## Leading Age" NURSING HOMES

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## **Support High Quality Nursing Home Care for Vulnerable New Yorkers**

Restore Bed Hold Payments: The Executive Budget would eliminate Medicaid payments to nursing homes to hold beds for Medicaid residents who are temporarily hospitalized, go home to visit their families or receive therapeutic interventions. Bed hold promotes quality of life since it guarantees that the resident will return to his/her same room following a short absence. Even though a nursing home's costs do not decrease when a bed is vacant, Medicaid pays only half of the daily rate to reserve a bed for a resident who is hospitalized and 95 percent of the rate for a therapeutic leave. This proposal would reduce funding for nursing home care by \$22 million per year, and continue a previous \$18 million bed hold cut. In 2014, 58% of not-for-profit and 92% of public nursing homes lost money on operations. These facilities simply cannot sustain further funding cuts. *Our request: Reject this proposal.* 

Pay Managed Care Plans Adequately for Nursing Home Care: Adult Medicaid beneficiaries who are newly admitted for long-term care in a nursing home and are Medicare-eligible are required to join a Managed Long Term Care (MLTC) plan. Faced with inadequate payments for the nursing home benefit and growing numbers of nursing home enrollees, MLTC plans are experiencing mounting financial pressures. Unable to limit the duration of nursing home benefits or reduce the rate they pay to facilities, some MLTC plans have reduced their provider networks, and are under pressure to select network providers simply on price rather than quality or consumer preference. This will, in turn, adversely affect enrollee choice, nursing home revenues and cash flow. *Our request: Ensure MLTC plans are paid based on a separate, adequate rate cell for nursing home enrollees.* 

**Support Rightsizing and Reconfiguration:** There is excess nursing home bed capacity in several areas of the state; many facilities need capital upgrades; and new services and delivery models are needed. Additional incentives are needed for nursing homes interested in decommissioning beds, and to allow more facilities to offer restorative care units (RCU) to minimize avoidable hospital use. Dedicated funding is needed to modernize nursing home facilities and enhance resident quality of care and quality of life. *Our request: Modify the current nursing home rightsizing law, broaden the RCU law, and set aside grant funding for nursing homes through the proposed Statewide Health Care Facility Transformation Program.* 

**Reject Nurse Staffing Ratios:** A.1532 (Gunther)/S.3330 (Hannon) would create specific staffing ratios for nurses and other direct-care staff in nursing homes and hospitals. Academic research on the subject has not concluded that high staffing levels produce higher quality of care or quality of life. In fact, the only outcome of this legislation will be higher Medicaid costs and less quality of life programming for nursing home residents. The staffing standards proposed in this legislation would conservatively cost an estimated \$1.06 billion annually to implement in nursing homes. *Our request: Reject proposed staffing ratios legislation.*