New York’s Area Agencies on Aging: Leaders in Long-Term Services & Supports

The health care delivery system in New York State and nationwide is undergoing a major transition that has prompted policymakers to adopt the Aging Services Network’s mantra: Keep older adults living in their homes for as long as possible for the benefit of our older citizens and – the economy!

**Transforming the Health Care Delivery System**

One way to keep aging adults independent and living in their homes is to incorporate community-based long-term care services and supports into the system for managed care, which is the goal of Medicaid Redesign in New York. Area Agencies on Aging are in a unique position to bridge the gap between medical and non-medical long-term care services and supports.

**Brief History**

In 1973, the Area Agencies on Aging, central figures in the Aging Services Network, were charged with providing non-medical community-based long-term care services and supports to older Americans that would allow them to “age in place” at home rather than in institutional settings such as nursing homes.

During the ensuing years, a larger investment was made in acute care and facilities that put the emphasis on nursing home care and resulted in expenditures that far exceed state and local government resources.

Several decades later, New York State is working to create a blended model of Medicaid managed care that integrates long-term services and supports – the Aging Services Network – with traditional medical care. It’s a calculated effort to reduce Medicaid costs and improve results by delaying, perhaps even preventing nursing home placement for aging New Yorkers.

Note: New York’s 2012 Medicaid expenditure for nursing home care was $3 billion. (Dept. of Health March 2012 Medicaid Global Spending Cap Report.)

**Aging Services Network**

New York’s Aging Services Network is a statewide support system comprised of:

- New York State Association of Area Agencies on Aging
- New York State Office for the Aging
- 59 Area Agencies on Aging (one in each county plus New York City and two Indian Reservations)
- 2,400 private & public nursing facilities provide services (e.g. nutrition counseling, transportation) spread out over New York’s 59 counties
- New York State Association of Area Agencies on Aging
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Area Agencies on Aging

Area Agencies on Aging facilitate and support the development of non-medical health and wellness programs to address the needs of older adults.

Area Agencies on Aging are in a unique position to provide the non-medical health and wellness programs missing from New York State’s system of care.

Area Agencies on Aging non-medical services and programs are a perfect complement to the system of health care that treats everything from a medical standpoint and ignores the social services aspect of care to the detriment of the system’s affordability and quality of care.

Area Agencies on Aging have learned to be cost effective out of necessity and depending on the local structure contract out some of their services. Federal and state funding hasn’t kept up with the exponential growth of the 60-plus aging population.

Area Agencies on Aging serve the spectrum of seniors age 60-plus with programs and services that provide the level of support they require to age successfully in their homes.

Network Characteristics

New York State currently has an Area Agency on Aging (aka Office for the Aging) in all counties plus New York City and two Indian Reservations. They are uniquely positioned to be part of the solution for Medicaid long-term care services and supports because they:

- Operate/administer non-medical health and wellness programs and services.
- Are mobile and can “go to” the client’s home or other community setting.
- Are adept at leveraging resources and building sustainable partnerships.
- Understand public benefits and are accustomed to the evaluation/application process.

Area Agencies on Aging are positioned to be an important part of a new system that will:

- Focus on prevention and preventive services and screenings.
- Manage chronic conditions through evidence-based interventions.
- Reduce reliance on Medicaid.
- Maximize private pay resources.
- Better target those at risk and coordinate their care.
- Are consumer-centered.

Impact

NY Connects engaged 228 in-hospital patients during a six-month period following their hospital stay and 92% remained out of the hospital at home within 30 days of their discharge. (Aging and Disability Resource Centers Transitions Program 2011)

83.5% of at-risk individuals (multiple ADLs and IADLs) were still living at home and not in a nursing facility after receiving non-medical health services by Area Agencies on Aging for eight months. (Nursing Home Diversion Modernization Program Final Evaluation Report, University at Albany, 2011)

The Journal of Health Affairs analyzed state spending data from 1995 to 2005 and found spending growth of Medicaid and Medicare (for long-term care services) was greater for states with limited Home & Community Services. (Kaye, et al 2009)

An Administration on Aging study demonstrated that providing three aging services in the home can delay nursing home placement of high risk clients up to 32 months. (Advanced POMP: Rhode Island Dept. of Elderly Affairs, Oct. 2009)

Innovation

Demand has prompted the Aging Services Network to develop innovative programs:

- Community Living Program: Using Aging and Disability Resource Center systems, such as NY Connects, to provide client screening to target people at risk of nursing home placement and spend down to Medicaid; provide assessment, care and service planning, and access to all publicly supported long-term care services and supports.
- Veterans Directed: Home and community based services that enable veterans to continue living in their homes and communities.
- Care Transitions: Coordination and continuity of health care during the movement between health care practitioners and settings as their condition and care needs change.

Options Counseling: Identify people in need of short-term advice and guidance on available services to remain in the community as an alternative to nursing facility placement.
Independence and Dignity

When Velma Murray, 86, who lives in Chautauqua County, fell in her home, she alerted emergency services through the Personal Emergency Response System, a service she receives through the Chautauqua County Office for the Aging, her county’s Area Agency on Aging.

Help was dispatched and ultimately a fall evaluation assessment was performed in her home. Through case management it was determined that she would benefit from the Balance for Life program, which sent a physical therapist to her home to help improve her strength and reduce her risk of falling.

Velma Murray continues to live safely and independently in her home in beautiful Western New York, bringing home the mission of Area Agencies on Aging, which is to assist older adults to live with independence and dignity in their homes and communities.

Velma’s monthly income from a pension and social security is $1,550. She’s been a Chautauqua County Office for the Aging client since 2002, and she receives $4,976.40 worth of non-medical long-term care services and supports annually from her Area Agency on Aging, which includes “activities for daily living” services plus $300 for the Personal Emergency Response System.

Velma’s share for the cost of her non-medical long-term care services and supports was 10% until recently when her monthly income rose, increasing her share to 20%.

AAA services have enabled Velma to live in the community for over 10 years and avoid more expensive care options.

Key Terms

LTSS
Long-term care services and supports, formerly referenced as long-term care, describes a wide range of assistance that goes beyond acute medical care and deals with “activities of daily living” needs of people with disabilities or illness.

ADL
Activities of Daily Living, such as eating, dressing and bathing, are referred to as ADLs. Seniors with multiple ADLs are at risk of nursing home placement.

IADL
Instrumental Activities of Daily Living, such as managing money, shopping and preparing meals, are referred to as IADLs.

No wrong door
Means the system for care can be entered through any local office for aging, independent living center, senior center, primary care provider, or other methods of accessing services.

ADRC
NY Connects was established to provide clients with “no wrong door” entry into the Aging Services Network. NY Connects is recognized by the federal government as an Aging and Disability Resource Center (ADRC) and therefore is the foundation for of many grant opportunities.
**Investment**

The cost of nursing home care versus home and community-based services has prompted New York State to take a closer look at the kinds of long-term care services and supports provided by the Area Agencies on Aging.

In Western New York, Area Agencies on Aging serve thousands of seniors who have multiple IADL (instrumental activities of daily living) and ADL (activities of daily living) challenges. They receive a package of Area Agency on Aging services at an annual average cost of $10,198 per person.

Clients with multiple IADL and ADL difficulties are considered at risk of nursing home placement, and in Western New York alone, the annual average cost of a nursing home is $100,044.

AAA services in Western New York saves the state millions of dollars compared to nursing home care.

Take into account the population of places like Long Island (Nassau County has the fastest growing population of 85-plus in the nation) and the overall savings to the state is impressive.

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**Profile of Western New York**

*Medicaid Cost Avoidance*

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<thead>
<tr>
<th>100 People</th>
<th>200 People</th>
<th>300 People</th>
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<tbody>
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<td>$0</td>
<td>$10,000,000</td>
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*Diverting 300 people from nursing home placement by using AAA services translates into close to $30 million in reduced costs annually.*

*Note: Estimates are for Western New York*

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**A Tale of Two Worlds:**

Chart shows the double-digit growth of the senior citizen population, compared to a decline or minor increase in the overall county population.