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M E M O R A N D U M

TO: All Members

FROM: Advocacy and Public Policy Department

DATE: January 28, 2020

SUBJECT: **Governor's Proposed 2020-21 Executive Budget**

ROUTE TO: Administrator, Program Directors, Department Heads

ABSTRACT: Detailed summary of 2020-21 Executive Budget provisions.

I. INTRODUCTION

On Tues., Jan. 21, 2020, Governor Cuomo released his State Fiscal Year 2021 (FY21) budget plan, entitled Making Progress Happen. The proposed $178 billion ($178B) budget, which covers the period April 1, 2020 – March 31, 2021, closes an estimated $6.1B deficit while holding the State spending increase to under 2 percent, increasing Medicaid spending by $1.25B and school aid by $826 million ($826M). The actual budget bills and legislative memoranda are posted on the Division of the Budget's (DOB) FY21 Executive Budget webpage.

To close the estimated $6.1B deficit, the Governor is reconvening the Medicaid Redesign Team (MRT) to identify $2.5B in savings and revenue measures; limiting budget growth to under 2 percent; continuing 2020 savings plan actions; and relying on revised forecasts showing increased tax receipts. Under the Executive Budget, State Medicaid spending on health care under the Global Cap is expected to total $20B in FY20, with total State Medicaid spending, including spending outside of the Global Cap, expected to increase by $1.3B to $23.3B in FY21.

The following is a summary of the health, Medicaid and housing proposals advanced by the Governor. Part II of the memo covers proposals affecting multiple service lines; Part III covers proposals relating to workforce and employment; Part IV describes service line-specific proposals; Part V covers pharmacy-related issues; and Part VI covers legalization and regulation of marijuana. As you will see, there are several issues of importance to the LeadingAge NY

membership that will require advocacy efforts as we head into budget deliberations. The memo concludes with more information on our advocacy participation needs from our members.

II. CROSS-SECTOR HEALTH CARE INITIATIVES

The following proposals impact multiple types of Medicaid providers and managed care plans and should be reviewed by all readers. Budget proposals affecting specific service lines are summarized in Part IV below.

Medicaid Global Spending Cap

The Medicaid Global Spending Cap ("Global Cap"), including the State's "superpower" authority to make spending reductions if the Global Cap is breached, was authorized through March 31, 2021 in last year's budget. The Global Cap places an overall limitation on State Medicaid expenditures made through the Department of Health (DOH) and limits growth in these expenditures to the 10-year rolling average increase in the Medical Consumer Price Index (CPI).

Based on a 3 percent average increase in the Medical CPI, projected Medicaid spending under the Global Cap would rise from $19.4B in FY20 to $20B in FY21, for an increase of $573M. Global Cap spending, together with State Medicaid spending adjustments for minimum wage increases, the local share growth takeover and other programs, result in total projected State Medicaid spending of $23.7B in FY21. Total combined federal, State and local Medicaid spending is expected to be $73.4B in FY21, a decrease of $1.4B from the FY20 level.

Medicaid Local Share Growth

Since FY15, the State has borne 100 percent of the Medicaid spending growth incurred by local governments, which is intended to help them maintain spending within the 2 percent property tax cap. According to the Governor, this takeover has cumulatively saved local governments over $20B. In FY20 alone, this takeover will cost the State an estimated $4B and has been cited as one of the driving factors in State Medicaid expenditures outpacing growth in the Medicaid Global Cap.

The Executive Budget would continue the policy of takeover of local share growth for those counties (and New York City (NYC)) that adhere to the 2 percent property tax growth cap (i.e., while NYC doesn't have the cap, the legislation would require a calculation to determine its property tax growth), but only up to 3 percent annually (i.e., any local share growth above 3 percent would be borne by the local government). Any local government that does not certify its compliance with the property tax growth cap in each calendar year would be penalized by having to absorb the entire growth in its local Medicaid expenditures for that year. The director of DOB would be authorized to provide financial hardship waivers to this penalty to counties that can demonstrate extenuating circumstances. For purposes of this provision, DOH and DOB could access any necessary data from social services districts, providers and other recipients of Medicaid program funds.

Finally, the proposed budget would allow the State to retain enhanced federal Medicaid matching funds rather than turn them over to local social services districts, provided the county's level of contribution is the same as it was in 2009. These proposed changes to local Medicaid contributions would save the State an estimated $150M in each of FY21 and FY22.

Medicaid Redesign Team

Rather than proposing specific Medicaid cuts in the Executive Budget, the Governor is reconvening the MRT to identify cost-containment and/or revenue measures totaling approximately $2.5B in FY21 and ensure that future Medicaid spending does not exceed the Global Cap. The MRT, once again being co-chaired by Michael Dowling (Northwell Health CEO) and Dennis Rivera (former SEIU 1199 president), is required to report back by early March 2020 with a plan to deliver at least $2.5B in recurring annual savings. We expect appointment of MRT members in the very near future. The MRT proposals would then be incorporated into the Executive Budget for consideration by the Legislature.

For this purpose, the MRT's recommendations cannot affect local governments or impact Medicaid beneficiaries but would need to identify savings from industry efficiencies, new resources provided by the industry itself and reduced waste, fraud and abuse. If the Legislature fails to enact the $2.5B in savings proposed by the MRT, the Executive Budget authorizes DOB to direct any uniform across-the-board (ATB) reductions to Medicaid payments needed to achieve the $2.5B savings target.

Medicaid Trend Factors and Across-the-Board Cut

Last year's final budget extended through March 31, 2021 the provision that no trend factor adjustment greater than zero percent be made to Medicaid rates for nursing homes (except for pediatric nursing homes and units), adult day health care (ADHC) programs, home care agencies, clinics and other providers. The FY20 budget also extended through March 31, 2021 prior years' Medicaid trend factor cuts (applicable to 1996-97 and 2006) that require periodic reauthorization.

The proposed budget reflects continuation of the 1 percent ATB reduction to Medicaid payments. This payment reduction is being implemented for dates of service beginning Jan. 1, 2020 and would continue throughout FY21. The 1 percent ATB reduction is being taken against Medicaid fee-for-service payments to nursing homes, ADHC programs, home care agencies, personal care providers and Assisted Living Programs (ALPs), as well as premium payments to Managed Long Term Care (MLTC) plans. Hospice services and Intergovernmental Transfer (IGT) payments to public nursing homes are not subject to the cut. This cut will generate an estimated $62M in State share savings in FY20 and $248M in FY21.

Minimum Wage Funding

The FY17 enacted budget authorized phased-in increases to the state's minimum wage. The FY21 Executive Budget includes $1.8B of funding to support the direct cost of minimum wage increases for Medicaid-funded services provided by home care agencies, nursing homes, ALPs, hospices, hospitals and other providers reimbursed through DOH. This includes funding to reconcile any identified underpayments in prior years. DOH surveys providers to reconcile minimum wage funding with actual minimum wage expenses.

This is year four of the six-year phase-in of the requirements enacted in April 2016 as part of the State Minimum Wage Act. Effective Dec. 31, 2020, the minimum wage will increase to $14.00 for Westchester and Long Island and to $12.50 for the rest of the state. NYC employers of all sizes are already required to pay the full minimum wage, $15.00 per hour.

Statewide Health Care Facility Transformation Program

The Executive Budget would reauthorize the remaining available funding of up to $220M for the Statewide Health Care Facility Transformation Program (SHCFTP) Phase III. Phase III funding will be available for capital projects, debt retirement, working capital and other non-capital projects that facilitate health care transformation and expand access to health care services, including a merger, consolidation, acquisition or other activities intended to create financially sustainable systems of care or preserve or expand essential health care services. The proposed budget does not set any deadlines for DOH to issue a request for applications or to award the remaining funds under Phase III. The following elements would remain in place:

- At least $60M is allocated to community-based health care providers, which includes home care agencies, hospices and other provider types.
- At least $45M is allocated specifically to nursing homes.
- Up to $20M of the funds not otherwise earmarked for community-based providers or nursing homes may be allocated to the solicitation process for additional ALP capacity.
- ALPs and adult care facilities (ACFs) are considered eligible applicants for SHCFTP funding not specifically earmarked in the above three categories.

Vital Access Provider Funding

The proposed budget would provide $66M in funding for the Vital Access Provider (VAP) program. The VAP program provides temporary rate adjustments or lump sum payments to eligible providers to preserve access to services in areas experiencing provider restructuring, reconfiguration and/or closure. VAP funds provide operational support and are not to support capital costs. Nursing homes and home care agencies are among the provider types eligible to apply for VAP funding.

Health Information Technology Infrastructure

The Executive Budget proposes to continue the following investments in health information technology (HIT) that were initiated in the FY15 enacted budget:

- ***SHIN-NY Support:*** Appropriates $30M to the Statewide Health Information Network for New York (SHIN-NY), an electronic health information highway to permit the sharing of health information among health care providers across the state. The New York eHealth Collaborative administers the funding for the SHIN-NY and Qualified Entities.
- ***Claims Database:*** Appropriates $10M in funding for the All Payer Claims Database, which serves as a repository for health care utilization and spending data that can be used to evaluate the performance of the health care delivery system.
- ***State HIT Initiatives:*** Appropriates $10M in annual funding for HIT initiatives that target DOH's technology needs.

Certificate of Need Fees

The Executive Budget includes a proposed surcharge of 3 percent of the total capital value of acute care hospital, nursing home and diagnostic and treatment center construction Certificate of Need (CON) applications. This surcharge would be in addition to the existing application fees for

construction applications but would be waived for construction projects funded solely from state grant funding subject to DOH's discretion. Under existing law, CON application fees are treated as capital costs and are eligible for Medicaid capital reimbursement. The proposed budget language would undo this provision, meaning that existing CON application fees and the 3 percent surcharge would not be eligible for reimbursement. The revenue projected from this action, which would take effect April 1, 2020, is $70M annually.

Office of the Medicaid Inspector General

The Executive Budget would increase staffing in the Office of the Medicaid Inspector General (OMIG) by 69 full-time positions to allow OMIG to better identify efficiencies and cost avoidance in the State's Medicaid program through data analytics and improved system information. Funding for these initiatives would be financed through increased audit recoveries and cost avoidance.

Long Term Care Insurance Credit

New York State currently allows a 20 percent state income tax credit for long term care (LTC) insurance premiums with no maximum dollar amount on the credit allowed and no limitations on the income of the policyholder. The Executive Budget proposes to limit the value of the credit to $1,500 and access to the credit to taxpayers with incomes under $250,000.

Disclosure Requirements for Charitable Not-for-Profits

The Executive Budget would require registered charitable organizations to disclose monetary donations to the Department of Law (i.e., the Attorney General) and the Department of Taxation and Finance (DTF). Specifically, any registered charitable organization that is required to file a funding disclosure report or financial disclosure report would be required to file such annual report with DTF. The proposal would also require covered entities to file a completed Internal Revenue Service (IRS) Form 990, Schedule B with DTF, regardless of whether the 990 form is required to be submitted to the IRS.

Health Insurance Proposals

The Executive Budget proposes to strengthen several prompt pay and utilization review provisions impacting commercial health insurance products. Specifically, a utilization review agent would be required to make and communicate a preauthorization determination for inpatient rehabilitation services in a nursing home or hospital within one business day of receiving the information needed to make the determination. Insurers would be required to communicate claim denials and requests for additional information electronically for electronically submitted claims and include information on the type of plan in which the covered individual is enrolled. If an insurer were to determine that payment is due on an appealed claim, payment would have to be made within 15 days and include interest.

The proposal would also create a health care administrative simplification workgroup tasked with studying ways to reduce health care administrative costs through standardization, simplification and technology and require additional reporting of claim payments and denials for comprehensive products, which would be posted on the Department of Financial Services (DFS) website.

Physician Integrity and Accountability

The Executive Budget amends the Education Law to eliminate the indefinite licensure of physicians, physicians practicing under a limited permit, physician assistants, special assistants and medical residents. Rather, such licenses would be valid unless stricken by the Board of Regents due to professional medical misconduct or failing to register with the Department for two consecutive registration periods. Under the proposal, a licensee must register with the Department and undergo a criminal history background check prior to licensure.

The definition of "professional medical misconduct" would also be amended to include complaints resolved by stipulation or agreements and to clarify harassment of a patient's caregiver or surrogate. It would reduce from 30 to 10 the number of days within which to respond to written communication from DOH and to make relevant any records with respect to an inquiry or complaint about professional misconduct. It would also require a licensee charged with a crime or misconduct in any jurisdiction to notify the Office of Professional Medical Conduct (OPMC) within 24 hours.

The proposal amends the Public Health Law (PHL) to allow for immediate publication of charges, the immediate convening of an investigative committee and Commissioner discretion to disclose information regarding OPMC investigations.

The PHL is also amended to allow for publication of Administrative Warnings and Consultations, timely submission of records, a requirement for licensees to notify DOH within 24 hours of being charged with a crime and a requirement for hospitals to report when a hospital or facility notifies a third-party contractor that an individual should not be assigned due to quality of care concerns.

III. WORKFORCE AND EMPLOYMENT

The Executive Budget includes several provisions affecting the health care workforce and employers:

- ***Prevailing Wage:*** See "Senior Housing" section below.
- ***Health Workforce Retraining Initiative:*** The Health Workforce Retraining Initiative (HWRI), a program administered by DOH in consultation with the Department of Labor (DOL), would be discontinued. The program, most recently funded at $9M per year, provides grants to eligible organizations seeking to train or retrain health industry workers for new or emerging positions in the health care delivery system. The Health Occupation Development and Workplace Demonstration Program, which supports the development, implementation and monitoring of the HWRI, would also be discontinued.
- ***Guaranteed Sick Leave:*** All employers would be required, within one year of enactment of the provision, to provide their employees with sick leave as follows:
    - Seven days of paid leave for large employers (100 or more employees);
    - Six days of paid leave for medium-sized employers (5-99 employees); and
    - Five days of unpaid leave for small employers (fewer than four employees).

  Employees would accrue sick leave at a rate of one hour for every 30 hours worked, beginning at the start of employment.

IV. MANAGED CARE, LONG TERM CARE AND SENIOR SERVICES PROPOSALS

Managed Care

- ***Across-the-Board Cut and Medicaid Redesign Team:*** With the exception of the 1 percent ATB cut, any specific Medicaid savings provisions will be proposed by the reconvened MRT. Both issues are addressed in the "CROSS-SECTOR HEALTH CARE INITIATIVES" section above. Because it is not among the specified exclusions, it is unclear at this time whether MLTC minimum wage pass-through funding is impacted by the ATB cut.
- ***Prompt Payment Provisions:*** The Executive Budget would require managed care plans to communicate claim denials and requests for additional information to providers electronically if claims were submitted electronically and to include information on the type of plan in which the covered individual impacted by the denial or request is enrolled. If an insurer were to determine that payment is due on an appealed claim, payment would have to be made within 15 days and include interest. For electronically submitted claims, interest would begin to accrue 30 days from the date that the claim was received. For paper-based claims, it would begin 45 days after claim receipt. This provision includes plans licensed or certified pursuant to Article 44.
- ***OMIG Managed Care Payment Oversight:*** While not specifying any areas of additional scrutiny, the Budget Briefing Book indicates that in reaction to managed care program changes, OMIG will add 69 staff to help promote program integrity, including the establishment of a dedicated unit responsible for monitoring and investigating Medicaid Managed Care payments.

Nursing Homes

- ***Antimicrobial Resistance Prevention:*** The Executive Budget would require all nursing homes and hospitals to establish antibiotic stewardship programs and antimicrobial resistance and infection prevention training programs. These programs would have to meet or exceed federal standards and include annual program and data evaluations. In cases where utilization is high or increasing, the facility would be required to establish a response plan. Providers would also need to provide all licensed direct caregivers with training on antimicrobial resistance and infection prevention and control, which could be incorporated into existing infection control programs. This new requirement would become effective 180 days after enactment.
- ***Public Nursing Home IGT:*** The Executive Budget extends for three years, through March 31, 2023, authorization for IGT payments for public nursing homes.
- ***Shared Savings from Refinancing:*** The Executive Budget extends for five years, through March 31, 2025, authorization for DOH to share with a nursing home provider half of the Medicaid savings that result from an eligible refinancing of their mortgage.
- ***Medicaid Trend Factors and Across-the-Board Cut:*** See "CROSS-SECTOR HEALTH CARE INITIATIVES" section above.
- ***Transformation Grant and Vital Access Provider Funding:*** See "CROSS-SECTOR HEALTH CARE INITIATIVES" section above.
- ***Statute of Limitations for Medical Debts:*** The Executive Budget would reduce the statute of limitations for lawsuits to collect medical debts brought by facilities licensed under

Article 28 of the PHL or health care professionals. It would require such suits to be brought within three years of the date of treatment instead of six years.

Home Care and Hospice Services

As mentioned earlier in this document, the Executive Budget proposes to enact $2.5B in Medicaid cuts and has reinvigorated the MRT to make recommendations to that effect. Per the Governor's budget address, cuts will likely fall upon MLTC plans, personal care, the Consumer Directed Personal Assistance Program (CDPAP) and fiscal intermediaries (FIs), the program's administrative component. The budget language provides no specifics other than a reestablishment of the MRT, enactment of the efficiencies it finds or an ATB Medicaid cut for all providers. These measures would take place in addition to the 1 percent ATB cut placed upon providers in late 2019.

Specific proposals affecting home care and hospice services include:

- ***Trend Factor Elimination:*** See "CROSS-SECTOR HEALTH CARE INITIATIVES" section above.
- ***Personal Care Worker Recruitment and Retention:*** The Executive Budget provides $136M for NYC and $11.2M for other areas of the state for Medicaid adjustments supporting recruitment and retention (R&R) of workers with direct patient care responsibility. The program is extended through March 31, 2023.
- ***Health Care Worker R&R:*** The Executive Budget provides $50M to support Medicaid rate increases for certified home health agencies (CHHAs), long term home health care programs (LTHHCPs), AIDS home care programs, hospice programs and MLTC plans for R&R of health care workers. This program is extended through March 31, 2023.
- ***Health Occupation Development and Workplace Demonstration Program:*** The Executive proposes to repeal this program with the elimination of the HWRI under the Health Care Reform Act (HCRA).
- ***Medicare Maximization:*** The Executive extends the Home Care Medicare Maximization program through Feb. 1, 2023.
- ***CHHA Bad Debt and Charity Care:*** Level funding of up to $1.7M would be authorized for eligible publicly sponsored CHHAs that demonstrate losses from a disproportionate share of bad debt and charity care. The budget would also extend authorization for the CHHA bad debt and charity care program from January 2020 through Dec. 31, 2021. Current eligibility for such funds is limited to voluntary non-profit, proprietary and publicly sponsored non-hospital-based CHHAs.
- ***Episodic Payment System:*** The Executive extends through March 31, 2023 the Episodic Payment System (EPS) rates based upon a 60-day period of care for CHHAs.
- ***Cost of Living Adjustments:*** The Executive provides no cost of living adjustments (COLAs) for providers under DOH, the New York State Office for the Aging (NYSOFA) and the Office of Children and Family Services (OCFS). COLAs are deferred for providers under NYSOFA at a savings of $3.6M for FY21. Last year's budget provided for a 2 percent raise for health professionals and staff providing direct care for people with developmental disabilities and mental illness beginning January 2020.
- ***Traumatic Brain Injury Waiver Program:*** Services and expenses related to the Traumatic Brain Injury (TBI) waiver program are funded at $11.5M.

- ***Nursing Home Transition and Diversion Waiver Housing Subsidy:*** The Nursing Home Transition and Diversion (NHTD) Waiver Housing Subsidy is funded at $1.8M.
- ***Home Health Aide Registry:*** The registry is level-funded at $1.8M.
- ***Criminal History Record Checks:*** The proposed budget funds criminal history record checks (CHRCs) for ACFs at $1.3M. It does not appear that other non-licensed LTC employees, including employees of CHHAs, LTHHCPs, AIDS home care providers, licensed home care services agencies (LHCSAs) and nursing homes, are funded at this time.
- ***Elder Abuse Investigations:*** The Executive Budget includes $500,000 to expand Enhanced Multidisciplinary Teams (EMDTs) to investigate financial exploitation of the elderly.

Programmatic Initiatives

- ***Medicaid Redesign Team:*** The Executive Budget proposes $2.5B in Medicaid savings through efficiencies found by the MRT. The exponential growth of CDPAP, the FIs who administer the program and personal care provided by MLTC plans was highlighted in the Governor's presentation. LeadingAge NY expects those areas to be a major part of the MRT's focus. The MRT will report to the Governor and Legislature by March 31, 2020. If the MRT is unable to create cost-saving proposals, the Executive Budget calls for ATB cuts for providers.
- ***Capital Funding:*** See "CROSS-SECTOR HEALTH CARE INITIATIVES" section above.
- ***Gig Worker Classification:*** The Executive Budget proposes establishment of the New York Digital Marketplace Worker Classification Task Force to provide recommendations for addressing the employment conditions and classification of workers in the modern on-demand economy. The members of the task force would include representatives of businesses impacted, labor groups and workers. The task force would report back by May 1, 2020 and issue recommendations related to wages, classification, employment criteria, safety and health regulations, collective bargaining and anti-discrimination protections for on-demand workers. The list of workers to be studied would include, but not be limited to, those offering home repair and maintenance, cleaning/housekeeping, delivery, transportation, cooking, home care, health care and companionship. Finally, the proposed budget authorizes the Commissioner of Labor to promulgate regulations related to the classification of on-demand workers.

Other Aging Services Initiatives and Funding

The Executive Budget recommends $259.6M for aging services, a $2M increase from last year's proposed amount of total aging services funding. The following proposals relate to aging services programs administered by NYSOFA and DOH, most of which are designed to help seniors remain in their communities by providing access to education, food, housing services, counseling, caregiver support, transportation, socialization and more.

- ***Expanded In-Home Services for the Elderly Program:*** The Executive Budget proposes a $65M investment in the Expanded In-Home Services for the Elderly Program (EISEP) for the second consecutive year. This funding supports non-medical, in-home services; case

management; non-institutional respite care; and ancillary services for functionally impaired older adults. The State hopes to increase delivery of personal care to aging New Yorkers through EISEP rather than relying on more costly Medicaid services for these individuals.

- ***Deferment of Cost of Living Adjustment:*** The Executive Budget defers FY21 SOFA COLA payments, saving $3.6M.
- ***Community Services for the Elderly:*** The proposed budget allocates $29.8M for the Community Services for the Elderly (CSE) program, $2.4M more than proposed last year. It continues the exemption on the county share of the $3.5M in additional funding that has been added to CSE over the past several fiscal years. In addition, the proposed budget provides $1.1M in discrete transportation funding to CSE to provide localities with the flexibility to direct resources where they are needed most.
- ***Naturally Occurring Retirement Communities (NORCs) and Neighborhood NORCs:*** Level funding of $2,027,500 for each of the two models and another $2M for each category as enacted in last year's final budget is authorized.
- ***Alzheimer's Caregiver Supports:*** The Executive Budget provides $25M for care and support services for individuals living with Alzheimer's disease and other dementias, including additional respite and caregiver support services programs. In past years, the program was funded at $50M for a two-year period.
- ***NY Connects:*** The Executive Budget provides $20.7M to Area Agencies on Aging for the NY Connects program and another $6.5M to Centers for Independent Living. This is a large decrease from the $41.5M enacted in last year's budget.
- ***Wellness in Nutrition Program:*** The Wellness in Nutrition (WIN) program is funded at $28.2M, approximately $800,000 more than proposed and enacted last year. Formerly known as the Supplemental Nutrition Assistance Program, WIN provides home-delivered meals, some congregate meals and other nutrition-related services to eligible frail elderly, including residents of senior housing facilities.
- ***Social Adult Day Care:*** The Executive Budget provides level funding of $1.072M for state grants for SADC programs.
- ***Congregate Services Initiative:*** The Executive Budget level-funds the Congregate Services Initiative (CSI) at $403,000. This program promotes wellness and ensures that older adults do not face unnecessary isolation and deterioration. It provides information and assistance, referral, transportation, nutrition, socialization, education, counseling and caregiver support to persons in senior centers and other congregate settings.
- ***Livable NY Initiative:*** The proposed budget level-funds this program at $122,500. The program is aimed at helping local communities plan ahead and create neighborhoods that reflect the evolving needs and preferences of all their residents, including their aging population.
- ***Title XX Funding:*** The proposed budget maintains the same funding level as last year: $66M. A portion of this funding has gone to support senior centers and senior services in NYC, as well as Nassau, Steuben and Erie counties.
- ***Long Term Care Ombudsman Program:*** The Executive Budget level-funds this program at $1.2M.
- ***Respite Services for the Elderly:*** This grant program is level-funded at $656,000.
- ***Technical Assistance/Training for Area Agencies on Aging:*** The Executive again provides $250,000 for NYSOFA to provide training, education and technical assistance to

AAAs and aging network contractors to help them adapt to changes in the health and LTC policy environment.

Programmatic Initiatives

- ***Fighting Elder Financial Fraud:*** The Executive Budget establishes a framework for banking institutions to quickly respond to financial exploitation of the elderly. Specifically, it authorizes banks to deploy a transaction hold on the account of an elder adult when there is reasonable basis to suspect financial exploitation and a transaction hold appears necessary for asset protection. During the course of the transaction hold, the account holder would have access to account funds to meet ongoing housing, living and emergency expenses. The budget also calls for DFS to develop a financial exploitation certification program for banking institutions to bolster training and education in financial exploitation.

Adult Day Services

LeadingAge NY anticipates the MRT to address administrative cuts to ADHC, including transportation for Method 1 ADHC programs.

- ***Social Adult Day Care Funding:*** Level-fund social adult day care (SADC) support at $1,072,000, with preferences given to existing grantees.
- ***Medicaid Trend Factors and Across-the-Board Cut:*** See "CROSS-SECTOR HEALTH CARE INITIATIVES" section above.

Adult Care Facility and Assisted Living

In addition to some of the overarching proposals mentioned earlier in this document, the below are proposals that directly impact ACFs and assisted living (AL).

ACFs

- ***Quality Funding:*** The Executive Budget seeks to "redirect" Enhancing the Quality of Adult Living (EQUAL) funds. Historically, the program has been funded at $6.5M and designated to support quality of life initiatives for Supplemental Security Income (SSI) recipients living in ACFs. This year, the Governor proposes to divide that funding and direct it to two specific, separate purposes:
    - $3.266M is appropriated for ACFs in which at least 25 percent of the resident population or 25 residents, whichever is less, are persons with serious mental illness. The program targets improving the quality of life for residents by providing grants to ACFs to support mental hygiene training of their staff and independent skills training for residents who desire to transition from such facilities to the community. DOH, subject to the approval of the Director of the Budget, shall develop an allocation methodology taking into account the financial status and size of the facility, resident needs and the population of residents with serious mental illness.
    - $3.266M is appropriated for ACFs with the highest populations of residents who receive SSI or safety net assistance. The program targets improving the quality of

life for residents by financing capital improvement projects that will enhance the physical environment of the facility and promote a higher quality of life for residents. Any capital-related expense generated by such capital expenditure must receive approval from DOH. DOH, subject to the approval of the Director of the Budget, shall develop an allocation methodology taking into account the financial status and size of the facility, resident needs and the population of residents who receive SSI and safety net assistance.

  - Where an ACF is eligible to apply for funds pursuant to both of the above purposes, it will only be authorized to apply for those funds set forth for the first purpose.
  - DOH would have to make the application for EQUAL funds available on or before June 1st. The requirement for resident council approval remains intact. Where an application is submitted for capital improvements, the resident council shall adopt a process to identify the priorities of the residents for the use of the program funds and document residents' top preferences by means that may include a vote or survey. Such plan shall detail how program funds will be used to support sustainable enhancements to the physical environment of the facility.

- ***SSI:*** The proposal does *not* include an increase in the State portion of the SSI benefit for ACF residents, aside from language authorizing a pass-through of the federal COLA. The federal COLA, if any, is applied on Jan. 1st of each year.
- ***Enriched Housing Subsidy:*** The enriched housing subsidy is funded at $380,000, the same amount as last year. The subsidy pays $115 per month per SSI recipient to operators of not-for-profit certified enriched housing programs to the degree that funding is available.
- ***Criminal History Record Check Funding:*** The proposal includes $1.3M for services and expenses related to CHRCs for ACFs, the same funding level as last year. LeadingAge NY is working to confirm that last year's CHRC funding is also reappropriated, given the delay in payment for CHRC submissions in 2018 and 2019.
- ***Capital Funding:*** While there is no new capital funding proposed, the Executive Budget reauthorizes the remaining available funding of up to $220M for Phase III of the SHCFTP. ALPs and ACFs are newly named as eligible applicants for this round of funding, which will be available for capital projects, debt retirement, working capital and other non-capital projects that facilitate health care transformation and expand access to health care services, including a merger, consolidation, acquisition or other activities intended to create financially sustainable systems of care or preserve or expand essential health care services. The proposal does not set any deadlines for DOH to issue a request for applications or to award the remaining funds under Phase III. See "Statewide Health Care Facility Transformation Program" section above.

ALPs

- ***One Percent Reduction:*** The proposal reflects continuation of the 1 percent ATB reduction to ALP Medicaid payments and those of other Medicaid providers, effective for dates of service beginning Jan. 1, 2020 and throughout FY21.
- ***Trend Factor Elimination:*** The budget provides no trend factor for the ALP Medicaid rate once again. See "Medicaid Trend Factors and Across-the-Board Cut" section above.
- ***Minimum Wage Funding:*** The Executive Budget includes $1.8B to support the direct cost of minimum wage increases for Medicaid-funded services provided by home care

agencies, nursing homes, ALPs, hospices, hospitals and other providers reimbursed through DOH. See "Minimum Wage Funding" section above.

- ***Medicaid Redesign Team:*** The Governor is proposing to reconvene the MRT to identify cost-containment and/or revenue measures totaling approximately $2.5B in FY21 and ensure that future Medicaid spending does not exceed the Global Cap. See "Medicaid Redesign Team" section above.

Special Needs Assisted Living Residences

- In the FY19 budget, a two-year voucher demonstration program was established for residents of Special Needs Assisted Living Residences (SNALRs) who meet certain eligibility criteria. Specifically, for those individuals living with Alzheimer's disease and dementia who are not eligible for Medicaid, the program will authorize up to 200 vouchers through an application process and pay for up to 75 percent of the average private pay rate in the respective region. In reviewing the proposed budget, we are unclear as to whether the State intends to continue this program; we are seeking clarification.

Transitional Adult Homes and Related Issues

The below items may be of interest to ACF/AL providers that serve people with mental illness.

- ***Transitioning Mentally Ill Individuals Out of Transitional Adult Homes:*** $60M is proposed for services and expenses associated with the provision of education, assessments, training, in-reach, care coordination, supported housing and services needed by mentally ill residents of adult homes and persons with mental illness who are discharged from adult homes. This is an increase from last year's funding level of $48M.
- ***Mental Health Transitions:*** Up to $7M is again appropriated to the Research Foundation for Mental Hygiene, in contract with OMH, for two demonstration programs. One program would be a behavioral health care management program for persons with serious mental illness, and the other would be a mental health and health care coordination demonstration program for persons with mental illness who are discharged from impacted adult homes in NYC. In addition, up to $15M would again be made available for grants to counties and NYC to provide medication and other services necessary to prescribe and administer medication.

Other Issues of Interest to ACF/AL Providers

The below items may be of interest to ACF/AL providers but do not have a direct impact on them. All of the appropriations are at the same level as last year's funding.

- ***Adult Home Advocacy Program:*** This funding is allocated to the Justice Center at $170,000. Through contracted agencies, the program provides legal and non-legal advocacy services and training in residents' rights and self-advocacy to mentally disabled individuals residing in adult homes in NYC and on Long Island.
- ***Coalition of Institutionalized Aged and Disabled (CIAD):*** This organization, which advocates for residents of adult homes in NYC, is funded at $75,000.
- ***Adult Home Resident Council:*** The Adult Home Resident Council Support Project, historically operated by Family Service League on Long Island, is funded at $60,000.

- ***Adult Home Quality Enhancement Account:*** The Executive Budget includes $500,000 for State operations related to services and expenses to promote programs to improve the quality of care for residents of adult homes.
- ***Assisted Living Residence Quality Oversight Account:*** The Executive Budget includes $2.1M for State operations for services and expenses related to the oversight of and licensing activities for AL facilities.

Senior Housing

The Executive Budget continues the $20B affordable housing and homelessness initiative. Funding continued in the proposal includes $3.5B in capital resources, $8.6B in state and federal tax credits and other allocations and $8B to support the operation of shelters, supportive housing units and rental subsidies.

Capital Allocations

The FY21 housing and homelessness capital plan recommends the following funding for programs as part of the continued $20B, multi-year investment in affordable and supportive housing and related services:

- ***Supportive Housing:*** $950M for the construction or operation of 6,000 supportive housing units throughout the state;
- ***New Construction:*** $472M for new construction or adaptive reuse of rental housing for households earning between 60 and 130 percent of area median income (AMI);
- ***Senior Housing:*** $125M for developing or rehabilitating affordable housing for low-income seniors aged 60 and above;
- ***Rural and Urban Community Investment Fund (CIF):*** $45M for mixed-use affordable housing developments that may include retail, commercial or community development components;
- ***Middle Income Housing:*** $150M for new construction, adaptive reuse or reconstruction of rental housing affordable to households that earn up to 130 percent of AMI;
- ***Affordable Housing Preservation:*** $146M for substantial or moderate rehabilitation of affordable multi-family rental housing currently under a regulatory agreement with New York State Homes and Community Renewal (HCR) or another state, federal or local housing agency;
- ***Mitchell-Lama Rehabilitation:*** $75M to preserve and improve Mitchell-Lama properties throughout the state;
- ***Public Housing:*** $125M for the rehabilitation and/or demolition and replacement through new construction of public housing authority developments outside of NYC;
- ***Small Building Construction:*** $62.5M for the rehabilitation and/or demolition and replacement through new construction of buildings of five to 40 units;
- ***Home Ownership:*** $41.5M for promoting home ownership among families of low and moderate income and stimulating the development, stabilization and preservation of communities;
- ***Mobile and Manufactured Homes:*** $13M for mobile and manufactured home programs;
- ***Main Street Programs:*** $10M for stimulating reinvestment in properties located within mixed-use commercial districts in urban, small town and rural areas of the state;

- ***New York City Housing Authority:*** $200M within the housing plan (and $450M in other reappropriations) for projects and improvements at developments owned or operated by the New York City Housing Authority (NYCHA); and
- ***New York City Affordable Housing:*** $100M for the preservation, restoration or creation of affordable housing units in NYC. All units must be affordable to households earning up to 60 percent of AMI.

The Governor's capital plan also recommends the following funding for programs:

- ***Access to Home Program:*** $1M to provide funding for home adaptations for individuals with disabilities;
- ***Affordable Home Ownership Development Program:*** $26M to construct or renovate homes for low- and moderate-income individuals and families;
- ***Homes for Working Families Program:*** $14M to combine State funds with other available public and private sector moneys, federal Low-Income Tax Credit proceeds and non-State-supported bond funds to construct affordable rental housing for low- and moderate-income households;
- ***Housing Opportunities for the Elderly Program:*** $1.4M to provide grants to low-income elderly homeowners for emergency home repairs;
- ***Low-Income Housing Trust Fund Program:*** $44.2M to provide grants for the construction or renovation of low- or moderate-income single and multi-family housing projects;
- ***New York Main Street Program:*** $4M to provide assistance to communities for the revitalization of historic downtowns, mixed-use neighborhood commercial districts and village centers;
- ***Manufactured Home Advantage Program:*** $5M to fund loans and grants for the acquisition, demolition or replacement and/or repair of mobile or manufactured homes and/or mobile or manufactured home parks; and
- ***Public Housing Modernization Program:*** $6.4M to subsidize repairs at State-supervised public housing projects across the state.

In addition to funding for affordable housing programs, the Executive Budget adds an additional $64M to the Homeless Housing and Assistance Program (HHAP) to fund the program at $128M for FY21, doubling its previous commitment.

The Executive Budget would utilize $81.8M in excess reserves from the Mortgage Insurance Fund to support the Neighborhood and Rural Preservation Programs ($18.2M), the Rural Rental Assistance Program ($21M) and several homeless housing programs, including the Solutions to End Homelessness Program (STEHP), the New York State Supportive Housing Program and the Operational Support for AIDS Housing Program ($42.6M).

Prevailing Wage

The Executive Budget includes a prevailing wage component that would, effective July 1, 2021, require the payment of a prevailing wage on certain "covered projects." Broadly, but subject to several exclusions, a "covered project" would include construction done under a contract paid for in whole or in part out of public funds when the amount of such public funds is at least 30 percent of the total construction cost and where those costs are over $5M.

Under this proposal, there are several exclusions from the "covered project" definition that would apply to affordable and/or supportive housing. These exclusions include affordable housing where no less than 30 percent of the units are affordable for households earning up to 80 percent of AMI, and where such units must remain affordable for a minimum of 15 years from the date of construction; supportive housing where no less than 35 percent of the units involve the provision of supportive housing services for vulnerable populations; projects where construction work on affordable units is subject to a city, state or federal regulatory agreement; work on a one- or two-family dwelling where the property is the owner's primary residence or construction performed on property where the owner does not own any more than four dwelling units; construction performed under a contract with a not-for-profit corporation where such not-for-profit corporation has a gross annual revenue of under $5M; and any other affordable or subsidized housing as determined by the "Prevailing Wage Board."

The "Prevailing Wage Board" created under this proposal would have the power to determine whether a project was subject to prevailing wage requirements and would be comprised of one individual recommended by the President of the Senate, one individual recommended by the Assembly Speaker, the Commissioner of DOL, the President of Empire State Development, the Director of DOB, one individual representing construction employees and one individual representing construction employers.

Projects subject to prevailing wage would also be subject to Minority and Women-Owned Business Enterprise (MWBE) requirements. To enforce prevailing wage requirements, a Stop Work Order could be issued if a complaint were received or where an investigation found cause to believe that prevailing wage had not been paid when it was required.

V. PHARMACY

- ***E-Prescribing***: The Executive Budget would extend until June 1, 2023 the availability of an exemption from e-prescribing requirements for practitioners who certify that they will not issue more than 25 prescriptions in a 12-month period.
- ***Prescription Drug Prices*:**
    - Authorizes the superintendent of DFS to investigate increases of 100 percent or more in the price of prescription drugs that are covered by an insurance policy and imposes penalties for fraudulent transactions related to the sale of prescription drugs.
    - Creates a Drug Accountability Board to evaluate whether price increases in prescription drugs were significant and unjustified, their impact on insurance premiums and whether a drug is priced disproportionately in relation to its therapeutic value.
- ***Pharmacy Technicians:***
    - Expands the practice sites and role of registered pharmacy technicians to include any registered pharmacy – not just pharmacies in facilities licensed under Article 28 of the PHL – and increases the number of pharmacy technicians that a licensed pharmacist may supervise from two to four and the number of unlicensed personnel from four to six, while limiting the total number of technicians and unlicensed personnel a pharmacist may supervise to six.
- ***Immunizations Administered by Pharmacists:***

- Expands the list of immunizations that may be administered by a licensed pharmacist to adults to include any immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

- ***Collaborative Drug Therapy Management:***
  - Requires pharmacists to be certified by DOH in order to engage in collaborative drug therapy management (CDTM) and modifies the requirements that pharmacists must meet in order to be certified.
  - Expands the facilities eligible to offer CDTM to include any nursing home (not just those with on-site pharmacies).
  - Expands the CDTM program to authorize pharmacists to engage in CDTM under protocols made by physician assistants and nurse practitioners, as well as physicians.
  - Authorizes pharmacists engaged in CDTM to prescribe in order to manage or adjust a drug regimen in accordance with an order or protocol by a physician assistant, nurse practitioner or physician.
  - Eliminates the expiration of the CDTM authorization, thereby making it permanent.
- ***Pharmacy Benefit Manager Oversight:***
  - Requires registration and licensure by DFS of pharmacy benefit managers (PBMs) that contract with health plans to manage their pharmacy benefits.
  - Authorizes DFS to set minimum standards for PBMs in the form of a code of conduct that would prohibit deceptive practices, conflicts of interest and "spread pricing" arrangements, whereby PBMs retain the excess between the amount they charge plans and the amount they pay to pharmacies, and would require additional transparency in PBM arrangements with plans and pharmacies.

VI. MARIJUANA LEGALIZATION AND REGULATION

The Executive Budget proposes a new chapter of State law, entitled the Cannabis Law, that seeks to legalize the sale and use of marijuana while protecting the public health through licensure requirements, quality control, determining and disclosing product potency and setting age and quantity restrictions. It sets forth extensive provisions governing the cultivation, processing and distribution of all forms of cannabis, including medical cannabis, "adult use" (recreational use) cannabis and hemp cannabis. It also creates a regulatory structure for overseeing the licensure and operations of entities engaged in these activities.

The proposal would repeal the existing medical marihuana [sic] provisions of the PHL and transfer the statutory authority for and oversight of medical cannabis to the new Cannabis Law and the Office of Cannabis Management. The following is a high-level summary of some of the key provisions relevant to health care providers:

- ***Office of Cannabis Management:***
  - Creates a State Office of Cannabis Management ("the Office") within the Division of Alcoholic Beverage Control, governed by a five-member Cannabis Control Board, to license production and distribution entities, establish cultivation and processing standards, inspect producers and distributors for compliance with standards, institute enforcement procedures for violations and supervise the

expansion of medical cannabis program and medical cannabis research opportunities.
    - Provides for civil and criminal penalties for violations of the law.
    - Requires the Office to conduct a public health campaign on the use of marijuana.
- ***Adult Use Cannabis:***
    - Prohibits the distribution of marijuana to any person under age 21, or visibly intoxicated or habitually intoxicated.
    - Provides for the licensure and regulation of cannabis cultivators, processors, cooperatives, distributors, retail dispensers and onsite consumption vendors.
    - Authorizes the Office to charge licensure and permit fees and renewal fees that will at a minimum cover the cost of administering the law.
    - Establishes a social and economic equity program to encourage members of communities that have been disproportionately impacted by the criminalization of marijuana to participate in the new industry.
    - Allows counties and cities with a population of 100,000 or more to opt out of the adult use provisions through enactment of a bill or ordinance. They would also have authority to regulate the hours of operation and location of retail dispensaries.
- ***Medical Cannabis:***
    - Certification of Patients:
        - Authorizes certification of patients by qualified practitioners to use medical marijuana for the following serious conditions: cancer, HIV, AIDS, ALS, Parkinson's disease, multiple sclerosis, spinal cord damage with intractable spasticity, epilepsy, inflammatory bowel disease, neuropathies, Huntington's disease, post-traumatic stress disorder, pain that degrades health and functional capability where the use of medical cannabis is an alternative to opioid use, substance use disorder, Alzheimer's, muscular dystrophy, dystonia, rheumatoid arthritis, autism, any condition authorized as part of a cannabis research license and any other condition added by the Office. The practitioner must certify that the patient is likely to receive a therapeutic or palliative benefit from medical use cannabis.
        - Authorizes practitioners to specify the form of cannabis and method of consumption recommended for the patient in the certification.
        - Requires practitioners, or a designee, to check the Prescription Drug Monitoring registry prior to certifying a patient to determine the patient's history of controlled substance use.
    - Registry Identification Cards:
        - Requires certified patients and their designated caregivers to apply for registry identification cards once certified by a practitioner. The cards expire one year after issuance, unless the practitioner certifies that the patient has a terminal illness, in which case the card expires upon the patient's death. Practitioners may also provide for an earlier termination of the certification and expiration of the card.
    - Designated Caregivers:
        - Certified patients may designate up to two caregivers to transport or possess medical cannabis on their behalf.
        - When a certified patient is under age 18 or incapable of consent, a designated caregiver over age 18 may apply for the registry identification card. The designated caregiver must be:
            - A parent or legal guardian of the certified patient

- A person designated by the parent or legal guardian
- A designated caregiver facility
- An appropriate person approved by the Office, if a parent or legal guardian is not appropriate or available

- Designated Caregiver Facilities:
  - Hospitals, nursing homes, ACFs and other residential facilities may register with the Office to serve as designated caregiver facilities. These registrations remain valid for two years.
  - Designated caregiver facilities may possess the authorized quantity for each certified patient within their care.
- Pricing:
  - The executive director of the Office is authorized to set the maximum price and per dose price of medical cannabis.
- Home Cultivation:
  - Certified patients and designated caregivers may apply to grow, possess or transport up to four plants per household for personal use. Plants must be cultivated in an enclosed, locked space. A designated caregiver may only grow for one patient.
- Legal Possession:
  - Requires the form and dosage possessed by the certified patient, designated caregiver and designated caregiver facility to comply with the recommendations of the practitioner.
- Registered Organizations: Sets forth the criteria for approving the registration of organizations authorized to manufacture medical marijuana.
  - Requires approval of at least 10 registered organizations that manufacture medical cannabis, with no more than four dispensing sites owned and operated by each.
  - Requires registered organizations to use an approved independent laboratory to test their medical cannabis.
  - Authorizes the approval of registered medical use organizations to cultivate, process and sell adult use cannabis and other cannabis products.
- Cannabis Research License:
  - Authorizes the Office to issue cannabis research licenses to permit licensees to conduct research into the chemical potency and composition of cannabis, conduct clinical investigations of cannabis-derived products, research the efficacy and safety of medical cannabis and conduct genomic or agricultural research.
- Legal Protections:
  - Certified medical marijuana patients are deemed to have a "disability" and are protected under the Human Rights Law, Civil Rights Law and hate crimes sections of the Penal Law. Notwithstanding these anti-discrimination protections, employers may prohibit employees from performing employment duties while impaired by or under the influence of a controlled substance. These protections are not intended to require any action that would put an employer in direct violation of federal law or cause it to lose a federal contract or funding.
  - Certified patients, designated caregivers, designated caregiver facilities, practitioners, registered organizations, their employees and cannabis researchers cannot be subject to arrest, prosecution, professional discipline

or denied any right or privilege as a result of any action that is lawful under the Cannabis Law.

- ***Employment Actions Based on Lawful Cannabis Use:***
    - Authorizes employers to prohibit the use or possession of cannabis in accordance with Section 201-d of the Labor Law if such policy is in writing as part of an established workplace policy that is uniformly applied and disseminated prior to implementation.
    - Authorizes adverse employment actions for violating the established workplace policy if the results of a drug test demonstrate that the employee was impaired by or under the influence of cannabis while in the workplace or during performance of work.
    - Specifies that the law does not permit anyone to undertake a task while under the influence of cannabis if it would constitute negligence or professional malpractice, jeopardize workplace safety or involve the operation of a vehicle or similar equipment.
- ***Prohibition on Discrimination by Schools and Landlords:*** Prohibits schools and landlords from refusing to enroll or lease to or otherwise penalizing a person based on conduct authorized by the Cannabis Law, unless: failing to take such action would cause the school or landlord to lose federal funding or licensure; the institution has adopted a cannabis code of conduct based on a religious belief; or the action is a prohibition on smoking and the premises are registered on the smoke-free housing registry.
- ***Justice Center:*** Requires incident management programs covered by the Justice Center to include provisions addressing safe storage, administration and diversion prevention policies regarding controlled substances and medical marijuana.
- ***Traffic Safety:*** Creates a workgroup with other states to outline goals and operating procedures for an oral fluid or other roadside detection pilot program.
- ***Tax Revenue:*** The Budget would impose three taxes on adult use cannabis: a weight-based tax, a retail dispensary tax of 20 percent and a 2 percent retail dispensary tax to be dedicated to the county in which the dispensary is located. Tax revenues would be used for the administration of the regulatory program, data analysis, a traffic safety committee, the implementation of the social and economic equity plan, substance abuse treatment and prevention, cannabis research and program evaluation. The Budget projects cannabis revenues of $20M in FY21, $63M in FY22, $85M in FY23, $141M in FY24 and $188M in FY25.

VII. NEXT STEPS

Following the Governor's budget presentation, Senate Finance Committee Chair Liz Krueger and Assembly Ways and Means Committee Chair Helene Weinstein announced the schedule for the Joint Legislative Budget Hearings. These hearings provide an opportunity for the Legislature to hear from state agency heads and the public about the impact of the Executive Budget proposal. LeadingAge NY plans to provide testimony for the Health Budget Hearing on Wed., Jan. 29th and the Housing Budget Hearing on Wed., Feb. 5th.

This year, LeadingAge NY is once again coordinating two separate budget Advocacy Days. The first, focused exclusively on issues for nursing homes, MLTC, home care and ADHC, is being held on Tues., Feb. 4th in collaboration with the Adult Day Health Care Council (ADHCC). **If you have not done so already, now is the time to register and begin setting up meetings with your**

legislators. Keep in mind that if your lawmakers are not available for a formal meeting on Advocacy Day, you can inquire about meeting with them "off the floor" (i.e., speaking with them briefly outside the Assembly or Senate Chamber) or speaking with their top staff. Alternatively, if you are not able to join us in Albany, you can always request to meet with them back in their district office.

Additional resources for members to use in setting up meetings include the Find Your Legislator tool and this simple scheduling guide to help you get on legislators' calendars. Once your meetings are scheduled, please forward the details to Sarah Daly at sdaly@leadingageny.org. Sarah can also assist members with scheduling meetings as needed. For full event details, please visit the Advocacy Day page on the LeadingAge NY website.

Registration for our March 3rd Advocacy Day, focusing on housing, ACF/AL, aging services program and NORC issues, can be accessed here.

Advocacy Day materials, including issue briefs, talking points and other information, will be distributed prior to the events. In preparation for Advocacy Day, LeadingAge NY and ADHCC will be hosting a conference call for all attendees on Fri., Jan. 31st from 11 a.m. to 12:30 p.m. We plan to go over our materials (which will be distributed prior to the call), review important logistics and answer any questions that participants may have. To join, please dial 1-888-475-4499 and enter the Meeting ID: 187-280-167. You can also join the call via this link.