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November 9, 2011

Jason Helgerson
Medicaid Director
Executive Director, Medicaid Redesign Team
New York State Department of Health
14th Floor, Corning Tower
Empire State Plaza
Albany, NY 12237

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Medicaid Redesign Team Workgroup on Affordable Housing
c/o New York State Department of Health
14th Floor, Corning Tower
Empire State Plaza
Albany, NY 12237

Dear Messrs. Helgerson, Kissinger, Introne, and Matthews:

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The Healthcare Association of New York State (HANYS) and our 500 hospital, health system, and continuing care members appreciate the Medicaid Redesign Team (MRT) Affordable Housing Work Group's effort to address the challenge of providing affordable, stable housing for vulnerable populations in New York State. Our members recognize the significant, positive impact safe housing has on the health management and outcomes of individuals of all ages, especially those with multiple, complex chronic conditions.

For this reason, we submit the following recommendations for the Affordable Housing Work Group's consideration.

- Establish an online statewide database of daily regional housing availability and use criteria, giving providers access to information across all state health and human service agencies. This real-time, transparent inventory of available units would enable providers to target referrals based on availability and admission criteria.

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We believe the cost of creating this tool would be offset by the value of the efficiencies and knowledge it would create for the system and providers. The capacity for this already exists in the state (e.g., the Office of Mental Health provides a database on available psychiatric beds in the state system).

- Develop a set of standards that would allow providers to access housing crisis/respite beds regulated by any state agency. These standards would allow inter-agency collaboration and provide a comprehensive review of clinical criteria and generic staffing patterns, allowing for the safe, multi-service use of these housing resources. A work group composed of inter-agency staff and providers should develop the standards.
- Given the licensed crisis/respite services now available in the state, pilot the use of currently available services across programs (mental health, developmental disabilities, and aging) in each region of the state.
- Develop a pilot to deliver wellness and primary care in supportive housing locations. Such programming would be targeted for those individuals who routinely present to emergency room settings for non-emergent medical or psychiatric care.
- Expand the creation of affordable supportive housing units funded by New York State Homes and Community Renewal by targeting existing budgeted development dollars to areas in the state that are prioritized as greatest need regions, as opposed to having funding spread across all programs. Define populations at highest risk (e.g., elderly, seriously and persistently mentally ill), and focus on this plan for three to five years with state agency leadership, enabling providers and housing developers to partner appropriately.
- Revamp regulations in adult homes and enriched housing programs to allow employed nursing staff to function at those facilities within their present scope of practice. Currently, nurses employed in these settings are prohibited from providing professional and customary nursing services and forced to call 911 to perform the most minimal of health interventions. This results in the unnecessary use of emergency responders, and residents visiting an emergency room, which is frequently unwarranted. Allowing nurses to assess or evaluate residents, perform some health monitoring duties, and administer first aid could greatly diminish unwarranted emergency room use.
- In assisted living residences, revamp requirements to allow nursing staff to provide functions within their scope of practice to avoid emergency care.

Thank you for your time and attention to these recommendations. If you have any questions, please feel free to contact me at (518) 431-7702 or at dlebarro@hanys.org.

Sincerely,



Debora LeBarron
Senior Director, Continuing Care

DL:sm