Staying Strong and Moving Along
As community activists & leaders, StateWide members spread the word about the important work that we do. People ask us questions because they know that we keep on top of the issues. If we don’t know the answer, we will find it.

Now that we are working from home, we are still busy. We check on our neighbors, friends, and loved ones, keep up to date on the news, call into StateWide’s activities and other informational meetings, and we take care of ourselves.

Seniors are the most vulnerable group in this pandemic. So now, more than ever, we need you to continue advocating for our causes.

We are constantly updating our website with the latest information about health and community for our members to use as a reference.

This fall we will not be meeting at our Annual Convention in Saratoga Springs, but we will find a way to connect in order to carry out our important governance mandates of board elections and legislative agendas.

We may not be physically together right now, but we are certainly not alone.

Please stay well and stay in touch!

NEW YORK STATEWIDE SENIOR ACTION COUNCIL invites you to a conversation with Senator Kirsten Gillibrand

Date: Wednesday, May 13
Time: 1:00 PM
Call in: 712-832-8330, 605-562-0400, 425-436-6260
Access Code: 471 5203#

Join us as Senator Gillibrand addresses questions posted by our members & friends relating to topics concerning New York’s seniors and their families.

For more information, please call our Helpline at 800-333-4374.
StateWide Elections
Two elections this year for leadership roles in NY StateWide Senior Action Council.
In keeping with our by-laws, we are slated to have 2 different elections this year.

STATEWIDE BOARD OFFICERS
The Board’s Nominating Committee is soliciting nominees to propose a slate of officers to the membership. The election usually takes place at our Convention in Saratoga Springs. Since we will not be congregating this year, we will need to plan a way for all members in good standing to have the opportunity to vote for the StateWide Board Officers. If you are interested in running for office, or would like to nominate someone, please contact our main office at 800-333-4374 by June 1, 2020.

REGIONAL ELECTIONS FOR STATEWIDE’S BOARD OF DIRECTORS
Each Region will elect 4 Directors & 2 Alternates to represent them on the StateWide Board of Directors. Two members who are elected to this position will serve a two year term from January 1, 2021 through December 31, 2022.

If you are interested in serving on the Board of Directors or would like to nominate someone from your Chapter, contact StateWide’s main office at 1-800-333-4374 for information on how to reach your Regional Nominating Committee.

Prescription Drug Coverage during Coronavirus Pandemic
Covered drug refills:
Medicare Part D plans must relax their ‘refill too soon’ restrictions to ensure enrollees have access to a sufficient extended supply of medications. Medicare Part D plans must provide up to a 90-day (3 month) supply of covered Part D drugs to enrollees who request them. Contact your pharmacist or prescriber to request the refill.

EPIC enrollment:
Applications for new members are still being accepted using 2019 reportable income. Even if you haven't yet filed your taxes, you can use your 1099 to report your income on the application. If you have any questions, call StateWide at 800-333-4374 for help.

Fee members who are billed for their second payment may pay late without fear of cancellation. There will be no penalty for a late payment that was due by April 20. It will be accepted at any time through June, or the missing payment will be added to your third quarter bill.

Telephone Teach ins:
May 19: Difficult Decisions for Patients and Caregivers About Post-Acute Care and Why They Matter, United Hospital Fund
June 23: Take Charge Campaign; 5 Steps to Empower New Yorkers

All Teach ins start at 10 AM
Call in numbers: 712-832-8330, 425-436-6260
Access code: 4715203#
The context
The Governor’s proposed budget in January had a $6 billion dollar gap, mostly attributed to the growth in Medicaid’s long-term home care programs. Projected targeted cuts were aimed at seniors and persons with disabilities receiving personal care services under Medicaid.

Other reasons for the Medicaid funding gaps were:
- unpaid costs from the previous fiscal year
- an increased December payment to hospitals to address safe staffing
- the increase in minimum wage for health care workers

The gap was defined by an arbitrary cap in the growth of spending inserted without planning for increased Medicaid enrollment, more seniors needing long term care, and higher labor costs.

The Governor proposed to bridge some of the gap by increasing the counties’ contribution towards Medicaid’s growth, burdening real property taxpayers. He was not willing to accept proposals to increase taxes on the uber-rich to balance the budget.

When budget negotiations began, the overall projected budget gap had grown to a whopping $15 billion due to the costs of the pandemic, which resulted in massive unemployment and reduced sales tax revenue.

Medicaid Redesign Team
The Governor appointed a consumer-deficient Medicaid Redesign Team (MRT) which proposed cuts to the Medicaid program that would negatively impact consumers. StateWide members protested the process and the outcomes at several public meetings of the MRT. However, in late March with only days left in the fiscal year, the MRT recommendations were shared with the Legislature for action.

Federal Relief Sought
The state turned to the federal government for relief. Congress funded a 6.2% increase in its share of state Medicaid costs, known as FMAP. The funding prohibited eligibility cuts, known as Maintenance of Effort (MOE.) The Governor initially refused to accept the funding. Advocates urged the Legislature to insist on accepting the FMAP. As a result, the Legislature was able to minimize the impact of some of the cuts and delay implementation or rejected some proposals outright.

New Gubernatorial Powers
Due to the unpredictability of the economy, many programs were fully funded, but the Governor will have the power at three measurement periods to cut program funding across the entire budget.

Some now anticipate cuts as large as 50% of funding will be forthcoming.

ADVOCACY MATTERS!
Despite the Capitol being closed to the public, legislative offices are working remotely. Your calls, emails and social media posts to legislators played a huge role while advocating on issues.
More Federal Advocacy Needed
As Congress continues addressing the economic crisis caused by the pandemic, additional money to help the states balance their budgets would help avert further budget cuts by the Governor.

What’s In the Budget
With an overall spending reduction of $10 billion due to the economic impact of the COVID-19 pandemic there are few new programs or new funding. Some services were completely cut. Mostly, the Legislature leaves balancing the budget to the Governor as an ongoing process throughout the year.

Aging Services
The core aging programs funded through the NYS Office for the Aging were funded at the 2019 level. There were no additions despite legislators understanding the need to invest in meeting the needs of a growing aging population.

StateWide’s Programs
Our Patients Rights and Medicare & EPIC Helplines were funded at the same level as 2019.

Thank you to all the members who urged legislators to support this!

Medicaid
The final budget accepted the infusion of federal FMAP funds but cut $2.2 billion from Medicaid. One-third of that figure was a reduction in community-based long term care services. Until the FMAP money is exhausted, which might be after the White House declares an end to the emergency, there can be no cuts to entitlements, enrollments and other processes.

As a result, some of the MRT proposals are delayed until October, and perhaps beyond.

There is no requirement for local governments to increase Medicaid contributions, but the state did get revenue from the localities by keeping $200 million of collected local sales tax revenue to fund some hospital costs.

Policy Changes
- The MRT proposal to end the right of Spousal Refusal and to reduce the amount of resources to be kept under Spousal Impoverishment were both rejected by the Legislature.
- Changes to Community-based Long Term Care – The resource look-back for community-based Medicaid has been increased from the current 30 days to two and a half years.
- Eligibility for personal care increased from assistance with one or more activities of daily living (ADL) to needing assistance with three or more. An exception was made for someone with dementia or Alzheimer’s disease so they still qualify with 1 or more ADLs.
- Consumer Directed Personal Assistance Program (CDPAP): Consumers in this program will now be subject to health assessments only once a year. Personal assistants will be allowed to transport consumers to non-emergency medical appointments. There will be new measures promoting increased accountability and ensuring that consumers are truly self-directing.

These changes don’t take effect until October. Anyone receiving services prior to the change will not be impacted.

Medicare, Medicare Fraud and Patient’s Rights Helpline 800-333-4374
Home Care Workforce - Part of the Medicaid funding cuts reduced by $45 million, or 25%, Home Care Workforce Recruitment and Retention funds, resulting in a decrease in wages for home care/personal care workers.

New policies put in place:
- Elimination of current photo identification requirement for public assistance recipients and permitting access to a free identification card from the state Department of Motor Vehicles.
- Establishment of the SUNY Curing Alzheimer's Health Consortium to promote research and develop new therapeutic treatment and cures for Alzheimer's disease.
- Establishment of NYHealthcareCompare, a website where New Yorkers can compare the cost and quality of healthcare procedures at hospitals around the state.
- Reduce the pursuit of medical debt collection from 6 to 3 years.
- Capitation of insulin co-payments at $100 per month (to be determined if it will impact Medicare drug costs)
- Establishment of a commission to study the feasibility and benefits of a Canadian drug importation program
- Authorization of the state Department of Financial Services to investigate prescription drug price increases of over 50%.
- Enacts an employer Paid Sick Leave Program
- Prohibits individuals who commit serious offenses in other states from obtaining a NYS gun license.

Bans Flavored E-Cigarettes.
- Permanently Bans Hydro-Fracking and the Distribution and Use of Styrofoam
- Establishes the Bond Act referendum to seek voter approval to fund environmental restoration and climate mitigation projects to ensure New York adapts to the impacts of climate change, reduce emissions, and create jobs and local economic development.
- Expands suicide prevention strategies for veterans, law enforcement, correctional officers and first responders, including a new campaign to reduce the stigma of mental illness.
- Expanded use of absentee ballots for NYS Elections.

Federal Issues

Coronavirus Relief
Congress has passed several bills addressing relief for hospitals, workers, & small businesses due to impact of the pandemic. StateWide has been advocating for more federal funding to:
- Help NYS balance its budget and avert projected cuts.
- Increase the amount and time period of funding for the FMAP (see State Budget).
- Ensure that NYS adheres to the Maintenance of Effort clause to prevent further Medicaid cuts.

To address these issues, Congress provided an additional $54 million to fund NYS aging network programs such as:
- home-delivered meals
- care services in the home

Medicare, Medicare Fraud and Patient's Rights Helpline 800-333-4374
Coronavirus Relief (cont.)
- family and caregiver support
- information and referral (NY Connects)
- long term care ombudsman

The Coronavirus Relief for Seniors & People with Disabilities Act (S. 3544/HR.6305)
proposes to address critical health and economic needs for older adults, people with disabilities, front-line workers and family caregivers. Some proposals in this act include:
- Increase funding for nursing home surveys to promote infection control
- Auto-enrollment in the Medicare Savings Program covering the cost of Medicare Part B premiums and cost-sharing for seniors with incomes under $19,000 and limited savings
- Promote home and community-based services by increased Medicaid funding to minimize waiting lists and to provide wage increases, overtime pay and paid sick, medical and family leave to home health workers.

Older Americans Act
The Older Americans Act has been reauthorized for an additional five years, proposing additional funding during the next budget negotiations. Priorities include:
- Increased funding of 7 percent in the initial year, & 6 percent increase annually for the remainder of the authorization.
- Improved transportation resources for seniors.
- Enhanced flexibility for states to address the needs of grandparents raising grandchildren.
- Ensure that those living with younger onset Alzheimer’s disease are included in OAA services.
- Increased focus on detrimental impacts of social isolation.
- Advance support for age-friendly communities.
- Improved elder abuse prevention through increased outreach and education activities.
- Promote multigenerational programming.
- Bolster innovation in the OAA through thoughtful evaluation of demonstrations and existing programs.

Preserve the Social Security Trust Fund
In their annual report, the Social Security Board of Trustees stated that Social Security has a $2.9 trillion surplus and can pay all promised benefits through 2035, and 85 percent of promised benefits for the next fifty years, even with no Congressional action. StateWide believes it is time to expand Social Security benefits, not cut the program.
We oppose the White House’s push for a payroll tax holiday, reducing the amount dedicated to both Social Security and Medicare funds. We must work to prevent any reductions in the payroll tax that will weaken the nation’s commitment to Social Security and Medicare.
Yes! I want my experience to count.

I want to join NY StateWide Senior Action Council.

Check box:
- [ ] Individual Membership  $ 20/year
- [ ] Couple Membership  $ 25/year
- [ ] Lifetime Membership  $ 150/individual
- [ ] Lifetime Membership  $ 200/couple
- [ ] Organization Membership  $ 75/year

Name______________________________________________________________
Address________________________________________________________________
City________________________  State__________  Zip_____________________
County____________________________  Affiliated Organization _______________
Phone________________________  E-mail ________________________________

You can contact us at 518-436-1006. Please make your check payable to: NY StateWide Senior Action Council
Send this form to: NY StateWide Senior Action Council, 275 State Street, Albany, NY 12210
All dues and contributions are tax deductible.

New Members:
Mary Adams     Buffalo
Rosa Aranzabal Ballston Spa
Charles Battaglia Hamburg
Maryanne Brown Saratoga Springs
Michael and Patricia Cady Friendship
Pamela Deans East Amherst
Ada Deans East Amherst
Mary Delesline Buffalo
Tonya McCray Buffalo
Rita Smith Williamsville
Norma Tarver Buffalo
Leslie Thomas Buffalo

Kryzak Fund Contributors:
Maria Alvarez Queens
Maryann Fastook Brooklyn
Delores Garrison Bronx
Gloria Goodman Brooklyn
Peg Graham Brooklyn
Mario C. Henry Queens
Frances Mayers Brooklyn
Kate Stella Sheldon Copenhagen
Lucy and Richard Zaslow Queens

New Organization Members:
Clinton-Fine Sr. Citizens Star Lake
Mental Health Assoc. in NYS, Albany

WE ARE
BUILDING A CENTRAL NY
HEALTH TASK FORCE
(HTF)

New York StateWide Senior Action Council is building CNY Health Task Forces to help identify, address, and solve problems in health care services and delivery in CNY counties and across the Central New York Region.

We hope that our CNY StateWide community will join us!

Contact our Health Task Force Community Organizer Emily Akpan via email at: eakpan.nysenior@gmail.com or Phone: 347-728-2910.

Learn more about this new initiative by visiting us online at nysenior.org/cny-health-task-force/
Don’t forget to respond to the Census online, by phone, or by mail.
Visit www.census.gov for more information.

During the coronavirus pandemic, scammers are out in full force, taking advantage of every opportunity they can to obtain your Medicare number.
Many scammers are calling, texting, emailing and going door to door to try and get you to purchase bogus equipment, fake vaccines and fake cures.
With the relaxation of Medicare rules and guidelines during COVID-19, and recent Federal Policies changes, you now can receive care by telehealth.

Telehealth is the use of electronic information and telecommunication technologies to speak to your doctor. If you have a phone or device with internet, you may be able to:
• Talk to your doctor live over the phone, or video chat
• Send and receive messages from your doctor
• Use remote patient monitoring so your doctor can check on you at home.

Ask your doctor if they are offering telehealth and ask these questions:
• How will they keep your health information safe?
• Is a Telehealth visit a good choice for your health condition?
• How do you schedule a telehealth visit?
You can also contact your health insurance company to help you find telehealth care.
If you have any questions about Telehealth Services or Medicare Fraud, please give our office a call at 800-333-7473.
Remember to guard your identity and make sure you know who you are speaking with when it comes to your health care needs.

Medicare, Medicare Fraud and Patient's Rights Helpline 800-333-4374