STATE WIDE
New York StateWide Senior Action Council, Inc
Improving The Lives of Senior Citizens & Families in NY State
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TESTIMONY OF
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Before the NYS Assembly Committee on Aging

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My name is Gail Myers and I am the Deputy Director of New York StateWide Senior Action Council ("StateWide.") We are a grassroots organization with chapters throughout the state. In addition to the input of our members, we learn about problems in the aging and health care delivery systems from the two helplines that we operate through contracts from the NYS Office for the Aging as a result of state budget appropriations, the **Managed Care Consumer Assistance Program** and our **Patients' Rights Hotline and Advocacy Project.** These cases inform us on how the aging and healthcare systems' policies and practices are affecting residents; we then can inform policymakers to see if system corrections can be made. Before I dive into the topic at hand today, I would be remiss if I didn't share our appreciation for your expansion of our Patients' Rights project with an increase in funding for SFY 2018-19.

We thank you for holding today's hearing to explore programs and services that help older New Yorkers who want to remain in their homes and communities as they grow older. In December 2017, Governor Cuomo announced that our state became the first age-friendly state in the nation as a result of his directive to incorporate health and healthy aging into State Agency decision making. This is part of an effort that the Governor asserts will result in more livable communities for people of all ages and enable more New Yorkers to age comfortably in their homes. Your hearing today, along with the budget negotiations your Committee lead to expand services to older New Yorkers, will provide tangible strategies to truly ensure that people can live and age safely, independently and comfortably in their communities.

While your stated focus is on healthy aging and the best practices to enhance the quality of life for older adults, we cannot ignore the role of accessible and affordable health care and improved efforts to address the social determinants of health that are essential to an enhanced quality of life for aging residents. As a result, we hope that this Committee will share recommendations with your colleagues whose work impacts on healthy aging from other jurisdictions.

Last year at your hearing, I recommended review of a report, The 2030 Problem: Caring for Aging Baby Boomers that advises policymakers to think about three stages of community aging to guide planning and budgeting. Earliest is the healthy/active phase (when seniors downsize their housing, those with resources enjoy leisure and travel and those that are available are recruited to volunteer to help others.) Next is the slowing-down phase where the risk of becoming frail or socially isolated increases (when seniors look for supportive housing, transportation assistance and congregate services.) Last is the service-needy phase when an elder can no longer continue to live in the community without some active service in and round the home, and often live in costly medical model residential/custodial care when sufficient community services are unavailable to support aging in place. Most of the state's resources are dedicated to the last stage and we encourage you to invest in innovations and services that support the first two stages of aging while expanding services and reducing barriers to reach more seniors who need in home supports.

Now I call your attention to a new report by the Harvard Joint Center for Housing Studies (Housing America's Older Adults 2018), released Wednesday, November 14, 2018, that finds by 2035 one out of three American households will be headed by someone aged 65 and older. I recommend your review of the report (found at:

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http://www.jchs.harvard.edu/sites/default/files/harvard_jchs_housing_growing_population_execsum.pdf) and share with you two defining findings:

- *Over the next two decades, many older households will have the financial means to secure housing and supportive services suited to their needs as they age. The focus for these households should be on making informed choices about potential living situations and locations, investments in home modifications, and care—before physical or financial needs become pressing.*
- *Yet over the same period, millions of low-income older households will struggle to pay for appropriate housing and necessary supportive services. For these households, basic housing costs will drain*

resources needed to pay for home modifications or in-home services, and may force reductions in spending on critical needs like food and healthcare.

Therefore, we recommend that strategies to promote aging in community address the needs of two somewhat distinct populations of older residents – those with retirement wealth/financial means who can begin to plan to meet their future needs and those without adequate resources who will need assistance now. At the same time we should keep in mind the three stages of aging noted above.

Our testimony and recommendations today will be in three parts to improve 1) economic security – particularly important for those older households without retirement wealth, 2) access to quality medical care, home care and supportive assistive devices, and 3) housing and community engagement.

I. Improving Economic Security

Every effort must be made to address poverty among older New Yorkers. StateWide has partnered with the National Council on Aging & the Gerontology Institute at UMass to publish the NYS Elder Economic Security Index (EESI). This Index calculates the average cost for a senior (65 +) to live in the community, measuring how much income is needed for an older adult to adequately meet his or her basic needs – without public or private assistance – based on an elder's housing and health statuses.

59% of New York's senior households are not making ends meet today.

The index is calculated county by county, by marital status, and whether the residence is rented, owned, or mortgaged. This index is usually higher than the Federal Poverty Level (FPL) because we factor more accurate living circumstances. Our NYS Elder Economic Index reflects that 59% of senior households are not making ends meet today. This figure far surpasses the traditional Federal Poverty Rate of 11.6% or the adjusted Supplemental Poverty Rate of 18% because the NYS-EEIR takes into account the average cost of daily living in relation to an older New Yorker's income, rather than the traditional one-size-fits all approach that the FPL takes which is much less realistic.

Findings: In comparison to other states, older New Yorkers who rent (singles and couples) are paying the 7th highest cost of living rate in the nation. New York State elders – singles and couples – rate 3rd in the nation for seniors who are living above the FPL, but below the EESI – or "in the gap". Seniors living in the gap are not considered poor by government standards, but do not have the resources to meet the average standard of living according to our Index. According to the study, 21.3% of single seniors live below the FPL yet 60.4% live below the EESI, leaving 39.1% of single older New Yorkers in the gap. For couples, the numbers are slightly better with 24.5% living below the FPL, 30.6% living below the EESI and 6.1% living in the gap. The study also shows that older adults living below the EESI rely on Social Security for 90% or more of their income with 45.6% of singles and 43.7% of couples in NYS falling under this category.

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LEAVING MONEY ON THE TABLE - It is important to have older residents access all available benefits. Nationally, on average $3,742.22 per year in unclaimed benefits is left on the table per older person. That includes the following benefits: Medicare Savings Programs, Part D Low-Income Subsidy, Supplemental Nutrition Assistance Program, Medicaid, Supplemental Security Income. Outreach and personalized counselling, including StateWide's Managed Care Counseling Assistance Program, must expand operations to reach those who are not enrolling in benefits for which they are eligible.

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FOOD INSECURITY leads to significant health problems that can jeopardize seniors' ability to live independently. One study finds that states that invest more in community-based services — home-delivered meals in particular — have fewer seniors in nursing homes with few or no functional limitation and little or no cognitive impairment. Most recipients of home delivered meals and those attending congregant meals report that they rely on these services for one-half or more of their total food for the day. The

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National Council on Aging (NCOA) reports that on average, a senior can be fed for a year for about $1,300. They note that this amount is about equal to the cost of one day's stay in a hospital or less than the cost of 10 days in a nursing home.

The Supplemental Nutrition Assistance Program (SNAP) provides nutrition assistance benefits to millions of eligible, low-income individuals. Yet, according to the NCOA, only 2 out of 5 of seniors eligible for SNAP are enrolled in the program. Some seniors may not know about SNAP or how to enroll, or they may think that the application process is too difficult. Outreach efforts need to be enhanced to reach more eligible seniors to help them sign up.

StateWide recommends:

- **Improving efforts to ensure that older residents receive benefits counselling to reduce their Medicare costs as well as screening them for other benefits, including heating/cooling assistance, SNAP, EPIC and EISEP.**
- **Raising the income level for Medicaid spousal impoverishment protections to the maximum allowed under federal law. The current NYS limit is $74,820 below the federal allowable maximum of $123,600.**
- **Increasing the income limits for eligibility in the Medicare Savings Program, using Connecticut as a model, QMB: $2,120.55/$2,854.83, SLMB: $2,321.55/$3,125.43, ALMB (QI): $2,472.30/$3,328.38.**
- **Including persons with disabilities younger than age 65 under Elderly Pharmaceutical Insurance Coverage (EPIC) so that EPIC works for everyone on Medicare regardless of age.**
- **Covering medical marijuana under the state's EPIC program.**

- **Increasing the heating and shelter allowances given to people who rely on public assistance.**
- **Reviewing the income limitations on SCRIE and consider using a determination of an existing housing cost burden—defined as paying more than 30 percent of income on housing costs rather than income.**

Comment from a StateWide member: I have applied for SCRIE numerous times and each time I have been made ineligible due to a difference of $100.00 or less in my income. I am rent stabilized and on a fixed income and would like to remain in the community. Eligibility should be awarded if more than one third of your income is used for rent. Additionally, pension or Social Security increases cost of living increases should not be factored in as "income".

II. Access to quality medical care, home care and supportive assistive devices

IN HOME SERVICES - Most aging residents will eventually need help with the tasks of daily living, those in-home services provided by the EISEP program. These services include an array of services based on a needs assessment, including light housekeeping, meal preparation, escort assistance, running errands, food shopping, bathing, grooming, dressing, toileting, transferring and ambulation, feeding, and assistance with the self-administration of medication. The number of seniors age 65 and older with severe disabilities – defined as 3 or more limitations in activities of daily living – that are at the greatest risk of nursing home admission, is projected to increase by 18 percent by the year 2020. Devices such as Personal Emergency Response Systems can be funded under EISEP and provide peace of mind to the individual as well as to friends and family caregivers. The state must also

Expenditures for nursing home based care was more than three times than community based long-term care services.

address gaps in coverage that New Yorkers currently experience in unmet meets, which are under-represented in reported waiting lists.

With demographic changes in the presence of family members, the state must wean itself from its public policy that relies on families caring for future generations of frail seniors. The state cannot be truly successful in adopting strategies that support aging in place without addressing the shortage of home care and personal care workers. We appreciate the Assembly's 2017 hearings on the home care worker shortage and the Governor's intent, as stated in the 2018 State of the State Message, to launch a Long Term Care Planning Council that will be charged with examining New York's long-term care system. The Council is expected to analyze, evaluate, and identify the existing service gaps in New York's long-term care system, determine the most cost-effective evidence based interventions, and prepare a strategic plan to meet the emerging needs of New York's aging population over the next decade. We have not seen any evidence of the later and action steps are urgently needed to address the shortage, and to determine the extent of the problem – beyond current waiting lists and current systems of reporting hours of care. The anticipated need based on demographics demands both short term solutions and long-range planning, regardless of payer source. Under Medicare, Medicaid, Expanded In-home Services for the Elderly (through the Office for the Aging,) Long Term Care Insurance or even private pay – there is a workforce shortage of home care workers. This is documented by approved hours of care – cases that have been assessed and determined to be appropriate for home care or personal care aides – that are going unfilled. However, need is much greater than only those cases currently assessed and in the "system" as

Regardless of payer source - Medicare, Medicaid, EISEP, Long Term Care Insurance or even private pay – there is a workforce shortage of home care workers.

Comment from a StateWide member: As an older resident of Ulster County who wants to stay in my somewhat rural home, there needs to be more and better paid home health people as well as people who can help an older person maintain their home reliably and affordably.

evidenced by waiting lists and callers who are turned away without completing intake. The use of Consumer Directed EISEP and increased funding have been helpful, but are not solutions for all families and for all persons in need of home care services. Furthermore, solutions that are based solely on the medical model (traditional medical home care providers) and on adjustments to the Medicaid rate cell for complex cases are not easing the shortage of workers for those that do not need skilled services and may need only minimal hours of care weekly.

MEDICAL SYSTEM – We face a shortage of primary care and medical specialists that are skilled in caring for older patients. Pain management and palliative care need to improve services to older patients, particularly to avoid ageism in medical care with an underlying expectation that the aging process results in reduced function and increased pain. Incentives should be developed for specialized medical education to meet the needs of the older population.

Comment from a StateWide member: Since 2016, the Town of Caroline (Tompkins County) lost its volunteer ambulance service & continues to have large areas with inadequate digital communications (poor quality land-based telephone service, spotty cell and broadband service). The severe shortages of affordable housing and care facilities continue. Seniors also report that medical bills continue to confound them.

Additionally, hospital and nursing home discharge planning needs to more readily connect with aging service providers in the community to ensure a smooth discharge with services in place. Communication between medical care providers and aging services providers should be improved so that, with a client's consent, a community-based aging services provider receives notice of hospitalization as well as plan for discharge.

Comment from a StateWide member: As a service coordinator in two HUD Senior Independent Living properties, I see many residents fall through the cracks because of income, just a little too much income to be eligible for Medicaid. I am concerned about the number of residents that are sent home from a hospital with nothing more than medical services in place. Even though they live alone no attention is given to activities of daily living. Residents have returned to the hospital in less than 30 days with the same diagnosis.

Oral health is essential to maintain healthy aging, yet it is not covered by Medicare. According to a recent hot topics from the Gerontological Society of America: Without a healthy mouth, important aspects of general and health-related quality of life are affected, including nutrition, self-image, willingness to interact socially, mental health, and all too often, physical health. Deficiencies in oral health can affect a person's self-image and desire to interact with others, which in turn can lead to social isolation and thereby contribute to depression. https://www.geron.org/images/gsa/documents/oralhealth.pdf

StateWide recommends:

- **Provide education to consumers about their rights to receive Palliative Care and ensure that services follow the client, regardless of where they choose to live.**
- **Provide incentives for all hospitals to establish age-friendly Emergency Rooms.**
- **Enhance hospital discharge planning and improve communication between medical and aging service providers that are caring for the same client.**
- **Enhance funding for Community Services for the Elderly, without requiring local match for additional funds, to meet current and future need for services that support aging in place.**
- **Increase the availability of funded Personal emergency response systems (PERS)**
- **Add funding for transportation services, currently limited to vital services such as medical appointments and food shopping, so that seniors can access social activities that end isolation.**

- **Encourage innovation in design of Home Medical Equipment products used by older adults to address declines in functional levels**
- **Create the opportunity for Medicare recipients to purchase dental insurance on the state's health insurance exchange.**

III. Housing and Community Engagement

AGING IN PLACE - There is evidence of improved health outcomes, enhanced productive engagement, and public cost-savings attributable to various interventions that encourage aging in place. Encouraging older people to stay involved in their communities has been found to have health benefits. Civic engagement and volunteering can reduce mortality; increase physical function, muscular strength, and levels of self-rated health; reduce symptoms of depression and pain; and increase life expectancy. Maintaining independence in one's home contributes to more positive outcomes, which can lead to cost savings.

Comment from StateWide's Tompkins County Chapter (SWSACTC): The City of Ithaca and Tompkins County have already completed many of the steps of an Age-Friendly Communities Plan. The Tompkins County Office for the Aging (TCOFA) has agreed to support the SWSACTC President in developing an Age-Friendly Plan for the Town of Caroline. The Caroline Town passed a resolution on September 12, 2018 in support of this initiative. A November 2018 discussion with the Planning Board for the Town of Caroline is anticipated to address how this initiative might be incorporated into the town's Comprehensive Plan as part of the current round of updates to the Plan. The SWSACTC President is working with the local Human Services Coalition and TCOFA's Acting Director in providing background information and guidance, in the form of documentation of the efforts thus far and by inclusion in trainings to be provided by HealthLinksNY in Binghamton in 2019.

Naturally Occurring and Neighborhood Naturally Occurring Retirement Community (NORCS) - We appreciate additional funding secured by the Legislature and are pleased to see that an RFA has been released to expand NYSOFA's NORC program by funding additional Classic and Neighborhood NORC programs throughout the state, particularly in underserved areas or for underserved populations.

With additional resources, many more communities would be able to apply for funds to create NORC programs in unserved areas, however the regulated nature of the program and the strict statutory requirements may not be an easy fit to incentivize communities to redefine themselves in the NORC model.

The Village Movement - While a majority Americans state they prefer to stay in their own home for as long as possible, seniors can face tremendous obstacles to remaining independent. As driving becomes more difficult or dangerous, getting to medical appointments and social activities becomes a challenge. Home repairs and maintenance becomes a "chore" and is often dangerous.

A new model has been growing in recent years. Some New York based programs were seeded with initial funding for a community assessment from the NYS Office for Aging Community Empowerment funding initiative.

Villages are nonprofit, grassroots, membership organizations that are developing as a key resource to community members wishing to age in place. Villages are a social support network for their members; services offered typically include transportation, light home maintenance and repair, and social activities. Most important, the villages foster social connections through activities like potlucks, happy hours and group trips. Geographically defined, villages are typically developed in a neighborhood that ranges from several blocks in an urban or suburban neighborhood, to a rural area with a multi-mile radius. Most villages hire an administrator, either paid or a volunteer, who can connect members with services as needed, as well as coordinate village-wide programs and activities. Villages are largely funded through membership dues and fees, though on average, dues only account for half of a Village's budget. The remainder of the funding comes from grants, business partnerships or individual contributions.

Communities in New York are following the Village model, with 25 New York villages established or in process. More are considering the concept, and need seed money to get started on the process, establish a not for profit corporation and purchase insurance. There are other communities that developed a neighbors helping neighbors program, many of which started with an investment by the state through NYSOFA's community engagement project. A distinguishing feature of this grassroots movement is variability, as each one develops in response to its own members' expressed needs and preferences, thereby reflecting the unique characteristics of its user-group.

Comment from a StateWide member: SNC is a new Village formed in 2018 serving seniors aged 55 and older who live in the Shenendehowa School District, in southern Saratoga County, focusing on providing the social connections needed to avoid isolation, to generate new friendships, and to provide entertainment and good times. They partner with Care Links (operated by CAPTAIN, a community service organization), which already provides a wide range of free non-medical services to seniors, including transportation, grocery shopping, respite for care givers, and help with home maintenance tasks (e.g., raking leaves). SNC was provided with a small grant from NYSOFA, totaling up to $6,275, in the Spring of 2018. The Albany Guardian Society (AGS) administers this grant. They used a portion of these funds to pay for IRS filing fees, insurance costs, etc. necessary to begin operations. Whatever funds SNC does not expend and fully document by April 30, 2019, will revert to NYSOFA.

Renewed state support could provide seed money to help additional programs get started and provide financial and administrative assistance until they are self-sustaining.

Affordable Housing- The State is commended for investing in affordable housing for seniors. We urge you to add to that investment in housing stock and to fund the employment of Service Coordinators to connect residents with benefits and services.

Home modifications - The National Association of Home Builders (NAHB) reports that 80 percent of aging-related home modifications are paid for by homeowners without additional assistance. This is a significant obstacle for the poorest older residents to achieve their desire to age in place. Seniors of low income have both the highest levels of disability and tend to live in older housing stock. Additional funds are needed for Access to Home, a program funded through NYS Homes & Community Renewal agency,

that provides financial assistance to property owners to make dwelling units accessible for low- and moderate income persons with disabilities, including seniors with an age-related disability.

A more cost-effective and pro-active policy measure is to promote aging-friendly housing by encouraging new construction to include accessible features. This can be achieved through local zoning changes that promote universal design to provide greater ease of access and use for people of any age and any level of ability.

Senior Centers. In spite of quality services and community support, senior centers are struggling to stay open. State budget funding is concentrated in federal pass through of Title XX, with some additional state funding, managed by the NYS Office of Children and Family Services. The Title XX Social Group Services for Senior Citizens allow for, but do not mandate funding for senior centers that coordinate and integrate services for the older adults such as congregate meals, community education, health screening, and exercise/health promotion programs. We were pleased that the federal government reauthorized the Older Americans Act and included within Title IIIB programs multi-purpose senior centers that coordinate and integrate services for the older adults such as congregate meals, community education, health screening, and exercise/health promotion programs. Unfortunately, an infusion of funding has not occurred. We urge New York State to provide funding to senior center providers.

Comment from a StateWide member: We live in Woodstock,NY and would like to see more Senior programs and possibly a gathering place where Seniors can meet regularly. We need an actual Senior Center here.
Since we have the largest percentage of Seniors in Ulster County, Woodstock needs more handicapped accessible businesses and restaurants.
We also need an assisted living/nursing facility for Seniors whose income is over the cap for RUPCO housing. We also don't have an Emergent Care walk in health care facility which means we have to drive a half hour away to access one.

StateWide recommends:

- **Investing in supportive housing models that include inclusive design for those who may have physical impairments and often offer a variety of services including activities,**

transportation, an on-site service coordinator, amenities, meals, and support for residents' health-related services.

- **Creating tax credit for either new or retrofitted principal residences which are universally designed to be accessible and adaptable housing.**
- **Expand funding to provide seed money to start Villages throughout the state. NYSOFA used discretionary funds to provide $20,000 to the Albany Guardian Society in 2018 to encourage the development of Villages in the Capital Region.**

Thank you for your consideration of our comments. NY StateWide Senior Action Council looks forward to the continued opportunity to collaborate with you on solutions that meet the needs of our aging population. I would be pleased to address any questions you might have.