New York StateWide Senior Action Council, Inc.
2012 Annual Convention

October 9, 2012 – Saratoga Springs NY

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NYS Office for the Aging

NYSOFA Mission

- The mission of the New York State Office for the Aging is to help older New Yorkers to be as independent as possible for as long as possible through advocacy, the development and delivery of person-centered, consumer-oriented, and cost-effective policies, programs and services which support and empower older New Yorkers and their families, in partnership with the network of public and private organizations which serve.

New York State
Office for the Aging

The Older Americans Act

"Countervailing Force" to Medicare and Medicaid

- The primary federal discretionary funding source for home and community based services for older adults
- The goal: keep older adults healthy and independent, and living in the community.
- Established the Aging Services Network
- Focused on multi-disciplinary partnerships at community level
- Evolution over time

47 Years Later – The Scope of Service Delivery from the Aging Network

Over time – Medicare and Medicaid grew exponentially, OAA did not keep pace – health and long term care – crisis driven – treat rather than prevent

- Based on complete SFY 2009-2010 data:

  - Almost 580,742 older persons were served by AAAs

  - Approximately $425 million in services for older persons

    Does not count similar services provided by other entities such as non-profits, faith-based community, etc.

NY's Key Aging Network Components

- Federal Statutory Authority - The Older Americans Act (OAA)
  - Senator Sanders Reauthorization Bill Introduced
- Federal Funding - Administration on Aging (AoA)
- State Statutory Authority – Elder Law
- State Funding
- 59 Area Agencies on Aging (AAAs)
- Over 1,400 Subcontracted Service Providers
- Thousands of Volunteers - $1.34 billion economic value
- Advocates
- Older Consumers & their Families
- Network of non-affiliated providers – i.e. United Way, faith-based providers, CAP agencies, town sponsored programs, etc.
- Partners from others systems – transportation, health, public health, etc.

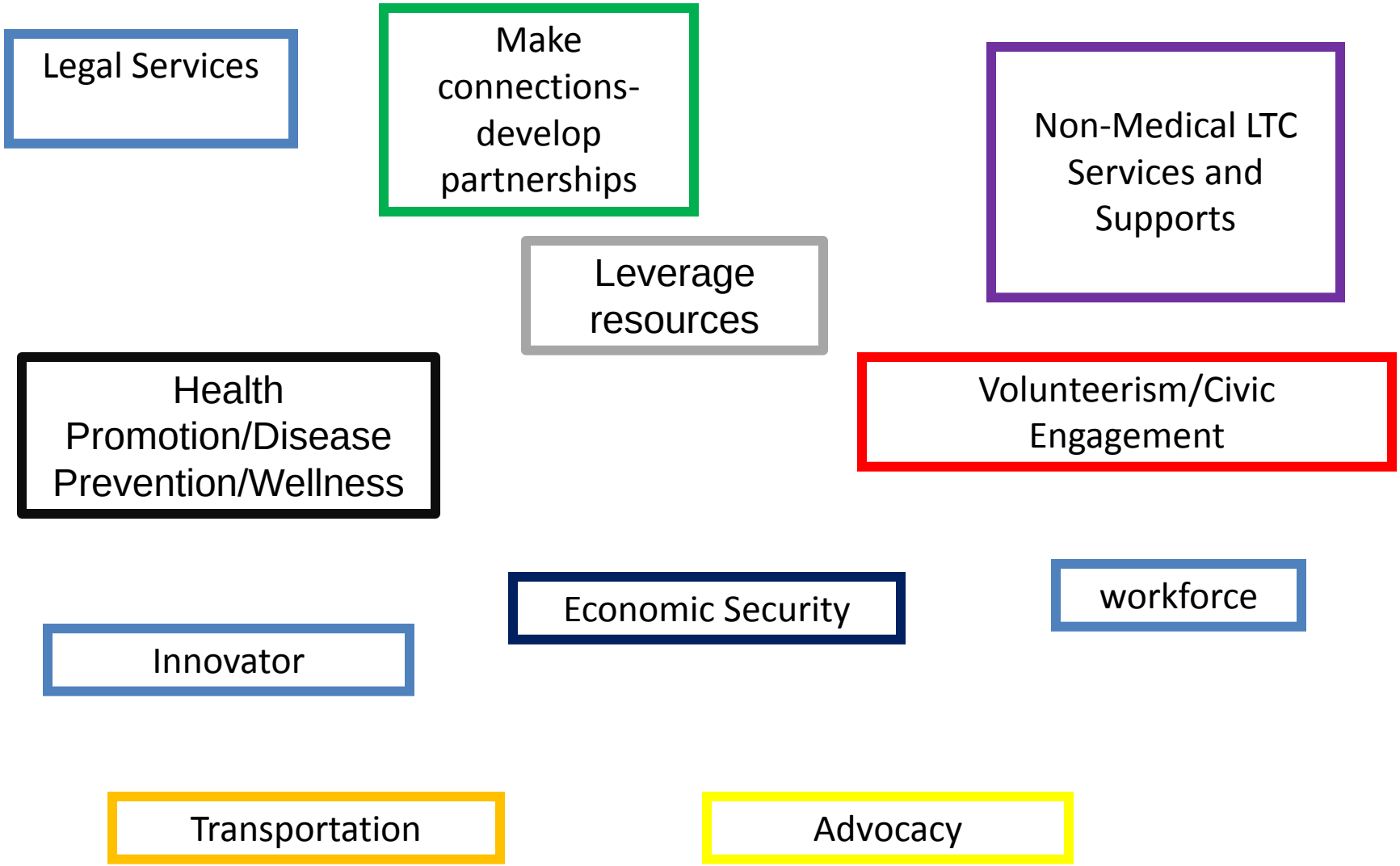
Services Provided by the Aging Network

- Case Management
- Personal Care Level I and II (non-Medicaid)
- Ancillary services such as PERS, those that maintain or promote the individual's independence such as:
    - (i) purchasing/renting of equipment or assistive devices
    - (ii) purchasing/renting, maintaining and repair of appliances
    - (iii) personal and household items
- social adult day services
- transportation to needed medical appointments, community services and activities
- those that maintain, repair or modify the individual's home so that it is a safe and adequate living environment, such as:
    - (i) home maintenance and chores
    - (ii) heavy house cleaning
    - (iii) removal of physical barriers
- those that address everyday tasks, such as:
    - (i) house cleaning
    - (ii) laundry
    - (iii) grocery shopping, shopping for other needed items and other essential errands
    - (iv) bill paying and other essential activities

Services Provided by the Aging Network

- Home delivered meals
- Congregate meals
- Nutrition counseling & education
- Long Term Care Ombudsman
- HIICAP
- Employment
- Medicare prevention, screening and wellness
- Options counseling, benefits and application assistance
- Legal Services
- Senior center programming
- EBI – CDSMP, fall prevention
- Volunteer opportunities
- ADRC – aging and disability resource center
  - No wrong door – objective info and assistance on LTC
- Caregiver support services
  - Support groups
  - Training
  - Respite

Aging Network



Innovative Aging Network Program Development in NYS – Recognizing the Role of Network

2006 OAA Amendments, ARRA and ACA – Build and Strengthen Multidisciplinary partnerships – ADRC as Foundation

- ADRC Authorization
- CDSMP
- NHD/CLP
- Options Counseling
- ADRC Expansion Grants
- Veterans Directed
- Lifespan Respite
- Care Transitions
- Systems Integration - Part A and B
- CMS Innovations
- CDSME
- ADRC 2012 – Options Counseling

WHY?
New York State
Trends in Demographics (2010)

Population Trends	2000	2008	2010	2015	2020	2025	2030
Total Population	19,000,135	19,460,969	19,566,610	19,892,438	20,266,341	20,693,354	21,195,944
Ages 5 and over	17,763,021	18,216,035	18,314,451	18,619,147	18,985,160	19,398,722	19,874,195
Ages 60 and over	3,211,738	3,558,460	3,677,891	4,027,480	4,499,549	4,962,734	5,302,667
Ages 65 and over	2,452,931	2,559,826	2,588,024	2,851,524	3,191,141	3,615,695	4,020,308
Ages 75 and over	**1,180,878**	**1,281,459**	**1,259,873**	**1,242,577**	**1,332,145**	**1,561,652**	**1,815,879**
Ages 85 and over	**314,771**	**403,129**	**417,164**	**442,958**	**454,298**	**486,682**	**566,423**
Ages 60-74	2,030,860	2,277,001	2,418,018	2,784,903	3,167,404	3,401,082	3,486,788
Ages 75-84	866,107	878,330	842,709	799,619	877,847	1,074,970	1,249,456
Minority Elderly, 60 and over	736,742	981,360	1,062,919	1,277,197	1,552,380	1,865,871	2,180,775
Ages 65 and over	506,282	674,022	716,078	872,889	1,058,974	1,296,349	1,574,537
Ages 75 and over	198,537	285,885	303,764	357,680	426,448	537,061	672,261
Disabled (ages 5 and over)	3,606,192	3,784,789	3,831,083	3,952,167	4,096,932	4,253,653	4,400,598
Ages 5 to 17	257,194	246,675	244,978	246,999	252,089	255,876	260,507
Ages 18 to 59	2,206,913	2,206,913	2,210,226	2,198,510	2,161,587	2,141,246	2,156,392
Ages 60 and over	1,201,431	1,331,201	1,375,879	1,506,658	1,683,257	1,856,532	1,983,699
Poverty,(1) Age 60+	352,835						
Below 150%	652,365						
Below 250%	1,201,110						
Housing (Own/Rent), 60+,(2)	158,860/92,900						

Source: NYS Data Book, 2010, © NYSOFA

AAA's and Network Providing Services WHERE PEOPLE ARE

- Have a strong ground game – 59 AAA's and over 1,400 subcontractors
- Have extensive experience in working in and navigating complex systems
- Operate/administer myriad of programs and services – not a one trick pony
- Understand the valuable role caregivers play and work to maximize family support
- Understand public benefits, counseling and are seasoned in helping individuals and families with diverse applications for a myriad of programs
- Are mobile and can "go to" the client's home/other community setting
- Are adept at leveraging resources and building sustainable partnerships
- Have a culture of helping and are trusted locally
- Are positioned to be an important part of a new system that will:
  - Focus on prevention and preventive services and screenings
  - Manage chronic conditions through EBI's
  - Reduce reliance on Medicaid, maximize private pay
  - Better target those at risk and coordinate their care
- Are an important part of economic development/sustainability

Economics of Aging – Opportunity to Dispel Myths

The growth of the older population and the baby boomers

=

opportunities

Economic, social and intellectual capital

Does not have to equal high cost – Change the model

Aggregate Income by Age - NYS

Ages	Aggregate Income	% of Total
Less than 24	$22,434,274,582	4.17%
25 to 44	$204,658,371,951	38.01%
45 to 64	**$235,878,868,294**	**43.81%**
65 and over	**$75,498,394,809**	**14.02%**
	TOTAL $538,469,909,636	

In addition to the billions in income generated from this age group, according to the AARP, **persons over the age of 50 control half of the country's discretionary spending**.

In New York according to the U.S. Census Bureau, 2005-07 American Community Survey 72 percent of persons over 60 own their own homes - pay real property taxes and do not create additional demands on a community's local school system.

Source - Current Population Survey, March Supplement, 2011.

	Allegany	Cattaraugus	Chautauqua	Erie	Genesee
Tot Population	49,157	79,689	133,503	909,247	57,868
Age 45-64	13,105 (27%)	23,295 (29%)	37,982 (28.5%)	254,425 (28%)	16,987 (29%)
Age 65+	7,163 (15%)	12,519 (16%)	21,737 (16%)	144,021 (16%)	9,444 (16%)
Age 45+	20,268 (41%)	35,814(45%)	59,719 (45%)	398,446 (44%)	26,431 (45.7%)
Income					
Age 25-44	$288.7 million	$519 million	$880.3 million	7.8 billion	$417.8 million
Age 45-64	$454.1 million	$787.6 million	$1.3 billion	$11.2 billion	$661 million
Age 65+	$173.6 million	$282 million	$512.7 million	$4.2 billion	$211.2 million
Income age 45+	$627.7 million	$1.1 billion	$1.3 billion	$15.4 billion	$872.2 million
Home ownership					
65+ Own Home	81.6%	81%	76%	74.3%	77%
No Mortgage	80.3%	78%	75.4%	74%	75%
Volunteers (65+)	1,867	3,264	5,667	37,548	2,462
Hours	130,696	228,421	396,613	2,627,804	172,315
Value	$3.7million	$6.4 million	$11.1 million	$73.6 million	$4.8 million

METRICS AND OUTCOMES

THAT SUPPORT

LONG HEARD OF ANECDOTES

NYSOFA Programs serve individuals at risk of nursing home placement and Medicaid spend-down

EISEP Case Management

Average age – 81.2
47% below 150% of poverty
85% difficulty in 3+IADL
30% difficulty in 3+ ADL
39% at nutritional risk
62% live alone
State Cost - $359
Local Cost - $119

EISEP Personal Care level I and II

Average age – 83.5
58% below 150% of poverty
91% difficulty in 3+IADL
45% difficulty in 3+ ADL
42% at nutritional risk
69% lived alone
State Cost - $2,369
Local Cost - $789

Home Delivered Meals

Average age 80.8
44% below 150% of poverty
77% difficulty in 3+IADL
23% difficulty in 3+ ADL
42% at nutritional risk
59% lived alone
$6.49 per meal

Social Adult Day Services

Average age - 81.5
32% below 150% of poverty
80% difficulty in 3+IADL
47% difficulty in 3+ ADL
22% at nutritional risk
24% lived alone
$9.72 an hour

Examples of Value of Aging Network

Local Long Term Care Councils, made up of staff from the local AAA and DSS, and stakeholders at the community level-- including consumers and advocates, are charged with developing a more cost-effective and responsive local long term care system and have produced tangible reform in many areas of the long term care system. Systems change examples include:

- **Co-Location -** During June 2010 in one upstate county, the Office for the Aging, NY Connects (comprised of co-located staff of the Office for the Aging and Department of Social Services), and Veterans Services Agency were all co-located. Each maintains its independence, working in collaboration to achieve efficiencies and better serve the public. Among the outcomes reported resulting from NY Connects and the co-location of these agencies are the following:

  - an 11 percent increase in contacts handled by an increase in efficiencies rather than an increase in staff
  - a single assessment that can trigger a multi-agency response as appropriate;
  - cross agency care planning meaning better service coordination;
  - 58 shared clients resulting in 684 miles not duplicated, 116 hours saved in reduced drive time and assessment staff time and a savings of $2,495 for the County.

Value of Aging Network

Nursing Home Diversion and Transition Program (2008) and the Community Living Program (2009):

- Targets individuals at imminent risk of Medicaid spend-down and nursing home placement. Allows individuals to maintain their independence and remain in their communities by offering consumer directed models of care, which allow individuals to be more involved and have more control over the types of services they receive and how they receive them.
  - Outcomes data shows that 81% of program participants were diverted from nursing home care resulting in savings of $643,250 per month ($7.7 million per year)

Value of Aging Network

- **ADRC Evidenced-Based Care Transitions Program (2010)**: Assists older adults with the transition from hospitals to home through evidenced based models, specifically, the Coleman model. The grant builds on the ADRC model which is an essential required component.

  - Program Data: From April to September 2011, the Albany NY Connects engaged in care transitions activities with 293 in-hospital patients (Albany Memorial Hospital, Samaritan Hospital, and Seton Hospital collectively). Of those 293 individuals, 228 went on to complete the 30 day Care Transitions Intervention. Of all individuals who completed the program - 7.8 % (18, far exceeding the baseline rate by an approximate 50%) were readmitted within the first 30 days after their hospital discharge further reduction in readmission.

Value of Aging Network

Chronic Disease Self Management Program (2009): Served over 5,000 community living older adults with chronic disease, engaged providers already delivering CDSMP in a statewide system, and built a regional infrastructure to offer and sustain high quality deliveries adhering to the fidelity of the CDSMP and other evidenced-based health programs. Among the deliverables is integration with NY Connects as a referral source.

- Results - overall health increased, fatigue was reduced, pain was reduced, there was a reduction in those reporting shortness of breath, physicians visits, ER visits, hospitalizations and hospital nights were all reduced, generating significant savings.
  - Savings - $600-$800 per year, per person who completes at least 4 of the 6 sessions

Value of Aging Network

- **Medicare Improvement for Patients and Providers Act for Beneficiary Outreach and Assistance (2010)**: *Expand, extend and enhance outreach efforts to increase participation in the Medicare Savings Program and Low Income Subsidy Program, provide assistance with Medicare Part D and increase the use of preventive services for beneficiaries***.** Collaboration between the State Health Insurance Program (known as HIICAP in NYS), Area Agencies on Aging (AAA) and Aging and Disability Resource Centers (**NY Connects**) are required.
  - Outcomes data shows that HIICAP involvement with helping individuals access "Extra Help" applications generated $14.3 million in benefits to low-income individuals that they would not have otherwise had, freeing up this amount to meet other daily needs. HIICAP assisted over 11,000 low income Medicare beneficiaries to apply for Medicare Savings Programs. The value of these applications, if there was an 80% application approval rate, this would result in $12.48 million in new or retained benefits for low-income older adults and younger persons with disabilities.

AAA's/Network Positioned to Be Partners/Vendors:

- Medicaid Managed LTC
- Medicare Advantage Plans
- Mainstream Managed Care
- Veterans
- Health Homes/Coordinated Care
- Private Pay Customers
- Hospitals
- Nursing Homes
- Physicians/Physicians Practices
- Rural Health Networks
- Planners, zoners, economic development
- Business

And play the role that it was intended to play as envisioned with the passage of the Older Americans Act in 1965 – the "Countervailing Force"

Other Key Activities

New York State Office for the Aging

- Empower Program
- Legal Services Initiative
- Livable New York
- Elder Abuse/Financial Exploitation – E-MDT's
- SNAP Benefits – Congregate and HDM Program
- https://mybenefits.ny.gov – added aging services to platform
- LTC Resource Directory – 20,000+ programs/services
- 1115 Waiver – Infrastructure Investment
- CMMI – Care Transitions & Nursing Home Diversion
- Local Public Health 4-Year Plan
- Partnership with OMH – behavioral health
- Olmstead Plan – MISCC
- Driving Interventions – AARP Partnership
- Group purchasing – Strategic Sourcing
- Minimum standards - SADS

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