



**Association on Aging in New York**

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**Written Testimony of Rebecca Preve, Executive Director  
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**Legislative Budget Hearing on Human Services  
2/2/2022**

Good afternoon, distinguished members of the Senate and Assembly standing committees, my name is Rebecca Preve and I am the Executive Director for 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 Association on Aging is thrilled with the proposals for aging services included in the proposed state budget. As you are aware, the COVID-19 pandemic disproportionately impacted older New Yorkers, their families, and our service providers. Our network has experienced close to a 100% increase in the demand for our services, and we are so thankful for the \$149 million provided by the federal relief packages which allowed us to absorb this increase. As you are well aware, this stimulus funding is not an ongoing allocation, and the additional state investments are a welcome acknowledgment of the work of aging services providers and the need that exists in communities across the state.

Aging New York strongly supports the increase in funding for the programs and services which help older adults and their caregivers, as well as the 5.4% COLA in the New York State Office for the Aging portion of the 2022-23 Executive Budget proposal. We are also very supportive of the creation of the Master Plan for Aging and the associated \$500,000 in funding. However, we are respectfully requesting the following new initiatives, increases and restorations to the following:

## **2022-23 Budget Requests**

### **Enact Fair Pay for Home Care**

AAAs subsidize home care services for individuals above income for Medicaid Home Care Services. However, we utilize the same licensed home care agencies as the Medicaid system and the critical shortage of home care workers makes it impossible for us to prevent Medicaid spenddown and assist individuals in their home can communities.

There are over 8,000 older New Yorkers waiting for home care services due to lack of providers, and we must address the issue in order to prevent nursing home placement, and allow for aging in place.

Right now, more than 40% of New York's homecare workers live in or near poverty due to chronically low wages — an average of \$12.50 an hour in most of the state. This is contributing to a severe workforce crisis with 25% of home care patients reported they were unable to find home care workers. We know that number is going to keep going up until we start paying home care workers a fair wage and bringing workers into the growing sector.

### **Add \$14.1 million for Home Delivered Meals**

The home delivered meals (HDM) program, often referred to as "Meals on Wheels," offers crucial support for older adults across the state. Nonprofit HDM providers deliver a daily nutritious meal to homebound older adults who are unable to prepare their own food, while also providing support to combat social isolation.

HDM has been significantly underfunded for many years, with the COVID-19 pandemic putting even greater strain on the system. Challenges include difficulty hiring drivers and delivery staff at low wages, rising costs of raw food, significant growth in the state's 65+ population, difficulty recruiting and retaining volunteers as a result of COVID, and higher food insecurity for older adults throughout the pandemic.

\$14.1 million is needed to alleviate the pressures on this system and ensure older adults can continue receiving meals and social supports. These funds should be allocated through NYSOFA's Community Services for the Elderly (CSE) or Wellness In Nutrition (WIN) budget lines.

### **Add \$6 Million for Case Management Services**

There are close to 8,000 Older New Yorkers that are in need of ongoing case management services. Case Managers are overburdened, our clients are older and extremely complex, most live alone, and are

in need ongoing case management. This funding would reduce caseloads for more intensive interventions, and increase resources for older residents.

### **Restoration of Lifespan of Greater Rochester's Elder Abuse funding \$125,000**

Financial exploitation is the most common form abuse – costing NYS \$1.5 billion a year. In the 2022-23 Executive Budget proposal, there is a \$125,000 reduction in funding for statewide elder abuse prevention from last year's enacted budget. This is critical funding to protect older adults from all forms of elder abuse and also address the sophisticated scams targeting seniors. We are asking for the restoration of these funds.

### **Add \$20 Million for the Long Term Care Ombudsman Program (LTCOP)**

LTCOP is presently funded at \$1.19 million and is heavily reliant on volunteers with paid staff only covering approximately 20% of facilities. The Governor has signed five pieces of legislation recently to modernize, adapt and increase utilization of the program in conjunction with nursing home reforms. The complexity of the reporting and monitoring requirements of this program require an investment in a highly skilled and paid workforce. It is no longer sustainable to rely on volunteers to serve the mission of this program which is to be an advocate for nursing home residents.

The NYS Comptroller released an audit of the program in 2019 and stated, “Many residents of LTC facilities in the State lack regular access to ombudsman services, due in part to a decline in the number of volunteers combined with a lack of paid regional program staff.” The report cited the following:

- As of January 2019, about 600 of the approximately 1,500 LTC facilities in the State – about 40 percent – have an assigned volunteer ombudsman, leaving the remaining 900 facilities to be covered by only 50 paid local staff, which is about half the recommended minimum number;
- Eleven of the 15 regional programs fell short of the recommended minimum number of staff for the federal fiscal year ending September 30, 2018; and
- 30 percent of facilities were not visited by an ombudsman, leaving residents with reduced access to these important services.

An investment of \$20 million would allow for additional paid ombudsmen to be hired in each region of the state ensuring nursing home residents have an advocate available to them.

### **Overview of the work of the AAAs**

The structure of the network of aging professionals under the Older Americans Act and NYS Elder Law, is designed to assure strong community connections with community-based organizations from a variety

of systems, county and city 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 Age Friendly principles, 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 point of access 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 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 individual 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 by our more intensive programs are comprehensively screened across numerous categories to identify any and all needs that they may have, 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 sector and the personal success of individuals and families.

In the Fall of 2019, we reviewed more than 2,000 individual case files of older adults who were awaiting services but were not receiving them. Between 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.

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 they deserve. The older adults being served by 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.

The New York State Legislature has always made a strong commitment to supporting older adults, their families and caregivers in the New York State Budget. We stand ready to work with you to ensure the aging network funding is sufficient to meet the needs of New Yorkers.