an Alzheimer’s and dementia care support program, but we will continue to look at ways that we can better support those clients for our agencies.”

HomeWell already has a dementia care offering, but Franz is considering how to go further. Additional support could include new brand programs or specific licensure recommendations for caregivers. The company could also strengthen its existing care management model by adding specialized dementia care.

HomeWell’s choice to pursue additional dementia services suggests the competitive conversation is moving beyond having a dementia program to determining how deeply that expertise is embedded in a provider’s operations.

VNS Health, formerly known as VNSNY, is a useful example of this shift. The organization rolled out its Dementia Care at Home program in 2023, pairing specialized dementia assessments and personalized care plans with coaching for home health aides, supervising nurses and family caregivers. The model also included ongoing care coordination.

Another recent example is Empath Health. HHCN Senior Reporter MK Manoylov covered the provider’s launch of an immersive dementia education program available in nine Florida counties. Obviously, Empath has identified a strong need for expanded dementia care.

To me, dementia care is tied directly to the value proposition of home-based care. Providers frequently talk about helping older adults age in place and avoiding unnecessary institutional care. Those goals become much harder to accomplish if a provider is not equipped to support cognitive decline or the family members who are often doing the bulk of caregiving.

Dementia is not peripheral to aging services. It is part of the day-to-day reality of caring for an aging population at home. That makes dementia expertise, whether built internally or accessed through partnerships, a core capability.

Behavioral health as a growth strategy

I'm always especially inclined to talk about the importance of behavioral healthcare, driven by my personal experiences and my time as a reporter for HHCN's sister publication, Behavioral Health Business.

I've previously reported on the role of behavioral health in home-based care, with my reporting demonstrating that offering behavioral health services in the home can be a game-changer, especially as Medicare beneficiaries have higher rates of behavioral health conditions than the general population.

That is why I think behavioral health is increasingly becoming more than a nice add-on or ancillary benefit. It can likely be especially valuable for providers, payers, and value-based care organizations responsible for high-need populations.

Operators have already identified behavioral health as a need for aging adults. One example is Author Health.

Boston-based Author Health provides virtual and in-person mental health services to older adults with Medicare Advantage plans, focusing on those with SMI and substance use disorders (SUDs).

The company also provides dementia care, which is important because cognitive health and behavioral health needs often overlap for older adults.

This concept has also attracted significant investor interest. Author raised \$115 million in seed funding in 2023.

Author is a good example of how a specialist behavioral health company can fit into the broader aging-services ecosystem. Not every home-based care provider is going to build a behavioral health platform from scratch. Many probably should not. Behavioral health care comes with its own clinical, workforce, regulatory and reimbursement complexities.

But companies like Author demonstrate that providers and payers do not have to choose between building everything internally and doing nothing. They can partner with specialists that are designed around the unique behavioral health needs of older adults, including those enrolled in Medicare Advantage.

VNS Health's relationship with Vitalic Health is another example worth watching. VNS Health offers a range of community-based behavioral health services, including care for complex mental health and substance use conditions, and is a Certified Community Behavioral Health Clinic (CCBHC). It also has a financial stake in Vitalic, a company focused on behavioral health care for older adults.

The business rationale here is fairly clear. If a provider or payer can identify behavioral health concerns earlier, engage a patient before a crisis and connect them to the right level of care, it could potentially prevent more costly acute care utilization later.

That makes it a growth strategy, but not in the most traditional sense. It is a growth strategy because it can help organizations become more valuable partners to Medicare Advantage plans, health systems and other risk-bearing entities. It also gives them a way to serve patients whose needs do not fit neatly into a home health, personal care or primary care box.

Behavioral health and dementia care both point to the question of what services providers actually need to own. I don't think they have to own both services, but I do think providers should have clear plans for how to approach dementia and behavioral health needs. Those plans are no longer nice-to-haves, but essential for forward-thinking providers.

HHCN is an independent source for breaking news and up-to-date information on the senior in-home care industry. Their coverage spans the home care world specifically, from large, national service providers to independent care companies. Their news and perspective give industry professionals the information they need to make the best decisions in their day-to-day business operations. HHCN has 636,710 monthly visitors.