Introduction

Thank you for the opportunity to provide testimony on workforce challenges impacting long term care providers and the populations we serve. My name is Matthew Hetterich; I serve as the Administrator of Gurwin Certified Home Health Agency, part of the Gurwin Healthcare system based out of Commack, Long Island. I've spent the past 12 years of my career focused on home care in both the LHCSA and CHHA worlds, serving on a number of provider and advocacy groups, along with Department of Health workgroups. Most importantly, I'm a believer in the positive impact home and community-based services makes on the lives of patients, as well as their families, which has never been more prevalent than it has over the past 18 months.

In addition to having both Certified and Licensed Home Care Agencies, Gurwin is a CMS rated 5 star 460-bed nursing and rehab center providing long-term care, short-term rehabilitation, ventilator and respiratory care, medical and social adult day care, on-site dialysis and an advanced care unit for medically complex patients. In addition, Gurwin operates a 201-bed assisted living facility and construction is well underway on our independent living community, Fountaingate Gardens, which will allow us to offer a full continuum of care to residents across Long Island.

Gurwin is a proud member of LeadingAge New York, as well as the Home Care Association of New York and the Greater Hospital Association of New York. This testimony is meant to provide Gurwin's perspective as a not-for-profit, 5 star rated nursing home with ancillary services as we face significant workforce challenges during a time of recovery from major pandemic-related operational and financial losses.

While home care has its own challenges that I will speak too shortly, one of the greatest issues facing the industry right now is we're all competing for the same limited resource pool of clinicians. As the State attempts to address these challenges, it is critical that the entire continuum of long-term care be considered and that the issue is handled holistically in order to allow for providers to care in a sustainable manner for years to come.

Wage Mandate

The home care industry supports increased wages as part of the overall workforce solution, but an across-the-board wage mandate for home care providers threatens the stability of this already fragile sector and will have additional unintended consequences. While proposed funding of a minimum wage increase for Medicaid home care workers (which has already been done downstate) would be helpful, a wage mandate like this would not assist agencies that work with other payors, such as Medicare, Medicare Advantage, private insurance and private pay. With agencies forced to increase hourly rates to be competitive, it may also turn consumers to the gray market and unlicensed caregivers in order to get service.

For example: I have conversations with families on a regular basis who fall into a difficult situation. They need the assistance of an aide at home but have too many assets to qualify for Medicaid and cannot afford to pay an average of $28-35/hour for private hire HHA services. Medicare has a very limited and specific aide benefit, which does not support long term care at home. Factor in 1-2 year wait lists for care from the VA and local Office of the Aging, and families are presented with a variety of reasons to seek out care on the gray market through unlicensed and unsupervised caregivers. There are already a number of unlicensed companion agencies on Long Island taking advantage of this by providing families with a "staffing agency" license and completing personal care and ADL tasks with untrained companions.

Should any wage mandate be enacted through the legislature, consideration should be given to this and financial support flow to providers working with all payor types as agencies simply do not have the financial resources to deliver this level of compensation in the current system.

Workforce Efficiencies

Gurwin supports LeadingAge New York's *#Win4Seniors* initiative to provide the LTC workforce funding and flexibilities to ensure sustainability as our population ages. The long term care workforce, especially home care, is the fastest growing employment sector in New York State and an area of critical need to a growing segment of New York's population. Funds should be available to address both financial and social barriers to completion of training and employment in long term care. Enhanced HCBS FMAP funding and long term dedicated funding should flow directly to providers and workers. Funding should be dedicated to:

- *Enhanced wages and benefits, including hazard pay, hiring and retention bonuses and similar payments*
- *Access to transportation for aides*
- *Job-related social supports for trainees and workers - child care, mentorships*
- *Tuition support for adult learning/certification and nursing programs at community colleges and BOCES and enhanced financial aid for nursing degree programs*
- *Supports and stipends for students in aide and nursing programs*
- *High school pre-apprenticeship programs*
- *Apprenticeship programs*
- *Peer mentoring*

Something that has been a focus on the institutional side for Gurwin has been the creation of the "Resident Care Assistant"; these are caregivers who assist with non-clinical tasks such as distributing water and food, assisting with transporting residents, and being an extra set of eyes/hands on a unit to assist the clinical team. We ask that these types of caregivers also be included in the newly enacted staffing ratios as well in order to support other professionals in providing direct, hands on care in a safe and effective manner.

In addition, there are a number of efficiencies that can help to reduce regulatory barriers to operating training programs; obtaining and retaining CNA, Home Health Aide (HHA), and Personal Care Aide (PCA) certifications; and recruiting workers.

The requirements of various aide training programs are often duplicative, but regulations make it difficult for aides to obtain and maintain certifications in multiple disciplines. Moreover, duplicative in-service training requirements for home care aides reduce the amount of time they can spend with patients and impede their ability to maintain certifications. State requirements for certain aide training programs vary based on whether they are overseen by the State Education Department or the Department of Health. State regulations also exceed federal requirements in certain respects. All of these regulatory complexities unnecessarily complicate the process of delivering training, obtaining certifications and maintaining them. The following steps should be taken to streamline requirements:

- *Streamline the HHA and PCA traditional and hybrid training program application processes and requirements to make it easier to allow more agencies to provide and access raining.*
- *Enable aides to obtain and retain multiple certifications by aligning credentialing with experience and competencies and eliminating duplicative training requirements for CNAs, HHAs, PCAs. Encourage training programs to offer multi-certification training (CNA/HHA/PCA) or "universal worker" certifications to allow flexibility for both employers and workers.*
- *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.*
- *Align HHA training program requirements with federal requirements by allowing LPNs to conduct training under general supervision of RN.*
- *Reduce duplicative home care aide in-service training requirements by including completion of in-service training hours on the aide registry so that aides do not have to complete yearly in-service requirements for each employer.*

Reimbursement Rate

When trained staff leave an industry for opportunities in fast food or retail because they can make more than they can as an experienced caregiver, that speaks to issues that are systemic throughout the long term care system. Home Health and Personal Care Aides, along with Certified Nursing Assistants, play a critical role in keeping patients safe and comfortable at home. The ability of agencies to pay them fair wages relies on appropriate levels of reimbursement being given to providers. Both certified and licensed agencies have been operating at negative margins for the last decade and COVID-19 costs have exacerbated these losses with increased costs for PPE, overtime/hazard pay, and numerous unfunded mandates that have been passed down.

Private Duty Nursing rates offered through Medicaid and MLTC programs have also not kept up, essentially rendering a benefit meaningless when staff cannot be found to provide authorized

and approved care. A recent New York Times article highlighted this issue with medically complex children; in times of a staffing shortage, RN's are being offered significantly more money to work in hospitals than they are at home regardless of the setting, which comes back to reimbursement.

LeadingAge New York urges the Legislature to establish a minimum base Medicaid reimbursement rate for home care providers that follows the medical CPI and addresses the full array of home care agency costs. With significant expenses for overtime, COVID-19 costs, recurring training and onboarding, PPE, benefits, and regulatory and administration, mandates without funding continue to put agencies at risk of insolvency.

Conclusion

Before the pandemic, people already preferred to age and receive care in place in familiar surroundings whenever possible. This has only grown truer in the post pandemic world, as many people look to bypass facility-based care completely and new federal programs, such as "SNF at Home", "Hospital at Home", continue to showcase the ability of HCBS providers to deliver higher level care in a safe and efficient manner. With the lessons we've learned regarding infection control and the capacity of the overall healthcare system, an investment into HCBS is money well spent as it's repeatedly demonstrated the ability to be an effective, lower cost solution to patient care at a variety of levels not limited by the number of available beds or walls of a facility.

Respectfully submitted,

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