

## 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 aging New Yorkers with resources to stay in the State and invest in their care and housing needs rather than divest their assets to qualify for Medicaid-funded services. Despite the benefits of this model, State oversight has become a barrier to the efficient operation, expansion, and development of CCRCs, resulting in greater costs to CCRCs and their residents. 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.1464-A (Paulin)* in the budget to eliminate various barriers to the efficient operation, expansion, and development of CCRCs, while maintaining vital resident protections. 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.1464-A (Paulin)* 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 would help to address the staffing shortage in nursing homes while providing new career opportunities for CNAs and preserving quality and safety. Approximately 39 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, this initiative could be implemented and begin to have an impact relatively quickly – without cost to the State.

### **Questions:**

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