

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 providers, focusing efforts on the areas below. New state and federal political dynamics will create advocacy challenges and opportunities.

**Workforce**

- Advocate for expansion of the LTPAC workforce and support efficient utilization of direct care workers including allowing nursing home medication techs, developing flexible requirements for advanced home health aides and feeding assistants, funding education and training, and permitting aide cross-certification.
- Seek adequate funding to address employer mandates including minimum wage increases and 24 hour/live-in requirements through Medicaid rates, the Quality Incentive/VAP Pool program and other sources.
- Promote regulatory flexibility on existing employer mandates such as Paid Family Leave that better reflect the unique nature of caring for a vulnerable population, 24 hours a day, 7 days a week.
- Oppose legislation and/or regulations that will create added workforce challenges including arbitrary minimum staffing ratios in nursing homes and expanded call-in pay requirements.
- 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) plans and providers that serve Medicaid beneficiaries.
- Focus on implementation of managed care initiatives for seniors and persons with disabilities, including payment policies, regulatory relief and smooth transitions of changes to populations and benefits.
- Advocate for LTPAC infrastructure investments in building upgrades (e.g., life safety code changes), service restructuring, health information technology and health information exchange.
- 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.
- Push for orderly implementation of the limitation on the nursing home benefit, including ensuring appropriate reflection in MLTC plan rates.
- Promote initiatives aimed at expanding housing and service opportunities for middle-income consumers.

**Adult Care Facility/Assisted Living**

- Increase the state portion of the SSI Congregate Care Level 3 Rate.
- Update the outdated Assisted Living Program (ALP) Medicaid rate and clarify the services covered by the ALP, and those that should be billed separately (i.e. medical equipment).
- Enhance the role of the nurse to allow ACF/AL providers with nurses to provide nursing services directly.
- Advocate for regulatory reform across settings to update, consolidate and simplify operating requirements.
- Advocate for expanded access to assisted living for low-income people with dementia.

**Affordable Housing**

- Advocate for a new Affordable Independent Senior Housing Assistance Program to support and expand the network of service coordinators in senior housing statewide.
- Advocate for allocation of substantial rental assistance for seniors statewide to offset the lack of new Section 202 housing units.

- Secure new federal investment in the HUD 202 program for capital advances, rental assistance contracts and additional service coordinators.
- Oppose any increase to the tenant rent burden standard for federal affordable senior housing programs.

### **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 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.
- Secure modifications to Insurance Regulation 140 from the Department of Financial Services to allow more flexibility in how CCRCs can invest their funds.

### **Home and Community-Based Services**

- Advocate for increased funding for the NORC/NNORC, Congregate Services for the Elderly and EISEP programs.
- Advocate for flexible Conflict of Interest implementation for NHTD/TBI Medicaid waiver services.
- Monitor and advocate for a practical, streamlined Licensed Home Care Services Agency need methodology.
- Support expanded access to telehealth services in the home through greater regulatory flexibility.
- Work to alleviate Certified Home Health Agency and hospice finance and regulatory requirements through the federal Patients Over Paperwork Initiative.
- Advocate for federal legislation to remove assumptions about home health agency behavior under the new Medicare Patient Driven Groupings Model, which could result in large Medicare cuts.

### **MLTC/PACE**

- Advocate for adequate and timely rates that accurately reflect the cost of existing and new benefits and wage/other mandates. Work to eliminate arbitrary caps and savings factors; ensure appropriate and more predictable risk adjustment and timely pool funding distributions.
- Ensure new benefits (e.g., Community First Choice) are fully-funded and implementation time frames for program changes are reasonable.
- Work with the Department of Health and the State's actuary to ensure plan engagement in risk adjustment model development and dissemination of risk model information prior to the release of draft rates.
- Minimize duplicative reporting and administrative burdens (e.g., pass-through funding, etc.).
- Support expanded availability of managed care that combines Medicare-Medicaid services while ensuring a level playing field for existing plans; ensure plan and provider participation in development of new models.

### **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 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.
- Ensure that nursing homes receive the full amount of Medicaid budgeted resident income contributions when a court-appointed guardian is in place.

### **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 technologies and addressing broadband access issues.