NEW YORK STATE | Department of Health

NEW YORK STATE OF OPPORTUNITY. | Office for the Aging

A Master Plan for Aging for New York

Stakeholder Advisory Committee Meeting

OCTOBER 15, 2024

Meeting Agenda

- Welcoming remarks from Dr. Eugene Heslin, Greg Olsen, Paul Beyer, Andrew Lebwohl
- Discussion – Proposals and Scores
  - Modernization and Financial Sustainability of Healthcare and Residential Facilities
- Break
- Discussion – Proposals and Scores
  - Informal Caregiver and Workforce Support and Modernization of Community-Based Aging Network Service Providers
- Closing

Stakeholder Advisory Committee Meetings

October 15, 2024 – Virtual, 10:00 am - 3:00 pm

- Pillar(s)
  - Informal Caregiver and Workforce Support and Modernization of Community-Based Aging Network Service Providers
  - Modernization and Financial Stability of Healthcare, Residential Facilities and Community-Based Aging Network Service Providers

October 21, 2024 – Virtual, 10:00 am - 4:00 pm

- Pillar(s):
  - Access to Services in and Engagement with Historically Underserved Communities
  - Social Engagement of Older Adults
  - Technology Access and Development
  - Combating Elder Abuse, Ageism, and Ableism

October 31, 2024 – Virtual, 10:00 am- 4:00 pm

- Pillar(s):
  - Housing Access and Community Development
  - Prevention, Wellness Promotion, and Access
  - Future Process, Structure and Milestones

November 5, 2024 – Virtual, 10:00 am- 1:00 pm

- Advisory Report Review

Dashboard/Scoring

Scoring Criteria (out of 5):

1. Urgency – How important is it for aging New Yorkers, relative to other priorities, that this be initiated within the next year? (1= long-term, 5= needed immediately)

2. Return on Investment – Is there a potential savings, and what is the relationship between cost and impact? (1= No savings or major impact, 5= disproportionate savings or society-changing impact)

3. Budget – How much investment will this require? (1= no investment required, 5= major budget item)

4. Consensus Support – Is there broad support from multiple constituencies for the proposal? (1= niche interest, 5= statewide support from multiple major groups)

5. Execution Complexity – Is the proposal a simple change to an existing regulation or policy, or would it involve establishing new offices or programs, a procurement process, or changing physical or regulatory infrastructure? (1= minor change of existing policy, 5= requires revision to federal law or establishment of new statewide infrastructure)

Modernization and Financial Stability of Healthcare, Residential Facilities and Community-Based Aging Network Service Providers

Modernization and Financial Sustainability of Healthcare: Nursing Home Capital Assistance

Title: Nursing Home Capital Assistance

Reference Number: MPA2024R6

Summary: Recommendations to provide a flexible approach to nursing home capital improvements by a combination of updates to existing regulatory requirements and metrics. The proposal also includes an evaluation of industry interest in developing specialty care units, and a statement of principle regarding grant program utilization.

Justification: Nursing homes, ACFs, and ALFs are heavily reliant on Medicaid and congregate level 3 SSI/SSP reimbursement to sustain operations and maintain physical plants, and existing capital reimbursements may be difficult to access and include limits. Facilities face inadequate financial support for necessary renovations to improve the quality of life and care for residents. Approval of updated reimbursement costs, a reduction in equity contribution from facilities, and the creation of a new reimbursement methodology would make long-term care facility capital improvements more flexible and would improve reimbursement for cost of care.

Modernization and Financial Sustainability of Healthcare: Nursing Home Reform Efforts

Title: Facilitating Nursing Home Reform Efforts

Reference Number: MPA2024R11

Summary: Create a more home-like environment through the development of the Green House or other small house-type facilities and the renovation of other facilities to facilitate the creation of a home-like environment. The proposal also includes recommendations to update regulatory requirements in order to facilitate complementary transformations to the nursing home industry.

Justification: Most nursing home buildings are old, built several decades ago, are institutional in nature and don't fit the population's needs or wants. Nursing Home reforms provide modifications such as in-unit dining, additional communal and activity space, environmental and life safety codes, and update equity contributions. Creating a set of actions to support the development of a facility-based LTC setting, such as the Green House model or other small house-type facilities will create a more home-like environment, improving the quality of life for older adults in residential care.

Modernization and Financial Sustainability of Healthcare: Fund Aging Services

Title: Fund Aging Services

Reference Number: MPA2024R50

Summary: Establish budget parity for aging services by increasing access to capital programs and resources for community-based services including statewide funding opportunities, expansion of Medicaid provider licensure to the network of community-based services providers, and innovative financing programs (i.e., social impact bonds) to ensure that all New Yorkers can age in their community of choice.

Justification: New York State's community-services are underfunded, hindering their ability to meet the existing and emerging needs of older adults. The State could save up to $500 million by expanding home care services based on the cost differential between nursing homes and home care. Expanding home care would result in a 0.8% decline in the number of individuals receiving nursing care. With approximately 113,000 people in nursing homes in New York, about 6% of those individuals are considered "low-care," indicating that there is potential for significant savings.

Modernization and Financial Sustainability of Healthcare: Reactivate and Modify the Voluntary Residential Health Center Facility Rightsizing Demonstration Program

Title: Reactivate and Modify the Voluntary Residential Health Care Facility Rightsizing Demonstration Program

Reference Number: MPA2024R12

Summary: Modify and reactivate the Voluntary Residential Health Care Facility Rightsizing Demonstration Program to incentivize facilities to voluntarily give up unneeded beds and ensure appropriate placement through further expansion of alternate levels of service and save Medicaid funds. Proposed modifications would include loosening regulations around reactivation, providing a financial incentive for decertification, and expanding the program.

Justification: Statewide nursing home occupancy has been trending at less than 90% as a result of staffing shortages, availability of alternate care settings, among other factors. Due to the current Medicaid pricing system, facility operators are incentivized to operate a larger number of beds and maintain high occupancy rates. Facilities are reluctant to decertify beds and relinquish the associated economic value. Voluntary rightsizing would incentivize facilities to give up unneeded beds, ensure appropriate placement through further expansion of alternate levels of services and save Medicaid dollars.

Modernization and Financial Sustainability of Healthcare: Adult Care Facility (ACF) Voucher Demonstration

Title: Adult Care Facility (ACF) Voucher Demonstration

Reference Number: MPA2024R21

Summary: Create a limited demonstration program modeled on the successful Special Needs Assisted Living Voucher Demonstration Program for persons with dementia aimed at preventing or delaying the need for more costly, higher-level care. The program would provide a sliding-scale subsidy for ACF residents who are at risk of nursing home care due to depleted resources and to individuals not eligible for Medicaid or SSI but in need of Adult Day Health Care services.

Justification: The "forgotten middle" are individuals who are not eligible for Medicaid or SSI but do not have a large disposable income, are in need of Adult Day Health services and do not have access to the services and programs they need which accurately reflect their preferred location of residence or the acuity of care their condition requires. Middle income populations have limited access to assisted living residence services or memory care, resulting in a decreased quality of care and life. Inclusion of urban, rural, and suburban counties will ensure diversification of the population receiving services.

Modernization and Financial Sustainability of Healthcare: Diversifying Long-Term Care (LTC) Facility Services

Title: Diversifying Long-Term Care (LTC) Facility Services

Reference Number: MPA2024R7

Summary: Diversify long-term care facility services to encourage high quality and person-centered specialized clinical services. This includes expansion of Adult Care Facilities/Assisted Living and Adult Day Health Care access, expansion of access to and improved clinical expertise in psychiatric, mental health, and behavioral health services for long-term services and supports providers, and the elimination of regulations which complicate compliance with staffing mandates.

Justification: Regulatory and programmatic barriers impede access to appropriate providers and person-centeredness in facility-based long-term services and support settings. This limits options for individuals needing LTSS and hinders their ability to optimize their quality of life as their needs change with age. The development of specific mechanisms, such as reviewing operating and payment regulations, expansion of the ECHO model, and expansion of availability of specialized workforce training could improve high quality and person-centered specialized clinical services.

Modernization and Financial Sustainability of Healthcare: Improve Nursing Home Quality Incentive Pool

Title: Improve Nursing Home Quality Incentive Pool

Reference Number: MPA2024R51

Summary: Create a robust Nursing Home Quality Incentive Pool through reallocation of funding from the Vital Access Provider pool to offset changes to nursing home quality incentive pool. Recommendations for increased investment in improved nursing home quality include collective stakeholder input, additional metrics for staff, and investments in workforce training.

Justification: Not-for-profit and other quality-driven nursing home organizations are unable to financially sustain operational efficiencies in the current healthcare landscape, however, they would significantly benefit from an improved incentive pool that rewards nursing homes for investment in workforce training and decreased turnover rates, among other quality-based metrics. This would force all nursing home providers to invest in these areas.

Modernization and Financial Sustainability of Healthcare: Interagency Integration of Social and Healthcare Services

Title: Interagency Integration of Social and Healthcare Services

Reference Number: MPA2024R57

Summary: Establish an interagency office to develop a plan to fully integrate social and healthcare services for New Yorkers of all ages based on research and available data on positive outcomes. In cross-sector partnerships, state agency members will develop shared goals to assess the effects of ageism and foster sustainable health and social care alignment.

Justification: A focus on "whole person" health has been increasing over the past decade. Recognizing that health outcomes are dependent on both medical and non-medicalized care, major national and international organizations have devoted years of research into the benefits and challenges of aligning public health, social services, and health care to address social determinants of health and to reduce health inequities. The importance of better aligned care for the older population has been recognized by the World Health Organization (WHO). An interagency integration of social and healthcare services will lead to health care savings and have positive impacts on the lives of older adults and people with disabilities. Cultivated partnerships, integrated healthcare, and collaboration of government, community and business communities would establish cross-sector alliances that effectively address issues of ageism, health and social care.

Modernization and Financial Sustainability of Healthcare: Expanding Flexibility for Long-Term Care Facilities

Title: Expanding Flexibility for Long-Term Care Facilities

Reference Number: MPA2024R8

Summary: Reduce regulatory and programmatic barriers through creating a sustainable, person and quality centric Assisted Living Model for the future, developing one uniform licensure category for assisted living, and increasing financial support for transitioning nursing homes to other care models. Allow Adult Care Facilities to add Assisted Living Program (ALP) beds.

Justification: Regulatory and programmatic barriers, compounded with financial hindrances, generate gaps in the availability of facility-based LTSS for those who desperately need it. Additionally, individuals who need facility-based LTSS face scarce resources and limited accessibility to other options. Expanding flexibility for facilities will aid in optimizing health at the appropriate level of care and reducing accelerated access of costlier higher care levels.

Modernization and Financial Sustainability of Healthcare: Expanding Flexibility for Long-Term Care Facilities: Hospice and Palliative Care Support and Reform

Title: Hospice and Palliative Care Support and Reform

Reference Number: MPA2024R10

Summary: Improve and preserve the quality and availability of hospice and palliative care. Recommendations include reestablishment of the Hospice and Palliative Care Education and Training Council, development of a Regulatory and Certificate of Need Task Force, funding for a stakeholder statewide coalition, offering an interdisciplinary palliative care benefit for qualifying Medicaid recipients regardless of location, and recognizing Physician Assistants as Hospice Attendings.

Justification: Preserving the quality and availability of hospice and palliative care services requires changes to service delivery, regulation interpretation, and increased knowledge about quality end of life services. In improving awareness of culturally and linguistically competent end of life care, improving certificate of need methodology, ensuring appropriate access to services, standardization, oversight, and funding, and ensuring alignment in regulatory and legislative interpretation, New York State can better protect the dignity of its residents and improve access to care quality end of life care.

Modernization and Financial Sustainability of Healthcare: Continuing Care Retirement Communities Oversight Reform

Title: Continuing Care Retirement Communities Oversight Reform

Reference Number: MPA2024R60

Summary: Encourage the growth of Continuing Care Retirement Communities by consolidating oversight to the Department of Health, updating the priority reservation fee deposit, and reallocate state resources to the DOH to support expanded oversight. This proposal includes alternative opportunities to reduce barriers to growth, all of which align with the recommendations to reduce oversight and improve CRCCs ability to effectively serve their populations.

Justification: Development of continuing care retirement communities, a senior housing model which incentivizes the use of retirement funds to pay for care rather than incurring spend-down or estate planning for Medicaid, is hindered by significant barriers. To encourage growth of CRCCs and reduce potential for Medicaid spending, New York should consolidate oversight of CRCCs and eliminate other important barriers to growth.

Modernization and Financial Sustainability of Healthcare: Adult Day Health Care Family Caregiver Program

Title: Adult Day Health Care Family Caregiver Program

Reference Number: MPA2024R41

Summary: Increase and incentivize Adult Day Health Care programs through regulatory reforms that address reimbursement and financing, expanded staffing, innovative partnerships with other service providers including with transportation providers, and encourage pilot programs that integrate adult day services.

Justification: For older adults who require supervision during the day or those who would benefit from more social interactions outside of their homes, adult day health care facilities and programs offer a safe and secure environment. Local and regional collaborations with key organizations will help ensure that programs are accessible and inclusive for older adults with disabilities or with unique needs who are often left unaccommodated and unaccounted. Incentivizing the participating Adult Day Health Care programs with a program that directly reimburses the facility with up to 50% of the Medicaid rate will ensure these critical services will be sustainable for community members who greatly need them.

Modernization and Financial Sustainability of Healthcare: Review and update ADL Requirements for Medicaid in-home services

Title: Review and update ADL Requirements for Medicaid in-home services

Reference Number: MPA2024R64

Summary: Consider regulatory reforms related to current ADL requirements for in-home services covered by Medicaid and develop a universal eligibility tool to ensure accurate, timely, and quality assessment of eligibility of needed in-home services to ensure coverage regardless of payor source.

Justification: Current ADL (Activities of Daily Living) criteria limits accessibility to necessary home care services. Striking and updating current ADL requirements would allow more people to be eligible for home care, age in place, and ultimately maintain health for longer. In turn, those needing a higher level of care would be minimized.

Modernization and Financial Sustainability of Healthcare: Elevate Integrated Care Programs

Title: Elevate Integrated Care Programs

Reference Number: MPA2024R86

Summary: Create ways to upscale service delivery to the most integrated settings possible by incorporating enrollees who receive services through provider programs without coordination and aging individuals receiving OPWDD services into more comprehensive programs such as PACE without disenrollment or automatic exclusion from their current program, their care can be more holistically coordinated.

Justification: New York State policy supports enrollment of dually eligible individuals into fully aligned Medicare-Medicaid arrangements such as PACE. However, in practice, New York's delivery system has a path of least resistance to less integrated care options and several barriers exist in enrolling dually eligible individuals into integrated care. These barriers include the current exclusion from PACE of those enrollees receiving services through the Medicaid Assisted Living Program (ALP) or OWPDD, consumer protections that prohibit automatic enrollment of newly Medicare eligibles into PACE, poor representation of PACE in plan to plan transfers and OPWDD I/DD and OALTC LTC regulations that inhibit the I/DD providers from caring for individuals with I/DD as they age and become more frail.

Modernization and Financial Sustainability of Healthcare: Cross System Care Coordination Through the 1115 Medicaid Waiver

Title: Cross System Care Coordination Through the 1115 Medicaid Waiver

Reference Number: MPA2024R13

Summary: Look for flexibilities in 1115 Waiver to incorporate a focus on care transition and navigation needs of the aging population in the procurement process, including Health Equity Regional Organizations (HEROs) and Social Determinants of Health Networks (SDHNs), consider reimbursement strategies for community based organizations as well as support the growth of Community Benefit Organizations (CBOs) and full integration of social and medical care throughout the State.

Justification: There is limited access to effective and evidence-based care transition models that successfully incorporate cross-service system care coordination that provide meaningful, holistic navigation for older adults, individuals with disabilities, and their caregivers. Utilizing the 1115 Waiver to reimburse community-based organizations for health promotion through education and class offerings will mitigate adverse health outcomes and decrease the demand for services in the long term.

Modernization and Financial Sustainability of Healthcare: Support PACE Expansion and Enrollment

Title: Support PACE Expansion and Enrollment

Reference Number: MPA2024R59

Summary: Consider regulatory, budget and programmatic actions to implement that would increase Program of All-inclusive Care for the Elderly (PACE) enrollment by increasing accessibility and awareness of PACE.

Justification: PACE is a proven model for the provision of care and services to dually eligible older adults in the setting of their choice, ensuring improved equity to services without the need for long-term care facility placement. Implementing opportunities for PACE enrollment and program expansion may provide more older adults with the care they need without facility placement and it's base capitation rates may provide the state with a Medicaid Return on Investment.

Modernization and Financial Sustainability of Healthcare: Medicaid Rate Reform

Title: Medicaid Rate Reform

Reference Number: MPA2024R49

Summary: Consider reforms to Medicaid reimbursement across long term service and support providers, including facility-and-home-based providers, through examination and adjustments to SSI/SSP, rate methodology, and episodic payment system policies.

Justification: Current Medicaid rates are inadequate and outdated. They do not cover the cost of care, nor do they align with the desired outcomes, but there is a heavy reliance on scarce Medicaid resources as a result of existing state policy. Accessing capital for renovation and construction is difficult, but the renovations are necessary to support and improve quality of life for the residents.

Modernization and Financial Sustainability of Healthcare: Coordination of Homecare and Aging Services at OMH Housing Through 1115 Waiver

Title: Coordination of Homecare and Aging Services at OMH Housing Through 1115 Waiver

Reference Number: MPA2024R85

Summary: Create a demonstration program for individuals being discharged from hospitals participating in the evidence based care transition demonstration. The demonstration would coordinate home care and aging services for individuals with co-occurring LTC and mental health and/or substance use needs who are transitioning back to or newly being transitioned to community-based OMH housing.

Justification: Individuals with co-occurring LTC and mental health and/or substance use needs who are transitioning to community-based OMH housing need immediate access to home care and aging network services. Implementation of a parallel demonstration project that coordinates home care and aging services for individuals being discharged from hospitals participating in the evidence base care transition demonstration will allow for a more seamless transition and better care coordination for this vulnerable population.

Modernization and Financial Sustainability of Healthcare: Assisted Living Reform

Title: Assisted Living Reform

Reference Number: MPA2024R9

Summary: Combine accreditation programs and regulatory reforms to drive higher quality care and improved access to specialized services at assisted living residences. Encourage integration, including digital systems, into larger network of care providers.

Justification: Accreditation of assisted living facilities through tested and comprehensive quality metrics and the establishment of enhanced case management programs for assisted living residences to improve coordination of care will bolster consumer trust. This will also reduce the risk to ALR operators. Overall, this set of actions will result in improved clinical and social health outcomes.

Informal Caregiver and Workforce Support and Modernization of Community-Based Aging Network Service Providers

Informal Caregiver and Workforce Support: Peer-to-Peer Legacy of Care Mentorship Program

Title: Peer-to-Peer Legacy of Care Mentorship Program

Reference Number: MPA2024R31

Summary: Institute a demonstration pilot for the peer-to-peer Legacy of Care Mentorship Program within home care service provider agencies statewide, in which seasoned home care staff will mentor newly hired staff over a six-month period, with the aim of boosting retention rates and enhancing job satisfaction. The proposal includes a proposed structure for the program and compensation for the mentors.

Justification: There are high turnover rates and significant staffing shortages statewide across the spectrum of long-term services and supports (LTSS) and home and community-based services (HCBS) that serve the aging and disabled populations. Peer-to-peer mentorship programs increase retention rates, which reduce the cost to replace caregivers, increase job satisfaction and elevate the standard of care provided to patients.

Informal Caregiver and Workforce Support: Require Alzheimer's Disease and Dementia Care Training

Title: Require Alzheimer's Disease and Dementia Care Training

Reference Number: MPA2024R29

Summary: Improve Alzheimer's Disease and dementia care by requiring applicable training for nursing home and assisted living staff. This proposal also includes a series of measures to improve available training in dementia care.

Justification: Cognitive impairment is often misunderstood by health care professionals serving older adults and people with disabilities. Alzheimer's and Dementia training would increase awareness amongst the healthcare workforce and improve the ability of providers to deliver more comprehensive care and informed detection for those struggling with cognitive impairment. In turn, those facing cognitive impairment will be able to receive the interventions necessary at an earlier point in time, improving quality life for themselves and their caregivers.

Informal Caregiver and Workforce Support: Procurement of Regional and Direct Training Centers to Increase Accessibility and Availability of Training

Title: Procurement of Regional Direct Training Centers to Increase Accessibility and Availability of Training

Reference Number: MPA2024R30

Summary: Direct the Department of Health to procure Regional Direct Care Training Centers (Centers) throughout NYS to increase access and availability to training. The proposal includes the regulatory framework for operating the training centers.

Justification: The Department of Health is currently developing an RFA for the funding of Regional Direct Training Centers throughout the State to train PCAs, HHAs and CNAs in order to increase the number of formal caregivers, reducing workforce shortages. This proposal is to make hybrid/virtual training models eligible, which are more easily accessible, to apply for this funding.

Informal Caregiver and Workforce Support: Establish Regional Caregiver Support Hubs

Title: Establish Regional Caregiver Support Hubs

Reference Number: MPA2024R32

Summary: Have DOH procure Regional Caregiver Support Hubs. Hubs will facilitate support services for individuals training to become direct caregivers and will provide assistance in navigating changes to benefits that result from caregivers achieving full-time employment (i.e. where their employment results in them losing eligibility).

Justification: The Department of Health is currently developing an RFA for Regional Caregiver Support hubs to work in conjunction with Regional Direct Caregiver Training Centers also being procured. Budget funding has been allocated for this RFA. The support centers will assist in providing career guidance and assistance for overcoming barriers to successful completion of training and workforce participation, which includes food security, transportation, affordable housing and child care access.

Informal Caregiver and Workforce Support: SkillSpring Program to Bolster the Direct Care Workforce

Title: SkillSpring Program to Bolster the Direct Care Workforce

References Number: MPA2024R33

Summary: Recommendation to expand the SkillSpring program to prepare care workers to serve older adults and provide health care jobs to young, low-income New Yorkers. The proposal also includes partnerships with the Department of Health Regional Direct Care Training Centers to certify the program's students.

Justification: The health care workforce crisis continues to impact the State of New York and older adults seeking necessary care. Expansion of health care educational programs such as the SkillSpring program, which is a successful NYC-based program connecting young adults who are disconnected with the workforce with supportive training for health care jobs, would simultaneously improve health outcomes for older adults, challenge workforce crises, and allow young professionals to engage in fulfilling careers. SkillSpring has received past line item budget funding and the purpose of this proposal is to scale the program and replicate it in other geographic areas.

Informal Caregiver and Workforce Support: Support Immigration Reform to Expand the Paid Caregiver Workforce

Title: Support Immigration Reform to Expand the Paid Caregiver Workforce

Reference Number: MPA2024R35

Summary: Expand the paid caregiver workforce through immigration reform by amending the Immigration and Nationality Act (INA) to recapture unused permanent employment-based visas to fill health care workforce shortages. Modifications include classifying direct care professions as Schedule A shortage occupations, creating a temporary work visa for low-skill workers, and establishing a legalization program for qualifying foreign-born workers.

Justification: With immigration reform, the direct care workforce shortage may be mitigated by permitting immigrants to the United States to assume available jobs. This proposal is for NYS to advocate for Congress to make changes to the visa program such as reserving permanent employment-based visas for direct care workers, creating temporary work visas for low-skill health workers, modifying the au pair program to include caregiving roles for older adults, and classifying direct care professions as Schedule A shortage occupations for at least five fiscal years.

Informal Caregiver and Workforce Support: Support Immigration Reform to Support Direct Care Workforce Recruitment

Title: Regulatory Reform to Support Direct Care Workforce Recruitment

Reference Number: MPA2024R38

Summary: Establish financial investment in workforce recruitment and provide education about the direction of the new facility model. This proposal includes recommendations to decrease educational barriers, review safety, efficacy and requirements of technicians and assistants, and promote flexible career ladder opportunities.

Justification: As a result of the current and historic staffing shortages that have afflicted the LTSS field, workforce training needs to be modified to a more functional, effective, and efficient approach. This should be reflected through a focus on career ladders with flexible opportunities and doing away with the Administrator-in-Training (AIT) requirements that obstruct talented individuals from joining the nursing home administration field. Established training centers within nursing homes with accredited educational institutions will not only enhance the quality of the labor pool but will support recruitment efforts for bolstering the workforce.

Informal Caregiver and Workforce Support: Establish the Statewide Peer Support System

Title: Establish the Statewide Caregiver Peer Support System

Reference Number: MPA2024R44

Summary: Establish or expand statewide caregiver peer support system(s) based on successful peer support programs to support the needs of caregivers. Successful models to replicate or expand include the Family Essential Care Program (FEP), Pfc. Dwyer Veteran Peer to Peer Program, Alzheimer's Association Peer Support, Living Communities Caregiver Coaching Program, and OPWDDs Family Education Support Groups.

Justification: The goal of the program is to provide user-friendly, personalized, timely and ongoing support, information, and counseling to caregivers to address both their educational and emotional support needs in a culturally appropriate manner across the lifespan. Evidence supports that caregivers rely on others, such as friends, family, and community members, for support and assistance. This will remove silos and duplication of services, allowing for more comprehensive and appropriate programs and services to be provided.

Informal Caregiver and Workforce Support: Develop a Caregiving Toolkit

Title: Develop a Caregiving Toolkit

Reference Number: MPA2024R45

Summary: Create a caregiving toolkit that promotes caregiver services and supports for leadership of non-profits, community organizations, and faith-based organizations. This proposal includes collaboration with the Office of Faith and Non-Profit Development Services to disseminate the toolkit, build on the faith-based respite network, engage with the faith-based registry, and expand direct caregiver services delivered by volunteers.

Justification: Due to a lack of respite care providers, there is a heavy reliance on private volunteers to provide support to caregivers. Faith-based communities are well-positioned to help address some of the biggest challenges facing New Yorkers, including the residual impacts of the COVID-19 pandemic such as economic insecurity, adverse mental health conditions, increasing rates of hate crimes and social division, unaffordable housing, and job insecurity. Many New Yorkers are unaware of the resources and services available to them and often do not self-identify as a caregiver; promoting and engaging caregiver services and supports will help increase self-identification.

Informal Caregiver and Workforce Support: Develop Center for Professional Development in Gerontological and Geriatric Education

Title: Workforce Development Center for Professional Development in Gerontological and Geriatric Education

Reference Number: MPA2024R37

Summary: Create a pilot program for schools with an active aging program or specialization in place and create a workforce development center for professional development in gerontological education. The program would include the development of relevant, aging-focused curricula, track learning opportunities, and efforts to expand the program into other interested schools.

Justification: There is a lack of age-friendly and geriatric expertise and education among professionals, which contributes to a significant lack of professionals available to work with the population, due in-part to a lack of curricula relevant to serving older adults. The creation of a pilot program for aging specialization programs and a workforce development center should improve education and awareness about serving older adults, thereby improving the availability of professionals with experience in meeting their needs.

Informal Caregiver and Workforce Support: Strengthen the Direct Care Workforce Through Reforming the Credentialing Infrastructure

Title: Strengthen the Direct Care Workforce Through Reforming the Credentialing Infrastructure

Reference Number: MPA2024R39

Summary: Establish a revised training and credentialing infrastructure for direct care workers that allows for portability across long-term care settings through a combination of legislative, regulatory, and executive order actions. Revise current training curriculum to create a foundational direct care worker training program with the goal of establishing a recognized universal direct care worker credential.

Justification: Staffing shortages exacerbated during the COVID-19 pandemic demonstrated the need for direct caregivers to be able to move between settings to meet need. In NYS, varying credentials are needed to provide care in the home and care in a facility. SED and DOH offer training programs with differing requirements. This proposal aims to increase portability through revising the training and credentialing infrastructure to establish a foundational direct care worker training program, with the goal of establishing a recognized universal direct care worker credential. Other states are considering or beginning to implement a universal direct care worker framework as well.

Informal Caregiver and Workforce Support: Anti-Discrimination of Caregivers in the Workplace

Title: Anti-Discrimination of Caregivers in the Workplace

Reference Number: MPA2024R40

Summary: Produce a model working caregiver education training program to inform working informal caregivers of their rights and resources in the workplace. This proposal also includes a call to prohibit discrimination based on caregiver status.

Justification: Informal caregivers who maintain employment face challenges accessing health care, supportive services, and knowledge about their rights as a caregiver. Caregiver education will allow working caregivers to better understand and access the resources available to them, ultimately leading to better care and improved health outcomes for caregivers and their loved ones.

Informal Caregiver and Workforce Support: Education of Informal Caregivers in the Workplace

Title: Education of Informal Caregivers in the Workplace

Reference Number: MPA2024R43

Summary: Improve education of informal caregivers in the workplace by requiring workplace training on caregiving and caregiver rights. This proposal also includes recommendations to produce a model working caregiver education training program.

Justification: More than half of the U.S. labor force has caregiving responsibilities outside of work, and many do not have access to necessary resources or knowledge to inform them of their rights as a caregiver. Educating caregivers-- particularly the "sandwich generation," or those who care for both their children and older loved ones, and report higher levels of emotional and financial strain-- would allow them to better serve their loved ones and improve overall wellbeing and service attainment for both parties.

Informal Caregiver and Workforce Support: Establish Caregiver Coordinating Commission

Title: Establish Caregiver Coordinating Commission

Reference Number: MPA2024R63

Summary: Establish a Governor-appointed Caregiver Coordinating Commission into state law to coordinate statewide planning, development, and implementation of caregiver support services for informal family caregivers. This Commission will incorporate caregiver feedback, analyses of respite programs and best practices, and develop an annual report.

Justification: Caregivers play a crucial role in the lives of older adults but often face obstacles to providing care. The state should establish a Caregiving Coordinating Commission to uplift the important voices of caregivers while also prioritizing cross-sector collaboration to create meaningful change via policies, services, and supports that benefit the well-being of older adults and their caregivers.

Informal Caregiver and Workforce Support: Caregiver Tax Credit and Reimbursement Program

Title: Caregiver Tax Credit and Reimbursement Program

Reference Number: MPA2024R56

Summary: Create a caregiver tax credit to be paid directly to the caregiver and a reimbursement program for caregiving expenses to offset expenses such as home safety modifications, medical equipment, hiring of home health aides, etc.

Justification: Informal caregivers spend an average of $8,000 per year out of pocket for costs relating to caregiving such as medical equipment, hiring of home health aides or personal care attendants, and other health technology. A caregiver tax credit and/or reimbursement program will not only ease the financial burden on New York State's unpaid caregivers but also help offset their out of pocket expenses.

Informal Caregiver and Workforce Support: Establish Administrative Infrastructure to Support Kinship Caregivers

Title: Establish Administrative Infrastructure to Support Kinship Caregivers

Reference Number: MPA2024R62

Summary: Support kinship caregivers through identifying unmet needs and providing assistance by establishing Interagency Council on Kinship Care and Kinship Legal Network leveraging the existing Kinship Navigator program to collect data and recognize trends as a means to identify success stories, identify unmet needs related to housing, mental health access, financial assistance, childcare and respite care for kinship caregivers, including systemic challenges and solutions, and to document the benefit of the program.

Justification: Kinship caregivers often face restrictions and limited access to necessary resources making it challenging to care for themselves and their loved ones. Limited coordination across systems concerning the needs of kinship caregivers can create silos and limited service integration. The establishment of an interagency council will aid in eliminating silos across systems and uplifting supports for kinship caregivers. Kinship caregivers frequently find themselves engaging in legal proceedings regarding custody and guardianship situations. New York State should develop a coordinated kinship legal network that will provide informed legal assistance from counsel experienced in kinship issues to help caregivers effectively navigate these challenging situations. Safe, affordable housing is a critical element in overall well-being for both kinship caregivers and the children they are caring for. The existing housing needs and obstacles for kinship caregivers need to be better understood and analyzed to inform appropriate action and future policy decisions with this unique population in mind.

Informal Caregiver and Workforce Support: Person-Centered Service Delivery Direct Care Workforce Training

Title: Person-Centered Service Delivery Direct Care Workforce Training

Reference Number: MPA2024R67

Summary: Revise assessment, care planning, and direct care worker training infrastructure to reflect person-centered principles. Adjustments will include convening experts to identify the comprehensive needs of long-term care service recipients, engaging local authorities and resources, and updating assessment tools to consider inclusivity and psychosocial needs.

Justification: The scope of practice for the direct care workforce is based on a medical model rather than being person-centered with a focus on the psychosocial needs of consumers. However, person-centered services are critical to enhancing quality of life for consumers of long-term care services. To promote person-centered services, the State must adequately prepare and empower direct care workers utilizing a training infrastructure which emphasizes psychosocial needs and prevention best practices. Integrating social determinants of health and cultural competency into the revised assessment system will ensure that all consumer needs are addressed and will allow consumers to move across the continuum of care without issue. Overall, these actions will improve health outcomes through the promotion of health equity and enable direct care workers to provide enhanced care.

Informal Caregiver and Workforce Support: Funding and Recognizing NYSCRC in State Law

Title: Funding and Recognizing NYSCRC in State Law

Reference Number: MPA2024R79

Summary: Codify the duties and responsibilities of NYS Caregiving and Respite Coalition (NYSCRC) to establish the program in state Elder Law, focused on advocacy, networking, public education, caregiver training, increasing access to respite, and assisting family caregivers in accessing respite care services.

Justification: The NYS Caregiving and Respite Coalition has demonstrated success in ensuring respite services that provide necessary relief to caregivers and unnecessary institutionalization for those receiving care. Establishing the NYSCRC into state law will further expand accessibility to respite services and strengthen best practices to meet the dynamic needs of those receiving respite services.

Informal Caregiver and Workforce Support: Expand Workforce Development Initiative

Title: Expand Workforce Development Initiative

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Reference Number: MI A2024R24

Summary: Consider budgetary and regulatory actions that would expand workforce development services and job training for older adults through the Department of Labor's Workforce Development Initiative to better maintain and find employment and/or start encore careers.

Justification: Older adults have a specific pattern of disconnection from the workforce that needs to be addressed. Older workers are overrepresented amongst discouraged workers and workers over 50 who become unemployed are more likely to be long term unemployed. Many older New Yorkers need or want to remain in the workforce and in areas in the state with fewer younger workers, retaining older adults in the workforce is essential in maintaining services and infrastructure. DOL is already creating an office for older adults within DOL. It needs to be funded to add staff and develop and promote programming.

Informal Caregiver and Workforce Support: Statewide Caregiver Engagement Campaign

Title: Statewide Caregiver Engagement Campaign

Reference Number: MPA2024R42

Summary: Expand the Any Care Counts – NY campaign statewide to include development of engagement kits, training on community access points for education and website for continued engagement of caregiving population.

Justification: There is a huge disconnect between caregivers and the available resources from which they could benefit, contributing to a lack of caregivers who are able to self identify. Providing a unified approach to caregiver education, including social media campaigns, community engagement tool kits, and using the story telling process will allow for an increase in caregiver engagement and better supported caregivers.

Informal Caregiver and Workforce Support: NYS Working Caregiver Initiative and Pilot

Title: NYS Working Caregiver Initiative and Pilot

Reference Number: MPA2024R46

Summary: Establish pilot program supporting working caregivers for up to five businesses with findings used to inform a newly established Caregiver Coordinating Commission (see proposal MPA2024R63), legislative actions, and dissemination plans beyond the pilot businesses.

Justification: Caregivers are vital to the NYS business economy. However, they may lack resources from their employer and feel unsupported, which may lead them to leave their position. Providing tools, resources, and campaigns like Any Care Counts will deliver resources and support to employees, resulting in an immediate, positive, top, and bottom-line economic impact for businesses.

Informal Caregiver and Workforce Support: Support for Nursing Educators

Title: Support for Nursing Educators

Reference Number: MPA2024R54

Summary: Increase the number of nurse educators – school faculty and clinical preceptors – in NYS by expanding scholarship and loan forgiveness programs, consideration of tax incentives for those serving as clinical nurse preceptors and facilitating private-educational partnerships that would offer joint appointments for clinical educators/faculty.

Justification: There is a lack of age-friendly and geriatric expertise and education among the nursing discipline, contributing to a workforce crisis among the growing population of aging New Yorkers. A reason for the reduced numbers of nurses with geriatric expertise is that clinical nursing education opportunities and student capacity are limited due to faculty shortages, due in-part, to reduced salaries for the critical educator positions. Scholarships, loan forgiveness opportunities, tax incentives, and private-educational partnerships which offer joint-appointments for nurse educators may incentivize improved nursing education, therefore addressing the workforce crisis.

Informal Caregiver and Workforce Support: Advertising to Recruit More Caregivers

Title: Increase Advertising to Recruit More Caregivers

Reference Number: MPA2024R36

Summary: Consider budgetary actions that would enhance current activities under Workforce Investment Organization funding and related programing for the recruitment and retention of healthcare workers.

Justification: To address the health care and caregiver work shortage that is having adverse effects on the provision of quality care, New York State should revive the previously successful Caring Gene campaign. In the age of digital media, this relatively low-cost investment targeting those with a passion for giving back will increase awareness and interest in caregiving careers that serve older adults and people with disabilities.

Informal Caregiver and Workforce Support: Assess Appropriate Respite Care and Social Adult Day Services Wages

Title: Assess Appropriate Respite Care and Social Adult Day Services Wages

Reference Number: MPA2024R53

Summary: Through budgetary and regulatory actions, as well as advocacy to the federal government, improve wages received by Respite and Social Adult Services employees.

Justification: The adequacy of respite and social adult day care workers should be reviewed for the possibility of increases to improve quality of care, reduce turnover rates, enhance job satisfaction, and contribute to the professionalization of the field. Fair pay attracts skilled and dedicated caregivers, ensuring high-quality care for clients. Competitive wages attract new talent and improve continuity of care. Raising wages also stimulates local economies, as caregivers spend their earnings on goods and services, benefiting communities.

Informal Caregiver and Workforce Support: Incentivize Geriatric Specialties

Title: Incentivize Geriatric Specialties

Reference Number: MPA2024R28

Summary: Develop mechanisms to provide incentives that support those interested in entering the fields of geriatrics and geriatric psychiatry, such as scholarships, loan forgiveness, or additional provider reimbursement add-ons for serving specialized populations. The proposal includes incorporating geriatric-specialty-focused elements into existing loan forgiveness programs.

Justification: Existing long-term care shortages are exacerbated by the growing older adult population in New York State. Building upon previously established loan forgiveness programs to include geriatric specialties will effectively attract and incentivize professionals to positions that support the needs of older New Yorkers.

Informal Caregiver and Workforce Support: Fund the Office for Older Workers

Title: Fund the Office for Older Workers

Reference Number: MPA2024R91

Summary: Fund the Department of Labor's Office for Older Workers to improve its ability to support older New Yorker's ability to stay engaged, active, working, and volunteering. Utilize existing training initiatives, expand workforce development services through the Department of Labor's Workforce Development Initiative, and promote existing and new programs to raise awareness about employment and engagement options.

Justification: Older adults have a specific pattern of disconnection from the workforce that must be addressed. Older workers are overrepresented amongst discouraged workers and workers over 50 who become unemployed are more likely to be long term unemployed. Many older New Yorkers need or want to remain in the workforce and in areas in the state with fewer younger workers, retaining older adults in the workforce is essential in maintaining services and infrastructure. Fund the Department of Labor's Office for Older Workers for the development and promotion of programming.

Informal Caregiver and Workforce Support: Support Community-Based Aging Services

Title: Support Community-Based Aging Services

Reference Number: MPA2024R114

Summary: Establish budget parity for aging services by increasing access to resources for community-based services including statewide funding opportunities and capital funding programs, expansion of Medicaid provider licensure to the network of community-based services providers, and innovative financing programs (i.e., social impact bonds) to ensure that all New Yorkers can age in their community of choice.

Justification: The demand for personal care aides is expected to rise exponentially (440,000 in 2018 to 700,000 by 2028). Barriers to entry into the profession affect turnover and over a ten-year period 2018-2028, nearly a million job positions must be filled to meet the demand. Implementation of this proposal would result in Medicaid savings to New York State resulting in a return on investment of nearly $100 million over a five-year period. It would also enhance workforce development and reaffirm New York's commitment to aging in place.

Next Steps

- Next Meeting: October 21, 2024, 10:00am- 4:00pm - Virtual
- Questions can be sent to MPA@health.ny.gov