NYAIL 2015 Statewide Conference

Back To The Future

October 7, 2015
October 7, 2015

Understanding the Intersection of Long Term Service and Support Systems for Aging and Disability

- NYSOFA, who are we?
- What do we do?
- What’s going on with aging?
- What’s new in long term care services and supports?

Corinda Crossdale
Director
New York State 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

• NYSOFA is an Executive Agency, authorized under the federal Older Americans Act and NYS Elder Law
The Older Americans Act
“Countervailing Force” to Medicare and Medicaid

- It is important to point out that in 1965, three important pieces of legislation passed,
  - Medicare – which provided mass health insurance to older adults,
  - Medicaid which provided a way to pay for nursing home care and
  - the Older Americans Act.

- 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
Services Provided by the Aging Network

**NUTRITION SERVICES**

- Home delivered meals (HDM)
- Congregate meals
- Nutrition counseling & education
- Senior center programming
- Health promotion and wellness
- Evidence Based Interventions – CDSMEs, fall prevention, etc.
- Volunteer opportunities

**SUPPORT SERVICES**

- NY Connects (ADRC) - LTSS I&A/R, options counseling, benefits and application assistance
- Health Insurance Information, Counseling and Assistance (HIICAP)
- Personal Care Level I and II (non-Medicaid)
- Case management
- Respite
- Ancillary services such as PERS and assistive devices
- Social adult day services
- Transportation to needed medical appointments, community services and activities
- Employment – Title V
- Legal Services
- Home modifications, repairs
- Long Term Care Ombudsman
Local network of service and support providers:

- 59 AAAs
- network of over 1,200 community providers and growing
  - Encourage continued engagement through cost effective community-based services
  - Innovators
  - Partnerships
  - Evolving
# New York State Trends Demographics

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<tbody>
<tr>
<td>Total Population</td>
<td>19,000,135</td>
<td>19,460,969</td>
<td>19,566,610</td>
<td>(1%) 19,892,438</td>
<td>20,266,341</td>
<td>20,693,354</td>
<td>(6%) 21,195,944</td>
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<td>Ages 5 and over</td>
<td>17,763,021</td>
<td>18,216,035</td>
<td>18,314,451</td>
<td>18,619,147</td>
<td>18,985,160</td>
<td>19,398,722</td>
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<td>Ages 60 and over</td>
<td>3,211,738</td>
<td>3,558,460</td>
<td>3,677,891</td>
<td>(20%) 4,027,480</td>
<td>4,499,549</td>
<td>4,962,734</td>
<td>(24%) 5,302,667</td>
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<tr>
<td>Ages 65 and over</td>
<td>2,452,931</td>
<td>2,559,826</td>
<td>2,588,024</td>
<td>2,851,524</td>
<td>3,191,141</td>
<td>3,615,695</td>
<td>4,020,308</td>
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<tr>
<td>Ages 75 and over</td>
<td>1,180,878</td>
<td>1,281,459</td>
<td>1,259,873</td>
<td>(5%) 1,242,577</td>
<td>1,332,145</td>
<td>1,561,652</td>
<td>(32%) 1,815,879</td>
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<tr>
<td>Ages 85 and over</td>
<td>314,771</td>
<td>403,129</td>
<td>417,164</td>
<td>(29%) 442,958</td>
<td>454,298</td>
<td>486,682</td>
<td>(22%) 566,423</td>
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<td>Ages 60-74</td>
<td>2,030,860</td>
<td>2,277,001</td>
<td>2,418,018</td>
<td>2,784,903</td>
<td>3,167,404</td>
<td>3,401,082</td>
<td>3,486,788</td>
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<tr>
<td>Ages 75-84</td>
<td>866,107</td>
<td>878,330</td>
<td>842,709</td>
<td>799,619</td>
<td>877,847</td>
<td>1,074,970</td>
<td>1,249,456</td>
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<td>Minority Elderly, 60 and over</td>
<td>736,742</td>
<td>981,360</td>
<td>1,062,919</td>
<td>1,277,197</td>
<td>1,552,380</td>
<td>1,865,871</td>
<td>2,180,775</td>
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<tr>
<td>Ages 65 and over</td>
<td>506,282</td>
<td>674,022</td>
<td>716,078</td>
<td>872,889</td>
<td>1,058,974</td>
<td>1,296,349</td>
<td>1,574,537</td>
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<td>Ages 75 and over</td>
<td>198,537</td>
<td>285,885</td>
<td>303,764</td>
<td>357,680</td>
<td>426,448</td>
<td>537,061</td>
<td>672,261</td>
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<td>Disabled (ages 5 and over)</td>
<td>3,606,192</td>
<td>3,784,789</td>
<td>3,831,083</td>
<td>3,952,167</td>
<td>4,096,932</td>
<td>4,253,653</td>
<td>4,400,598</td>
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<td>Ages 5 to 17</td>
<td>257,194</td>
<td>246,675</td>
<td>244,978</td>
<td>246,999</td>
<td>252,089</td>
<td>255,876</td>
<td>260,507</td>
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<td>Ages 18 to 59</td>
<td>2,206,913</td>
<td>2,206,913</td>
<td>2,210,226</td>
<td>2,198,510</td>
<td>2,161,587</td>
<td>2,141,246</td>
<td>2,156,392</td>
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<tr>
<td>Ages 60 and over</td>
<td>1,201,431</td>
<td>1,331,201</td>
<td>1,375,879</td>
<td>1,506,658</td>
<td>1,683,257</td>
<td>1,856,532</td>
<td>1,983,699</td>
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<td>Poverty,(1) Age 60+</td>
<td>352,835</td>
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<td>Below 150%</td>
<td>652,365</td>
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<tr>
<td>Below 250%</td>
<td>1,201,110</td>
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<tr>
<td>Housing (Own/Rent), 60+, (2)</td>
<td>158,860/92,900</td>
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Source: NYS Data Book, 2010, © NYSOFA
Understanding of Aging What do We Really Want?

- To make our own decisions or, at least, be empowered to be active part of decisions about us
- To be as independent as possible
- To have choices (e.g. homes/communities)
- To maintain relationships, have purpose
- To be able to assume personal risk, be in control
- To receive assistance as needed, on our terms and schedules
- Not be vilified for asking for and receiving help
- To access services—transportation, medical, education, employment, etc.
- To have help maneuvering various systems that are complex – i.e., health care, insurance info, etc.
Understanding of Aging
• 8-member Leaders of Aging Organizations commissioned the Frameworks Institute to develop...

Gauging Aging:
Mapping the Gaps Between Expert and Public Understandings of Aging in America
Source: http://www.frameworksinstitute.org/aging.html
Understanding of Aging Untranslated Expert Story of Aging

What is Aging

• Normative and lifelong: Aging is a normative process that extends across the lifespan.
• Cumulative: Educational, financial and social experiences and contexts of childhood and middle age predict well-being in older adulthood.
• Distinct from disease and decline: While physical and cognitive changes are a normative part of growing older, aging does not necessarily mean disability.

What Characterizes Older Adults

• A growing population with increased and unprecedented longevity: Older adults are living longer and healthier lives, and their numbers are growing.
• Highly heterogeneous: There is enormous variation in health, functional ability and financial status. Disparities exist along the dimensions of income, gender, race/ethnicity and education.
• Social and economic impact: Older adults hold a disproportionately large share of our country’s wealth, represent a enormous source of consumer spending and economic productivity, and contribute in myriad ways (e.g., support to grandchildren, child care) to family and community life.

Source: http://www.frameworksinstitute.org/aging.html
Understanding of Aging

The growth of the older population and the baby boomers

= opportunities

Does not equate to high cost, loss of independence, loss of choices
Understanding of Aging

Changes in communication
Changes in discourse
Changes in thinking
Changes in policy

Source: http://www.frameworksinstitute.org/aging.html
Result of different views

The report concludes...

- There is a need to understand “…aging as both a personal and a shared resource and opportunity- and so that older Americans are viewed as central rather than marginal participants in our collective lives…”

Source: [http://www.frameworksinstitute.org/aging.html](http://www.frameworksinstitute.org/aging.html)
What is the impact

• **Weakening of the Older American’s Act**
  – Cash-strapped states and counties are hard-pressed to make up for insufficient federal funding of the act, which has limped along since its 2011 expiration without a full reauthorization

• **Public Policy hasn’t kept up with need**
  – Respite care, caregiver support, preventive services

Source: Ann Monroe “Times are a Changing” ACUU Conference 2015
Americans living longer than ever

4 Reasons Aging is a Good Thing

We hear a lot about the problems of old age, but there are some benefits to growing older.

Bracing for the Falls of an Aging Nation

By KATIE HAFNER  OCT. 30, 2014
What's happening in the System Today?

Historic Perspective…Medical Model

• More is Better; siloed systems
• Fee for Service drove the volume and cost
• Medicaid and Medicare brought more people into the system
  – Today, the average 60+ patient in the U.S. sees seven physicians
    (two generalists and five specialists) in four different practices each year.

While each new doctor adds expertise, from the patient’s vantage point, the end result is often disharmony.

Source: Ann Monroe “Times are a Changing” ACUU conference 2015
What's happening in the System Today?

Historic Perspective…Social Model

• Non-medical services trying to prevent decline
  – Income, access to food, educational status, housing, employment affect health and longevity.
  – Research attributes as much as 40% of health outcomes to social and economic factors (University of Wisconsin Population Health Institute)

• Different service delivery system

While more comprehensive, never as powerful as medical model

Now, trying to blend them…..

Source: Ann Monroe “Times are a Changing” ACUU conference 2015
Historic Perspective

SOncial  +  MEDical  =  

SOME Model

But its still work in progress…

Source: Ann Monroe “Times are a Changing” ACUU conference 2015
What’s Happening in the system today?
Managed Long Term Care

WHICH SERVICES ARE PROVIDED BY THE MLTC PLANS - Benefit Package of "Partially Capitated" Plans

MLTC Benefit Package (Partial Capitation) (Plan must cover these services, if deemed medically necessary. Member must use providers within the plan’s provider network for these services).

- Home Care, including:
  - **Personal Care (Home attendant or Housekeeping)**
  - Certified Home Health Agency Services (home health aide, visiting nurse, visiting physical or occupational therapist)
  - Private Duty Nursing
  - **Consumer Directed Personal Assistance Program**
- **Adult Day Health Care (medical model and social adult day care)**
- **Personal Emergency Response System (PERS),**
- **Nutrition -- Home-delivered meals or congregate meals**
- **Home modifications**
- Medical equipment such as wheelchairs, medical supplies such as incontinent pads, prostheses, orthotics, respiratory therapy
- Physical, speech, and occupational therapy outside the home
- Hearing Aids and Eyeglasses
- Four Medical Specialties:
  - Podiatry
  - Audiology + hearing aides and batteries
  - Dental
  - Optometry + eyeglasses
- **Non-emergency medical transportation to doctor offices, clinics (ambulate)**
- Nursing home care
Balanced Incentive Program (BIP)

Balancing Incentive Program (BIP) programs both seek to integrate medical, behavioral, long-term support and services, and social needs in order to create person-centered, coordinated plans for Medicaid recipients.

Care Management for All =
  – Holistic approach
  – Person-centered
  – Better outcomes
  – Lower costs
Balancing Incentive Program

• BIP is a funding opportunity offered under the Accountable Care Act which:
  - Requires 3 structural changes:
    • No Wrong Door/Single Entry Point network (NYConnects)
    • Core Standardized Assessment Instruments
    • Conflict-Free Case Management

• The NYS BIP period is from Apr. 1, 2013 – September 30, 2015. (Federal government recently provided an extension until 2017)
Proposed NWD Structure

The key features of the NWD structure:

– Will enable a **seamless** and more **timely experience** for individuals in need of LTSS regardless of age, disability, diagnosis or payer source;

– Will provide **comprehensive information and assistance and linkage to services** for individuals and

– Technology will allow the State to create a **virtual call center and appropriate data sharing by NWD staff** in accordance with Health Insurance Portability and Accountability Act (HIPAA) compliance, and confidentiality requirements.
Proposed NWD Structure

- NYSOFA will **contract with 4 to 6 Independent Living Centers (ILC)** and/or other disability organizations – together with Area Agencies on Aging (AAA) and Local Departments of Social Services (LDSS), these will form an **enhanced NY Connects** creating local NWD Hubs.

- **OPWDD’s Front Door**, currently involved with providing information, assisting with enrollment, screening, coordinating and approving assessments and/or care plans will serve as a **Specialized NWD** organizations for the population it serves.

- **OMH** will serve as a **Specialized NWD** for the population it serves.
Office of Community Living (OCL) Purpose & Rationale

Health and Mental Hygiene (HMH) (S2007-B/A3007-B) Chapter 57

PART N

• Section 1. Purpose. The purpose of this act is to seek public input about the creation of an office of community living with the goal of providing improvements in service delivery and improved program outcomes that would result from the expansion of community living integration services for older adults and persons of all ages with disabilities.
OCL Purpose & Rationale

§ 2. Data and information collection.

- (1) The director of the state office for the aging, in collaboration with other state agencies, will:
  - consult with stakeholders, providers, individuals and their families to gather data and information on the creation of an office for community living.
  - areas of focus shall include, but not be limited to, furthering the goals of the governor's Olmstead plan, strengthening the No Wrong Door approach to accessing information and services, reinforcing initiatives of the Balancing Incentive Program, creating opportunities to better leverage resources, evaluating methods for service delivery improvements, and analyzing the fiscal impact of creating such an office on services, individuals and providers.
  - The state office for the aging shall also examine recent federal initiatives to create an administration on community living; and examine other states' efforts to expand services supporting community living integration, and local and/or regional coordination efforts within New York.
OCL Purpose & Rationale

• (2) In order to ensure meaningful public input and comment regarding the activities of subdivision one of this section, there shall be a series of public meetings held across the state, organized to ensure that stakeholders in all regions of the state are afforded an opportunity to comment.

§ 3. Reporting. The director of the state office for the aging shall submit to the governor, and to the temporary president of the senate and the speaker of the assembly, a report and recommendations by December 15, 2015, that outlines the results and findings associated with the aforementioned collection of data and solicitation of feedback.

Such report shall include, but not be limited to, the director’s assessment, after taking into consideration input from all stakeholders, whether establishment of such an office would be beneficial to the populations served and the state as a whole, the information gathered to make such assessment, an analysis of all information gathered, all alternatives considered, the impact and effect any proposed change may have on existing programs and services, and an assessment of related fiscal impacts on localities, the state and non-governmental entities serving the elderly and disabled communities in each of the respective communities.
OCL Areas of Focus

1. Furthering the goals of the governor's Olmstead plan,

2. Strengthening the No Wrong Door approach to accessing information and services, reinforcing initiatives of the Balancing Incentive Program,

3. Creating opportunities to better leverage resources,

4. Evaluating methods for service delivery improvements, and

5. Analyzing the fiscal impact of creating such an office on services, individuals and providers.
§ 2. Data and information collection

The state office for the aging shall also examine recent federal initiatives to create an administration on community living; and examine other states' efforts to expand services supporting community living integration, and local and/or regional coordination efforts within New York.
OCL Researchers

Center for Aging and Disability Education and Research (CADER)

- Develop brief state-of-the-state report
- Facilitate the development of surveys and other data collection procedures
- Analyze all findings from the project
- Complete final report of all findings
Federal Administration for Community Living (ACL)

ACL was initially established on April 18, 2012, bringing together the Administration on Aging, the Office on Disability, and the Administration on Developmental Disabilities to achieve several important objectives including, reducing the fragmentation that currently exists in Federal programs addressing the community living service and support needs of both the aging and disability populations; enhance access to quality health care and long-term services and supports for all individuals; and promote consistency in community living policy across other areas of the Federal government.
Federal Vision of No Wrong Door System

The most recent thinking from ACL can be found in “The No Wrong Door” funding announcement released in June 2014. A criteria of this funding was that the following state agencies must be included as full partners in co-leading the planning process:

– the State Medicaid Agency
– the State Unit on Aging
– the state agencies that serve or represent the interests of individuals with physical disabilities and individuals with intellectual and developmental disabilities
– the state authorities administering mental health services
State of the States: Aging and Disability

Based on National Association of States United for Aging and Disabilities (NASUAD)'s 2014 State of the States in Aging and Disability Agency report, restructuring continues to be common among state agencies. States are continuing to reorganize how they conduct business and deliver services.

The most notable change in state organization is the incorporation of services for individuals with developmental disabilities into the same agency as the unit on aging. Between 2012 and 2014, the percent of states reporting that these services were part of the agency grew from 20 percent to 40 percent (NASUAD. 2014)
§ 2. Data and information collection.

(1) The director of the state office for the aging, in collaboration with other state agencies, will:
   – consult with stakeholders, providers, individuals and their families to gather data and information on the creation of an office for community living.
How can you get involved?

Complete the Survey:

http://www.aging.ny.gov/CommunityLiving/index.cfm
How can you get involved?

Attend a Forum:

**September 21, 9:00-11:00a.m.**
Empire State Plaza Meeting Room #6
Concourse Level
Albany, NY 12210

**September 21, 2:00-4:00p.m.**
West Side Ballroom
253 New York Road
Plattsburgh, NY 12903

**September 22, 10:00a.m.-12:00p.m.**
Onondaga Community College, Storer Auditorium
4585 W Seneca Turnpike
Syracuse, NY 13215
(Use parking lots 2 or 4)

**September 22, 2:30-4:30p.m.**
Southern Tier Independence Center
135 E Frederick St.
Binghamton, NY 13094

**September 30, 9:00-11:00a.m.**
Suffolk County, To Be Determined (TBD)

**September 30, 2:00-4:00p.m.**
New York City, TBD

**October 1, 10:00a.m.-12:00p.m.**
Dutchess/Putnam County, TBD

**October 7, 9:00-11:00a.m.**
Mt. Olivet Baptist Church
701 E Delevan Ave.
Buffalo, NY 14215

**October 7, 1:30-3:30p.m.**
Monroe County, TBD
All of this work ties to connections:

1. Connection with self… personal readiness to face and find a path through such uncertainty.
2. Connection with colleagues… we are all in this together; how do we build on each others’ strengths
3. Connection with constituents…
   - What do they REALLY need from us?
   - Can we deliver it well? How do we know?
   - Is there another organization that can (or does) do it better?
All of this work ties to connections:

4. Connection with peer organizations…
   – What can we learn from each other?
   – What services can be shared or realigned?

5. Connection with our community…
   – How together are we improving the health of our people and communities?

After all…what’s the alternative to connecting?
Take Away

• **We are facing an opportunity not a crisis**; the future as a time for potential change and improvement

• Systems and supports are key “characters”…systemic solutions can be found in **Financing models** that include **social supports** and **non-medical LTSS**

• Care models must **move away from strictly medical models** – THEY DON’T WORK!

• Communities are in best position to plan for and develop livable and healthy communities for all ages
A moment of Sharing...

Thoughts, Opinions, or Comments