



New York StateWide Senior Action Council, Inc

STATE BUDGET ISSUES impacting the Workforce/Home Care Crisis
State Fiscal Year (SFY) 2018-2019 - April 1, 2018 – March 31, 2019
(Proposed by Governor – January 16, 2018)

NYSOFA – New York State Office for the Aging

See [STATEWIDE's BUDGET CHART](#) on issues funded by NYSOFA.

There are **no** proposed increases in programs for the aging under the NYSOFA budget.

Human Services Cost of Living Adjustment (COLA) – Once again, the Governor has deferred an increase in a wage pass through for direct care workers providing NYSOFA funded services.

Social Work Licensure Law. Workers through OCFS, SOFA, DOH, OMH, OPWDD, OASAS, OTDA, DOCs state government contracts or employment can provide social work without being licensed. This year, the Governor's proposal creates a process to define tasks that unlicensed persons can perform without licensure, starting for new employees in 2020.

Health Budget

Medicaid Managed Long Term Care (MLTC)

Several cost control proposals are being made, to control enrollment growth.

- Increasing the eligibility threshold for providing MLTC services to require a continuous 120 days of community-based services for MLTC eligibility (a \$4.81 million reduction);
- Raising the minimum Uniform Assessment System score for MLTC eligibility (Score on the Uniform Assessment tool under 9 will be carved out from MLTC. a \$5.83 million reduction);

- Shift MLTC enrollees who have not received home or personal care services, within 30 days of enrollment, to fee-for-service Medicaid or an integrated plan.
- Restrict MLTC enrollees from changing plans for 12 months after initial enrollment, unless they can demonstrate good cause.
- Eliminating contracts with poor performing social adult day providers and limiting utilization of these services
- Plans for including Medicaid Assisted Living Program, after capacity increases, in MLTC
- Managing Enrollment Growth in Managed Long Term Care (MLTC) by limiting the number of contracts health plans can have with licensed home care service agencies, to bring consolidation to the marketplace and reduce variation in serve authorization. Would prohibit MLTC plans from contracting with more than 10 licensed home care services agencies.

Assisted Living Program Expansion (ALP). The budget proposes an increase of \$4.4 million in the expansion of the ALP across the state by re-deploying authorized, but un-used slots and developing new capacity. The budget anticipates 1,000 additional beds in areas of the state with limited ALP beds. \$20 million in capital is budgeted to support expansions.

Telehealth – Proposed expansion of Medicaid covered telehealth services to home settings to allow for greater access to remote patient monitoring and alternative health care delivery models. expand the definition of “originating site” for purposes of Medicaid reimbursement for telehealth services to include a patient’s residence as well as any other location where the patient may be temporarily located. This bill would also add credentialed alcoholism and substance abuse counselors, authorized early intervention providers, and any other providers (as determined in regulation by OMH, OASAS, and the Office for People With Developmental Disabilities in consultation with DOH) to the list of medical professionals eligible to provide telehealth services. Finally, the bill would clarify that “remote patient monitoring,” which is the transmission of data to a distant telehealth provider for use in monitoring and managing medical conditions, could encompass follow-up telephone calls or additional interactive requests for the transmission of data in response to previous transmissions.

Community Paramedicine - Budget language would expand the role beyond the traditional emergency response system to allow emergency medical personnel to provide non-emergency care in residential settings. Community paramedicine collaboratives would include, at a minimum: (1) a general hospital, nursing home, or diagnostic and treatment center; (2) a physician; (3) an emergency medical services provider; and (4) where the services are provided in a private residence, a home care services program. Under the direction of a physician, community paramedicine programs would support objectives identified by the collaboratives and could include models that focus on providing post-discharge care following hospital admissions for the purpose of avoiding readmissions; evaluating, stabilizing, or treating nursing home residents to avoid preventable emergency transport to a hospital emergency room; and assisting individuals in self-managing their health or behavioral health conditions and minimizing environmental

hazards in the home, authorize Medicaid reimbursement for community paramedicine services, subject to federal financial participation.

Essential Health Care Providers - The Budget provides \$396 million in continuing funding to support critical health care providers through the State's Vital Access Provider (VAP), Vital Access Provider Assurance Program (VAPAP) and Value Based Payment Quality Improvement (VBP QIP) programs. This funding is for operating assistance to financially distressed health care providers to facilitate the redesign of health care delivery systems, improving financial stability and the availability of vital health care services.

Cost of Living Adjustment (COLA) Discontinues COLA payments to certain Department of Health providers. In 2006, DOH and other human service agencies authorized COLA payments within certain programs. The COLA payments were indexed to the Consumer Price Index, and currently set at 0.2%. However, COLA payments were not made regularly. These payments were last paid in FY 2017.

This proposal would discontinue COLA payments within certain DOH programs. (Page 87 Paragraph (iv) of subdivision 4 of section 1 of part C of chapter 4 57 of the laws of 2006, establishing a cost of living adjustment for designated human services, is REPEALED and paragraphs (v) and (vi) are renumbered paragraphs (iv) and (v).

Health Care Workforce/Home Care Shortage

Long Term Care Planning Council -The Governor's State of the State Message included his pledge to launch a Long Term Care Planning Council to examine New York's long-term care system. The Council will analyze, evaluate, and identify the existing service gaps in New York's long-term care system, determine the most cost-effective evidence based interventions, and prepare a strategic plan to meet the emerging needs of New York's aging population over the next decade. There was no budget language defining the work or appointees to the Planning Council.

Rural Home Care Study - The Proposed Budget directs the Department of Health to conduct a study of home and community based services in rural areas of the State. Provides a a \$1.5 million Medicaid rate increases to support improved availability of home and community based services in rural counties. Depending on the results of the analysis, DOH could provide a targeted Medicaid rate enhancement for fee-for-service personal care and waiver programs. (Page 22 The commissioner of health shall conduct a study of home and community based services available to recipients of the Medicaid program in rural areas of the state. Such study shall include a review and analysis of factors affecting such availability, including but not limited to transportation costs, costs of direct care personnel including home health aides, personal care attendants and other direct service personnel, opportunities for telehealth services, and

technological advances to improve efficiencies. Consistent with the results of the study, the commissioner of health is authorized to provide a targeted Medicaid rate enhancement to fee-for-service personal care rates and rates under Medicaid waiver programs such as the nursing home transition and diversion waiver and the traumatic brain injury program waiver, in an aggregate amount of three million dollars minus the cost of conducting the study; provided further, that nothing in this section shall be deemed to affect payment for the costs of the study and any related Medicaid rate enhancement if federal participation is not available for such costs.

Minimum Wage Funding - The Budget proposal includes funding of \$262 million, to support the 6.5 percent salary increase provided to direct care professionals (3.25 percent in January 1, 2018 and 3.25 percent in April 1, 2018) as well as the April 1, 2018 3.25 percent salary increase for clinical workers employed by not-for-profit organizations rendering mental hygiene services on behalf of OPWDD, OMH or OASAS.

Workforce Summit - New York State will host a human services workforce summit and create a Not-for-profit Workforce Development Steering Committee to further improve not-for-profit workforce Development.

Workforce Development - The Governor proposes \$175 million in workforce development funds to be directed to the newly formed Office of Workforce Development. Applications would be processed through the Regional Economic Development Councils, with a focus on emerging fields.