



Association on Aging in New York

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Written Testimony of Rebecca Preve
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Budget Hearing on Human Services
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Good afternoon, distinguished members of the Senate and Assembly standing committees, my name is Rebecca Preve and I am the Executive Director for the AgingNY. I appreciate the opportunity to submit written testimony related to the portion of the Executive budget proposal that impacts older adults and the membership that I represent.

AgingNY is a not for profit membership organization that is tasked with supporting, and enhancing the capacity of New York's county-based Area Agencies on Aging, and works in collaboration with a network of almost 1,200 aging service providers to promote independence, preserve dignity, and advocate on the behalf of aging New Yorkers and their families. In New York State there are 59 county-based Area Agencies on Aging, whom work daily to provide services and supports to older residents and their families.

The mission of the Area Agencies on Aging is shared with New York State Office for the Aging: to assist older New Yorkers and their families to live autonomous and fulfilling lives. We provide a myriad of programs, services and supports to individuals 60 years of age and older, their families, friends, and natural supports to achieve this mission. These include home delivered and congregate meals, case management, personal care services to assist with bathing, toileting, dressing, shopping, meal preparation, legal services, personal emergency response systems, health insurance information and counseling, respite, social adult day services, information and assistance services, nutrition education and counseling, health promotion and wellness, evidenced based interventions, home modifications, transportation, caregiver supports, benefits and application assistance and access to long term services and supports through the NY Connects no wrong door systems reforms.

The older population is the basis for a strong economy in New York State, and in the country. Older residents have a tremendous amount of capital, and contribute significant income to the state. According to the 50+ Longevity Economy, the overall contribution of the 50 plus population economic and unpaid activities was worth more than \$9 trillion in 2018, and will triple to \$28.2 trillion by 2050. In New York, the over 60 population will rise from 4.6 million today to 5.6 million by 2040, and keeping these individuals in NYS is paramount to our economic success. Individuals over the age of 45 currently generate \$379 billion per year, 63% of all income in the state. The value of their volunteering and civic engagement is over \$13 billion annually, and the 4.1 million unpaid caregivers, who provide the bulk of the nation's long term care, if paid for at the market rate are worth \$32 billion dollars per year. This data makes it abundantly clear that NYS must make it a priority to make NY a place where individuals remain as they age. The return on investment, by ensuring we provide appropriate care and support, makes sense from an economic standpoint, and our network provides that assistance. Older NYers contribute to federal and state tax payments, support small businesses, and contribute enormously to the local economy.

The COVID-19 pandemic has impacted, and highlighted, the need for services and supports throughout NYS. Our network was tasked with providing services to all individuals over the age of 60, almost overnight. Our almost 800 senior centers were shut down, our social adult day programs suspended, and food insecurity and supply demand skyrocketed. Our network rose to this challenge, and instantly transformed traditional delivery models to meet the needs of older New Yorkers. This was done based on the dedication of our staff and subcontractors, and the need to ensure those most vulnerable were served without interruption. Following Matilda's Law, the majority of our volunteers, who deliver food, provide transportation, and provide friendly visiting services headed the direction of the Governor, and remained at home. This left the network with a huge deficit in workforce, and also highlights the importance of the volunteer community, where the majority is volunteers over the age of 60. Our network absorbed a 70-90% increase in demand, without additional staff. The network collectively worked 24-7 to provide essential services to older NYers and their families based on our infrastructure and dedication. We expanded services to include technology-based solutions, leveraged public private partnerships with Enterprise Rent-A-Car for meal delivery and transportation, SYSCO, Boys and Girls Clubs, Retired Teachers Association, and numerous community-based organizations to deliver food. We continued to transport dialysis and cancer patients, as their lives depended on our services. We fielded calls from concerned citizens, their family members, and facilities. We advocated for regulatory changes to skilled nursing facilities and their visitation policies. We listened to our communities, and fought for the rights of those who could not fight for themselves. Our network has borne the burden of COVID-19 on the aging population with fortitude and resilience. It is imperative that this is recognized, and that we receive the funding necessary to continue to provide the highest level of care for our population. It is crucial that state government understand, and appreciate the work that is done for older residents of this state.

The network has additionally been tasked with the burden of enrolling thousands of older residents that are desperate to receive a COVID-19 vaccine. The majority of the individuals we serve are not able to access the internet, and are unable to answer the cumbersome questions online in order to receive a vaccination appointment. Additionally, staff at the local level that are delivering meals on a daily basis to the most vulnerable individuals have not been a priority for vaccination, risking a home delivered meal route becoming a super spreader event. I cannot stress how significant our role in vaccinations has become, as every individual over 65 that lacks internet, or comfort with online registration, has reached out to their AAA.

The structure of the network of aging professionals via the Older Americans Act and NYS statute is structurally designed to assure strong community connections with community-based organizations from a variety of systems, county governments, health and long-term care systems, law enforcement,

the courts and others to represent and advocate for older adults holistically. Our strengths as a network are helping individuals and families first and foremost, but we are also an important part of meeting state goals and priorities including becoming the healthiest state in the country, delivering on the Triple Aim, meeting the Olmstead Plan priorities, reducing future Medicaid costs, reducing preventable hospital readmissions and improving the overall well-being of our older population. Our network strengths include:

- Having an established infrastructure/network with experience serving vulnerable populations
- Knowledge of community-based provider networks and the ability to access them
- Experience with hospital transitions and evidence-based programs
- Cultural and linguistic competence
- Knowledge of community they serve and their varied needs
- Established relationships and trust
- Being nimble and ability to provide services and supports in the home
- Serving clients for life, not episode focused
- Having a holistic approach to support individuals in their homes
- Serving individuals across all care settings
- Acting as the eyes and ears of medical professionals in the home
- Provide one door for many services to support individuals in their homes
- Able to improve the health of the community/people at an incredible value
- Not insurance or product driven

The services and supports that are provided through the Offices for the Aging and their network of almost 1,200 community partners improve overall health and save the state money by reducing the utilization of higher cost services. The type of customer that is served through the aging networks coordinated array of core services and supports serve high need individuals who are at risk of Medicaid spend-down and nursing home placement. The typical customers who receive core services are primarily:

- women in their early 80s

- low-income
- live alone
- have substantial functional limitations (needing assistance with personal hygiene, bathing, dressing, eating, toileting, transferring, shopping and preparing meals, house cleaning, and transportation, doing laundry, self-administering medication and handling personal business)
- have 4 or more chronic conditions (arthritis, diabetes, high blood pressure, heart disease, osteoporosis and visual impairments.).

These are all individuals that can remain independent for years with some support from their local offices for the aging.

Our network is able to serve them at a fraction of the cost of Medicaid funded services because we are able to intervene earlier, we do not require a physician's order to access services in a high-cost medical model, and because we provide holistic care in a person-centered way by coordinating services that we oversee and work with other systems if additional supports are needed. Further, the services we provide don't require an individual to impoverish themselves and spend all their assets, effectively diminishing their positive impact on the local and state economy. Our offices engage four general areas, including

1. Healthy and active older adults who provide a tremendous amount of service through volunteerism. Our programs could not serve nearly the level of people we do without these individual's commitment to those who are more in need.
2. Older adults with small needs or a need for information and assistance, can learn about what benefits they are able to access, what Medicare and insurance plans are best for them, managing their chronic conditions through our evidenced based program offerings, or other programming through our senior/adult centers which help to keep them active and engaged in their community.
3. At risk frail older adults who have extensive chronic conditions and functional impairments can be provided with a little support, are able to avoid Medicaid spend-down and nursing home placement via a coordinated array of supports and case management, thereby maintaining their autonomy and reducing reliance on Medicaid funded care, and
4. Caregiver supports and respite.

This engagement of healthy older adults, down to those most at risk are what the aging network in New York is all about. Clients that are served via our more intensive programs are comprehensively screened across numerous categories to identify any and all needs that they may have, and focus on their strengths and assets and how to leverage those strengths, as well as community partnerships, to provide services in a person-centered approach, all while ensuring individuals are able to remain in the

least restrictive setting, also providing savings to a costly health care system. Our network is one of the few that can, and does, address the social determinates of health, preventing inappropriate utilization of skilled nursing facilities and emergency departments, and preventing spend down to Medicaid. Social determinates of health (individual behaviors and social and environmental factors) are responsible for 60% or more of all health care expenditures, yet interventions to address them comprise only 3% of national health expenditures, with 97% going to medical services. While health care will always be important, the heavy lift to assure that care plans and post-discharge services and supports are in place are the responsibility of our network. We are a central part of the success, or failure of the health care industry and the personal success of individuals and families.

Unmet Need

I would like to thank the Legislature for supporting the \$15 million investment for the past three years to address the waitlist for services provided by each local office for the aging. We know that your offices get many of the same calls we do, from older adults and their families looking for a helping hand in their time of need. This investment has allowed us to provide services to those who have been placed on wait lists. Our network, through each AAA, reports waitlist data each year to the New York State Office for the Aging and AgingNY, in order to identify new and emerging needs and existing needs in the community. As a result of the \$15 million provided in the Enacted 2021-22 budget, AAAs can continue to provide services to thousands of older New Yorkers. The services being provided include but are not limited to personal care levels I & II, home delivered meals, case management, nutrition counseling, transportation, legal assistance, personal emergency response systems, and home modifications. Services are provided based on the identified needs of each county and have flexibility in how services are delivered. We are thrilled that the \$15 million investment is maintained in this year's Executive Budget Proposal so that services are maintained for these older adults.

However, the need continues to grow. The 59 AAAs have reported an additional 10,000+ individuals who are waiting for services right now. This is due to several factors. First – the relationship between the counties, hospitals, health plans and PPS's is strengthening and as the state is focusing attention on addressing the social determinants and developing value-based payment arrangements, additional attention to what our network offers and subsequent referrals are increasing. Second, the New York Connects System is doing exactly what it was built to do, connecting individuals to programs and services. Finally, the population is growing older and both through increased work around supporting caregivers and a growing older adult population means that those who need some assistance are more easily finding their way to our network.

Investing in NYSOFA administered services is a sound investment that has unequivocally proven to reduce future Medicaid costs by reducing nursing home admissions and spend-down to community

Medicaid/MLTC. In order to address the current unmet need, we respectfully request an additional \$27 million to ensure older New Yorkers don't continue to wait for basic needs such as a home delivered meal and transportation to critical medical appointments.

After reviewing more than 2,000 individual case files in the Fall of 2019 of those older adults who were awaiting services but were not receiving them from 2017-2019, 10% of those waiting but not receiving services went directly to a skilled nursing facility and 6% went to community Medicaid/MLTC. Because these individuals are low-income, have a myriad of functional limitations and multiple chronic conditions, they would spend-down to Medicaid almost immediately, costing the state hundreds of millions of dollars. For example, if there were 10,000 individuals on a waiting list and 10% went directly to a nursing home while awaiting services, 1,000 people would have gone to a facility. Taking the statewide average cost of \$150,000 annually, that would have cost \$150 million in total or 50% \$75 million in state share. The typical client we serve can be maintained in their homes and communities at a statewide average of about \$6,300 annually.

While we recognize the difficult fiscal environment, we know that not investing in addressing the current waiting lists will result in additional stress on families and caregivers and clearly put more individuals into the more costly Medicaid system.

Elder Abuse

We know that elder abuse is still a nascent issue that lacks broad understanding. It is under-recognized, under-reported and under-prosecuted. Lifespan of Greater Rochester, along with partners across the state, has been shining a light on the hidden problem of elder abuse. Their activities have included training for a broad range of professionals to recognize, report and appropriately intervene in all forms of elder mistreatment. Notably, they have implemented Enhanced-Multi-Disciplinary Teams (E-MDTs) throughout the state, to address suspected cases of financial exploitation as this is the fastest growing form of abuse and often the most devastating for vulnerable older adults. New York State is a leader in the field because of the decades long support in the New York State Budget.

The statewide statistics on elder abuse:

- 260,000 older adults in NYS are abused each year. Prevalence rate of 7.6%.
- For every 1 case that is reported, 24 go unreported to anyone.
- Financial exploitation is the most common form of abuse.¹

¹ (Under the Radar: New York State Elder Abuse Prevalence Study - Lifespan of Greater Rochester, Weill Cornell Medical College, and NYC Department of the Aging with funding from the NYS Children and Family Trust Fund, administered by the Office of Children and Family Services.)

- The NYS Office of Children and Family Services issued a reported stating that the cost of financial exploitation is \$1.5 billion/year in NYS.

The Governor's Executive Budget proposal eliminated \$340,000 in funding for Lifespan. These funds are critical for the overall ability to address elder abuse prevention & intervention throughout New York State. We respectfully request the Legislature restore this funding.

Long Term Care Ombudsmen Program

The pandemic has highlighted the need to modernize and strengthen the Long Term Care Ombudsman Program (LTCOP). LTCOP is an advocate and resource for older adults and persons with disabilities who live in nursing homes, assisted living and other licensed residential facilities. More than 430 certified paid and volunteer ombudsmen help residents understand and exercise their rights to good care in an environment that promotes and protects their dignity and quality of life. The program advocates for residents at both the individual and systems levels to address issues that have the potential to impact their health and wellness. Ombudsmen investigate and resolve complaints; promote the development of resident and family councils; and inform government agencies, providers and the public about issues and concerns that impact facility residents. Ombudsmen's activities also greatly enhance the footprint of DOH facility surveillance activities by sharing resident concerns and quality of care issues observed during regular interactions with residents.

The importance of this program was seen during the COVID-19 crisis. Throughout this pandemic, the LTCOP staff and volunteers have remained engaged with residents, families, and facilities to provide information and support to ensure that resident rights are protected but, without access, it was hard. Older adults in long-term care are/were THE most vulnerable and THE most at-risk. Families are/were distraught, frightened and desperate for information about their loved one. Equally as distressing has been the isolation and loneliness. As we know, that impacts physical and mental health. New York is also woefully below the National Institute of Medicine's staffing recommendations. It is time to modernize and strengthen this critical program by providing an additional \$4.81 million.

Technology Divide for Older Adults

COVID-19 has also shined a light on the vast digital divide in the older population. The most vulnerable older residents have been without interaction for months, and having the ability to create and implement a robust virtual platform for our clients is paramount. There needs to be a substantial investment to purchase and implement technology to bridge the gap in social isolation and loneliness. Our network stands prepared to implement a variety of programs, including expanding virtual senior centers across the state, with an investment of \$5 million.

There is other important data that demonstrates the value of investing in aging services and the documented return on investment.

- In Erie County, the Ready, Set, Home pilot embedded NY Connects staff at the local hospital and nursing facilities to provide office for the aging services temporarily as well as care transitions and warm hand offs to MLTC, waiver, and PACE services while awaiting Medicaid authorization. The pilot saved \$3.41 for every \$1.00 invested into the system.
- In Monroe County, Lifespan of Greater Rochester developed the Community Care Connections Innovation to integrate community-based aging services through physicians' offices, with linkage to community services, nursing services, and evidenced based programing. Hospitalizations were decreased by 50% for the first 90 days and 65% over 180 days. The return on investment saved \$4.58 for each \$1.00 invested. The most important services linked to preventable hospital readmissions are from the following services – case management, benefits counseling, health insurance counseling, personal emergency response systems, housekeeping (PCI) and home modifications. All services the aging network provides daily and at the lowest cost.
- In Queens, the Selfhelp Active Services for Aging Model provided benefit and entitlement assistance, wellness programs, health screening, care transitions, and referral to partner agencies showed a 68% reduction in hospitalizations, 53% reduction in emergency department visits, and a 76% reduction in the emergency department for DOPD, CHF, and bacterial pneumonia. The typical cost for a Selfhelp customer was \$1,178.00, while the cost for Medicaid customers was \$5,715.00.

As highlighted, services provided by the aging network are vitally important to the health and wellbeing of the rapidly aging population, and our ability to serve them is only hindered by our budgets. Funding for many of our core services, in real terms, has remained virtually stagnant for years. Our personal care program specifically impacts individuals that qualify for nursing home placement and wish to remain in the community. This is a huge savings to the Medicaid system, and these individuals receive limited services due to our funding levels. Looking at data that is collected via our network, it is easy to see why an increase results in a cost savings to the state. For example, the highest risk factors for nursing home placement include having 3 ADL, and 3 IADL deficits, and 3 or more chronic conditions. The network is only able to provide slightly over one hour of case management per month, and less than 5 hours of hands-on care per week. An increase in our ability to provide a higher level of service to these customers will absolutely result in more individuals being maintained in the community, and off Medicaid covered services.

We ask that you consider the following recommendations for this year's aging budget:

- Provide \$27 million to address the reported waiting lists identified by the Area Agencies on Aging and their community-based partners
- Restore funding for the Lifespan of Greater Rochester and the NYS Coalition on Elder Abuse - \$340,000
- Increase funding for the Long Term Care Ombudsman Program - \$5 million
- Invest in technology services to combat social isolation and loneliness – \$5 million

I cannot stress enough how aging service providers are providing a significant cost savings to the Medicaid system but do not receive the attention or stature that they deserve. The older adults being serviced via aging services are complex, and high risk. The Offices for the Aging and their partners are able to provide quality services and supports to older individuals and their network of caregivers, at a much lower cost than the medical model and it does so looking at the entire person. Investments in aging services are vitally important to the economic security of the state, and they need to be a priority rather than an afterthought. I respectfully ask that the Legislature continue to invest in our network and incentivize the network through proactive policy and statutory changes. I thank you for your time and support, and I look forward to working with you on these issues.

Association on Aging in New York

	2020-21	2021-22
NYSOFA Budget Programs/Services/Grants <u>Black ink</u> = actual allocation <u>Red ink</u> = difference from 2020-21	Enacted Budget	Executive Budget
EISEP	\$65,120,000 *The \$15 million is in this appropriation	\$65,120,000 *The \$15 million is in this appropriation
WIN (Wellness in Nutrition)	\$28,281,000	\$28,281,000
CSE (Community Services for the Elderly)	\$32,051,000	\$32,051,000
NORCs & NNORCS	\$8,380,000	\$8,380,000
Managed Care Consumer Assistance Program	\$1,767,000	\$1,767,000
Senior Transportation Operating Expenses	\$1,121,000	\$1,121,000
Social Model Adult Day Services	\$1,072,000	\$1,072,000
A. Respite B. Individual respite programs	\$656,000 \$361,500	\$656,000 \$275,000 (-\$41,000)
HIICAP (Health Ins. Info Counseling & Assist. Prog)	\$1,000,000	\$1,000,000
Elder Abuse Education & Outreach (Lifespan)	\$1,085,000	\$745,000 (-\$340,000)
EMDT (Lifespan)/Fed grant	\$500,000	\$500,000
LTC Ombudsman Program	\$1,190,000	\$1,190,000
CSI (Congregate Services Initiative)	\$403,000	\$403,000
Caregiver Resource Centers	\$353,000	\$353,000
Association on Aging in NY Education & Technical Assist.	\$250,000	\$250,000
State match for federal grants	\$175,000	\$175,000
RSVP	\$216,500	\$216,500
Livable NY/Community Empowerment	\$122,500	\$122,500
Enriched SADS NYSADSA	\$122,500	\$122,500
Foster Grandparents	\$98,000	\$98,000

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Patients' Rights Hotline (Statewide Senior Action)	\$231,500	(-\$200,000)	\$31,500
Additional line items for Individual Organizations	\$2,175,000	(-\$2,175,000)	0
TOTAL	\$146,731,500		\$143,605,500 (-\$3,126,000)