NYS ASSEMBLY STANDING COMMITTEE ON AGING:

The Impact of COVID-19 on Programs and Support Services for Older Adults and Caregivers

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Testimony

Submitted by:

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INTRODUCTION

On behalf of the membership of LeadingAge New York, thank you for the opportunity to provide testimony regarding COVID-19's impact on aging services providers in New York State. LeadingAge NY represents 400 not-for-profit and public providers of long term and post-acute care (LTPAC), aging services, and senior housing, as well as provider-sponsored Managed Long Term Care (MLTC) plans collectively serving over 500,000 New Yorkers. Our membership spans the continuum of long-term care and aging services, from housing to home care and community services to assisted living and nursing home care. While the majority of our members' services focus on Medicaid-funded long term care, they also provide home and community-based services (HCBS) through the Expanded In-Home Services for the Elderly Program (EISEP), Community Services for the Elderly (CSE) program, social adult day care programs, and Naturally Occurring Retirement Communities (NORCs).

This testimony provides an overview of some the challenges the elderly and their aging services providers have faced, and continue to contend with, during the COVID-19 pandemic. LeadingAge New York sees workforce challenges as the most significant impact to aging and long-term care services, their availability, and their quality. This has a direct impact on the wellbeing and health of elderly and chronically ill New Yorkers. Demographic changes and inadequate reimbursement for long-term care and aging services are at the root of this problem, and the pandemic has only exacerbated these conditions. It is important to note this challenge affects all provider types within long-term care and aging services, and thus they all compete for the same, depleted pool of workers. As the State attempts to address these challenges, it is critical that the entire continuum of long-term care and aging services be considered and addressed holistically.

EISEP and CSE Programs - Delivering Care at Home

LeadingAge New York members deliver home care services funded by the EISEP and CSE programs through contracts with counties across the state, in addition to providing services covered by Medicaid, private insurance and or paid for privately. The EISEP and CSE programs deliver necessary personal care and assistance with daily activities of living to seniors at home so that they may maintain a sense of independence and dignity during their day-to-day routines. During the pandemic, home care workers saw many individuals refuse care for an extended time due to fear of infection. Many agencies were unable to deliver care as staff were not available during the height of the pandemic due to a lack of child care, fear of infection, illness, and other stressors. The home care sector faced the added complication of a complete shutdown of aide training programs due to social distancing concerns, shutting the pipeline of aide candidates from community college, BOCES and agency training programs to this important sector. Home care and assisted living programs (ALPs)continue to struggle with the lack of availability of training programs to get people working in the field.

Extensive waiting lists of elderly and chronically ill adults for EISEP and CSE program services have been a concern for the Legislature for several years. We appreciated last year's increase in funding of these programs. However, we are now at a time when competition for workers across the health care, retail, hospitality sectors and beyond make these sensitive, demanding, and intensive jobs almost impossible to fill.

Who Will Take Care of Our Parents and Grandparents? Who Will Take Care of Us?

New York is approaching a demographic crisis. Approximately 3 million adults aged 65 and older, representing 16 percent of the population, make New York their home. The oldest members of the Baby Boom generation are now in their 70s; in six years they will hit their 80s, and their long-term care needs will escalate. *Between 2015 and 2040, the number of adults aged 65 and over will increase by 50 percent, and the number of adults over 85 will double.*[1] In another alarming trend, at the same time the percentage of our population over age 65 is growing, the percentage between 18 and 64 is shrinking. Simply put, the number of people available to care for an expanding older adult population is declining.

We are already feeling the effects of a shortage of working age caregivers for our parents, grandparents and neighbors. Today, there are only approximately 4 working age adults for every adult over age 65 in New York and 29 working-age adults for every adult over age 85. By 2040, there will be approximately **3** working-age adults for every adult over age 65 and **15** for every adult over age 85.[2]

Both informal caregivers and direct care workers in the formal care delivery system are already in short supply. Health care job growth in New York State exceeds job growth in every other sector. And most of those new jobs are in long-term care. Of the 150,000 health care job openings anticipated annually, **89,000 (60%) are for personal care aides, home health aides, and nursing assistants.**[3] Even before the pandemic, according to the Center for Health Workforce Studies, 69 percent of nursing homes reported difficulty hiring workers for evening, night, and weekend shifts. Job openings for registered nurses and licensed practical nurses exceeded graduation rates by over 4,600 annually (see Figure 3). Home care agencies reported difficulty both with recruitment and retention. Turnover rates statewide averaged around 25 percent, but rose as high as 80 percent for RNs.

The COVID-19 pandemic has made the workforce shortages even more pronounced. Our members are experiencing unprecedented and extraordinary challenges throughout the State filling open positions in all levels of care. While flexibilities provided via executive orders have helped to a limited degree, they cannot fill the growing numbers of vacant positions. Inability to access home and community-based services can lead to increased emergency room utilization, rehospitalizations, and the need for higher levels of care in more costly settings. These trends all point to increased costs to the state if home and community-based services are not appropriately funded and available. Even more alarming is the thought of the potential outcomes for older adults as they live in the community without the support they need.

[45]Long term care and home care providers cannot compete for employees with hospitals that are able to offer higher wages, nor can they compete with fast food or retail employers that are able to offer lower stress jobs without specialized training at similar wages. Home care providers cannot offer higher wages to attract and retain a robust and quality workforce because they rely heavily on Medicaid and Medicare

[1] Cornell University Program on Applied Demographics New York State Population Projections; http://pad.human.cornell.edu/; accessed Jan. 4, 2019.
[2] *Ibid.*
[3] New York State Department of Labor Employment Projections; https://www.labor.ny.gov/stats/lsproj.shtm; accessed Jan. 11, 2019.

reimbursement or SOFA reimbursement. They do not have the ability to cost shift to private payers when government rates are cut or when the government imposes new and costly requirements without fully funding them.

Increases in the minimum wage (which LeadingAge New York supported) have only exacerbated workforce challenges. Before the minimum wage increase, our members were able to compete with retail and fast food employers by offering wages higher than the minimum. When the State raised the minimum wage, providers that were already paying above the mandated minimum were unable to qualify for new minimum wage funding. Thus, they could not afford to raise wages to maintain a higher rate than their competitors in fast food and retail, and their ability to attract workers into their field was diminished.

Providing care for older adults is demanding – physically and emotionally -- requiring extensive training, intensive documentation and stringent accountability. Because of the demanding nature of the work and some social stigmas exacerbated by the pandemic, many potential employees tend to opt for a fast-food job or the like over a position in the care sector paying a similar wage. This is a challenge experienced by nursing homes, adult care facilities, assisted living, home care and other long-term care and aging services provider types.

As the Legislature considers how it may best assist in building a better long-term care and aging services workforce, they must first look to the State Budget process for State Fiscal Year 2022-23.
We urge the Legislature to address these challenges with significant investment and multi-faceted solutions. Funds should be made available to address financial and social barriers to attracting workers and reduce barriers to training, certification and licensure. Uses of funds should include:

- *Raising rates paid to provides to enable payment of competitive wages;*
- *Access to transportation for health care personnel to provide services in the community;*
- *Job-related social supports for trainees, nursing students, and health care personnel;*
- *Stipends for aides in training,*
- *Increased financial aid for nursing students,*
- *Increasing the availability of instructors for aide training programs and professors for nursing programs by reducing requirements and raising compensation;*
- *High school pre-apprenticeship programs and apprenticeship programs.*

Federal Home and Community-Based Services (HCBS) eFMAP funding provided by the American Rescue Plan will soon be flowing to certain Medicaid HCBS providers for workforce needs. While we appreciate this significant investment into HCBS, many long-term care and aging services providers will be left out, as it is only being directed to a subset of home care agencies. We urge the State to ensure that it puts forth a comprehensive workforce plan to address these needs

In addition to making funding available to expand the LTC and aging services workforce, LeadingAge New York is advancing the following no-cost statutory and regulatory proposals to increase the number of nurses in New York, streamline and expand access to training programs, facilitate multi-discipline certification, and accelerate onboarding:

- *Join the Interstate Nurse Licensure Compact. This would allow nurses licensed in other states to practice here and expand our ability to attract nurses to practice in New York. New York is one of just eight states that has not taken action to join.*
- *Enable aides to obtain and retain multiple certifications by aligning credentialing with experience and competencies. Streamline the ability to offer "stackable" HHA, CNA, PCA trainings by eliminating duplicative training requirements for these certifications. Expand and clarify ability to assess competencies in lieu of duplicative training.*
- *Expand and streamline approvals of virtual trainings.*
- *Clarify that CNAs who work in nursing homes, like CNAs in hospitals, are eligible to complete a competency evaluation to be certified as HHAs, in lieu of the standard training.*
- *Streamline the HHA and PCA traditional and hybrid training program application processes and requirements to make it easier for more agencies to provide aide training.*
- *Align with federal requirements by allowing LPNs to conduct training under the general supervision of an RN.*
- *Expand the availability and frequency of BOCES and community college aide training programs to strengthen the pipeline of aides.*
- *Reduce duplicative home care aide and certified nurse aide in-service training requirements by allowing hours completed through different employers to be aggregated and included in the aide registries.*
- *Expand access points for criminal history record checks and expedite the clearance process. In difficult-to-serve areas, utilize current technologies to enable fingerprinting onsite or at mobile locations, thereby eliminating the need for a prospective employee to travel up to an hour to get fingerprinted.*

Access to Social and Adult Day Health Care

The COVID-19 pandemic has taken a significant toll on social adult day care (SADC) and adult day health care (ADHC) programs and the elderly and chronically ill that benefit from them. New York City and counties in the rest of the state closed social adult day care (SADC) programs during the early months of the pandemic. The State closed adult day health care programs at the onset of the pandemic for over a year and though they were allowed to reopen last summer, many still have not reopened due to lack or staff, financial challenges, and difficulty opening with the limited capacity and social distancing that is required. In some cases, staff from programs have been moved to address staffing shortages in their affiliated long term care facilities.

Closures of day programs meant individuals suffered significant isolation for several months. While some SADC and ADHC programs provided telehealth services, check-ins, boxed meals, and some recreational materials and activities to those in need, many of these services were not adequately reimbursed by managed long term care plans. Closures continue to have negative impacts on the mental, functional and cognitive health of individuals who would attend these programs.

HCBS eFMAP funding through the federal American Rescue Plan is slated for ADHC and SADC reopening operations, and other aspects of these day programs. LeadingAge New York urges support for the continued viability of these programs. They are a critical resource for individuals, their caregivers and families and provide connection and support that allow the elderly and chronically ill to remain at home and in their communities as opposed to receiving more costly care in a facility setting.

Naturally Occurring Retirement Communities

LeadingAge New York members also provide services through Naturally Occurring Retirement Communities or N/NORCs Programs. Traditional and Neighborhood N/NORCs are multi-age housing developments or neighborhoods not originally built for seniors but now home to a significant number of older persons. This program helps older residents to age in place, by offering preventive health and wellness activities, identifying health risks, and improving the NORC community's health status.

During COVID-19, LeadingAge New York's N/NORC programs connected with individuals in their buildings or catchment areas by check-ins via phone or video, socialization via online programming, transportation to necessary medical services, case management and other supports. Our members worked diligently to educate and provide accurate and clear information regarding the effectiveness of vaccinations and dispel misinformation from unreliable sources. Their work now involves reengaging and reactivating their seniors through socially distanced support groups, wellness groups and other activities as life slowly returns to normal.

N/NORCs provided a lifeline for their members during COVID-19. Without the support of these services, older adults in their homes would have suffered greater isolation and supportive services to remain in the community. N/NORCs also assisted in ensuring access to vaccinations early in the rollout when they were difficult to access, particularly for older adults who could not go out into the community. LeadingAge New York supports continued funding and increased investment in this program, including the establishment of additional Neighborhood NORCs in upstate areas. We also support funding another $1 million for NORC nursing services to ensure continuation of theses service that in the past have been provided pro bono. This will help programs deliver required wellness checks, case management, education and more.

Affordable Senior Housing

COVID-19 has clearly reinforced that many individuals prefer to receive aging services and supports at home and it's important that we meet individuals where they can best thrive. Investment in models that facilitate and deliver these options is long overdue. As with N/NORCs, during the pandemic we saw our housing providers facilitate access to vaccinations through the organization of onsite clinics with outside community partners. Those housing providers that have staff to facilitate access to community services were able to ensure that tenants had access to needed food, supplies, transportation, and socialization while largely isolated during the height of the pandemic. Living in these communities was a significant protective factor for older adults over the past two years.

LeadingAge New York urges support for a new 5-year statewide affordable housing plan that includes $200 million in capital funding for senior housing and $25 million over 5 years ($5 million annually) to establish a new Affordable Independent Senior Housing Assistance Program in the SFY 2022-2023 Budget. The "Resident Assistant" program would allow for new and existing affordable senior housing developments to hire a staff person designated to helping connect residents with existing community-based services that can help extend independent living, improve quality of life, and keep older adults out of more costly levels of care.

Rigorous studies have shown that affordable senior housing with services reduces Medicare and Medicaid spending.[6] In 2016, the Center for Outcomes, Research & Education issued a report on a study conducted in Oregon that showed a decline in Medicaid costs of 16 percent one year after seniors moved into affordable housing with a resident assistant. Their analysis included 1,625 individuals, 431 of whom lived in properties that serve older adults and individuals with disabilities. The statistic of 16 percent savings in Medicaid costs breaks down to a savings of $84 per month for each individual in this subset, or $434,000 over a 12-month period for the relatively low number of 431 individuals.

Additionally, a three-year research study that was recently conducted by Dr. Michael Gusmano of Rutgers University focused on the health care savings and service utilization of Selfhelp Community Services residents living in Queens compared to older adults from the same zip codes. Selfhelp's model for senior housing is affordable housing that is complemented by an array of senior services readily available in the community. The study, which was based on New York State Medicaid claims data, found that the average Medicaid payment per person, per hospitalization was $1,778 for Selfhelp residents, versus $5,715 for the comparison group. Additionally, the odds of Selfhelp residents being hospitalized were approximately 68 percent lower than that of the comparison group, and the odds of visiting the emergency room were 53 percent lower. These findings have huge implications for health care savings if more affordable housing for seniors can be developed in conjunction with a successful resident assistance model.

Rethinking the 1115 Waiver

Lastly, LeadingAge New York urges the State to rethink the way long term care and aging services fit into the larger framework of health care delivery in New York State. Long-term care and aging services should no longer be an after-thought – instead, they should be treated as integral elements of our health care delivery system. As the State puts forth its plan to the Center for Medicare and Medicaid Services (CMS) for a new 1115 Waiver, it should prioritize older adults and long-term care. Clearly, older adults were disproportionately affected by the pandemic -- an overwhelming 87 percent of the people who died from COVID-19 in New York State were over age 60.[7] Health equity demands that the health care and social care needs of older adults are a focus of state Medicaid policy.

The State must ensure that Medicaid and non-Medicaid services and supports for older adults dovetail and cohesively interact with one another to create a coordinated system of high-quality care. We would like to see the waiver support a thorough re-envisioning of our long-term care and aging services system. Simply put, the State's policies and investments should promote the creation of a long-term care system that prioritizes health equity across all dimensions and promotes:

- **Access and Choice:** Our long-term care system should provide individuals with access to an array of options suitable to varying levels of acuity and need, lifestyle preferences, and geographies. Those options should:

[6] 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.

[7] NYS Dept. of Health, COVID-19 Fatalities by Age Group, accessed 8/26/2021, https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Fatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n

  - Make services available in the most integrated setting appropriate to the beneficiary's needs and preferences, including home care, adult day health care and assisted living.
  - Include nursing facilities that offer homelike environments, vibrant social, lives, and personal privacy (e.g., Green House, Eden Alternative, Comfort First, etc.), recognizing that some individuals will be unable to live in community-based settings due to their medical complexity and lack of informal supports. These facilities should have the resources to implement controls that mitigate the risks of airborne and other infectious diseases and to deliver advanced clinical care that reduces avoidable hospital use.

- **A Well-Qualified, Appropriately Compensated, and Ample Workforce:** Our long-term care system should have sufficient resources to enable recruitment, retention, and career development of the LTC workforce. This can only be accomplished through Medicaid rates that support competitive wages and recognize the skills, training, sensitivity, and dedication that LTC work demands. Recognizing the demographic challenges we face, our laws and regulations must optimize available personnel by allowing them to practice at the top of their scopes and by supporting cross-continuum certifications.
- **Quality and Value:** Our policies should incentivize the delivery of high-quality, person-centered care, through financial incentives that are reliable, timely, additive, and non-punitive.
- Integration of Services Across the Continuum Regardless of Payer: Our policies should support integration and coordination along the continuum of long-term services and supports and among the primary, acute, post-acute and LTC sectors, so that older adults can transition seamlessly from one setting to another.
- **High Priority Social Determinants of Health for Older Adults:** The state should address the social determinants of health (SDH) for older adults through strategies tailored to their unique needs and preferences. It should expand and make effective use of existing community programs and services that serve older adults, rather than spending precious resources on new layers of administration and building new programs from the ground up. These strategies should include targeted investments to delay the need for higher levels of care and slow the growth rate of public expenditures. In particular, the state should expand support for unpaid, informal caregivers.

CONCLUSION

COVID-19 has shown us many of the areas that need prioritization and investment to ensure quality care and services for older adults in New York. Looking to the future, we can expect that a significant portion of older adults will continue to rely heavily on public programs – principally the Medicaid program – to cover their long term care needs. But we also need models of care and supports that delay or avert the need for Medicaid-funded LTC and promote independent living in the community. A cohesive approach is required that provides adequate Medicaid funding of long term care, builds a strong workforce for both long term care and aging services providers, and invests and expands upon non-Medicaid models that provide access to quality care and services so that individuals can extend independent living and avoid more costly levels of care. We must be willing to innovate and invest now to build capacity and secure resources for the future.

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, assisted living programs, and Managed Long Term Care plans.