LeadingAge New York **ISSUE BRIEF**

SENIOR HOUSING | ASSISTED LIVING | ADULT CARE FACILITIES | HOME CARE | RETIREMENT COMMUNITIES
ADULT DAY HEALTH CARE | PACE/MLTC | NURSING HOMES

No-Cost Solutions to Enhance the Innovative CCRC Model

Continuing care retirement communities (CCRCs) provide a full range of services under one contract as residents' needs change over time. These services include independent housing, adult care facility (ACF)/assisted living (AL), and nursing home care. This innovative model encourages seniors to invest in their care and housing needs rather than divest their assets to qualify for Medicaid-funded services. CCRCs are economic drivers in their communities, and the model encourages people with resources to stay in the state. Despite the benefits of this model, State oversight has actually become a barrier to the efficient operation of CCRCs, as well as the expansion and development of new CCRCs. To date, there are only 14 CCRCs in New York State, as compared to neighboring states: Pennsylvania (197), New Jersey (27), and Massachusetts (31).

Pass CCRC Reform Legislation to Enable More Efficient Operations: The Legislature should include the provisions of *A.7742 (Paulin)/S.7483 (Cleare)* in the budget to eliminate various barriers to the development, expansion, and efficient operation of CCRCs, while maintaining vital resident protections. Current processes are creating significant delays, resulting in greater costs to the CCRC and its residents. By consolidating oversight of CCRCs into a single State agency – the Department of Health (DOH) – the bill would expedite oversight functions, enabling CCRCs to operate more nimbly and be responsive to consumer needs and preferences. The legislation would also shift the CCRC Council to an advisory role, consistent with nearly all other councils in the health space, and consolidate the authority of the Council into DOH functions. The Council has consistently had difficulty filling open seats and achieving a quorum, which is currently necessary to approve establishments and most operational changes. Critical projects could be brought to a standstill if the Council is unable to act. The bill would also allow DOH to update the priority reservation fee deposit, capped in statute at $2,000 since 1991. Enabling DOH to update this cap would help ensure that the deposit amount reflects current market conditions and is indicative of a genuine interest in the community. Finally, the bill would reallocate existing State resources to DOH to facilitate its expanded oversight functions. Including the language in *A.7742 (Paulin)/S.7483 (Cleare)* in this year's budget is a no-cost opportunity to promote the success of this model for the benefit of current and future residents, as well as the State.

Authorize Medication Aides in Nursing Homes: We support the Governor's proposal to authorize specially trained certified nurse aides (CNAs) to work in nursing homes as certified medication aides (CMAs) administering routine medications to residents under the supervision of a registered nurse (RN). This proposal, or that set forth in *A.8299 (Clark)*, would help to address the staffing shortage in nursing homes, while providing new career opportunities for CNAs and preserving quality and safety. Approximately 38 states already authorize medication aides in nursing homes. Likewise, in New York State, the Office for People with Developmental Disabilities (OPWDD) already allows unlicensed direct care staff to administer medications. Unlike many workforce development proposals that require years to provide a measurable impact, this initiative could be implemented and begin to make a difference relatively quickly – without cost to the State.

Modify the Assisted Living Residence (ALR) Quality Reporting Initiative to Require Provider Input and More Time to Ensure Meaningful Information for the Consumer: The Governor's proposal directs DOH to develop quality measures for ALRs, including Enhanced and Special Needs ALRs, and begin reporting by January 2025. 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 an 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 commit to work with provider representatives such as LeadingAge New York on the development of quality measures and parameters for public reporting, as outlined in *A.5790-A (Paulin)*. Providers will then need time to develop data collection methods before reporting begins. The proposal should be modified to ensure input and provide more time such that meaningful information is reported to the consumer in a way that enables valid comparison.

Urge DOH and the Governor to Reduce Daily Health Emergency Response Data System (HERDS) Reporting: Nursing homes and adult care facilities have been required by DOH to complete a daily HERDS survey since March 2020. While DOH recently reduced the number of questions asked in the daily survey, 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.

Questions:

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