

2015 Public Policy Agenda

All Medicaid Long Term Care Providers and Plans

- Focus on the implementation of managed care (i.e., managed long term care, mainstream managed care, FIDA and Medicare Advantage)
 - Ensure that all not-for-profits have the opportunity to participate and successfully compete in managed care programs and in new models of care and payment.
 - Ensure continuity of services for our residents and patients.
 - Advocate for government payment policies that allow for high quality of care to be delivered by payers and providers.
 - Advocate for regulatory relief for providers and managed care plans so that services can be provided in a less costly and more efficient manner.
 - Work towards improved integration of hospice and managed care.
- Advocate for a one-time performance/quality adjustment to Medicaid rates reflective of the increasing investments providers are making in service delivery.
- Advocate for adequate funding for assisted living and community services and supports to allow seniors to age in place and remain in the most integrated setting possible.
- Work to influence the implementation of the alternative payment arrangement requirement under the 1115 waiver and FIDA.
- Work to ensure that DSRIP policies recognize the needs of seniors and people with disabilities and the important roles of long-term care providers and plans.
- Advocate for fairness and clarity in OMIG audit and extrapolation process and minimize duplication of audits.
- Advocate for a rural rate add-on reflective of the unique challenges associated with delivering long term care services in these areas.
- Advocate for a pool of capital grants to enable long term care providers to make strategic investments in facility and service reconfiguration, and health information technology and telehealth applications.

Housing/Retirement Housing

- Explore ways for senior housing communities to renovate and/or reposition their properties to better fill vacancies and remain financially stable.
- Develop strategies to advocate to HUD and HCR to resolve contract administration, budgeting, funding and other operational and regulatory issues.
- Assist members in creating supportive senior housing programs, including accessing MRT supportive housing funding and exploring new housing plus services models with policymakers.
- Develop initiatives for housing providers to share best practices, policies and procedures.

Adult Care Facility/Assisted Living

- Work to prepare ALPs to contract with MLTCs and PACE in the future (i.e. program and reimbursement, including the HCBS Settings standards).

- Work to ensure that Veteran's Benefits (Aid and Attendance) are paid out in a timelier manner to ACF/AL residents.
- Increase the current SSI rate for ACF residents.
- Updating statute and regulation to providing clarity on what Durable Medical Equipment and Supplies are included in the ALP rate, and update the Medicaid rate to reflect this and other changes in the system since the initial development of the ALP rate.
- Continue to advance proposal for nurses to be able to perform certain functions in ACF and AL settings.
- Support change in policy to permit ALP residents to receive hospice services.
- Reduce regulatory burden by eliminating unnecessary or outdated requirements and consolidating when possible.

Continuing Care Retirement Communities

- Develop legislation and regulatory reforms necessary to promote the expansion of CCRCs in NYS, including legislation to allow for direct admissions to CCRC ACF and nursing home beds.
- Continue to work on Regulation 140 with the Department of Financial Services to allow more flexibility in investment policy.
- Pursue regulatory change specifying the levels of Medicare supplemental insurance that CCRC residents must purchase.

Home and Community-Based Services

- Support legislation pertaining to the advanced home health aide.
- Seek legislative and regulatory reforms to expand the NORC/NNORC and modify matching fund requirements and limits on uses of funds.
- Complete a LeadingAge NY cost study of wage mandates and then advocate for additional funding to support wage parity, new overtime and live-in aide wage requirements.
- Increase funding for CSE and EISEP. Eliminate county match for incremental funding.

MLTC/PACE

- Work to influence the implementation of FIDA and the interpretation of associated policies, including:
 - Rate issues, including payment for nursing home services
 - Interdisciplinary Team requirement
- Continue to monitor and influence policy related to conflict free evaluation and enrollment.
- Work with DOH to resolve issues around multiple and inconsistent UAS assessments and the use of the UAS in determining risk scores.
- Work with DOH to optimize use of workforce funding made available through waiver.
- Continue to influence policy to ensure the adequacy of MLTC plan rates (i.e. high need/high risk pool funds).

Nursing Homes

- Assist members and advocate on issues related to enrollment of nursing home population into MLTC; including capital reimbursement, rate adequacy and negotiating contracts.
- Oppose legislation setting arbitrary staffing ratios in nursing homes.
- Seek a delay or other modifications to the electronic prescribing mandate.
- Work to effectuate the universal settlement of Medicaid rate appeals and litigation.