August 21, 2026

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 MRT Waiver Extension Public Comment

Dear Mr. Bassiri:

I am writing on behalf of LeadingAge New York, an association of non-profit and government-sponsored long-term care and aging services providers to provide comments on the state's MRT Waiver Extension Request.

We applaud the progress that has been made under the Waiver to develop social care networks, create capacity for health-related social needs (HRSN) screenings and services, and enable the exchange of HRSN information among health care providers and community-based organizations. We also appreciate the successes of the Career Pathways Training (CPT) Program and other waiver-funded workforce programs. And, we support the State's efforts to preserve important initiatives, including the managed long term care program which has expanded access to home care and other community-based services statewide for older adults who require significant assistance with activities of daily living.

However, as noted in previous comments on the New York Health Equity Reform (NYHER) Waiver, we remain concerned that the Waiver has not leveraged its considerable resources to address the needs of New York's fastest growing population cohort – older adults. Between 2015 and 2040, the number of adults over 85 will double in New York.[1] Alarmingly, while the percentage of our population over age 65 is growing, most projections show that the pool of working-age adults to care for them is shrinking.[2] Approximately 70% of adults who live beyond age 65 will need LTC at some point in their lifetime.[3] These demographic trends, along with the

[1] Cornell University Program on Applied Demographics New York State Population Projections; http://pad.human.cornell.edu/; accessed Jan. 4, 2019.
[2] Cornell University Program on Applied Demographics New York State Population Projections; https://pad.human.cornell.edu/state_projections/poptrends.cfm; accessed Feb. 5, 2025.
[3] 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.

13 British American Blvd. | Suite 2 | Latham, NY 12110
P 518.867.8383 | F 518.867.8384 | LeadingAgeNewYork.org

recent contraction of our immigrant workforce, have exacerbated longstanding workforce shortages within our long-term care system.

Moreover, while our population of older adults is growing rapidly, we are experiencing a constriction of long-term/post-acute care capacity to serve them. Heavy reliance on Medicare and Medicaid reimbursement, rate shortfalls, and an increasingly competitive labor market is forcing providers to reduce admissions and shut their doors entirely. This trend is creating back-ups in hospitals, limiting access to care for New Yorkers of all ages.

Responding to these trends, the Governor has expressed a commitment to enable older adults "to age with independence, dignity and direct support." Under her leadership, the State, together with dozens of stakeholders, has invested thousands of hours of work to develop a Master Plan for Aging (MPA). However, a great deal of work is needed to implement the plan and track its progress. Given the State's large and growing population of low-income, older adults who are dually-eligible for Medicare and Medicaid, Medicaid should play a critical role in advancing many of the initiatives set forth in the plan.

Unfortunately, it appears that the Waiver and its extension were not developed with older adults in mind. Older adults, and especially those enrolled in Medicaid, experience unique health and social care needs that have not been a focus of the Waiver. Cognitive and physical limitations, social isolation, and lack of familiarity with commonplace technologies prevent many from accessing health care and other services and maintaining their independence in the community.

We remain concerned that advanced age and functional limitations alone are generally insufficient to qualify individuals for enhanced HRSN services, unless they also meet other high-need criteria. Older adults often experience housing instability, food insecurity, transportation barriers, and social isolation, but may not fit into the categories that receive enhanced access to HRSN services. In order to access Level II HRSN services, older adults, including those in need of long-term care, must demonstrate other high-need characteristics (e.g., Medicaid high-utilizer, behavioral health needs, intellectual/developmental disability, pregnancy, etc.). Notably, while age or functional limitations are insufficient for older adults to qualify for enhanced HRSN services, age alone has been sufficient for children ages 0 to 6 to qualify.

Moreover, the Waiver's menu of HRSN services lacks key services that would help older adults to maintain their health in the community and delay the need for higher levels of care. Older adults do not generally need connection to employment or education, but they do need services that are not currently available through the Waiver, such as programs that address falls prevention, social isolation, technology assistance, and abuse prevention. Among the supports that would have enhanced the Waiver's effectiveness for older adults is a Resident Assistant program in affordable senior housing -- a model, recommended in the MPA, that has been proven to save Medicare and Medicaid dollars, while improving the quality of life of residents.[4]

[4] 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.

The Waiver's Career Pathways Training (CPT) Program likewise overlooked critical shortages of health care workers who principally serve older adults -- home care aides and certified nurse aides. As noted above, 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 creating gridlock in hospitals, it is also preventing consumers from accessing needed care and forcing them to seek care in facilities far from loved ones.

Finally, while the Waiver invests heavily in hospitals, it has not directly supported the long-term care system which is struggling with funding shortfalls and workforce shortages. Just as safety-net hospitals require targeted investment because they depend on Medicaid reimbursement, long-term care providers similarly rely heavily on Medicaid funding. The lack of focus on the long-term care system is particularly concerning, given the rising tide of nursing home and home care agency closures. Moreover, this Waiver's underinvestment in the long-term care system is not a one-time anomaly. The DSRIP Waiver, likewise, failed to prioritize long-term care, directing less than 2 percent of total funding to long-term care providers.

Going forward, we urge a stronger focus on the service needs of older New Yorkers and the strength of the long-term care system that serves the most vulnerable among them. We recommend that the Department do the following:

- Work with stakeholders to identify MPA recommendations that could be supported by Medicaid, either under this Waiver or through other programs.
- Analyze and publish data on the utilization of HRSN services by older adults and consider ways to deploy social care networks to support older adults living in the community. The data published to date do not include the numbers of older adults served or the services they've received.
- Expand the covered HRSN services to address the specialized needs of older adults.
- Expand access to enhanced HRSN services for older adults.
- Publish data showing the types of providers selected by CPT graduates for their service commitment sites.
- If there is an opportunity to continue the CPT program, allow home care and nurse aide training programs to qualify.

LeadingAge New York is eager to work with the Department to target Medicaid resources more effectively to serve older adults and to strengthen the network of providers that care for them.

Thank you for your consideration of these issues.

Sincerely yours,

Sebrina Barrett
President & CEO

Cc: Megan Baldwin
Amanda Lothrop
Douglas Fish
Valerie Deetz
Selena Hajiani