

## ***Provide CCRCs Needed Support and Flexibility Amidst Workforce Shortage***

Continuing care retirement communities (CCRCs) provide a full range of services including independent housing, adult care facility (ACF)/assisted living (AL), and nursing home care to residents in a campus setting as their needs change. This innovative model encourages seniors to invest in their care and housing needs rather than divest their assets to qualify for Medicaid-funded services.

**SUPPORT MEDICATION AIDES IN THE NURSING HOME – A no-cost strategy to combat staffing crisis:** The Executive Budget would authorize specially trained certified nurse aides (CNAs) to work as medication aides in nursing homes, administering routine medications to residents under the supervision of a registered nurse. This proposal would provide a career ladder for CNAs, while enabling nurses to focus on higher-level tasks. As we face a serious workforce shortage in the state, this strategy would allow us to maximize our clinical resources now, when we need it most. Approximately 25 states already authorize medication aides to perform these tasks in nursing homes. In NY, the Office for People with Developmental Disabilities allows unlicensed direct care staff to administer medications.

**MODIFY THE ASSISTED LIVING RESIDENCE QUALITY REPORTING INITIATIVE - Require Provider Association Input and More Time to Ensure Meaningful Information for the Consumer:** The Executive Budget Proposal includes an ambitious proposal to develop quality measures for Assisted Living Residences (ALRs), Enhanced Assisted Living Residences (EALRs), and Special Needs Assisted Living Residences (SNALRs) and begin reporting by January 2024. The proposal would also require public posting of information including the monthly service rates, fees, and staffing information. With significant variation in the services offered, acuity of residents, and subsequent staffing of the different models, this is a complex task. CCRCs have the added complexity in that the resident is essentially buying into the full community and all levels of care, and thus rates and fees are structured differently. The State must dedicate adequate time and commit to work with provider representatives such as LeadingAge NY on the development of quality measures and parameters for public reporting. Providers will then need time to develop data collection methods before reporting begins. Careful thought is necessary to ensure meaningful information is available to the consumer, reported in a way that enables comparison.

**URGE THE DOH AND THE GOVERNOR TO REDUCE DAILY HEALTH EMERGENCY RESPONSE DATA SYSTEM (HERDS) REPORTING - and Eliminate Other Administrative Burdens:** Nursing homes and assisted living providers have been required by DOH to conduct a daily HERDS survey since March 2020. Only during the past year did DOH stop requiring it on holidays and weekends. The data collected is largely duplicative of federal nursing home reporting requirements. The necessary data can be collected in a more streamlined manner. This and countless other administrative burdens take away from the provision of care and contribute to worker burnout.

**PROVIDE A 20% INCREASE IN NURSING HOME MEDICAID RATES:** The Executive Budget's 5% increase in nursing home rates is not adequate – a 20% increase is needed to maintain the viability of nursing homes, enable them to recruit and retain staff, and deliver high-quality care to residents. Medicaid rates for nursing home care in NY are based on 2007 costs (discounted by 9%) and have not been updated or increased for inflation in over 15 years. Since nursing home Medicaid rates were last adjusted for inflation, the costs of delivering care have risen by more than 40%.

Medicaid pays for 75% of NY's nursing home days. Medicaid is responsible for access to high-quality care for the state's nursing home residents. Inadequate Medicaid rates make it impossible for homes to recruit and retain staff. As a result of staffing shortages, there are 6,700 fewer nursing home beds open today than there were in 2019. Hospitals cannot discharge patients who need post-acute care because of insufficient nursing home capacity. A 5% increase to rates is not enough to improve access to care for older adults or reduce backups in hospitals.

### **Questions**

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