

LeadingAge New York and its members will advocate at the state and federal levels to ensure funding and policies that support long-term/post-acute care (LTPAC) and senior services, focusing efforts on the areas below.

Workforce

- Advocate for funding and regulatory relief to support expansion of the LTPAC workforce and efficient utilization of direct care workers, including allowing nursing home medication techs, developing flexible requirements for advanced home health aides and feeding assistants, expanding access to education and training, providing employment-related supports to workers, and facilitating aide cross-certification.
- Seek adequate funding to address employer mandates, including minimum wage increases through Medicaid rates and managed care premiums, the Quality Incentive/VAP Pool program, and other sources.
- Oppose legislation and/or regulations that will exacerbate workforce challenges without contributing to quality, including arbitrary minimum staffing ratios in nursing homes.
- Work with LeadingAge on federal immigration policies to increase the supply of direct care workers.

Other Cross-Sector Measures

- Advocate for flexible operating certificates, staff credentials, and reimbursement to creatively serve seniors and individuals with disabilities in various settings, taking full advantage of current infrastructure.
- Influence the implementation of the federal HCBS settings rule and other regulatory reform efforts.
- Support viable value-based payment (VBP) models, data sharing, and VBP incentive funding for Managed Long Term Care (MLTC)/PACE plans and providers that appropriately incentivize delivery of high-quality, cost-effective LTPAC services.
- Focus on implementation of managed care initiatives for seniors and persons with disabilities, including integrated managed care for dual eligibles, payment policies, regulatory relief, and orderly transitions of changes in mandatory enrollment and benefits.
- Advocate for LTPAC infrastructure investments, through DSRIP and other funding sources, in building upgrades, innovative care models, health information technology and health information exchange. Ensure that hospice and assisted living receive an equitable share of Health Care Transformation funds.
- Ensure that LTPAC providers and MLTC/PACE plans play leadership roles in DSRIP and that LTPAC is prioritized in DSRIP funding allotments.
- Remove barriers to accessing and utilizing hospice services for residents of Adult Care Facilities and Assisted Living (ACF/AL), and otherwise work to expand the funding of and access to hospice and palliative care.
- Promote initiatives to expand senior housing and services opportunities for middle-income consumers.

Adult Care Facility/Assisted Living

- Enhance the role of the nurse to allow ACF/AL providers with nurses to provide nursing services directly.
- Increase the state portion of the SSI Congregate Care Level 3 Rate.
- Advocate for regulatory reform to update, consolidate and simplify operating requirements
- Advocate for expanded access to assisted living for low-income people with dementia.

Affordable Housing

- Advocate for the Affordable Independent Senior Housing Assistance Program to support and expand the network of resident assistants in senior housing statewide and to complement the State's efforts to develop more senior housing.
- Advocate for the allocation of substantial rental assistance for seniors statewide to offset the lack of new Department of Housing and Urban Development (HUD) Section 202 housing units.
- Secure new Federal investment in the HUD 202 program for capital advances, rental assistance contracts, and additional service coordinators.

- Secure a Federal funding set-aside to offset costs for properties going through a RAD for PRAC transaction.
- Work with a statewide coalition to develop a new five-year capital proposal that includes substantial funding for new senior housing.

Continuing Care Retirement Community

- Advocate for passage of legislation to modernize outdated provisions of Public Health Law Articles 46 and 46-A to eliminate barriers to the development, expansion, and efficient operation of CCRCs in New York.
- Work with the Department of Health (DOH) and the CCRC Council Regulatory and Framework Improvement Committee to reform regulations that interfere with efficient operation of CCRCs and do not enhance resident protections.

Home and Community-Based Services

- Seek increased funding for the NORC/NNORC, Congregate Services for the Elderly and EISEP programs.
- Advocate for reimbursement of home health services within managed care, including Medicare Advantage, that accurately reflects cost of care, wages and other mandates.
- Monitor and advocate for practical and streamlined need methodologies for Certified Home Health Agencies (CHHAs), Licensed Home Care Services Agencies and hospices.
- Work to remove CHHA and hospice reimbursement and regulatory barriers, including easing restrictions on service authorization, and improving the Medicare Patient-Driven Groupings Model by eliminating faulty assumptions about provider coding under the new system.
- Advocate for a streamlined approach to state Electronic Visit Verification implementation for home care.

MLTC/PACE

- Help ensure that policymakers understand, and state policies recognize, the high quality and unique role that plans sponsored by non-profit, provider-based organizations play in caring for frail New Yorkers.
- Advocate for adequate, predictable, transparent and timely rates that are actuarially sound, accurately reflect changes to the benefit package and fully fund wage mandates.
- Support strategies to increase consumer participation in managed care models that combine Medicare and Medicaid, ensuring that both PACE and MAP programs are promoted, and advancing policies that preserve a key role for LTPAC providers, as sponsors of plans and as leading partners in care delivery.
- Seek to ensure that risk score calculations are as transparent as possible, that resulting rate adjustments are appropriate and timely, and that material costs not captured by risk scores are addressed through alternative means and/or updates to the model.
- Oppose MLTC quality incentive pool reductions.

Nursing Home

- Ensure that any changes to the Medicaid case-mix determination method do not deprive facilities of the resources needed to care for residents based on their acuity.
- Advocate for programmatic and funding support to meet the needs of nursing home residents with behavioral/substance abuse issues and those that require other specialty services.
- Work with the State to ensure survey consistency across regions; advocate for quality control in the survey system; and reform the Informal Dispute Resolution process.
- Advocate for State takeover of collecting Medicaid budgeted net available monthly income from residents.
- Advocate for a Universal Settlement 2.0 agreement with the State to address pending Medicaid litigation, rate appeals, audits and other payment issues.

Retirement Housing

- Educate policymakers on the role of retirement housing and identify opportunities for enhanced partnerships with state and local governments.
- Clarify state requirements for offering plans and provide member education.
- Work with members on opportunities to expand deployment of resident safety and social technologies and address broadband access issues.