



County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-2803, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

LeadingAge New York Educational Programs for the Advanced Training Initiative

Date: October 12, 2021
Submitted By: Larry I. Slatky
Department: Shaker Place Rehabilitation and Nursing Center
Title: Executive Director
Phone: 518-213-8940
Department Rep.
Attending Meeting: Larry I. Slatky

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual

Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

LeadingAge New York
13 British American Boulevard
Suite 2
Latham, New York 12110

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$50,000.00

Scope of Services: LeadingAge New York will provide educational programs to direct care staff that will include, Infection Control, Dementia Care, Pain Management and Trauma Informed Care and Recognizing Changes in Resident Behaviors.

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: New York State Department of Health

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Is there a Fiscal Impact: Yes No
Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.
Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: NH 6020 44039
Appropriation Amount: \$50,000.00

Source of Funding - (Percentages)

Federal: 0
State: 0
County: 100
Local: 0

Term

Term: (Start and end date) 11/1/2021-10/31/2022
Length of Contract: 12 months

Impact on Pending Litigation

Yes No
If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

Shaker Place Rehabilitation and Nursing Center has been approved by the NYSDOH to participate in their Advanced Training Initiative Program that will require us to provide educational programs to increase the educational knowledge base of our direct care staff and this education will be provided through LeadingAge New York.



Department of Health

KATHY HOCHUL
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

October 7, 2021

Subject: 2021-22 Advanced Training Initiative
Instructions and Application

Dear Administrator:

This is to provide you with information about the Advanced Training Initiative (ATI) program, aimed at educating staff to detect early changes in a resident's physical and mental or functional status that could lead to an avoidable hospitalization. This proposal rewards nursing home providers who have shown an ability to retain quality direct care staff and are willing to make a commitment to provide direct care staff the tools to help lower resident hospitalization rates.

The New York State Department of Health (The Department), working with industry experts, has designed a program to determine which facilities would be eligible to apply for this ATI program. Your residential health care facility has been determined, using existing cost report data, to be eligible to apply for program funding. Under the payment methodology for the 2021-22 ATI, eligible nursing homes will be distributed funds to offer training programs aimed at early detection of patient decline to reduce avoidable hospital admissions.

Skilled Nursing Facilities in New York State with direct-care staff retention rates above the state median are eligible to apply for funding, with the exception of hospital-based skilled nursing facilities and facilities that have received quality improvement grants through the New York State Department of Health Value Access Provider Pool. Eligible facilities with direct care staff retention higher than the state median would receive an add-on to their fee-for-service Medicaid rate. With an approved training program, an estimated minimum per diem of \$4.11 for each Medicaid day as reported in the 2020 RHC4-4 will be granted to the approved facilities.

(Medicaid 0410/009 & Managed Care Days 0410/032) X Per Diem of \$4.11 = Award Amount

In order to be eligible for this program, participating providers will be required to develop (or continue) a training curriculum designed to assist help direct care staff in identifying changes in a resident's physical, mental, or functional status that could lead to hospitalization. Providers would also need to create (or continue) a formal policy encouraging continuity of care. Both the training program and continuity policy should be developed and implemented in coordination with a labor-management partnership program. Eligible facilities will need to submit an application to the department for approval.

If you are interested in applying for the program, please submit the required application to the Department for review. The information on the application as well as instructions for the application follows:

Please note that the completed application is due to the Department no later than October 28, 2021.

Posting of Application and Instructions

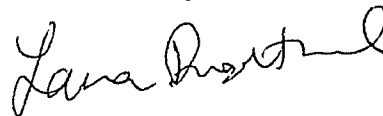
Individual facilities can find Instructions and the final application on the link included below.

<https://survey.alchemer.com/s3/6527823/Advanced-Training-Initiative-ATI-2021-2022>

Email Address

If you have any questions regarding the Advanced Training Initiative, please send an email with the subject line **ATI Questions** to nfrates@health.ny.gov and Michelle Santos will respond to you.

Sincerely,

A handwritten signature in black ink that reads "Laura Rosenthal". The signature is written in a cursive style with a large initial "L" and a long, sweeping tail.

Laura Rosenthal
Director
Bureau of Residential Health Care
Reimbursement
Division of Finance and Rate Setting
Office of Health Insurance Programs

Advanced Training Initiative (ATI) 2021 -2022

This Application is for the 2021/22 ATI Participants.

The listing of eligible facilities and their award amounts for each year has been posted on the Health Care Financial Data Gateway.

General Instructions

This application form should be used by pre-qualified Skilled Nursing Facilities in New York State seeking consideration to participate in the Advanced Training Initiative (ATI) program. Only those facilities contacted through this email have pre-qualified to apply based upon their above-average staff retention as determined by analysis of the 2020 and/ or 2019 cost reports, Schedule P.

Eligibility Requirements

Skilled Nursing Facilities in New York State with direct-care staff retention above the state median are eligible to apply for funding, with the exception of hospital-based skilled nursing facilities and facilities that have received quality improvement grants through the New York State Department of Health Value Access Provider Pool.

Reference Material

The following reference materials may be of assistance when completing this application: **Dear Administrator Letter – Included in email sent to pre-qualified facilities.**

Submission Requirements

Please complete one survey for your facility. Resubmissions to correct errors are allowed, the last survey received will be the survey used.

Completeness Review

If the application is determined to be incomplete it will be returned for revision and resubmission. All applications, to be considered, must be fully completed and submitted by October 28, 2021. Applications that do not meet this criteria will not be considered for ATI pool payments. As part of the review process, applicants should be aware that additional information may be requested.

Whom to Contact for Assistance

Any questions concerning the application process should be directed to the Bureau Of Residential Health Care Reimbursement, New York State Department of Health by email at NFRates@health.ny.gov, Subject **Advanced Training Initiative**.

Slatky, Larry

From: Alchemer <noreply@alchemer.com>
Sent: Tuesday, October 12, 2021 7:09 AM
To: Slatky, Larry
Subject: ATI 2021-22 Receipt Confirmation

Thank you for participating in the 2021-22 ATI Survey. Please find a copy of your responses below:

Page 1 Questions

1. Facility Information

Shaker Place Rehabilitation and Nursing Center,0153302N,00309260,100 Heritage Lane,Albany,New York,12211

2. Administrator and Contact Person Information

Larry I. Slatky,5182138940,larry.slatky@shakerplace.org,Larry I. Slatky,15182138940,Executive Director,larry.slatky@shakerplace.org

3. What organization, if any, will the provider partner with to develop and conduct their early detection training?

LeadingAge New York / FLTC

4. What Curriculum will the Provider Use?

Trauma-Informed Care and Recognizing Changes in Resident (LeadingAge NY /FLTC),NYSDOH Electronic Dementia Guide for Excellence LeadingAge NY / FLTC),Teaching and Encouraging Pain Management in Long Term Care (LeadingAge NY / FLTC),Integrating Infection Control and Resident Monitoring (LeadingAge NY /FLTC)

5. Please confirm that the program will focus on the role of Certified Nursing Assistants in identifying early patient decline.

Yes

[OLD VERSION] What other titles, if any, will be included in the training? (Click all that apply)

6. What other titles, if any, will be included in the training? (Click all that apply)

License Practical Nurses,Registered Nurses,Physical Therapists,Physical Therapy Aides,Occupational Therapists,Occupational Therapy Aides,Certified Nursing Assistants

7. Please list the number of staff in each title who will receive the training

70,20,30,0,0,2,2,2,5

8. Please list the percentage of each job title that this represents. (eg. 55% CNAs, 95% of CNA staff)

90,95,95,0,0,100,100,100,100

9. Will the facility involve direct care staff and/or other other representative in planning or implementing this initiative?

Yes

10. What percentage of the total participants listed in Question 5 will have completed the training by 3/31/2022?
100

11. How many sessions will the training program consist of?
3,3,3,0,0,3,3

12. How many total hours will individual participants be required to attend?
8,8,8,0,0,8,8

[OLD VERSION] Which strategies will the facility employ to sustain the program in subsequent years (Check all that apply)?

13. Which strategies will the facility employ to sustain the program in subsequent years (Check all that apply)?
Continuing Education, Train the Trainer, New Employee Orientation

14. Does the facility have consistent staff assignment for resident care?
Yes

15. If yes, how long are direct-care staff consistently assigned?
Monthly

16. If yes, does your facility measure and assess consistent assignment?
Yes

17. If yes, what consistent assignment tool is used?
AHCA Tools

18. I hereby attest that that this report was completed to the best of my knowledge and ability and is true and complete. I will provide any supporting documentation requested by the Department of Health, Department of Labor, The Office of Medicaid Inspector General or any other enforcement, audit or oversight agency and or body.

Larry I. Slatky, Executive Director, October 12, 2021

19. If you would like a confirmation email please provide the email address for the confirmation.

larry.slatky@shakerplace.org

This is sample text (replace with your own).

{Use the Merge Code helper!} {Insert All Questions Here}