



LeadingAge Georgia Public Policy Initiatives Summary

LeadingAge Georgia is The TRUSTED VOICE for not-for-profit and other mission-driven organizations dedicated to providing quality housing, healthcare and community-based services for Georgia's older adults. Our membership represents over 160 housing and service providers of which 65 percent are faith-based communities. They proudly embrace the full array of aging services by serving over 126,800 residents and clients in Georgia. Approximately, 4,700 compassionate, caring, and well-trained staff serve these older Georgians.

LeadingAge Georgia public policy efforts are **member driven** and are based on **fortifying our members** and **enhancing the well-being of older adults**. * *The Eden Alternative has identified seven primary domains of well-being as identity, growth, autonomy, security, connectedness, meaning and joy.

When member concerns are brought to the attention of LeadingAge Georgia, we engage members, the public policy committee and our board of directors for developing the best possible policy solutions.

LeadingAge Georgia works closely with the LeadingAge national public policy office for guidance on policy development on the state level and for engaging members on national public policy issues for maximum effectiveness.

Since LeadingAge Georgia members serve the spectrum of care, our public policy efforts address concerns of our members and the well-being of older adults throughout the continuum of care.

The member driven public policy issues for the 2019 Georgia General Assembly include:

Legislative Priorities:

- ❖ Legislation to change the name in the State's statute from Continuing Care Retirement Community to Life Plan Community
- ❖ Legislation for managing pain at end of life for residents in assisted living homes
- ❖ Legislation that allows for access to medical cannabis
- ❖ CO-AGE issues, including changes to Medicaid, and other issues that arise that impact our members and the well-being of older adults

Budget Priorities:

- ❖ Increased funding for home and community based services to serve individuals on the Community Care Services Program and Non-Medicaid Community Services waiting lists
- ❖ Increased Medicaid funding for wage increases of nursing home staff

These issues and the other initiatives on which LeadingAge Georgia is working are discussed on the following page.

Outline of the 2019 policy initiatives that LeadingAge Georgia is engaged in:

- ❖ **Affordable Housing**— On the federal level, we’re supporting the national efforts to provide funding for new construction, HUD programs, service coordinators and rental assistance. We’re supporting efforts to work with HUD for better housing policies as well as reduced regulatory and administrative burdens. On the state level, we’re working to bring mental health coaches to member communities and to find solutions for senior hunger among HUD residents.
- ❖ **Home and Community Based Services**— On the federal level, we’re supporting efforts to expand the Medicare Advantage Special Needs Plan to include Long Term Support and Services like adult day and non-emergency medical transportation and we’re working with CMS and HUD for enhanced service coordination that is person-centered. Although we secured a 5% rate increase for Medicaid adult day health providers in 2018 on the state level, we’re investigating funding levels and sources for adult day centers in other states for future funding requests. We are working with the Georgia Department of Community Health for continued improvement in adult day transportation services. We are investigating Medicaid funding levels in other states for in-home care for future funding requests and in the 2019 legislative session we are supporting the request for funding to serve individuals on the waiting list for Medicaid and Non-Medicaid funded home and community based services. We are also investigating the possibility of implementing a “presumed eligible” designation for clients to be served by Medicaid for both in-home and adult day health services as well as solutions for the cost share requirement that often leads to seniors missing out on services.
- ❖ **Assisted Living Homes**— On the state level, we’re investigating potential remedies to concerns that residents at end-of-life do not have adequate access to pain management due to restrictions in the current assisted living statute. We’re also investigating how other states have used Medicaid funds to improve the quality of life for assisted living residents. In order to learn best practices for future consideration. We will pursue legislation to address the concern once policy solutions are fully investigated and appropriate policy has been developed.
- ❖ **Nursing Homes**— On the federal level, we’re working with Centers for Medicare/Medicaid for improved survey protocol with more emphasis on a quality improvement approach for deficiencies rather than excessive civil monetary penalties. On the state level, we’re supporting Medicaid funding requests to pay for the cost of care. We’re also investigating staffing levels in other states for future requests for funding for increased staffing for ensuring quality of care. We are exploring funding solutions for nursing home members who chose to serve residents with dementia whose needs require increased staffing.
- ❖ **Hospice**— On the federal level, we’re supporting legislation and regulatory solutions to encourage sufficient payment and quality care. On the state level, we are exploring policy solutions to the requirement that a Hospice nurse must physically visit a patient within one hour of a call for assistance. Tele-medicine is a possible foundation for policy changes.
- ❖ **Life Plan Communities**— On the federal level, we are working with CMS to ensure that Medicare programs provide the services that are needed in order to ensure that residents receive the care they need in order to maintain maximum quality of life. We will be working to

shape policy to ensure that any changes to the rehab programs support a resident's maximum independence and well-being. On the state level, we will be advocating in the 2019 legislative session to change the name in the state's statute from Continuing Care Retirement Community to Life Plan Community.

- ❖ **Workforce Initiatives** –In addition to seeking funding for increased wages and increased staffing, we are partnering with Georgia Health Care Association to explore seeking a Civil Monetary Penalties funded grant to develop a career ladder/lattice program for nursing home staff. **The career ladder would have the explicit purposes of providing a career pathway and growth for long term care Certified Nurse assistants to achieve Licensed Professional or Registered Nurse status and increasing the professional nursing workforce in Georgia.** We are also exploring other policy remedies, such as financial resources and loan forgiveness for gerontology education and aging services professionals, for shortage of direct-care workers and nurses.
- ❖ **Implementation of the Fingerprint Background Check Program**– On the state level, we are working with the Georgia Department of Community Health and the Georgia Bureau of Investigation to make finger-print background checks as accessible as possible when the law requiring background checks for long-term care staff and un-supervised volunteers is implemented in 2019.
- ❖ **Access to Medical Cannabis**- Medical cannabis is legal in thirty-two states and has been found to be beneficial to older adults for treatment of dementia, intractable pain from Arthritis, Parkinson's disease, for treatment of PTSD and other conditions. While Georgia's laws allow for individuals who meet certain medical criteria to possess a set amount of cannabis oil, it remains illegal to purchase it or import it. We expect to see legislation allowing for the access of medical cannabis in Georgia. We will support making medical cannabis available as an option for reducing pain and enhancing well-being of older adults.
- ❖ **Adult Day Services**- As the official representative for adult day services in Georgia LeadingAge Georgia will build upon past successes to improve the reimbursement rate for adult day health services **order to assure fair and equitable reimbursement rates to address ever-increasing expenses** . We will also support changes to improve access to adult day services through increased referrals and Medicaid Non-Emergency Medical Transportation (NMET) program.
- ❖ **Protecting Nonprofit Tax Exempt Status**- The vast majority of members of LeadingAge Georgia. This ensures that services are mission driven and cognizant of the need to provide high quality services to seniors and other vulnerable persons. LeadingAge will continue to monitor state laws and policies to protect the nonprofit the nonprofit status of its members.
- ❖ **On-going Policy Development**– LeadingAge national conducted town hall forums across the nation and is in the process of developing public policy priorities for 2019based on the input provided by our members. The issues will be presented at the PEAK conference in Washington

DC in March. For information on the PEAK conference and the most current information on national priorities see <https://www.leadingage.org/>.

On the state level, we will monitor and engage in issues that arise in the 2019 legislative session that impact our members and the well-being of older adults including but not limited to the issues presented by the Coalition of Advocates for Georgia's Elderly. While we may not see significant changes to the Medicaid program in the near future, we will monitor impending changes and we will engage for policy development.

Member Engagement in Public Policy Initiatives - We welcome members to provide suggestions for future policy consideration and we invite you to engage in committee work for the development of public policy issues.

Legislative Principles of LeadingAge Georgia

LeadingAge Georgia will use the following principles to address issues on which we have no current position:

- ❖ Older adults have a right to be treated with dignity and respect.
- ❖ Services and programs should be provided to older adults in a manner which is least intrusive, provides empowerment to the extent possible and promotes independence, all balanced with the necessity of protection of older adults not capable of self-care or assistance to older adults who have diminished capacity for total self-care.
- ❖ Older adults have a right to a safe and nurturing environment and have a right to expect society to provide protection through laws, regulations, and policies which protect older adult's physical, mental, and spiritual well-being. Providers should not be constrained by regulation and policy that limits their ability to provide exceptional care and services in a cost-effective manner.
- ❖ Older adults should be able to expect appropriate services, whether living in their own homes or elsewhere. In furtherance of this goal government must adequately fund and maintain standards for services to older adults at a level which is economically viable so that providers may maintain high standards and quality of care across a spectrum of services.
- ❖ Education and sufficient information are necessary so that older adults can be informed decision makers.
- ❖ Older adults should have access to preventive, remedial, and long-term health care. Government policies should facilitate the availability of a spectrum of services to aging persons.
- ❖ Government health care plans should cover a continuum of care for older adults in order to ensure quality services and independence of older adults to the maximum extent feasible.