Leading Age" NURSING HOMES

SENIOR HOUSING | ASSISTED LIVING | ADULT CARE FACILITIES | HOME CARE | RETIREMENT COMMUNITIES ADULT DAY HEALTH CARE | PACE/MLTC | NURSING HOMES | CCRC

Support High Quality Nursing Home Care for Vulnerable New Yorkers

- Nursing Home Case-Mix Adjustment: This administrative proposal would reduce case-mix adjustments to Medicaid rates for changes in patient acuity by \$246 million annually, by far the single biggest proposed Medicaid cut in the FY 2020 Executive Budget. In advancing the provision, the Department of Health (DOH) expresses concern about unwarrantedly inflated case-mix that may result from using predictable January-July "picture" dates to determine patient acuity. This proposal builds on a provision in last year's enacted State Budget that reduced funding related to case-mix by \$15 million. The impact would more than wipe out a recent 1.5 percent increase in rates reflecting increased staffing costs. *Our request: Reject this proposal. Facilities that serve residents with greater needs require more, not less, funding to support the added costs.*
- Nurse Staffing Ratios: A.2954 (Gunther)/S.1032 (Rivera), the "Safe Staffing for Quality Care Act," would create specific staffing ratios for nurses and other direct care staff in nursing homes and hospitals. Academic research does not support that specific staffing ratios produce higher quality of care. In fact, the only outcome of this legislation will be higher Medicaid costs, increased recruitment and retention challenges, and less quality of life programming for nursing home residents. The staffing standards proposed in this legislation would conservatively cost \$1 billion annually to implement in nursing homes. Meanwhile, the Governor proposes that the Department of Health conduct a study to evaluate the impact of staffing on patient safety and quality of care. *Our request: Reject staffing ratios legislation.*
- Advanced Training Initiative (ATI): Through the ATI program, participating nursing homes can offer training to certified
 nurse aides and other front-line workers on detecting early changes in a resident's status that could lead to health
 declines and/or hospitalization. Facilities are eligible to participate only if their employee retention rate exceeds the
 statewide median retention rate, which excludes many facilities with favorable retention rates from consideration. Our
 request: Extend eligibility for ATI to facilities with staff retention rates above the median retention rate of their region.
- Medication Technicians: Specially trained certified nurse aides could provide routine medication passes in nursing homes, making more efficient use of nurses and providing a career ladder option. A number of other states utilize medication aides in nursing homes, and the NYS Department of Mental Hygiene created a program that allows for direct care aides to administer medication under the supervision of a nurse. *Our request: Enact legislation allowing nursing homes statewide to utilize medication technicians.*
- Nursing Home Oversight: There is a direct linkage between the integrity of the state survey process and nursing homes' access to referrals and funding. Significant variations in survey findings by region, which cannot be explained by differences in actual quality of care, should be addressed. The Informal Dispute Resolution (IDR) process, which allows facilities to appeal survey deficiencies, is not effective or transparent. Surveys and investigations are not consistently completed and finalized in a timely manner. *Our request: Work with policymakers to ensure survey consistency across regions; advocate for quality control in the survey system; and reform the IDR process.*
- **Guardianship Expenses:** When an incapacitated person has little or no assets and needs to have a guardian appointed under the Mental Hygiene Law, the court-appointed guardian often retains the individual's Social Security payment and/or other sources of income to pay guardianship costs. When this person needs Medicaid-covered nursing home care; however, the person's income is still netted against the nursing home's Medicaid payment, even though the facility cannot collect it. Our request: Revise the law to disregard income used for guardianship expenses when determining the individual's Medicaid budget and the resulting payment to the nursing home.

LeadingAge New York 13 British American Blvd., Suite 2 | Latham, New York 12110-1431 | P 518.867.8383 | F 518.867.8384 | www.leadingageny.org

Inspire Serve Advocate