



March 7, 2024

Amir Bassiri
Deputy Commissioner and Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza
Albany, NY 12210

Via E-Mail

Re: 1115 Waiver Public Comment

Dear Mr. Bassiri:

I appreciated the opportunity to speak at the 1115 waiver public forum on February 28th on behalf of LeadingAge New York, an association of non-profit and government-sponsored long-term care and aging services providers. I would like to follow up on my oral remarks by submitting the following written comments.

As the Governor pointed out in her Executive Budget presentation, New York's older adult population is rising rapidly. By 2035 (just 11 years from now), one-quarter of the State's population will be over age 65, and this cohort will continue to grow in raw numbers and as a percentage of the total population through 2060. Nationally, more than one-half of older adults are projected to experience serious long-term care needs (LTC) and use some paid LTC after turning 65. More than one-third will receive nursing home care. By some estimates, 60 to 70 percent of older adults aged 65 and older will require LTC at some point in their lives.¹

Medicaid is the predominant payer for LTC in New York and nationwide. Long-standing policies in New York State of freezing and cutting Medicaid rates paid to LTC providers, in the context of exponential cost growth, are forcing providers to close their doors and restrict admissions. Consumers are struggling to access long-term care services, and the remaining providers are on the brink.

Unfortunately, the NYHER waiver amendment appears to do little to address the needs of older adults, especially those who need long-term care services. In order to access Level II HRSN services, older adults in need of LTC must demonstrate other high-need characteristics (e.g., Medicaid high-utilizer, behavioral health needs, intellectual/developmental disability, pregnancy,

¹ Johnson, RW and Favreault, MM, Most Older Adults Are Likely to Need and Use Long-Term Services and Supports, ASPE Issue Brief, U.S. Dept. of Health & Human Services, Jan. 2021, <https://aspe.hhs.gov/reports/most-older-adults-are-likely-need-use-long-term-services-supports-issue-brief-0>; How Much Care Will You Need? Admin. for Community Living, U.S. Dept. of Health & Human Services, Feb. 18, 2020, <https://acl.gov/ltc/basic-needs/how-much-care-will-you-need>.

etc.). Advanced age or long-term care need alone is not sufficient to qualify, although age alone is sufficient for children ages 0 to 6 to qualify.

Moreover, the waiver's menu of HRSN services lacks services targeted for the needs of older adults. Older adults do not generally need connection to employment or education, but they do need connections to programs that address social isolation, falls prevention, bill paying, and abuse prevention.

The housing-related supports that were included within the menu of HRSN services should have included resident assistant programs in affordable independent senior housing. This is a model that has been proven to save Medicare and Medicaid dollars, while prolonging health and independence in the community.² This low-cost intervention could help older adults access needed supports and services, delaying or preventing the need for higher cost settings. The waiver could also have included assisted living respite for older adults who rely on informal caregivers as another way to help people remain in more integrated settings, rather than in higher cost long term care settings.

The waiver invests \$646 million in the Career Pathways Training (CPT) program to develop health care personnel in 14 job titles, but it does not appear to allow these funds to be used for the development of home health aides or certified nurse aides – personnel in extraordinarily high demand to serve our growing population of older adults. The omission of these titles in the midst of a LTC workforce crisis is glaring and difficult to understand. Workforce shortages in the long-term care sector are forcing nursing homes and home care agencies to limit admissions and maintain waitlists. This is not only depriving consumers of needed care and forcing them to seek care in facilities far from loved ones, it is also prolonging their hospital stays, creating gridlock in hospitals, and forcing emergency departments to go on diversion.

The waiver invests \$2.2 billion in Medicaid-dependent safety net hospitals and \$492 million primary care, but it fails to invest in long-term care, notwithstanding our growing population of older adults and the shrinking capacity of our long-term care system. Like safety net hospitals, LTC services are funded predominantly by Medicaid. Like safety net hospitals, LTC providers are depleted by decades of under-funding. Yet, LTC providers are not eligible for funding under this waiver.

We cannot help but ask in response to this waiver: Where is the equity for older adults on Medicaid? As I noted in my comments, LeadingAge New York is eager to inform and participate in the implementation phase of this waiver. If there are opportunities to do so, we would be happy to work with the Department to assist in developing strategies to use waiver programs and funds to address the needs of older adults and the providers that serve them.

Thank you for your consideration of these issues.

² Gusmano, MK. Medicare Beneficiaries Living in Housing With Supportive Services Experienced Lower Hospital Use Than Others. Health Affairs. Oct. 2018. Li, G., Vartanian, K., Weller, M., & Wright, B. Health in Housing: Exploring the Intersection between Housing and Health Care. Portland, OR: Center for Outcomes, Research & Education. 2016.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'K. Lipson', with a large, stylized flourish at the end.

Karen Lipson
Executive Vice President

Cc: Adam Herbst
Amanda Lothrop
Selena Hajiani
Susan Montgomery