

## 2018 Public Policy Agenda

LeadingAge New York will work on the state and federal level to ensure funding and policies that support long-term/post-acute care (LTPAC) and senior services providers, focusing efforts on the areas identified below.

### **All Long Term and Post-Acute Care Providers and Plans**

- Advocate for funding to address impact of employer mandates including increased minimum wage, 24 hour/live-in requirements, and call-in pay.
- Advocate for flexible operating certificates, staff credentials, and reimbursement to creatively serve seniors and individuals with disabilities in various settings, taking full advantage of current infrastructure.
- Support viable value-based payment (VBP) models, data sharing, and stimulus VBP funding for managed long term care (MLTC) plans and providers that serve Medicaid beneficiaries.
- Focus on implementation of managed care initiatives relative to seniors and persons with disabilities, including payment policies, regulatory relief and smooth transition of populations and benefits into managed care.
- Advocate for expansion of the continuing care workforce and support efficient utilization of direct care workers, including allowing medication technicians, funding education and training, and permitting cross-certification.
- Advocate for LTPAC infrastructure investments in building upgrades, restructuring of services, health information technology and health information exchange to support VBP and the "Triple Aim."
- Work with DOH to ensure survey consistency across regions and service lines, and advocate for quality control in the survey system.
- Advocate with the Congressional Delegation to oppose block grants and ensure any Medicaid/Medicare reform efforts do not negatively impact providers.
- Work to minimize the impact of federal tax reform on providers, including tax- exempt bond financing, medical expense deductions, and charitable contribution deductions.

### **Adult Care Facility/Assisted Living**

- Increase the state portion of the SSI Congregate Care Level 3 Rate.
- Work to prepare Assisted Living Programs (ALPs) to contract with MLTC and PACE plans in the future, including clarifying medical equipment reimbursement, rationally expanding capacity, and ensuring the HCBS settings rule does not limit access to services.
- Enhance the role of the nurse so that ACF/AL providers with nurses can opt to provide nursing services directly.
- Advocate for regulatory reform across settings to update, consolidate and simplify operating requirements.
- Advocate for expanded access to assisted living for low-income people with dementia.

### **Affordable Housing**

- Advocate for a new Resident Service Coordinator Program to replace the dormant Resident Advisor program to support and expand the network of service coordinators in senior housing statewide.
- Advocate for allocation of substantial rental assistance for seniors statewide to offset the lack of new Section 202 housing units.
- Support the Independent Senior Housing Freedom of Choice Act, which would protect the rights of elders living in congregate senior housing to receive services from providers of their choosing.
- Advocate for a new investment in the HUD 202 program, in the form of capital advances and rental assistance contracts, to meet the growing need for affordable independent senior housing.
- Support allowing 202/PRAC properties to participate in the Rental Assistance Demonstration (RAD) program, which would allow aging senior properties to leverage new sources of private capital for modernization.

### **Continuing Care Retirement Communities**

- Advocate for passage of legislation to modernize outdated provisions of Public Health Law Articles 46 and 46-A to eliminate barriers to the development, expansion, and efficient operation of CCRCs in New York.
- Secure modifications to Insurance Regulation 140 from the Department of Financial Services to allow more flexibility in how CCRCs can invest their funds.
- Modify current requirements to allow CCRC residents who are discharged from a hospital on weekends or off-hours to be immediately admitted to the CCRC's nursing home/assisted living without patient assessment forms.

### **Home and Community-Based Services**

- Monitor carve-in of new benefits into the MLTC benefit package; advocate for additional or indefinite delay in carving in NHTD/TBI waiver services.
- Advocate for increased funding for the NORC/NNORC, Congregate Services for the Elderly and EISEP programs, and eliminate the county matching requirement for the added funding.
- Work to expand the funding and use of hospice and palliative care, including promoting improved integration of hospice and Medicaid managed care.
- Support expanded access to telehealth services in the home through greater regulatory flexibility.
- Work to address Certified Home Health Agency (CHHA) finances and regulatory requirements.

### **MLTC/PACE**

- Advocate for adequate and timely rates that accurately reflect the cost of existing and new benefits and wage/other mandates. Work to eliminate arbitrary caps and savings factors; ensure appropriate and more predictable risk adjustment and timely pool funding distributions.
- Push for implementation of separate nursing home "rate cell" or risk corridors/limited duration nursing home benefits. Work with DOH to ensure nursing home services are appropriately reflected in the rates, including adequate funding, timely updates for enrollment mix changes and a meaningful high cost nursing home pool.
- Ensure new benefits are fully-funded and implementation time frames are reasonable.
- Work with DOH and the State's actuary to ensure plan engagement in risk adjustment model development and dissemination of risk model information prior to the release of draft rates.
- Minimize duplicative reporting requirements and minimize administrative burden of funding pass-throughs.
- Support the expanded availability of managed care that combines Medicare-Medicaid services while ensuring a level playing field for existing plans; ensure plan and provider participation in development of new models.

### **Nursing Home**

- Oppose legislation setting arbitrary minimum staffing ratios in nursing homes.
- Establish an enhanced nursing home rightsizing program allowing conversions to ALP beds (in the absence of an ALP expansion program) and nursing home bed buybacks.
- Broaden the Restorative Care Unit demonstration or similar approaches to encompass additional facilities and Medicaid funding.
- Address any remaining barriers to implementation of the electronic prescribing mandate.
- Seek reform of the Informal Dispute Resolution process.

### **Retirement Housing**

- Work with market-rate senior living communities to better understand changing demographics and shifting preferences of future residents, to be better positioned for the future.
- Continue the statewide market analysis to help senior living communities plan for the future.
- Promote the "not-for-profit difference" that highlights the unique benefits that not-for-profit senior living communities offer residents.