

2017 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 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 wage mandates including increased minimum wage, elimination of the companionship exemption for home care, and the executive/administrative employee exemption threshold.
- Advocate for flexible operating certificates and reimbursement to creatively serve seniors and individuals with disabilities in various settings, taking full advantage of current infrastructure.
- Support viable value-based payment models for managed long term care (MLTC) plans and providers that serve dual eligible beneficiaries, and advocate for funding for start-up costs.
- Focus on the implementation of managed care initiatives (i.e., MLTC, mainstream managed care, FIDA/PACE/MAP and Medicaid Advantage) relative to seniors and persons with disabilities, including payment policies, regulatory relief and the 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 investment in information technology and health information exchange for long term and post-acute care providers to support value-based payment and the "Triple Aim."
- Work with OMIG to ensure transparent, equitable and coherent audit procedures.
- Work with DOH to ensure survey consistency across regions and service lines, and advocate for statewide joint training of providers and surveyors on regulatory compliance and quality control in the survey system.

Adult Care Facility/Assisted Living

- Increase the SSI Congregate Care Level 3 Rate, with a built in cost-of-living adjustment moving forward.
- Work to prepare Assisted Living Programs (ALPs) to contract with MLTC and PACE plans in the future, including updating the ALP Medicaid rate, clarifying medical equipment reimbursement, expanding capacity in a rational way, 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

- Create and fund a new Affordable Senior Housing and Services Program that would link capital, rental assistance and service funding to construct new and rehabilitate existing affordable independent senior 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 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.
- Advocate for allocation of a substantial number of new Project Based Rental Assistance (Section 8) vouchers 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 health services from providers of their choosing.

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

- Advocate for the timely implementation of uniform billing rate codes.
- Advocate for timely funding to support wage mandates, including increased minimum wage.
- 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 managed care.

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 and to minimize impact of the MLR; ensure appropriate and more predictable risk adjustment and timely pool funding distributions.
- 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. Push for consideration of alternatives such as risk corridors or limited duration nursing home benefits.
- Monitor carve-in of new benefits into the benefit package; advocate for additional or indefinite delay in carving in NHTD/TBI waiver services.
- Work with DOH and Mercer 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.
- Partner with DOH to optimize use of workforce funding made available through the DSRIP waiver.

Nursing Home

- Oppose legislation setting arbitrary minimum staffing ratios in nursing homes.
- Allocate additional funds to quality incentives for nursing homes to facilitate value-based payment objectives.
- Establish an enhanced nursing home rightsizing program allowing conversions to ALP beds and nursing home bed buybacks.
- Broaden the Restorative Care Unit demonstration to encompass additional facilities and Medicaid funding.
- Address any remaining barriers to implementation of the electronic prescribing mandate.

Retirement Housing

- Work with market-rate senior living communities to better understand changing demographics and shifting preferences of future residents, in order to be better positioned for the future.
- Develop a 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.