

Supporting Older Adults & Quality Aging Services Post-Pandemic

Policy Priorities for the 87th Texas Legislative Session

There are an estimated 3.5 million people in Texas age 65 and older; they make up approximately 12.3 percent of the total Texas population of 28.7 million. 80% of all US COVID-19 deaths are among people 65+—a death rate at least 90 times higher than 18-29 year olds. About 1% of the U.S. population live in nursing homes and other long-term care settings, but represent 40% of COVID-19 deaths, according to the COVID Tracking Project.

Additionally, aging services and long-term care providers have been disproportionately impacted by the coronavirus pandemic. Learn more about the impact of COVID-19 on older Texans and the providers serving them by reading our [Long-Term Care Situation Report](#) detailing COVID-19 response and impact statistics.

Funding Strategies to Support COVID-19 Response and Access to Quality Care

COVID-19 has exacerbated the [ongoing financial challenges faced by non-profit long-term care providers](#). Federal funding relief at the on-set of the pandemic served as a lifeline for providers but resources are falling short. Aging services providers continue to face exponential expenses due to routine testing, PPE, staffing, cleaning and other ongoing costs, while revenues have fallen substantially for many due to limitations on short-term admissions.

Medicaid remains an essential source of reimbursement for long-term services and supports in Texas – covering 62% of nursing home residents. The current strategy for financing Medicaid isn't sustainable, and continues to strain our state budget. Additionally, the nursing home payment methodology is overcomplicated increasing administrative burden, and lacks incentive to improve care. It does not distinguish high quality providers from those struggling to meet minimum standards of care. Greater efficiency and long-term cost savings may be achieved by better targeting state resources.

Recommendations:

- The Texas Legislature should examine long-term care facility funding and current expenditures to determine any additional financial support needed to ensure facilities are able to comply with current regulations, and have access to critical resources like PPE, testing, staffing, and infection control supplies.
 - The Texas Legislature may recognize the heroic efforts of critical frontline aging services workers by leveraging federal CARES Act relief funding to finance a [frontline employees hazard pay program](#).
 - LeadingAge Texas supports a Medicaid payment system in Texas nursing homes that promotes accountability, rewards quality with a focus on direct-care staffing and patient outcomes, drives toward systemic improvement across the field, and centers regulation on patient-care instead of paperwork. These types of reforms will help providers meet the costs of recruiting, training and retaining qualified staff, as well as other essential operations to ensure quality clinical care and quality of life for the people they serve.
 - New programs focused on workforce development and strengthening existing programs like the Nursing Facility Direct-Care Staff Rate Enhancement program will help improve recruitment and retention by directly allocating dollars to direct-care staff wages and benefits.
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SB 146 & HB 2062 | Support Initiatives to Strengthen the Long-Term Care Workforce

Before the COVID-19 pandemic, Texas faced a shortage in its long-term care workforce that threatened quality care and patient safety. The pandemic has exacerbated the threat and it is critical that the Legislature act now to strengthen the long-term care workforce and protect the most vulnerable Texans.

Working in long-term care is highly rewarding, but recruiting and retaining qualified staff is difficult even in the absence of a virus that poses an extreme risk to providers and the seniors they serve. COVID-19 has made it even more challenging, as the pandemic has devastated long-term care facilities. Due to COVID-19, recent reports have described nursing homes as the most dangerous job in America.

In 2017, the Texas Department of State Health Services reported that direct-resident-care Registered Nurses (RNs) had the highest position vacancy rates in the state (18.9%). Comparatively, RNs in hospitals had a vacancy rate of 8.1%. Certified Nursing Assistants (CNAs) produced the highest overall median facility turnover rate among nursing staff at 65.5%. To compare, CNAs also had the highest turnover rate among nursing staff in hospitals (34.1%).

Recommendations:

- [Support SB 146 \(Powell\) & HB 2062 \(Klick\)](#), a student loan repayment program available to nurses who work in long-term care will produce more opportunity for new graduates, improve quality care for aging Texans, and generate long-term cost savings for the state.
 - The Texas Legislature should work to promote CNA programs and other employment opportunities in long-term care by encouraging partnerships between providers and K-12 schools through new and existing models like P-TECH.
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SB 270 & HB 1593 | Prevent Financial Abuse of Nursing Facility Residents by Responsible Parties

Many nursing home residents' funds are managed by third parties, usually their children, because the residents lack the cognitive ability to manage their own financial affairs. This arrangement exposes residents to abuse and exploitation, as some responsible parties improperly divert or steal residents' funds that are needed to pay for their long-term care.

Under federal law, nursing homes cannot require a third party to commit their own funds to pay for the resident's care. As a result, when a responsible party unlawfully uses a resident's funds and fails to pay for their care and services, the nursing home's ability to pursue the perpetrator is limited by issues of legal standing. Without legislation giving providers a clear right to pursue responsible parties that have diverted resident funds, residents are susceptible to eviction and lawsuits.

Recommendation:

- [Support SB 270 \(Perry\) & HB 1593 \(Leach\)](#) that grants nursing homes legal standing to stop financial exploitation by a responsible party and pursue resident funds from the responsible party to pay for long term care services provided.
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HB 249 & HB 663 | Preserve Non-Profit Affordable Senior Housing & Encourage New Development

By 2030, nearly 1 million Texans will be 85 and older. As our population rapidly ages there is a growing need for housing options for low-income seniors. Additionally, the integration of healthcare and supportive services in affordable senior housing communities is a cost-effective strategy allowing seniors to age independently and avoid costlier settings like nursing homes.

The Low Income Housing Tax Credit Program administered through the Texas Department of Housing & Community Affairs has become one of the only funding sources for existing and new affordable senior housing communities. LeadingAge Texas supports measures that make this program more accessible to housing providers that support seniors' ability to age in place and remain independent in both urban and rural neighborhoods.

Recommendations:

- [Support HB 249](#) (Cortez) which will remove barriers that highly qualified regional and/or national nonprofits face when competing for funding in Texas by amending the "non-profit" definition.



- [Support HB 663](#) (Cortez) which will help many existing affordable housing developments to avoid either falling into disrepair, or being converted to market rate housing because they are currently ineligible for the At-Risk Set-Aside due to a technical issue in statute.
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Streamline Regulations across Aging Services to Improve Access & Choice for Older Texans

Older Texans want to receive services in the setting of their choice. Aging services providers are limited in the types of services they are able to offer due to a fragmented regulatory framework that unnecessarily impedes access. Especially, in underserved rural communities. As the delivery of aging services continues to evolve and encourage models that promote “aging in place”, regulations and licensure requirements should be updated to reflect this change. Streamlining regulations to encourage multiple service-types in the same location will enable providers to better serve aging Texans.

Recommendation:

- Support regulatory reform to improve access to home and community based services like respite and adult day by leveraging resources in existing service models like assisted living and nursing homes. Many nursing home and assisted living providers are well equipped to provide quality services to older Texans that live outside the facility. However, current regulation prohibits these types of services and requires separate licensure.
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Improve Service Delivery under STAR+PLUS Medicaid Managed Care

Long-Term Care providers have struggled to meet the administrative demands of STAR+PLUS since carved into the program in 2015. While improvements have been made through collaboration between the Health and Human Services Commission, Managed Care Organizations (MCOs), and the provider community, ongoing issues continue to strain staff resources and divert attention from actual patient-care.

Recommendation:

- Support measures that streamline administrative processes under managed care, encourage alternative payment models to incentivize quality, distinguish high performing providers, and create metrics that measure health plan performance specific to Medicaid beneficiaries in nursing homes.
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Continue to Defend Tort Reform Provisions

In 2003, medical liability reforms were passed to protect both providers and patients. These reforms have successfully reduced lawsuits and liability costs increasing the number of quality providers who specialize in geriatric medicine and aging services.

Recommendation:

- Continue to support these medical liability reforms to ensure adequate access to high-quality care.