Testimony

NYS Assembly Hearing on Healthy Aging:

New Yorkers Aging Independently and Safely within Their Homes and Communities

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Introduction

On behalf of the membership of LeadingAge New York, thank you for the opportunity to present testimony on the topic of providing seniors with cost-effective services and programs that will allow them to age in place in their homes and communities. LeadingAge New York represents over 400 not-for-profit and public providers of aging services, senior housing, and long-term and post-acute care (LTPAC), as well as provider-sponsored managed long-term care plans. The following testimony proposes an array of policy initiatives and financial investments that would advance the goals of improving the overall health of the State's growing elderly population and providing seniors with high-quality, accessible care at a lower cost, while enabling them to age in place.

New York is home to approximately 3 million residents age 65 and older, representing 15 percent of the population. By 2025, 18 percent of New York's population is projected to be age 65 or older, up from 14 percent in 2010. Both the number and percentage of older New Yorkers is expected to continue to rise over the next 20 years. This growth will drive a corresponding increase in the number of New Yorkers with cognitive and functional limitations who need long-term care (LTC) services. However, by 2025, the availability of younger New Yorkers to care for seniors will be at its lowest point in a decade and declining. Both informal caregivers and workers in the formal care delivery system to support the growing population of seniors will be in short supply. Moreover, with one-third of today's older New Yorkers living at or near the poverty level, it is reasonable to expect that a significant portion of our growing senior population will continue to rely heavily on public programs – principally the Medicaid program – to cover their LTC needs.

Faced with current and future demographic challenges, New York must take action now and invest in long-term services, supports, and technologies that enable individuals to remain in their homes and communities, and it must modernize regulations and provide funding to permit providers to address consumer preferences, optimize efficiencies, improve quality, and effectively deploy an increasingly scarce workforce.

I. Invest in the Long-Term Care and Senior Services Workforce

In order to support growing number of older New Yorkers as they age in their own homes, we will need a much larger workforce to serve them. Demographic and socioeconomic challenges are not just problems for the future. Today, seniors and their families are already experiencing the impact of LTC workforce shortages and lack of access to home care services, especially in rural areas. Our members, across all service lines and in all regions of the State report extraordinary challenges in recruiting and retaining workers. In particular, we often hear about the difficulties they experience in finding home care aides to serve individuals who require fewer hours of care or who live in locations with limited access to public transportation.

Data collected by the Center for Health Workforce Studies (CHWS), at the School of Public Health, University at Albany confirm the anecdotal reports of our members. CHWS recently reported that between 2000 and 2017, jobs in home health care in New York more than tripled, with the addition of over 140,000 jobs. Job growth in home health far out-paced all other health care sectors.[1] This trend is

[1] Center for Health Workforce Studies, "Trends in Health Care Employment in New York State," Research Brief, Nov. 2018, accessed at http://www.chwsny.org/wp-content/uploads/2018/11/Trends_in_NY_Health_Care_Employment_Brief_2018.pdf .

expected to continue. Between 2014 and 2024, the New York State Department of Labor projects 11,000 annual openings for home health aides and 6,500 for personal care aides.[2]

While demand for home care workers is growing, the supply of willing and able workers does not appear to be keeping pace. In response to a 2017 survey conducted by CHWS, fifty-nine percent of home health care agencies reported difficulty in hiring full-time workers. Sixty-five percent reported difficulty in hiring part-time workers, and seventy- eight percent reported difficulty hiring off-shifts. Respondents reported the greatest difficulty retaining personal care aides, followed by home health aides, and registered nurses. The agencies cited the shortage of workers as the primary reason for difficulty in recruitment and retention of personal care aides, and home health aides.[3]

A significant factor impeding worker recruitment and retention is the inability to offer competitive wages and benefits. Long-term care and senior services providers rely heavily on Medicare, Medicaid, and other public funding and have not had sufficient resources to offer wages that are competitive with the acute care sector. With the recent increases to the State's minimum wage across all sectors, long-term care providers now struggle to compete for workers with retailers and fast food businesses. While funds have been made available to cover the increased wage expenses associated with the provision of Medicaid services, providers have not received any increases to cover the added costs associated with services provided to beneficiaries of Medicare or other programs.

Recommendations

We recommend the following policy initiatives to encourage and develop a broad-based workforce to serve our aging population:

- Establish an Aging Services Workforce Shortage Task Force to develop innovative workforce development strategies and creative partnerships that be effective in building the aging services workforce.
- Launch a public relations campaign to promote careers in aging services.
- Expand efforts to recruit "young" seniors as one potential workforce strategy. MercyCare in the Adirondacks is successfully utilizing this model with volunteers.
- Support health care career exploration programs in secondary schools and institutions of higher education, like the Geriatric Career Development (GCD) Program of The New Jewish Home which provides academic and career development assistance to at-risk New York City youth, through an in-depth, work-based learning program in a geriatric long-term care setting.
- Provide incentives and funding to nursing schools, community colleges, and other training programs, and trainees, to broaden participation in formal courses of instruction for nurses and aides in rural and ex-urban areas. Techniques such as satellite broadcasts, web-based courses, training stipends, flexible scheduling of courses, and on-the-job training opportunities should be pursued.
- Facilitate cross-certification of aides to promote a flexible and adaptive workforce. Inflexible training requirements create career mobility issues for workers and staffing and cost issues for

[2] Martiniano R, Krohmal R, Boyd L, Liu Y, Harun N, Harasta E, Wang S, Moore J. The Health Care Workforce in New York: Trends in the Supply of and Demand for Health Workers. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany; March 2018.

[3] *Ibid.* at 48.

providers. Currently, certified nurse aides (CNAs) employed in New York's nursing homes are required to receive 100 hours of training to become certified, but must complete the full 75-hour home health aide (HHA) course in order to work as a HHA. There is no training reciprocity for these jobs, even though much of the training is duplicative. Cross-certification and/or the development of a "core training curriculum" would eliminate the need for CNAs, HHAs, and other paraprofessionals to complete an entire re-training when moving from one classification to another.

II. Expand Social Supports and Improve Health Outcomes Through Innovative Service Delivery Models

Affordable Independent Senior Housing Assistance Program

LeadingAge New York, along with a coalition of senior housing providers and associations, has called for the creation of the Affordable Independent Senior Housing Assistance Program (A.10017-A (Cymbrowitz)/S.7866-A (Little)) to be administered by the Department of Health (DOH), and the investment of $10 million over five years to fund Resident Assistants in 140 senior housing properties around the State. Resident assistants would provide "light-touch" services that may include: (1) establishing and maintaining networking relationships with community-based services and organizations; (2) providing residents with information and referral lists for community services, and assisting them with follow-ups; (3) arranging for educational, wellness, and socialization programs for residents; (4) helping residents arrange for housekeeping, shopping, transportation, meals-on-wheels, cooking, and laundry services; (5) establishing resident safety programs; and (6) advocating for residents.

This will complement the newly-created "Senior Housing Program" that was designed by Homes and Community Renewal (HCR) to facilitate the disbursal of the $125 million in 2017-18 budget funds. It will provide an excellent opportunity to bring supportive services into affordable senior housing that can have a significant impact on seniors' ability to remain in their communities in an extremely cost-effective manner.

Studies have shown that affordable senior housing with social supports can promote positive health outcomes and reduce health care expenditures.[4] A research study recently conducted by Dr. Michael Gusmano of Rutgers University focused on the health care savings and utilization of residents of affordable senior housing operated by Selfhelp Community Services in Queens compared to other older adults from the same zip codes. The Selfhelp residents had access to the Selfhelp Active Services for Aging Model (SHASAM). SHASAM offers residents an array of services, such as personal assessments; counseling and advocacy; health education; wellness programs; physical activity programs; socialization; referral to public benefits; referral for mental health services; and health education programs.

[4] Gusmano M et al. "Medicare Beneficiaries Living In Housing With Supportive Services Experienced Lower Hospital Use Than Others." *Health Affairs.* Oct. 2018. Kandilov A, et al. *Support and Services at Home Evaluation: 2d Annual Report.* Prepared for U.S. Dept. of Human Services. Jan. 2016. (Quantitative evaluation of the SASH program through June 2014 indicates significant reductions in growth of Medicare payments for SASH participants living in publicly-assisted housing properties where the SASH panel began before April 1, 2012).

Among the key findings of this study is that the hospitalization rate for Selfhelp residents was approximately 43% lower than for the comparison group (after controlling for age, zip code and other factors). In addition, the study found that the rate of hospital discharges for ambulatory care sensitive conditions among the Selfhelp residents was 30 percent lower than that among the comparison group. An earlier study of Selfhelp residents demonstrated that the odds of visiting the emergency room were 53% lower for Selfhelp residents than for the comparison.

These findings have major implications for health care savings if more affordable housing for seniors can be developed in conjunction with a successful Resident Assistant model. If a service coordinator keeps two people out of a nursing home for one year, the savings could cover the cost of a grant. If a service coordinator works in a building with 70 to 100 people, and emphasizes health education, wellness programming, and more effective use of primary care, thereby reducing the use of emergency departments and managing chronic health conditions, the improvement in the quality of life of residents, as well as the health care savings that can be achieved, will be significant.

A modest investment of $10 million over five years in a Resident Assistance Program for affordable senior housing residents would provide a cost-effective way to support healthy aging in place, while also generating Medicare and Medicaid savings. Moreover, the Service Coordinator Program aligns directly with the goal of HCR's Senior Housing Plan to develop rental housing that has healthy aging programming that affords seniors with the option to age in their own homes and communities.

Provide Additional Funding for NORCs/NNORCs

The State should continue to expand and increase funding for Naturally Occurring Retirement Communities (NORCs) and Neighborhood NORCs. Generally, NORCs are neighborhoods or buildings in which many of the residents are older adults who have either aged in place or have settled with the intention of remaining there. NORCs coordinate a broad range of health and social services for residents, such as case management, healthcare assistance and monitoring, personal care, transportation assistance, home repairs, education and recreation, and friendly visiting.

The State should provide further support for NORCs as a mechanism to support aging in place, improved health outcomes, and reduced reliance on institutional services. With the benefit of geographic proximity and a sense of community, these clusters of seniors provide a cost-effective platform to deliver services and social supports.

Support the Development of the Village Model

Like NORCs, the Village movement arose out of community members' desire to reside in their own homes, while being able to build social connections and access services that address their changing lifestyles as they age. At their core, Villages are grassroots, self-governing, self-supporting organizations that offer their members access to vetted, discounted providers and volunteers for services and social supports; healthy living options; and organized educational and social programs; community connections and friendships. There are nearly 30 Villages currently operating or in development in New York State. As with NORCs, the State should disseminate information about the Village model and support the formation and operation of Villages to encourage aging in place, improved health outcomes, use of personal funds for aging service expenses, and reduced reliance on Medicaid-funded services.

Health Care Navigation for Seniors

Aging in place often requires not only assistance with activities of daily living or social outlets, but also assistance with navigating a complex health care system and managing chronic conditions. Community Care Connections (CCC), a demonstration project developed by Lifespan of Greater Rochester and funded by the Department of Health BIP funding, integrates community-based services with health care systems in the Rochester area. The program utilizes Health Care Coordinators (typically an LPN under supervision of an RN) and social worker Care Navigators embedded in physician practices and home health agencies to provide intensive support to high-needs clients. Health Care Coordinators help with a broad range of services: scheduling medical appointments, coordinating transportation, attending appointments, family liaison duties, medication reconciliation, patient education and connection to Home and Community-Based Services. (HCBS). Social work Care Navigators help address social determinants of health by connecting clients with needed care and home and community-based services. They develop close connections with clients that enable them to address housing insecurity, food insecurity, benefits and entitlements issues, transportation challenges, mental health concerns, elder abuse, and more. The approach is a holistic one that addresses a patient's habits, environment and practices before they lead to significant health care concerns.

These interventions have provided significant reductions in emergency room visits and hospital admissions. Further, the coordinated connection to home and community-based services offers seniors the opportunity for greater safety and stability at home and in the community.

Expand Access to Social Supports for Seniors

The State should increase financial support for the EISEP and CSE programs, both of which target non-Medicaid eligible seniors who want to remain at home, but need help with activities of daily living. Both programs have significant waiting lists for their services throughout the state. These programs not only save money by enabling seniors to access services without qualifying for Medicaid, but they do so at a lower cost to the State through the use of consumer cost-sharing. These programs can also support activities to reduce avoidable hospital use by connecting with the health care delivery system and providing services such as care navigation, wellness classes, and transportation to medical appointments. Added State funding could allow them to serve more people, possibly increase the covered services, and create more programmatic linkages with the health care delivery system. The State should further continue to support New York Connects to ensure that older adults are able to identify and access long-term care services and supports in their communities.

Promote Access to Innovative Technologies

Telehealth and remote patient monitoring technologies can help older adults with chronic or post-acute conditions to manage more of their own care, while reducing home nursing visits, associated transportation expenses and avoidable hospital use. In addition, innovative safety technologies can assist older adults who live alone or are homebound to feel safer and less isolated. These technologies include motion detectors that identify changes in usual activity patterns and trigger calls from social workers to check on clients. Other technologies can create virtual senior centers where participants use a touch-screen device to attend interactive, video-based classes and connect with peers.

These modalities are especially useful in rural areas, where they can allow for more efficient use of a limited workforce and reduce social isolation. In addition, these technologies can improve access to specialized services in areas with physician shortages. The State should make funding available to

expand access to telehealth, remote patient monitoring, safety technologies, and virtual senior center tools. LeadingAge NY also urges the state to continue its efforts to provide and improve the availability of telehealth by investing in broadband technology, so all areas of the state can benefit.

Support Informal Caregivers

The State should offer expanded respite benefits, direct financial assistance, greater tax incentives, training programs, and education and community outreach programs for informal caregivers. This assistance would represent a cost-effective approach for the State by extending the longevity of informal caregivers and delaying Medicaid use.

III. Conclusion

We appreciate the Chair's and the Committee's efforts to explore and address the issues facing seniors who would like to maximize their independence and live healthy lives in their communities. Facing a rising population of seniors with high rates of chronic disease and rising rates of disability, the State must develop strategies, including regulatory reform and strategic investments, to ensure access to quality care and services for a growing senior population. We look forward to working with the State to address these challenges.

For questions or concerns, please feel free to contact Karen Lipson at klipson@leadingageny.org, Meg Everett at meverett@leadingageny.org, or call us at 518-867-8383.

Founded in 1961, LeadingAge New York is the only statewide organization representing the entire continuum of not-for-profit, mission-driven and public continuing care including home and community-based services, adult day health care, nursing homes, senior housing, continuing care retirement communities, adult care facilities, hospice, assisted living programs and Managed Long Term Care plans. LeadingAge NY's 400-plus members serve an estimated 500,000 New Yorkers of all ages annually.