

Proposal for More Efficient Aging Services

Office for Aging and Community Supports

June 15, 2011

Background

The New York State Office for the Aging celebrates its 50th anniversary in 2011 and has served older New Yorkers well as an agency to represent and advocate within state government for programs and policies which improve their quality of life. It has been given a wide focus and mandate by both the federal Older Americans Act and the New York State Elder Law to promote and enhance the quality of life and dignity in health care and all sectors of government for seniors. The older population of the state will continue to grow dramatically from 3.7 million persons age 60 and older in 2010 to 5.3 million by the year 2030, a 42% increase. This great demographic shift to an older society presents challenges as well as resource opportunities. The good health, education and financial abilities of many new retirees are an enormous “social capital” asset to the state of New York. They play an important role as caregivers, volunteers and workers and are the backbone of many community services and self-help programs, allowing older New Yorkers and their peers to remain living independently in the community as long as they can.

Recommendation

After carefully reviewing the role of the New York State Office for the Aging and Governor Cuomo’s charge to the SAGE Commission to streamline state government and enable efficiencies, we believe the best approach to continuing the mission of ensuring the quality of life and dignity of older persons and recognizing and capitalizing on the population change is through the enhancement of an independent Office for the Aging.

We propose an “**Office for Aging and Community Supports**,” with added responsibilities to promote its person centered approach to the long term care system in New York State.

We support Governor Cuomo’s efforts to make state government more efficient and effective and we believe that services for a growing aging population should be strengthened using the most flexible and cost effective means available. An Office for Aging and Community Supports would position the State to best serve its aging population, especially in the context of federal and state health care reform. We are being offered an unprecedented opportunity to break with the traditional model of long term care services that relies heavily on more costly institutional care, and to further rebalance the long term care system toward Home and Community Based Services (HCBS) where appropriate.

Supported by a coalition of organizations serving Older New Yorkers

Sixty-nine percent of people turning age sixty-five will eventually need at least some long term care and 20% will require five years or more. Without significant reform, the existing long term care system will become a crippling burden on public finances. Average Medicaid spending on non-institutionalized care for seniors is significantly less per person than nursing home care. Positioning the Office for Aging to oversee more of the home and community based services will prove to be a tremendous cost savings for the State.

Inherent in the current New York State Office for Aging is a deep recognition and validation that the needs of seniors are reflected along a continuum of care, and the agency has been a leader in advancing consumer directed, person-centered care through a multitude of various programs and grants. Public/private partnerships have always been maximized, an area which has been non-existent elsewhere.

Guiding Principles

Our position is based on the following guiding principles:

- The State must remain in a position to maximize access to federal dollars, including the Older Americans Act (OAA) and the Affordable Care Act (ACA). This would require:
 - Maintaining an independent voice for older New Yorkers and underserved populations
 - Maintaining Aging and Disability Resource Centers (NY Connects) as community based information and assistance entities
 - Positioning the State Unit on Aging to have access to new federal funding under the ACA for programs such as transitional care and care coordination
- The aging process is multi-faceted.
 - Most older adults need social supports
 - Social support includes innovations to create livable communities and the provision of a full array of community based services
 - Social supports are proven to be cost effective and have helped older New Yorkers delay or even prevent reliance on the health care system and Medicaid.
 - Housing and transportation needs, community involvement, civic engagement, and volunteerism are all part of the focus on aging in place
- Home and Community Based Services are the least costly method for providing supportive services, health services, and medical services that allow people to remain in their homes and communities.
 - Provides for flexibility of services to meet the needs of each individual based on what other supports they may or may not have
 - Home and community based services are consumer centered and caregiver and family focused
- Avoid conflict of interest for the Ombudsman Program.
 - The Ombudsman Program by its design and function must be kept separate from State regulatory functions for the long term care system. The Ombudsman Program is a requirement of the Older Americans Act with designated oversight by the State Unit on Aging (the state governmental agency for aging issues, as defined in the OAA).

- Collaboration with other state agencies and service delivery systems can be enhanced while remaining an independent agency.
 - Director continues to report to the Governor
 - Rebalance funding to maximize state and federal dollars in order to enhance services provided and incorporate other aspects of community based services
 - Flexibility to establish collaborative relationships with other organizations to increase eligibility for grant funded chronic disease self-management programs, community living program grants, etc.

- The State Unit on Aging must serve as an effective and visible advocate for older individuals.
 - Focus on issues of importance including but not limited to, elder abuse, healthy nutrition, caregiver supports, housing, transportation and case management
 - Ensure that the continuum of services are consumer focused, and family and caregiver centered
 - Encourage personal planning for long-term support needs among individuals and their family members and caregivers
 - The Older American's Act charges State Units on Aging with providing services to older individuals with greatest economic need and older individuals with greatest social need "with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas." State Units on Aging also ensure outreach to diverse populations including among others, people of color; lesbian, gay, bisexual and transgender elders; older adults with HIV and people with disabilities.

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These guiding principles form the basis of our recommendation for an independent **Office for Aging and Community Supports**, strengthening the functions of the current Office for the Aging and adding components of the long term care system, including:

- Nursing Home Transition and Diversion Medicaid waiver program (currently DOH)
- Home and Community Based Services Medicaid waiver/Long Term Home Health Care Program (currently DOH)

An interagency Aging Cabinet should also be established to more effectively coordinate services and implement a statewide aging policy and the four-year federal plan. Programs in other state agencies which directly fund services to seniors and are operated by some area agencies on aging and nonprofits in the aging network should all be coordinated with the Office for Aging and Community Supports with regard to state policy and budget issues.

The proposed restructuring will allow the Office for Aging to continue its work and spread culture change among and between state agencies and programs. The quality of life and care for seniors can be improved upon by moving providers away from a one-size-fits-all traditional medical-model of long term care toward a blended model based on need. Coordination of care ensures that seniors receive the most appropriate service, at the right time with the goal of reducing unnecessary duplication of services. Such a system would foster functional independence, embrace caregiver support, value independent living, respect consumer choice, enhance coordination of care services, reduce expenses, reduce premature institutionalization and reduce the reliance on excessive medically driven interventions. The proposed Office for Aging and Community Supports will improve care downstream and reduce expenditures.

The New York State Office for the Aging has the track record and proven ability to meet federal mandates and will be primed to efficiently deliver long term care, home and community based services, reduce nursing home admissions, remove over-regulation, streamline those unnecessarily expansive services that are overloaded with costs, and help contain long term care spending for the senior population in NY. By relying more on home and community based care, New York can stretch dollars and serve more seniors.

The proposed Office for Aging and Community Supports would promote and enhance policies and programs to keep older persons living independently, which will slow the growth of New York State's Medicaid program. Additional efficiencies could be realized by sharing administrative tasks among agencies, such as information technology and human resources. Older New Yorkers need a strong, vibrant state entity to help them remain in their homes and communities with appropriate services, supports and unbiased information on long-term care options. A core function of a state office for aging must remain identifiable to the public as the representatives for the aging population within state government.

The following organizations support this proposal.

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