

Protect Home and Community-based Services (HCBS)

Home Care

Cap on Number of MLTC Network LHCSA Providers: The Governor's budget caps the number of Licensed Home Care Services Agencies (LHCSAs) with which an MLTC plan is permitted to contract at ten, including MLTC plans with broad service areas. This administrative provision would become effective Oct. 1, 2018, and result in all-funds savings of \$27.42 million in the first year, increasing to \$69.38 million in SFY 2019-20. LeadingAge NY opposes this measure. LHCSAs provide a broad range of clinical and cultural specialties that MLTCs need to serve the diverse needs of their patients. MLTCs require this broad pool of providers to draw from in both urban and rural communities. A cap would cause significant disruption to patient care and patient/provider relationships, and it would restrict patient choice. **Our request: Oppose this administrative budget proposal.**

Provider Marketing and Referral Ban: The Governor's budget proposes two significant changes in this area – it prohibits all community-based long term care provider-sponsored marketing regarding Medicaid, and it prohibits providers that refer patients to the Conflict-Free MLTC Enrollment Center from becoming those patients' service provider. LeadingAge NY opposes these proposals. This proposal is an ill-defined and overbroad reaction to growth in MLTC enrollment which can be more effectively addressed through other policy changes. Moreover, the referral ban would interfere with consumer choice and continuity of care. This administrative provision would become effective Oct. 1, 2018, and result in all-funds savings of \$9.85 million in the first year, increasing to \$20.74 million in SFY 2019-20. **Our request: Oppose this administrative budget proposal.**

Invest in Workforce Recruitment and Retention LTPAC providers are experiencing workforce shortages that have led to thousands of authorized home care hours going unfilled and ongoing recruitment and retention challenges for nursing homes, assisted living and adult care facilities. These shortages have resulted in long waiting lists for community-based services, increases in emergency room (ER) visits and hospitalizations, and reliance on overtime and staffing agencies. The Legislature should ensure that the DSRIP and MLTC Workforce funding is distributed to *all* LTPAC sectors; that other available workforce recruitment and retention funds are made available for LTPAC services; and that a comprehensive plan is developed to meet the demand for LTPAC services. **Our request: Support a comprehensive plan to address workforce recruitment and retention.**

Support the TBI/NHTD Carve Out of Medicaid Managed Care: A.2442 (Gottfried)/S.1870 (Hannon) would allow individuals with traumatic brain injuries (TBI) or who qualify for nursing home diversion and transition (NHTD) Medicaid waiver services to continue to receive such services outside of managed care programs. The budget does not incorporate any savings associated with moving TBI/NHTD into managed care. Given the significant programmatic changes absorbed by Medicaid Managed Care and Managed Long Term Care plans in recent years and the Governor's budget proposals to limit enrollment in MLTC, the interests of all stakeholders would be best served by focusing on current populations and benefits. **Our request: Support this legislation.**

Hospice

Add Hospice to Transformation Funds for Long Term Care: Of the \$425 million in funding provided in this 3rd round of the Statewide Health Care Facility Transformation Fund, \$60 million is allocated to community-based health care providers, which would include home care agencies and Assisted Living Programs. LeadingAge NY also supports adding hospice programs to this list of providers eligible for funds. **Our request: Support this proposal and include hospice as an eligible recipient of funding.**

LeadingAge New York

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Hospice Residence Rates: LeadingAge NY supports the Governor's proposal to administratively increase Hospice Residence rates by 10 percent, set a benchmark rate, and include specialty rates in the weighted average rate calculation. These providers are long overdue for an increase, and increased utilization of hospice would improve the quality of life for patients and their caregivers and the cost-effectiveness of care. ***Our request: Support this proposal.***

Opioid Surcharge: The Executive Budget proposes a new surcharge on the first sale of any opioid in the State by a pharmacy, manufacturer, wholesaler, or outsourcing facility. The seller would be prohibited from passing the surcharge on to customers. It is expected to raise \$127 million in the first fiscal year. The revenue would be deposited into an Opioid Treatment and Recovery Account that would be used to support opioid abuse prevention, treatment and education programs. LeadingAge NY supports the concept of this proposal, both to discourage the over prescription of opioids and to generate funds to help battle the epidemic, but is concerned that the .02 surcharge per milligram will likely be passed down to providers causing unintentional increased costs for opioids by hospice providers and nursing home-operated pharmacies. Opioids are widely used by hospice programs to alleviate pain at the end of life care for patients, and their pharmaceutical costs are anticipated to increase 25-50% as a result of concealed price increases due to this surcharge. ***Our request: Develop a proposal that ensures this surcharge does not get passed down to hospice programs and nursing home pharmacies.***

HCBS and Aging Services

Fund a Senior Housing Resident Advisor Program: Investing in affordable housing with support services will provide low-income seniors with access to safe places to live and basic supports in the community, allowing them to age-in-place and delaying or preventing the need for high-cost Medicaid services. Following up on last year's historic \$125 million for senior housing capital, the Legislature should appropriate \$10 million for the Resident Service Advisor Program, to help senior housing providers offer an array of services that assist residents to remain independent by emphasizing wellness and healthy aging. ***Our request: Support this proposal.***

Invest in Community Services for the Elderly (CSE)

The proposed budget calls for \$29 million for the Community Services for the Elderly (CSE) program and continues the exemption for the county share relieving the burden on localities for this program. It also proposes \$1.1 in discrete funding for transportation related to CSE. LeadingAge NY supports funding this vital program with an additional \$24 million annually to serve the more than 16,000 older adults statewide who are on waiting lists for critical community based aging services. These waiting lists occur every year and are growing as a result of the demand generated by both an increasing aging population and the expansion and awareness of NY Connects/NWD. ***Our request: Provide an additional \$24 million for CSE and maintain the county share exemption.***

DOH Study of Home and Community Based Services in Rural Areas: The Executive Budget requires DOH to conduct a study of home and community based services available to Medicaid beneficiaries in rural areas of the state. It authorizes the Commissioner to provide a targeted Medicaid rate enhancement for fee-for-service personal care rates and rates under Medicaid waiver programs such as the NHTD and TBI waivers in an aggregate amount of \$3 million minus the cost of conducting the study. The study would include a review of factors affecting availability such as transportation costs, costs of direct care personnel, opportunities for telehealth services and technological advances to improve efficiencies. ***Our request: Support this initiative and allow the funds to be used for MLTC services where appropriate.***

Invest in NORCs/NNORCs: Naturally Occurring Retirement Communities (NORCs) and Neighborhood NORCs (NNORCs) are multi-age housing developments or neighborhoods not originally built for seniors but now home to a significant number of older persons. This growing support and services program maximizes and supports the successful aging in place of older residents. It offers preventive health and wellness activities, identifies major health risks among the elders they serve and develops programs to improve their NORC community's health status. The NORC framework addresses key social determinants that support quality health outcomes and result in long term savings for the state. ***Our request: Support additional funding for this program.***