

December 7, 2021

Mary T. Bassett, MD, MPH  
Commissioner  
NYS Department of Health  
Corning Tower  
Empire State Plaza  
Albany, NY 12237

**Re: Framework for Revitalizing Long-Term Care Services in NYS**

Dear Commissioner Bassett:

I am writing on behalf of the membership of LeadingAge New York to introduce our organization to you and to suggest a new framework for long-term care (LTC) policy in New York State focused on revitalizing our long-term care system in the wake of the pandemic. LeadingAge New York is a statewide association of not-for-profit and public providers of long-term and post-acute care and senior services. Our members include providers of senior housing, home care agencies, hospice programs, adult day health care programs, assisted living facilities, other home and community-based services, nursing homes, continuing care retirement communities, managed long-term care plans, and PACE programs.

New York State's LTC system is at the edge of a precipice. Battered by mounting, unreimbursed costs and workforce shortages, our LTC system is facing a future in which choice of setting and provider is severely limited; nursing home services are predominantly delivered by for-profit enterprises in outdated, institutional facilities; and high-quality care is accessible only to the affluent.

This is a direct result of New York's approach to LTC policy under the prior administration. The primary focus of the prior administration's LTC policy was to reduce Medicaid spending on these services, despite our rapidly growing population of older adults. For at least the past four years, our state has focused the deepest Medicaid cuts on long-term care relative to other sectors. When funds have been made available through Medicaid waivers or capital grant programs, long-term care has been an after-thought, not a priority, for investment.

The COVID-19 pandemic has laid bare and exacerbated the consequences of this depletion of resources for the long-term care sector. The results are disturbing:

- Inadequate Medicaid rates for LTC services have rendered providers unable to pay the competitive wages needed to recruit and retain qualified staff in appropriate numbers;
- The resulting staffing crisis is jeopardizing access to long-term/post-acute care -- home care agencies and nursing homes have been forced to delay and suspend admissions, creating logjams in hospitals which in turn diminish access to acute care;
- High-quality, not-for-profit and public nursing homes are closing or selling to for-profit operators in growing numbers, threatening quality and limiting consumer choice;

- The demographic realities of a fast-growing population of older adults and fewer working age adults will place impossible demands on an ill-prepared LTC infrastructure.

With these immediate issues in mind, there are five steps that this administration could take in the short term to turnaround the LTC system:

- Raise Medicaid and SSP Congregate Care Level 3 rates to support competitive wages for personnel and cover COVID-related cost increases across the LTC continuum;
- Provide an immediate infusion of Medicaid funding for nursing homes to enable them to remain viable through the end of the fiscal year and prevent further erosion of the not-for-profit sector, while drawing down enhanced federal matching funds;
- Reduce HERDS reporting and reconsider other administrative requirements that divert providers from resident and patient care and do not contribute materially to pandemic response or quality;
- Exclude capital reimbursement and grants from the nursing home minimum direct care spending calculation to allow homes to invest in more homelike and COVID-safe environments;
- Expand training and education opportunities for aides and nurses and eliminate regulatory barriers to obtaining and retaining nursing licenses and aide certifications.

Attached to this letter is a policy brief that elaborates on these recommendations and offers both short-term and longer-term solutions to the challenges noted above. It also provides a general framework for addressing the needs of our state's older adults and people with disabilities going forward, guided by the following principles:

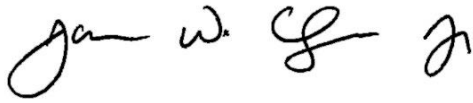
- Promoting access to high-quality providers and choice of setting at all levels of LTC.
- Supporting a well-qualified, appropriately-compensated workforce to meet the needs of our growing population of older adults.
- Driving quality and value across the LTC continuum through reliable, timely, and additive incentives.
- Strengthening integration and coordination of services across payers (i.e., Medicare and Medicaid) and along the care continuum.
- Targeting high priority social determinants of health for older adults.

LeadingAge NY and its members are ready and eager to work with you to be a part of the solution. We applaud your commitment to health equity and stand with you to ensure that the older adults and people with disabilities, who have been so disproportionately affected by this devastating pandemic, are able to access high-quality long-term care services.

We would welcome the opportunity to meet with you and/or your staff as soon as possible to discuss the proposals in the attached policy brief and a path forward for LTC reform. Please reach out to me directly at (518) 867-8383 or [jclyne@leadingageny.org](mailto:jclyne@leadingageny.org) so that we may schedule this meeting at a mutually acceptable date and time.

Thank you in advance for your timely attention to these most serious issues.

Sincerely yours,

A handwritten signature in black ink, appearing to read "James W. Clyne, Jr." with a stylized flourish at the end.

James W. Clyne, Jr.  
President and CEO

Attachment

cc: Angela Profeta  
Kristin Proud  
Brett Friedman  
Adam Herbst  
Val Deetz  
Sean Doolan