

# New York StateWide Senior Action Council

# MEMBER UPDATE

Spring 2013



María Alvarez,  
Executive Director

## STATEWIDE MEMBERS VOTE FOR NEW STRUCTURE: CONTINUE TO FIGHT FOR ECONOMIC SECURITY.

During StateWide's 40th Anniversary Convention last October, the membership adopted new by-laws. One of the main changes is it permits new chapters to be formed with at least 10 members in any county where there is no functional chapter currently.

The Board developed draft Chapter by-laws with members for groups interested in expanding our presence in their local areas. Our current 7 Chapters (Western NY, Central/Finger Lakes, Capital District, North Country, Lower Hudson Valley, New York City and Long Island) will become StateWide regions that will hold elections for regional representation to the Board of Directors.

This year our members have been at the forefront advocating for programs that protect their economic security including

healthcare counseling, patients rights, EPIC, food security, and age-friendly banking among other things. In addition, we have been rallying throughout the state demanding the preservation of programs such as Medicare, Medicaid, Social Security and the Older Americans Act programs which keep this generation leading dignified lives in the community.

As you can see, StateWide is growing and getting stronger. Thanks for being a part of our success. Our 41<sup>st</sup> Convention will be on October 15 and 16 in Saratoga Springs. We hope to see you there!

### Inside this issue:

Executive Director Message	1
Federal Budget Update	2-4
Medicare Update	5
Observation Status	6
Patient Advocates Program	7
Managed Long Term Care Plans	8
Medicare Medicaid Fraud	9
State Budget Update	10-11
Welcome New Members	12-13
Age-Friendly Banking	14
Membership Dues Application	15
Save the Date—Convention	16

**Medicare Patient's Rights Helpline 1-800-333-4374**

## FEDERAL BUDGET PROBLEMS IMPACT AGING SERVICES.

Leading up to Election Day 2012, Congress and the President made an agreement to adopt Sequestration if lawmakers could not concur on how to address the federal deficit. This entailed balancing the cuts between domestic and defense spending, with a protection against cuts in Medicare, Medicaid and Social Security. To avoid Sequestration, Congress and the President would be forced to correct automatic spending cuts to good programs and funding of wasteful programs. But it did go into effect, and now we are seeing nationwide consequences to important programs, including the Older Americans Act funding and other programs that struggling families and older residents count on to keep them from living in poverty such as food stamps, heating assistance and housing supports.

### OLDER AMERICANS ACT PROGRAMS

Meals on Wheels  
Transportation  
Congregate Meals  
Personal care  
Caregiver Supports  
Senior Employment

With disruptions caused by the Sequester induced furlough of air traffic controllers, Congress acted swiftly to avert problems. Yet, there has been no action to protect the social safety net.

StateWide members have been raising concerns about Sequestration at rallies, press conferences and town hall meetings.



No Bargain Rally—Feb 20, 2013, NYC

### Other complications related to budget negotiations include:

- ◆ House Republican Majority **will not** repeal the Sequestration, but **will** use the reduction as the new baseline for future budget debates;
- ◆ Without a current budget, the government functions at 2012 funding levels;
- ◆ The next Debt Ceiling deadline is in May, but budget officials say that there will not be a debt ceiling crisis until August.

## CONGRESS AND THE PRESIDENT HAVE PROPOSED DRASTICALLY DIFFERENT BUDGET PROPOSALS.

### THE PRESIDENT'S BUDGET

- ◆ Balances spending cuts and revenue increases.
- ◆ Makes a significant – and unacceptable – change in the cost of living calculation for Social Security, claiming \$230 billion in savings over a 10 year period through implementation of the chained CPI.
- ◆ This proposal will result in an average \$130 yearly cut to a 65 year old that will escalate to the loss of an average full month's payment by the time that senior reaches age 92.
- ◆ Numerous changes to Medicare, raising premiums based on income and reducing drug costs.

### CONGRESSIONAL PROGRESSIVE CAUCUS PROPOSES

- ◆ Investing in job development.
- ◆ Protecting and adding funds to social services programs.
- ◆ Funding for expansions derived from tax code changes, making some defense spending cuts and ending war funding.

### THE HOUSE REPUBLICAN MAJORITY'S BUDGET RESOLUTION

#### Similar to the "Ryan" Budget Bill of 2012.

- ◆ Reduces the deficit without increasing revenue, by cutting spending.
- ◆ Lowers tax rates for the wealthiest Americans.

#### Repeals the Affordable Care Act (Obamacare), eliminating:

- ❖ Medicare prevention benefits.
- ❖ Closure of the prescription drug loophole.
- ❖ Reduction in profit margin for managed care plans.
- ◆ Proposes a Medicare voucher program where enrollees purchase their own policy instead of a government rated/ approved insurance.
- ◆ Drastic cuts in food stamps and changes in other benefits.
- ◆ Offers no specifics regarding Social Security, but requires the President and Congress to submit a long term plan to reign in costs.

### THE SENATE DEMOCRATIC MAJORITY'S BUDGET RESOLUTION

- ◆ Balancing spending cuts and revenue increases.
- ◆ Protecting Social Security, Medicaid and Medicare beneficiaries from cuts.
- ◆ Eliminating cuts in food programs for vulnerable populations.



## **ACTION #1: Make these 4 phone calls:**

White House Comment Line: **202-456-1111**

Sen. Charles Schumer: **212-486-4430**

Sen. Kirsten Gillibrand: **212-688-6262**

YOUR Member of Congress: **202-224-3121**

(or go to [www.house.gov/representatives](http://www.house.gov/representatives))

## **What to say:**

*"No cuts to Social Security or other social programs in any budget deal. Create jobs, close corporate tax loopholes, negotiate lower drug prices, and cut defense spending instead."*

## **ACTION #2: Visit YOUR member of Congress**

Take a group of colleagues or neighbors to your Representative's local district office and share your thoughts about the current budget fight in Congress. We can provide you with all the background materials and suggested talking points (and join with you if you like.)



**BEWARE** of proposals that may be floated to raise the retirement age under Social Security, raising Medicare's eligibility age, and further means testing Medicare so that middle income seniors face further cost sharing.

**STAY INFORMED** and voice your concerns. Keep Medicare strong and pass it along!

## CONGRESS MAY FIX THE MEDICARE OBSERVATION STATUS PROBLEM.

Federal legislation has been introduced to address the problem of extended hospital days under observation status that currently prevents Medicare from paying for post-discharge nursing home or rehabilitative care. StateWide has been working on this issue for several years, and is delighted that Senator Schumer will support legislation to address the problem. The bill has been introduced, S569 by U.S. Senator Sherrod Brown, with Senator Schumer cosponsoring. It is the same as House bill HR 1179. The House bill has been co-sponsored by New York Congressmen Paul Tonko and Bill Owens.

## STATE LEGISLATURE POISED TO ACT ON OBSERVATION STATUS.

Senate Health Committee Chair Kemp Hannon has introduced legislation to require that NYS hospitals disclose to patients whether they have been admitted or if they are in observation status. This will give patients information needed to start an appeal. The New York bill, S3926, has been favorably acted upon by the Senate Health Committee.



Senator Schumer with StateWide supporters Thalia and Ike Cassuto at the press conference announcing the bill.

## COURT SETTLEMENT GRANTS MEDICARE COVERAGE OF THERAPY- EVEN IF THERE IS NO IMPROVEMENT IN FUNCTION EXPECTED.

A court case known as Jimmo v. Sebelius has determined that therapy does not need to “result in continued improvement” - the term that many providers had used to justify Medicare billing. Therapy can be continued based on ensuring that the patient needs the services of a professional nurse or therapist to maintain their level of function or prevent or slow decline in the patient’s clinical condition.

This is an important change, especially for those Medicare beneficiaries who wish to remain in their own homes for as long as possible. In fact, it is consistent with federal policies that are promoting care at home rather than care in an institutional setting.

The court settlement ensures that when skilled services are required in order to provide care that is reasonable and necessary to prevent or slow further deterioration, coverage cannot be denied based on the absence of potential for improvement or restoration.

If you are told that you no longer have Medicare coverage for therapeutic care, ask your provider if they will appeal based on your need for their services to maintain a maximum practicable level of function.

## INPATIENT? OUTPATIENT? OR OBSERVATION STATUS?

Keep track of your status during a hospital stay! You may find yourself formally admitted as an inpatient; receiving short term outpatient services; or – with a doctor’s order – being held for observation. As a Medicare beneficiary, your status affects how much you will be paying and how much Medicare will be paying for the services you receive while in the hospital and whether Medicare will continue to cover subsequent skilled nursing facility care.

### Consider these status classifications.

- ◆ **You are an inpatient** if you have a doctor’s order admitting you as one. Medicare Part A pays for hospital services and skilled nursing facility care.
- ◆ **You are an outpatient** if you are receiving medically necessary hospital services and a doctor has not written an order to admit you as an inpatient. Medicare Part B pays for outpatient services.

The distinctions seem straightforward. But when you are with a doctor’s order, held for observation, your status becomes a bit more difficult to identify.

Observation status refers to the classification of a patient in a hospital as an

outpatient, even though, just like a patient classified as an inpatient, the person is placed in a bed, stays overnight, and receives medically reasonable and necessary hospital care. Remember that outpatient services are covered by Medicare Part B and the beneficiary will have higher Medicare co-payments. Furthermore, if you do not have three consecutive days of hospitalization as an inpatient, Medicare will not cover a subsequent stay in a nursing home. The financial impact can be significant.

Keep track of your status during your hospital stay! Ask your doctor and other hospital officials whether you are an inpatient or an outpatient being held for observation. And because your status may change during your hospital stay, keep asking the questions!

*Contact the StateWide Senior Action Council’s Patients Rights Helpline. We can explain the issues, options and ramifications of observation status. The Helpline is toll free at 1-800-333-4374. Information is also available at [www.nysenior.org](http://www.nysenior.org).*



Under the Affordable Care Act (ACA), new rules apply to Medicare's

hospital coverage. Seniors who are unaware of these changes can end up with thousands of dollars worth of hospital and follow-up rehabilitation costs. In addition, readmission to the hospital can be prevented by learning about key hospital discharge processes and community care.

## WHAT IS STATEWIDE DOING?

StateWide is partnering with Atlantic Philanthropies and other organizations to implement the Patient Advocates Program. The program's goals include:

- ◆ To identify senior citizens across New York State experiencing problems with these new policies.
- ◆ To train 100 peer advocates to help seniors learn how to negotiate the system while informing policy makers to help them make the necessary course corrections to our health care system.

## YOU CAN HELP!

- ◆ **Provide Case Examples.**  
Tell us your specific case or problem and if you experienced difficulties with changes in admission, discharge, or reimbursement policies for hospital inpatient or outpatient care.

- ◆ **Attend a Regional Informational Meeting.**  
We're holding 10 regional meetings across NYS to inform interested seniors about how to work with interested organizations and consumers to build a coalition to change harmful policies.
- ◆ **Become a Volunteer Patient Advocate.** StateWide will provide volunteers with training, information, and monthly phone conferences to share information and update volunteers on key policy issues and resources.

To share a case example or learn how you can become a Patient Advocate contact us:

- ◆ Your local StateWide Chapter
- ◆ Toll-free: 1-800-333-4374
- ◆ E-mail: [StatewidePatientsRights@gmail.com](mailto:StatewidePatientsRights@gmail.com)

Our Patients Rights efforts have been expanded with a generous grant from **Atlantic Philanthropies**. **Marcus Harazin** will be implementing StateWide's new initiative on Patient Advocacy. A lifetime member of StateWide who has recently retired as Deputy Director of the NYS Office for the Aging, Marcus will be making presentations throughout the state to help seniors negotiate the health care system and collect information to inform policy makers about needed changes in the health care delivery system.

## NEW INITIATIVES

Did you know that if you are on Medicaid as well as Medicare and need or use more than 120 days of long term care services you will eventually be required to enroll in a managed long term care plan?

New York State is moving toward providing integrated services and care management for all Medicaid recipients by April 2016. At this time, there are exceptions to this mandate. If you are required to join a plan, you will receive a letter stating that you must join a plan within 60 days or the state will enroll you in a plan of their choice, not yours.

Eligible individuals in New York City, Nassau, Suffolk and Westchester Counties have already received their letters. It is expected that individuals in Rockland and Orange Counties will receive their letters notifying them of their need to enroll in a plan in June, 2013 with Albany, Erie, Onondaga and Monroe Counties joining in December. Enrollment is expected in other counties with managed long term care plan capacity by June, 2014.

It is important that you are informed about this new initiative. If you need help in sorting out these different alternatives, **StateWide Can Help.**

- **Cynthia Rudder, PhD**, StateWide lifetime member, is our representative on two important NYS Dept. of Health committees which strengthen StateWide's role in Patient's Rights Advocacy. Cynthia is the former Executive Director of the Long-Term Care Community Coalition. She has published a number of reports and articles on nursing home issues and was recently awarded a Lifetime Achievement Award from the Center for Medicare and Medicaid Services.

## TYPES OF PLANS

There are three types of plans:

- ❖ One of which is *partially* capitated (they receive a capitated amount for long term care services only; you must choose from the plan's network of providers for your long-term care needs)
- ❖ Two which are fully capitated (they receive a capitated amount for both Medicare and Medicaid services to integrate them; you must choose *all* of your providers from the plan's network for all your care needs):
  1. **Managed Long Term Care Plans (MLTC)** which are *partially* capitated. Your Medicare services and physicians can remain the same, with the plan helping to coordinate with your long term care needs.
  2. **Programs of All-Inclusive Care for the Elderly (PACE)** are *fully* capitated and use an adult day care center model where you get all of your services at the center. PACE serves individuals who are age 55 or older, certified by their state to need nursing home care, and are able to live safely in the community at the time of enrollment.
  3. **Medicaid Advantage Plus** plans are also *fully* capitated. This type does not use the adult day care model; however you must join the plan's Medicare Advantage plan as well.

## WHY SHOULD YOU CARE ABOUT MEDICARE/MEDICAID FRAUD?

Medicare/Medicaid loses billions of dollars to fraud every year. Healthcare fraud undermines the confidence we put into our healthcare system and compromises the quality of care we all receive for ourselves and family members.

Medicare/Medicaid fraud is a crime. By taking a few simple steps of identifying and reporting fraud you will play a key role in improving our city, state, and country's healthcare system and guaranteeing solvency.

### TIPS TO KEEP YOU SAFE

- ◆ Always read your Medicare Summary Notice ( it comes to you via US mail every three months).
- ◆ Never give your Medicare/Medicaid number to strangers.
- ◆ Don't be pressured into getting medical equipment, supplies or health insurance.
- ◆ Ask your Doctor/healthcare professional to recommend medical services and equipment.
- ◆ Don't let anyone talk you into contacting your doctor to request a service or product you don't need.
- ◆ Never give your Medicare/Medicaid number to anyone for a "free" service or piece of equipment.

- ◆ Remember that if it's "free" they don't need your Medicare/Medicaid number.
- ◆ Never accept medical supplies from a door to door salesperson.
- ◆ Never let anyone look at your medical records or prescription medications unless you have contacted your doctor or pharmacist and gotten their approval.

### FRAUDULENT PRACTICES

- ◆ Receiving bills for goods and/or services not provided, items already paid for, patient visits that did not take place.
- ◆ Not receiving all the medications due to you without an explanation from the pharmacist. Count your pills!

### REMEMBER

You are encouraged to report suspected abuse of Medicare/Medicaid to the **SMP Medicare Fraud Hot line at 1-877-678-4697.**

If you would like more information about Medicare/Medicaid Fraud, contact **NY StateWide Senior Action Council.**

*Did you know that you should treat your Medicare/Medicaid card like you treat your credit cards, passport, and birth certificate? You should treat them like the important documents they are. You only use these documents when they are needed, otherwise you keep them at home safe and secure.*

## STATE BUDGET ENACTED ON TIME

Adopted just prior to the April 1<sup>st</sup> deadline, the State Budget affects programs of importance to older New Yorkers and their families. The Budget closes a \$1.35 billion gap that existed between revenue and spending. The gap is closed mainly through a billion dollars of spending controls. The budget totals almost \$61.2 billion of state dollars, which is \$1.8 billion or 3 percent more than last year. When Federal funds are factored in, the total dealt with in the state budget is \$141.3 billion, for growth of 4.2 percent.

However, much of that is not additional funds for services already in existence; most of the new federal funding is dedicated to help pay for the clean-up of Super Storm Sandy and the state's implementation of the Affordable Care Act.

When these new funds are factored out, the combined growth is only .74 percent over last year. This highlights the stagnation of Federal funds for Older Americans Act programs and other safety net supports, which have not kept pace with need.

The State Budget included a number of tax changes and investments, including an early three year extension of the Millionaire's Tax, part of the 2011 Personal Income Tax reform and a new \$350 tax credit for families with children under 17 that starts in 2014.

The Budget also phases in a raise in the minimum wage to \$9 per hour in 2015 and provides some support to small business to help with the added expense.



**NYSOFA** Some additional funding was added to the State Office for Aging (SOFA) budget to provide a focus on elder abuse education and outreach. Funds are also identified for a training program for Social Model Adult Day Services and for enrollment assistance in the Supplemental Nutrition Assistance Program (SNAP is the new name for federal food stamps.) So there would be no confusion, the budget language also changed the name of the State funded supplemental nutrition program from SNAP to the Wellness in Nutrition Program.

### **STATEWIDE'S PATIENTS RIGHTS HELPLINE AND MANAGED CARE CONSUMER**

**ASSISTANCE PROGRAM** were continued at last year's level of funding. It should be noted that Helpline funding was reduced by 50% in 2011 and that level has remained in place, reducing StateWide's funding for this important program.

**AGING SERVICE PROVIDERS** should be aware that there are new provisions related to staff exempt from Social Work licensure. Additionally, the scheduled cost of living allowance for EISEP and CSE staff has been deferred once again. EISEP and CSE funding decreased this year to adjust for implementation of the census based formula for distribution of allocations, despite the fact that there is increased need for services that support aging in the community.

### **DEVELOPMENTAL DISABILITIES**

The State Budget targeted a huge cut in services for populations with developmental disabilities. The cut reflects a federal government concern that the state was overbilling Medicaid for costs to serve this population. Regardless of funding source, the services are important and funding cuts will be monitored by advocates.

### **HEALTH PROGRAMS**

In the Department of Health budget, the Legislature refused to place many public health programs into a competitive system to receive funding that has been provided for many years. There was a reduction in funding to achieve savings; this is similar to an approach that was used in 2010 that impacted funding cuts in the SOFA budget, including cuts to StateWide's core services.

**MEDICAID** The Health budget includes implementation of the Medicaid Redesign Team's (MRT) plans to control spending, and accelerates the implementation of Managed Long Term Care for dual eligibles (those receiving both Medicare and Medicaid.)

Unfortunately, changes needed to preserve continuity of services during appeals were not included in budget



language. Another MRT proposal that would have eliminated the right of spousal refusal under community based Medicaid was rejected, with the Legislature expressing concern about the possibility of impoverishment when one spouse needs Medicaid.

The Legislature rejected changes that would have limited prescribers under Medicaid, allowing for the current standard so that a prescriber can override a managed care plan's denial of a drug not on their formulary. Important funding changes were made to promote transparency and appropriateness of hospital charity care payments. Additionally, Family Health Plus is repealed as the Health Exchange is implemented and steps were taken to make sure those that qualify will be able to purchase affordable coverage.

## New Individual Members:

Judy Adams	Nyack
Nellie Arce	New York
Les & Lois Armstrong	Ogdensburg
Laura Bachelder	Schenectady
Rhoda Baldwin	Massena
Merlene Bell	Buffalo
B. Pyne Bertsche	Bronx
Louise Bixley	South Colton
Irene Bland	Staten Island
George & Mary Bonczek	Schenevus
Alice Brody	Albany
Carrie Bryant	Buffalo
Adeline Bunche	Brooklyn
Austin & Lillian Cabral	Cato
Benjamin Cashaw	Buffalo
Genevieve Cervera	New York
Laura Chodos	Saratoga Springs
James Clemons	Buffalo
Loren Connors	Brooklyn
Ann Converso	Lawtons
Eustene Corbin	Brooklyn
Helen Crenshaw	Stillwater
Thomas & Connie Daly	Russell
Dorothy DeMay	Newark
Esther Dolecki	Salamanca
Marvin & Jane Eisenberg	Kingston
Marion Fox	Flushing
Roberta Garden	Staten Island
Elvie Gibbon	Brooklyn
Noella Gilhooly	Albany
Sharon Green	Brooklyn
Eric Hausman	Staten Island
Barbara Heaney	Nanuet
Lorraine Heilweil	New York
Star Hesse	Narrowsburg
Anita Hines	Buffalo
Ruth & Robert Jacobs	Ballston Spa
Arthur Johnson	Bronx
Julia Rosario Jorge	Bronx
Ronald Kenderian	Pomona
Barbara Koffsky	Beacon
Burton Kraft	Long Island City
Tina Lamont	Lockport
Sydell & Jerry Leibowitz	Spring Valley
Mary Leyva	New York
Mary Ellen Liona	New York

Jasper (Jack) Lofaso	Valhalla
Sharon Marshall	St. Regis Falls
Ellen Marshall	New Paltz
Linda Menifee	Buffalo
John & Fran Miller	Fine
Jill Mullen	Bellmore
Jeff Owen	Lyons
Diane Owens	Jamaica
Ruth Pannell	Brooklyn
Gloria Pickering	Brooklyn
James Plouffe	Williamstown
Orpah Posley	New York
Joan Quasar	Massena
Marlene Ramsey	New York
Patricia Reed	Saratoga Springs
Deb Riitano	Albany
Sigilfredo Roman	Bronx
Claire Sandorf	Bronx
Sheila Santini	Colonie
Vanessa Sarteno	Haverstraw
Patricia Sheridan	Kenmore
Barbara Spring	Albany
Carrie Stewart	Brooklyn
Frances Storm	Palmyra
Elizabeth Thompson	Bronx
Audrey Tobin	Canton
Margie Van Meter	Saratoga Springs
Robert Wallace	Calcium
Janice Whipple	Saratoga Springs
Darlene White	Madrid
Shevonne Wilder	New York
Linda Williams	Buffalo
Sally Wydro	Cheektowaga
Sally Yeddo	Massena

## Contributors to the Rose Kryzak Fund:

Patricia Binzer, EdD	Glenmont
Barbara Boncek	Grahamsville
Alice Brody	Albany
Dr. Carole Campana	New York
Jeannette Chappell	Auburn
Robert & Patricia Cohen	Kingston
Richard & Margaret Corbett	Rome
Carolyn Crawmer	Clifton Park

Claire Dockery	New York
Esther Dolecki	Salamanca
Maureen Draganchuk	Middletown
Linda Dworetzky	Goshen
Anne & Sidney Emerman	New York
Mary Ann Fastook	Brooklyn
Henni Fisher	Brooklyn
Elvie Foster-Gibbon	Brooklyn
Joan Gahn	Kerhonkson
Ella Gordon	Flushing
David Keefe	Mineola
Elizabeth Kryzak	Flushing
Christine Mason	Saugerties
Suzanne Mattei	Brooklyn
Loren Connors	Brooklyn
Jack Mayer	Watervliet
Zach McClure	Norwood
Ellen McGann	Corona
Vernon & Beverly Miller	Harrisville
Sharon Murray-Cohen	Kingston
Roxane Offner	Tuckahoe
Ethel Paley	New York
Sigilfredo Roman	Bronx
Cynthia Rudder, PhD	New York
Kathleen Sanders	Albany
Lani Sanjek	New York
Roger Sanjek	New York
Nelsa Selover	Aurora
Edward Sidote	Norwich
Lois Siegel	Latham
John & Kathy Skelly	Heuvelton
Anna Stellwag	Orangeburg
Kathleen Sucich	New York
Arlene Tuff	New York
Richard & Sherry Watson	Hammond
Janice Whipple, PhD	Saratoga Springs

## New Organization Members

The Memory Center	Brooklyn
Hospice of NY	LI City
SSIP – Kingston	Kingston
Goddard-Riverside	
Community Ctr.	New York
Senior Umbrella Network of Brooklyn (SUN-B)	Brooklyn

**Thank-you for your support.**

## 40th Anniversary Contributing Members

Priscilla & Emmett Bassett	Grahamsville	Morningside Retirement and Health Services	New York
Muriel Beach	New York	The Memory Center	Brooklyn
Mike Bishansky	New City	NYS United Teachers	Latham
Brooklynwide Interagency Council on Aging	Brooklyn	Ethel Paley	New York
Mike & Kate Burgess	Delmar	Roberta Paley	Monsey
Cayuga County Council of Senior Citizens	Auburn	Diane Adele Pomeroy	Spring Valley
Deborah Hanish-Schreyer	Averill Park	Catherine Raycroft	Niskayuna
Edith Dressler	Flushing	Pearl Reeves	East Elmhurst
Dorothy & Landell Fields	South Fallsburg	Adelle Rogers	S. Ozone Park
Hazel Foster	Brooklyn	Muriel Sallie	Kew Gardens
Lowell Green	Bronx	Kathleen Sanders	Albany
Harold & Eva Greene	Schenectady	Lani & Roger Sanjek	New York
Abdul Hakim	Woodside	SelfHelp Community Services	New York City
Marcus Harazin	Delmar	Senior Legislative Action	
Mario C. Henry	Flushing	Committee of Sullivan County	So. Fallsburg
Ruby V. Hodge	Brooklyn	Services Now for Adult Persons	Queens Village
James L. Jackson, Sr, Ph.D.	Cheektowaga	Constance Slater	South Fallsburg
Julie Kosikowski	Youngstown	South Fallsburg Seniors, Inc.	South Fallsburg
Kryzak Family & Friends		St. Lawrence County Council of Senior Citizens	Norfolk
LifeSpan of Greater Rochester	Rochester	Anna Stellwag	Orangeburg
Loch Sheldrake Senior Club	Loch Sheldrach	The Retirees Association of DC37, Chapter 37	New York City
James Lyttle	Kiamesha Lake	Elizabeth Thompson	Bronx
Suzanne Mattei	Brooklyn		
Al Meehan	Spring Valley	<b>New Lifetime Members:</b>	
Mercy Care of the Adirondacks	Lake Placid	Sharon Murray-Cohen	Kingston
Midwood Senior Citizens Center	Brooklyn	Ira & Sherry Plutzker	Brooklyn
Nancy Miller	New York	Cynthia Rudder, PhD	Manhattan
Moravia Senior Citizens	Moravia		

### *Eva Greene*

It is with great sorrow that we announce the passing of our Board Member, Eva Greene. Eva and her husband, Harold, were long-standing members of the Capital District Chapter of StateWide. A teacher by profession, Eva ensured that the exact implementation of StateWide's core mission as a grassroots advocacy organization in favor of the improved quality of life of seniors in New York State, was preserved and promoted.

Eva's commitment to StateWide with her time and resources will always be appreciated and remembered by her friends and fellow board members.

**Thank-you for your support.**

## STATEWIDE JOINS AGE-FRIENDLY BANKING MOVEMENT.

As part of its National Neighbor Silver Program, StateWide will be joining its funder, the National Community Reinvestment Coalition (NCRC) in promoting the concept of economic justice and income security for seniors in New York State.

Recognizing that senior citizens are one of the fastest growing segments of the population, and that this cohort is affected by increased financial fraud and abuse, a lengthy economic recession and a technological shift in banking, our objective is to prevent and combat unfair financial and banking practices which leaves thousands of older New Yorkers in a precarious and vulnerable position. The widening divide between the needs of this aging population and the offerings of the mainstream financial marketplace can no longer be overlooked by the financial services industry.



StateWide, working in partnership with financial institutions, regulators, community advocates and the aging network, plans to launch age-friendly banking campaigns at stronger financial products, services, and protection for older adults.

Along with NCRC, StateWide will continue to advance age-friendly banking with a forthcoming series of age-friendly banking policy papers that will provide in-depth policy analysis and recommendations on major age-friendly banking principles, including:

- ◆ Fraud and Abuse Customized Financial Services and Products for Older Adults
- ◆ Age-Friendly Banking Standards and Campaigns
- ◆ Aging in Community
- ◆ Income Supports and Benefits
- ◆ Housing Counseling

# Membership Dues Application

This may be your last newsletter! If there is an asterisk (\*) next to your name on the mailing label you currently owe your 2013 dues. Membership dues are for the calendar year – January 1 – December 31.



**New York StateWide Senior Action Council, Inc.**

**By joining StateWide**, you can have an impact on state and federal issues of importance to older New Yorkers. You can also help spur your peers to become more knowledgeable about issues including Medicare, Social Security, prescription drugs, long-term care, patient's rights and NYS budget issues.

StateWide Senior Action is a not-for-profit, grassroots, advocacy organization of older New Yorkers, founded in 1972. With your membership, you will receive *Senior Action News*, information about our annual conference, local meetings and more! Updates are available on the Web at: [www.nysenior.org](http://www.nysenior.org).

**Yes, Count me in! I want to join New York Senior Action Council.**

Name: \_\_\_\_\_

*(If Couple membership, please include both names)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Chapter (if known): \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Affiliated Organization (if any): \_\_\_\_\_

- ◆ Individual Membership - \$15.00/year
- ◆ Couple Membership - \$20.00/year
- ◆ Lifetime Membership/Individual - \$150.00
- ◆ Lifetime Membership/Couple - \$200.00
- ◆ Your organization will receive 20 copies of

I am a:  New Member  Renewing Member

Additionally, I would like to make a contribution of \$ \_\_\_\_\_ to the Rose Kryzak Legacy Fund to assist StateWide's efforts in forwarding senior advocacy across New York State.

TOTAL ENCLOSED: \$ \_\_\_\_\_ Make checks payable to: **NY StateWide**

sp13news

**Senior Action Council, Inc.**

Please return this form, along with payment to: **New York StateWide Senior Action Council, Inc.**  
275 State Street Albany, NY 12210

# STATE WIDE

**New York StateWide Senior Action Council, Inc.**  
275 State Street, Albany, NY 12210 • (518) 436-1006 • Fax (518) 436-7642  
[www.nysenior.org](http://www.nysenior.org)

Our State Bill Tracker is updated monthly and posted to our website [www.nysenior.org](http://www.nysenior.org).

If you would like a copy mailed to you, please call our office.

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## SAVE THE DATE!

**New York StateWide Senior Action  
Council's Annual Convention**

**Date:** October 15—16, 2013

**Location:** Saratoga Springs  
Holiday Inn

*More information to come!*

