

NEW YORK

Changes Made in 2003 Appear in Bold

1. WAGE/BENEFIT ENHANCEMENTS	2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS	
<p>Wages (includes wage pass-throughs)</p>	<p>Benefits</p> <ul style="list-style-type: none"> • Sec 107, Ch. 1 of Laws of 1999 created Home Care Worker Rate Demonstration providing \$203m for 3.5 years to home care agencies to enhance aide health benefits • In 2000, the Health Care Reform Act authorized a demonstration project between the Department of Health, the NYC Human Resources Administration and the 1199 National Benefit Fund to improve the process of providing Medicaid payments for health insurance under COBRA. 	<p>(Includes career ladders)</p> <ul style="list-style-type: none"> • Health Care Reform Act of 1996 established the Workforce Retraining Initiative supporting retraining of eligible health workers to assist in transition to new jobs within healthcare, or train workers to meet the requirements of an existing position. (\$15m available 1997-98; \$30m added in 2000). Extended through 2005. • Hospitals receiving more than \$1m in funding from the Community Health Care Conversion Demonstration Program are required to spend at least 25% on workforce retraining projects; those facilities receiving less than \$1m must spend at least 10% on retraining. This requirement resulted in \$60m allocated towards training in the first year. 	

4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE
<ul style="list-style-type: none"> • Follows federal standard 		<ul style="list-style-type: none"> • Uniform reimbursement rates across funding streams for similar home- and community-based services • Cornell University, Cornell Gerontology Research Institute, Ithaca, NY received a <i>Better Jobs Better Care Applied Research and Evaluation grant: The Retention Specialist Program: Testing a Model Workplace Innovation.</i> To view a project description see: www/bjbc.org/page.asp?pgID=79