



**Office for
the Aging**



**2015-2019
New York State
Plan on Aging**
www.aging.ny.gov



Office for the Aging

**Two Empire State Plaza
Albany, NY 12223-1251**

Andrew M. Cuomo, Governor
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www.aging.ny.gov

A Message from the Director

Dear Colleagues:

When Congress passed the Older Americans Act (OAA) in 1965, our country was responding to concerns about the lack of community social services for older persons. More than 50 years later, New York State is proud to be a part of a nationwide network of 56 State Units on Aging; providing community support for older adults, caregivers, volunteers, and communities that are planning for their own unique demographic change drivers. The New York State Office for the Aging (NYSOFA) is a leader in working to address diverse challenges and promote opportunities inherent in dynamic population change. Our broad based affiliations and partnerships help us plan, develop, and implement innovative programs and services and develop strategies that promote independence, respect, and dignity for our older adult population.

It is our mission as the State Unit on Aging, in partnership with the network of public and private organizations, to assist older New Yorkers maintain independence through high-quality, person- and family-centered, cost-effective programs and services. Efforts to address the challenges presented by a growing older population are rooted in the NYSOFA vision: “A New York State aging and disability service system that promotes dignity, purpose, and independence through policies and advocacy. “

The area agencies on aging and network of service providers have a longstanding history of providing cost effective and quality services; over the past few years, the Administration for Community Living (ACL), in partnership with the Centers for Medicare and Medicaid Services (CMS) has empowered the aging network across the country to test new models of care and strengthen partnerships with the medical community. In New York State, this has directed the development of programs that reduce the likelihood of nursing home placement and hospital readmissions, as well as led to systems change toward service integration that has strengthened caregiver and respite services and assists older adults with the management of chronic conditions. New York State has utilized resources from the Department of Health; Office for People with Developmental Disabilities, Office for the Aging, and Office of Mental Health to strengthen NY Connects (New York’s federally recognized Aging and Disability Resource Center {ADRC}). The intricate role of the aging network in health and long-term care is evident through the innovative work of these broad-based partnerships.

The New York State Four Year Plan on Aging is designed to guide service delivery and policy development throughout the state. It will form the basis for restructuring policies and serve as a benchmark to measure effectiveness and efficacy. While NYSOFA has been charged with the development of this plan, the office has sought broad community input from the Area Agencies on Aging, consumers, service providers, and educators, among others. I am pleased to present the New York State Plan on Aging for the period October 1, 2015–September 30, 2019. I am proud to be a part of a network dedicated to serving older adults and welcome your continued involvement as we work together to respond to challenges and opportunities in the years ahead.

Corinda Crossdale
Director
New York State Office for the Aging

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Verification of Intent

I hereby authorize the New York State Office for the Aging, as the designated State Unit on Aging for the State of New York, to develop a state plan, submit it to the Administrator for the United States Administration for Community Living for approval, and administer such plan upon approval.

_____ Date:

Andrew M. Cuomo, Governor
State of New York

Verification of Intent

The State of New York, Office for the Aging, hereby submits the New York State Plan on Aging for the period October 1, 2015 to September 30, 2019 and certifies that the administration of the State Plan shall be in compliance with the required assurances and provisions of the Older Americans Act of 1965 as amended. The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with the requirements of the Older Americans Act, and is primarily responsible for the coordination of all State activities related to the Act, and serves as the effective and visible advocate for the elderly in the State of New York.

This Plan on Aging has been developed in accordance with all federal statutory and regulatory amendments.



Corinda Crossdale

Corinda Crossdale, Director, New York State Office for the Aging

July 1, 2015

New York State Office for the Aging

It is the mission of the New York State Office for the Aging to help older New Yorkers to be as independent as possible for as long as possible through advocacy, 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 them.

The New York State Office for the Aging (NYSOFA), established in 1965 by Article 19-J of the Executive Law (now, New York State Elder Law, Article II, Title 1), is New York's designated state unit on aging as required by the federal Older Americans Act (OAA). NYSOFA is the lead agency for promoting, coordinating, and administering federal, state and local programs and services for older New Yorkers ages 60 and over and their caregivers. NYSOFA is the state's administrator for the federally designated Aging and Disability Resource Center (called NY Connects) as well as the state Long Term Care Ombudsman Program (LTCOP).

NYSOFA plays a central role in advocating on behalf of New York's 3.7 million older adults ages 60 and older as well as over 4 million informal caregivers (family, friends and neighbors) providing daily or intermittent care for older adults and persons of all ages with disabilities. The role of NYSOFA is based on its mission and OAA and state statute. NYSOFA partners with 59 area agencies on aging (AAA's), 56 of which are county based, one AAA located on each of the St Regis and Seneca Reservations and one AAA run by the City of New York. Of the 56 county based AAAs, 52 are sponsored by county governments and four are sponsored by not-for-profit organizations. Combined, NYSOFA and the AAAs contract with over 1,200 organizations to deliver cost-effective, pre-Medicaid, non-clinical long-term services and supports in the homes and communities of at risk older adults. Our common goals include:

- Coordinating and guiding policy development to improve the quality of life of older New Yorkers;
- Strengthening and expanding the state's No Wrong Door system that will result in greater access to consistent information and assistance across systems to people with disabilities and older adults;
- Expanding opportunities to de-silo systems through the use of technology to securely share information, as well as to identify services to be provided as needed and appropriate to help individuals get the right services at the appropriate time;
- Providing leadership and facilitating community action that enables communities to develop sustainable planning processes that recognize demographic changes and how those communities can better plan for the growth in the older population and other change drivers;
- Assuring the delivery of coordinated, high-quality services in communities across the State to help older adults remain as independent as possible for as long as possible.
- Expanding opportunities for integration of non-clinical support services within physical and behavioral health care systems;
- Working with State and local stakeholders to create local environments that will reduce the out-migration of older adults that will enhance New York's position as a viable retiree destination that positively impacts the economy;

- Utilizing the experience, expertise and skills of older New Yorkers to help address workforce shortages in areas such as health care, long-term services and supports and new and emerging fields such as information technology and green jobs;
- Utilizing the experience, expertise and skills of older New Yorkers through community volunteerism and civic engagement;
- Making government work better by developing quantifiable metrics to measure performance and improve quality; and
- Working smarter by enhancing relationships with local governmental agencies (Social Services Districts, Public Health, Mental Health, etc.) and other partners (Managed Care Organizations, Regional Health Information Organizations, Community Based Organizations, Health Homes, etc.) to better integrate services, streamline eligibility for programs and provide assistance to help reduce barriers to services for the state's residents, while breaking down silos.

It is widely known that there are challenges related to the growth of the baby boomers and older population. However, there are tremendous opportunities to utilize the social, intellectual and economic capital of older adults themselves to address social problems. Further, the infrastructure of the area agencies on aging and the network of community-based providers are well suited to identify problems early and coordinate a services to assist individuals and families. These resources, when recognized and organized, can help leverage and expand resources to better serve individuals in their homes and communities and are a critical element to a seamless service system that better connects clinical care with human services.

NYSOFA's priorities include:

- Strengthening core OAA and state funded services to meet existing and future needs among older adults and their families;
- Expanding and strengthening the state's No Wrong Door to serve all populations, regardless of age and payer source;
- Increasing the business acumen of the network to strengthen partnerships with health care providers and developing models that reach new populations;
- Working with other state agencies and local partners to prevent readmission to hospitals;
- Teaching older adults how to manage complex chronic conditions and working to expand to other populations;
- Providing one-on-one assistance to understand the complexities of and navigating Medicare and other health insurance;
- Assisting individuals in understanding, applying for and receiving benefits they may be eligible for;
- Supporting caregivers of all ages to continue to serve their loved ones;
- Marketing the value of network services in health care and LTSS reorganization; and
- Instituting measurements and metrics to determine the efficacy of programs and for program/service improvements.

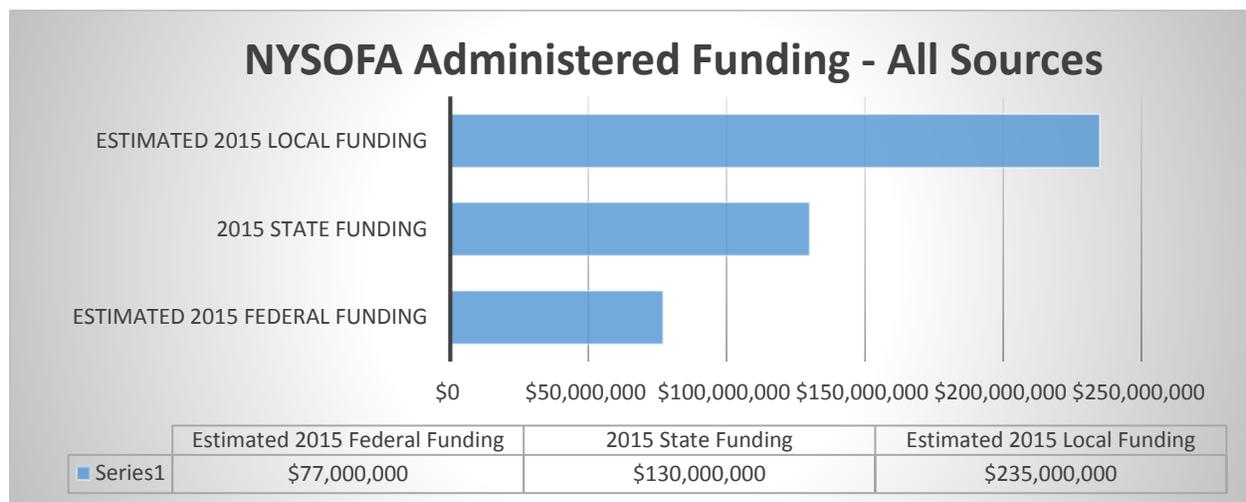
Current Status of the Network

The Older Americans Act and NYS Elder Law allow for flexibility in how AAAs meet locally determined needs. The OAA was founded on the principle of building local partnerships and leveraging additional resources from these partnerships. While the OAA pays primarily for care and services for those over the age of 60, over time the network's portfolio has expanded to assist other populations. For example, the Health Insurance, Information and Counseling

Assistance Program (HIICAP) may be accessed by Medicare beneficiaries of any age and NY Connects (New York’s Aging and Disability Resource Center and No Wrong Door) is available to provide information and assistance to individuals of any age and their families who are seeking long term services and supports, and the Long Term Care Ombudsman Program (LTCOP) may be accessed by any resident in facilities covered under its jurisdiction.

Funding

State and Federal funding in the amount of \$215 million leverages an additional \$235 million in resources from municipal government, private fundraising, participant contributions and cost-sharing.



NYSOFA’s four pronged approach to utilize public resources as efficiently as possible and leverage private resources and partnerships has resulted in a comprehensive strategy designed to:

1. Help older adults, families and baby boomers develop a personal independence plan which provides strategies individuals can themselves implement to maintain their independence.
2. Expand access to information and assistance on long term services and supports for persons of all ages with disabilities and their families while simultaneously strengthening partnerships with other state and local partners to meet the holistic and cross-systems needs of New Yorkers.
3. Coordinate, integrate and break down state and county level service silos through improved business acumen education and training for the network and state level policy and program work and direction setting, strengthening existing and developing new local partnerships (managed care organizations, MLTC, DSRIP, Health Homes, care transitions, RHIOs, behavioral health, etc.) as a result of a multitude federal and state actions and opportunities.
4. Initiate new or support existing community efforts to help communities organize and plan for sustainable community neighborhoods that are future-based and inclusive, grounded in smart growth and livability principles designed with an understanding of the changing demographics of the state and that good community design is good economic policy and beneficial across the age span.

The New York State Office for the Aging's home and community-based programs:

- Provide at risk frail older persons access to a cost-effective, well-planned, coordinated package of in-home and other supportive services designed to support and supplement informal care;
- Provide support services to caregivers of frail individuals in need of assistance with their daily activities;
- Provide opportunities to volunteer which result in the ability to serve more individuals and improve the volunteers health; and
- Provide triage, critical linkages and assistance to other programs within and across different systems.

The New York State Office for the Aging's overall goal is to improve access to, and availability of, appropriate and cost-effective non-medical support services for functionally impaired older individuals and through this service, improve outcomes and reduce costs to other systems such as health, long term care, human services, etc. NYSOFA's primary goal is to maximize the ability of an individual to age in their community and avoid higher levels of care and the need for publicly financed care. The focus of this effort is through the provision of services and supports to people in their homes; and delivered in a coordinated manner.

The key elements of NYSOFA's efforts include:

1. Providing non-medical home and community-based services;
2. Providing a No Wrong Door system that offers consistent information and assistance, including screening that assists individuals in accessing care through multiple systems;
3. Supporting New York's caregivers;
4. Helping to increase access to economic security programs and other benefits for Older New Yorkers;
5. Promoting and expanding access to health and wellness/disease management and prevention programs;
6. Advancing civic engagement and volunteerism;
7. In conjunction with state agency and local partners, developing and implementing innovative programs and services and setting future policy direction; and
8. Supporting community efforts designed to improve livability.

Performance Management

NYSOFA's continued commitment to effective and responsive management remains one of the agency's priorities. As a result, over the course of the next four years, the agency will administer consistent performance management practices that will include but not be limited to, standardized metrics, improved outcomes, and targeted projections. NYSOFA will review POMP, NCI-AD, and other NY governor's initiatives and integrate where necessary as part of its performance management framework.

The 2015-2019 State Plan includes goals, objectives, strategies, and expected outcomes but with a mixed methodology approach. Some expected outcomes include outputs which can be conceptualized as products, where other expected outcomes illustrate the expected benefit.

NYSOFA will continue to work towards developing a performance management system that will align with our priorities as we transition to the next level in overall performance management.

AGING IN NEW YORK STATE

Growth in the Older Population

New York’s demographic structure reflects some of the same major demographic forces that have shaped the nation’s population; for example, like the rest of the country, and the world, New York’s Baby Boom cohort will swell the ranks of the State’s older population in the coming decades.

The impact of the aging of the Baby Boom population is seen clearly in the chart, which depicts the projected increase in the older population for the State’s 62 counties (which include all of the boroughs of New York City) by the year 2020. In 2015, 7 counties had populations where older people (aged 60 and over) constituted less than 20 percent of the total population; by 2025, the number of counties with less than 20 percent of the population aged 60 and over will dwindle to the four boroughs in New York City and Jefferson County, home of Fort Drum. Overall, the state population is projected to be over 24 percent older people, which is comparable to the national projection in 2025.

New York State 62 Counties Change in Population Aged 60 and Over 2010 to 2020		
Proportion of County Population Aged 60 and Over	Number of Counties with Specified percent of Older Persons	
	2015	2025
Less than 20%	7	5
20% to 24%	41	6
25% to 29%	12	33
30% and over	2	18
Source: Woods & Poole Economics, Inc., 2014 State Profile		

The State’s population characteristics also are unique in many ways. New York’s population size, distribution, and composition have been driven by very dynamic demographic events both internal and external to the State. Forces such as foreign immigration, high levels of domestic in- and out-migration, and the state’s expanding ethnic populations have shaped New York’s population and will continue to do so in the future.

New York’s total population is currently estimated to be over 19 million individuals, and, with 3.7 million individuals aged 60 and older (Woods & Poole 2015 estimate), the State ranks fourth in the nation in the number of older adults behind California, Florida, and Texas, based on the latest data available (the 2013 American Community Survey, one-year estimates). Rich in ethnic, racial, religious/spiritual, cultural and life-style diversity, New York is known for its status as a finance, transportation, and manufacturing center, as well as for its history as a gateway for immigration to the United States. According to the 2013 American Community Survey, over 22 percent of the population is foreign-born, with 30 percent of the population speaking a language other than English at home.

Racial/Ethnic Diversity and Foreign Immigration

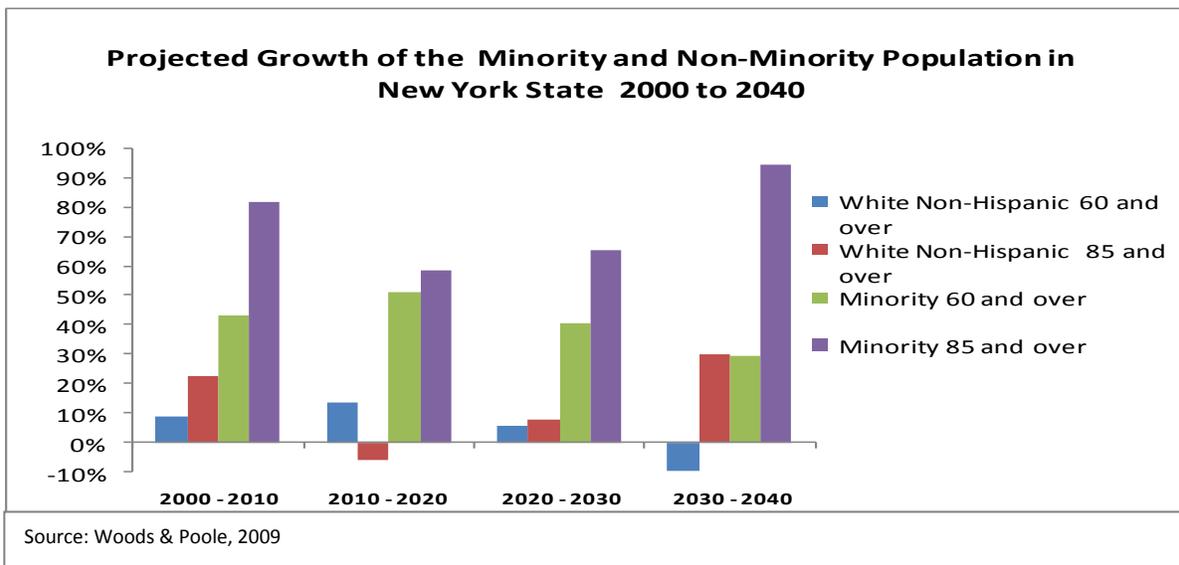
Between the 2000 and the 2010 Census, the minority population aged 60 and over grew by 43 percent, compared to 8 percent for the non-minority population. This high growth rate will continue over the next three decades:

- Between 2010 and 2020, the minority population will increase by 51 percent, as the last of the Baby Boom population enter the 60 and over age group.
- Between 2020 and 2030, the growth rate will be 40 percent for the minority population groups, and 5 percent for non-minority population groups.
- Between 2030 and 2040, the non-minority population will *decline* by 9 percent while the minority population groups will increase by 29 percent.

Between 2000 - 2010, the minority population aged 60 and over grew by 43 percent, compared to 8 percent for the non-minority population. This high growth rate will continue over the next three decades.

Growth in the aged 85 and over minority population group is expected to be even stronger. Over the last decade, this age group grew by 81 percent, compared to 22 percent for the non-minority population.

- Between 2010 and 2020, the minority population growth rate for this age group will be 58 percent.
- Between 2020 and 2030, the growth rate will be 65 percent.
- Between 2030 and 2040, it is expected to grow by 94 percent, compared to 30 percent for the non-minority population in this age group.



Migration Patterns

New York's migration patterns have been consistent for many decades, with a net out-migration pattern over time. For older adults, the *rate* of interstate migration – the percentage of older persons who live in a different state than they did five years prior, has remained remarkably steady over the last 40 years. Approximately four percent of older adults (aged 55-74) make an interstate move during a five year period after turning 55, compared to ten percent of non-older individuals. The likelihood of undertaking an interstate move has changed little and is still substantially smaller for older adults than for younger individuals.

Net migration by age follows a distinct life-course pattern in New York State. The State has a high rate of net out-migration among young adults (aged 20-34), who often leave the State for the economic opportunities afforded them elsewhere. The impact of this trend for New York is the loss of educated entry-level workers, which, together with the expected high retirement rates among the oldest baby boomers, has significant implications for New York's future workforce, including gaps in those industries devoted to delivering services to our older population.

Another of the State's trends is the out-migration of early retirees and "young-elderly" (aged 55-74, typically healthy and financially stable couples), who move for a variety of reasons, primarily to southern and western states. For New York, this trend represents a decrease in retirement income, pensions and savings, home equity and other assets that support the state's tax base and local economies: this is an especially troubling pattern as it represents a loss of earnings that were generated in New York and that are then transferred to other states. Further, this generates a loss of social and intellectual capital as the pool of skilled and experienced community volunteers/workers, and community-based caregivers is decreased. Overall the state continues to experience an in-migration trend among the oldest population (aged 80 and over, typically frail, widowed, and poor), who are moving back to New York to live near family/support systems. The frailty characteristics of these returning older residents have an impact on both the costs and structure of the State's health and long-term care systems.

Income and Poverty

According to most accounts, the past decades have brought tremendous gains in reducing poverty among older adults. Although the official poverty rate for children continues to be near 20 percent, the official poverty rate among older adults is slightly over nine percent nationally and 11 percent in New York. Pockets of poverty do remain, for example, among older women living alone, but the overall picture is one of good progress. However, many New Yorkers live just above poverty: *per capita*, according to the 2008-2013 American Community Survey (Special Tabulation on Aging), markedly fewer older adults are in the 300% and over poverty range, while markedly more are in the 125% to 250% poverty range.

In many ways, New York is a study in contrasts. In terms of income, the 2013 American Community Survey reports the State's median household income as \$ 57,369; yet, 16 percent of the population was living in poverty. While economic security is a reality today for more older people than perhaps ever before thanks to Social Security and other benefits, the older adult population remains vulnerable to a range of economic security problems as they age. Poverty

and low incomes, prescription drug and other out-of-pocket health care and long term care costs, local property and other taxes and household and housing expenses remain vital concerns of older New Yorkers, particularly with advancing age and among minority and impaired older individuals. Paradoxically, the greatest burden in terms of out-of-pocket costs within any age group is borne by persons with the lowest incomes, as they are least likely to carry sufficient insurance coverage (see, e.g., The Commonwealth Fund, “Too High a Price: Out-of-Pocket Health Care Costs in the United States”).

Health care costs disproportionately impact older persons and increase with the onset of chronic health conditions as they age. While more older adults are insulated against rising costs by insurance covering gaps in Medicare than were previously, policy changes to Medicare over the past decade have led to higher cost-sharing for older adults and a future that is uncertain in terms of how much of the risk the government will carry.

Household and housing costs also impact disproportionately on older adults. According to the 2008-2012 American Community Survey (Special Tabulation on Aging), while comprising 19 percent of the household population, people 65 and older comprise 23.7 percent of all householders, owning or renting a disproportionate share of the State’s occupied housing units – over 1.7 million of the State’s 7.1 million homes.

People aged 65 and over living alone comprise 46.7 percent of all householders in that age group, and own or rent over 799,000, or 11% of occupied housing units in the State. Approximately 21 percent of these householders are living in poverty on incomes under \$11,170 (poverty level published in the 2012 Department of Health and Human Services Poverty Guideline).

New York State’s property tax initiatives have helped to ease the burden on older home owners; still, older householders face increasing costs for property and other local taxes, home fuel, maintenance and operations including electrical and other day-to-day expenses.

According to the National Council on Aging, 59% of renters and 33% of homeowners spend up to 1/3 of their income on housing expenses, essentially unsustainable housing costs.

Gender

The experience of women as they age typically are greatly influenced by the roles they assume and the resources available to them. Older women spent less time in the workforce than their male counterparts. This translates into lower pay wages, lower personal earnings and lower retirement income compared with men. Also, the greater longevity among women compared to men tends to translate into women spending more time living alone as they age. Women are more likely to be the primary caregiver to a spouse and more likely to be in need of long-term care services. Therefore, often they rely on Medicaid to finance the support of their care, especially if a spouse were to have consumed the family savings paying for their long-term care services: such situations leave women especially financially vulnerable. Approximately 10 percent of women aged 15 to 64 live alone: this more than triples among women aged 65 and older (35%), and 55% of women ages 85 and older—not in group quarters—live alone. More women than men assume caregiving responsibilities for older family members.

According to a 2009 National Alliance for Caregiving study, 70% of primary caregivers are women; the average caregiver is a 48 years old married woman who is working outside the home with a median annual income of \$57,200. The average caregiver surveyed in the New York State Caregiver Support Program system is a 64 year old female. Forty six percent reported a total household income between \$20,000 and \$50,000 and nineteen percent reported a total household income of less than \$20,000. Furthermore, women who assume elder care responsibilities early in life are at a higher risk of poverty later because of foregoing promotions, reducing their working hours or quitting their jobs altogether to care for a loved one. Couple that with years lost in the workforce due to childbearing and women are at a disadvantage financially later in life.

Family Characteristics

The characteristics of families across New York continue to change. Family structure is becoming increasingly diverse and non-traditional, including increases in persons living alone or living with non-family members, decreases in married couples, smaller family sizes among the white majority population and higher growth rates among ethnic minority families, increases in both single-female and single-male households, and increases in many other types of non-traditional households.

FAMILY STRUCTURE in the United States	
Married couple families	↓
Married couple families with children	↓
Single parent households	↑
Single person households	↑
Non-traditional households	↑

Health and Impairment of Older Adults

Chronic conditions are singled out as *the* major cause of illness, disability, and death in the United States. It is estimated that the cost of chronic conditions will reach \$864 billion by 2040, with chronic conditions among older adults being more costly, disabling, and difficult to treat – and also the most preventable.

By 2020, NYSOFA projects (based on Woods & Poole Economics, Population Projections, 2014) that the number of people aged 60 and over with functional impairments will grow by a rate of 11.2 percent, and by over 20% by 2025, comparable to the rate of the overall population growth, with 81% living in the community, and 19% (based on New York’s current long-term care structure) living in nursing homes or other group care facilities.

It is estimated that the cost of chronic conditions will reach \$864 billion by 2040, with chronic conditions among older adults being more costly, disabling, and difficult to treat – and also the most preventable.

In addition, the Centers for Disease Control and Prevention’s (CDC) Office of Minority Health and Health Disparities states that “compelling evidence indicates that race and ethnicity correlate with persistent, and often increasing, health disparities among the U. S. populations.” In addition to race and ethnicity, the CDC found that health disparities also

occur among various segments of the population by gender, education or income, disability, geographic location, or sexual orientation. Older adults who have health problems and chronic diseases and have lower incomes face very difficult choices in terms of affording their care and financing other important household-related expenses.

The projected increase in the number of older adults in New York State will have a significant impact on health and long-term care services and the state's ability to deliver and pay for those services. Recent survey findings ("Facts About 50 Plus in NY -- Health of Older Adults in New York" Gibson et al. 2003) of individuals aged 50 years and over indicate that only approximately one in four) older adults (27 percent of people aged 50 and over) have sufficient resources to pay for long-term care expenses totaling \$150,000 over the course of a three-year period, leaving almost *three* out of four who could *not* do so – in total leaving 4.75 million people at risk of impoverishment. The financial burden of health care services is complicated further by the fact that many of New York's older residents live in rural areas where health and long-term care services, and other community-based services are less accessible, may not exist, are more costly to provide, and where availability of specialized services is less likely.

Health promotion strategies directed toward all age groups represent another important means to stem rising health care costs since the behaviors that place people at-risk of disease often begin earlier in life. Of particular concern is the rise in the rate of obesity observed among children and young adults and its future, as well as current impact. Communities designed to promote exercise and healthy lifestyles have a benefit on the general population, while age-appropriate programs that promote physical activity and balance are beneficial to the overall health of older adults. Additionally, helping all individuals develop accurate expectations for aging is essential, in view of the fact that those who perceive aging as an inevitable decline in well-being are least likely to participate in physical activity. Individuals with a more informed view tend to engage in activities that promote their physical well-being throughout their lives. Lastly, health strategies must couple effective treatments and best practices with opportunities for prevention and reduction in health disparities.

Growth in Long-Term Care Needs

According to the 2010 Census, 4.4 percent (or 115,485 persons) of State's aged 65 and over population live in group-care facilities. Historically, about 80 to 85 percent of that number would live in nursing homes: in the 2010 Census that number was 96,495, or 86%.

In addition, historically, for people aged 65 and older living at home in the community:

- 10 percent of the population have self-care limitations - that is, had difficulty taking care of his or her own personal needs, such as bathing, dressing, or getting around inside the house due to a health condition that had lasted for six or more months; and
- 20 percent of the population have mobility limitations - that is, had difficulty going outside the house alone, for example, to shop or visit a doctor's office due to a health condition that had lasted for six or more months.

Among people aged 75 and older living at home, these prevalence rates have historically increased to 15 percent and 30 percent, respectively.

The severity of functional impairments related to disabling health conditions varies considerably. Two frequently used classifications of functional impairments are instrumental activities of daily living (IADLs) - where help is needed for outside mobility, meal preparation, grocery shopping, money management, housework and laundry or taking medications; and, activities of daily living (ADLs) - where help is needed for bathing, transferring, dressing, toileting or eating.

While 4.4 percent (or 115,485 persons) of the aged 65 and over population live in nursing homes or other group care facilities, NYSOFA estimates (based on historical data) that approximately 30 percent of the 2,616,716 people 65 and older in New York State (Census 2010) were functionally impaired by chronic health conditions. This includes 8 percent with ADL limitations living at home in the community and 16 percent with IADL limitations living at home in the community.

Home and community-based services will become increasingly more important to support those with chronic conditions and functional limitations particularly given the effort to assure that individuals live in the most-integrated setting supported by legal precedent (*Olmstead v. L.C.*) and policy changes (i.e. Balanced Incentive Payment, DSRIP, etc.). For most, residential facilities are not appropriate and their needs can be met in the community. Data has shown that frail individuals can indeed live independent and productive lives with community supports such as personal care, case management, and other support services.

Nutritional Needs

The nutritional needs of older adults become more critical with advancing age, especially when recuperating from acute and chronic health problems. Preparing and eating meals and maintaining recommended diets are particularly problematic for functionally impaired older adults, older people following discharge from an acute care setting, and those most disadvantaged and at-risk, the older-old (85+), older women and older minorities. Older people most in need of sound daily diets are, in fact, those who are least able to maintain their nutritional well-being.

Poor diet and physical inactivity contribute to the leading causes of disability among Americans, and unhealthy eating and physical inactivity cause one-third of premature deaths, according to the Centers for Disease Control and Prevention's Division of Nutrition, Physical Activity, and Obesity (2010). Among the known facts about the nutritional needs of older adults are the following:

- **Chronic Disease** - The nutritional status of older adults has a significant role in disease causation, risk reduction and the treatment of chronic degenerative diseases. The presence of one or more of the chronic diseases that especially affect older individuals with advancing age often requires that they follow a prescribed, therapeutic diet.
- **Medications** - Side effects and drug-nutrient interactions associated with some medications may cause mal-absorption of nutrients, weight loss, anemia, dehydration, low or high blood sugar, fatigue and depression, all of which may lead to poor nutrition and other serious health complications.
- **Oral Health** - Poor oral health may limit the type, quantity and consistency of food eaten, increasing nutritional risk.
- **Weight Loss** - Being underweight often indicates an inadequate dietary intake and is associated with frailty and possible underlying illness.
- **Social Activities** - Social interaction positively affects an individual's food intake, but its

absence, social isolation, may lead to loneliness which can negatively affect dietary adequacy and thereby increase an individual's risk for malnutrition.

Malnutrition has been found to affect one out of four older Americans living in the community and is a factor in half of all hospital admissions and readmissions of older people. Individuals must consume and assimilate food to promote and replace worn or injured tissues. Without proper nutrition, water, exercise or oxygen, cells die, muscle mass decreases, respiratory and other muscles weaken, the immune system becomes depressed, and illness, disease, or disability ensues.

Community Involvement

The aging of the Baby Boomers provides us with challenges as well as tremendous resources and opportunities; for example, eligibility for retirement of the Baby Boom generation from the work force will challenge the State to think differently about older age. Strategies to retain, retrain, and hire older workers, engage businesses, and provide policy changes to address the tax and health-care implications that retirement brings are critical elements to consider, along with the human capital of the Baby Boomers that New York can harness. Older adults play a vital role in the state's economy and in economic development. By engaging baby boomers and older adults to be more involved in their communities, either through second careers or volunteerism, the likelihood of out-migration diminishes, keeping the valuable financial, social and intellectual capital in New York State. Social Security alone brings \$49 billion annually into New York State. Baby boomers and older adults account for 63% of all the personal income (over \$379 billion) generated in the state. An AARP survey found that 90% of New Yorkers want to retire in New York State. The recognition of their value will pay long-term dividends to the state and its local communities. Some elements to consider include: providing opportunities for older adults to fill needed positions in the workforce; considering strategies to engage older adults in post-retirement work and second careers; and enhancing opportunities for meaningful paid and non-paid volunteer engagement.

Targeting and Equal Access

New York State has a diverse population. According to immigration statistics, the state is a leading recipient of migrants from around the globe. Additionally, three of the state's largest cities (New York, Albany, and Buffalo) have populations nearly half comprised of minorities. (56%, 50% and 43% respectively) For this reason, NYSOFA recently added the dedicated position of Advocacy Specialist to promote equal access of all individuals and assure prioritization of services to those in greatest economic and social need. NYSOFA also focuses on equal access to services for rural residents, individuals with disabilities, Native Americans, individuals with limited English proficiency and individuals at risk for institutional placement.

Targeting is a range of activities at system, program and client levels designed to identify individuals in a specified, defined population, called the target population, who need services and is designed to increase services delivery to the target population by linking or providing them with appropriate services. NYSOFA has committed to providing technical assistance to AAAs regarding complying with targeting objectives, ensuring AAA plans reflect provision of equal access and diverse outreach to older adults and caregivers in greatest economic and social need {as required by the Older Americans Act}, and conducting training on a variety of

topics {ex: cultural competency, language access, successful targeting strategies, adherence to legal requirements as identified in the Older Americans Act as well as the Elder Law, etc. } NYSOFA also requires that all aging programs are compliant with Civil and Human Rights legislation, including the New York State Human Rights law, Title VI of the Civil Rights Act and the Americans with Disabilities Act, Federal Executive Order 13166, and Section 504 of the Rehabilitation Act of 1973.

Summary

While there are current and future challenges related to the growth of the older population, there are tremendous opportunities. Recent science related to the social determinants of health and the growing recognition of the valuable role the aging network can play, in partnership with the health care system, provides an opportunity to focus and prioritize community based services that can prevent higher levels of care, and more importantly, are critical to ensuring that clinical outcomes are successful. The aging network is the only network that was designed with broad based partnerships in mind. It is designed to advocate for the individual and to help navigate, multiple, complex systems.

The dynamics of population change are vitally important to planning and preparing to create an efficient, successful system of services and supports for older New Yorkers. Population changes and change drivers provide opportunities to re-imagine systems and using sound data, focus limited resources on those areas that have proven to be effective. Demographic change and the evolution in our population characteristics over time have important implications for the State Plan on Aging as we prepare to effectively work with and serve older adults, particularly in the areas of long-term care, housing and health, nutrition and well-being, legal issues and employment, and the ability to utilize informal caregivers to help with activities and instrumental activities of daily living. Such changes need to be considered fully as New York prepares to serve older New Yorkers into the future.

State Plan Context

In New York State, under the Older Americans Act of 1965 (codified as 42 U.S.C. § 3001-3057(n)) and New York State Elder Law (Chapter 35-A of the Consolidated Laws), the New York State Office for the Aging is the designated State Unit on Aging. NYSOFA is responsible for the development and administration of a State Plan that addresses federally prescribed goals and priorities as required by the Older Americans Act.

It is the Mission of the New York State Office for the Aging to help older New Yorkers to be as independent as possible for as long as possible through advocacy, development and delivery of person-centered, consumer-oriented, and cost-effective policies, programs and services which support and empower older New Yorker's and their families, in partnership with the network of public and private organizations which serve them.

The New York State Plan on Aging for Federal Fiscal Years (FFY) 2015-2019 has been prepared by NYSOFA. The State Plan highlights the demographics and trends of New York State's older population, describes the aging services network, and the goals, objectives and strategies that will guide specific actions over the next four years.

The New York State Plan is organized to be consistent with the Administration on Aging's four focus areas:

- Older Americans Act Core Programs,
- AoA/ACL Discretionary Grants,
- Person Centered Planning, and
- Elder Justice

Material incorporated in this State Plan has been derived from studies conducted by NYSOFA, information received from Area Agencies on Aging, information garnered from statewide community forums and conference meetings sponsored by the State Office, its Advisory Committees and State Agency partners.

The Objectives and Strategies described in the State Plan necessarily reflect broad initiatives. The State Plan is not intended to represent a detailed task oriented proposal.

Executive Summary

State Units on Aging, area agencies on aging and their partners and providers of services to older adults are now being asked to do more than ever. As the policy and program shift has clearly been moving toward a home and community centric approach to service delivery, the coordination and cooperation of service systems is paramount in order to meet the individual's needs holistically and their families. As individuals move within and between systems, these systems must communicate with one another, share information, and work to maximize the strengths of each without duplication and waste and without individuals falling through the cracks.

Understanding the dynamics generated by demographic change and the importance of the human service system in health care delivery are vitally important to planning and preparing to create an efficient, successful system of services and supports for older New Yorkers. Understanding what people want, where they want it and the cost implications of various models are equally as important. To date, long term services and supports provided to older adults are traditionally medically driven, are very expensive and are often provided at a stage of advanced disability. A robust community-based network of services, such as those administered by NYSOFA, are designed to intervene earlier and prolong the ability of an individual to maintain their independence. As we continue to design and redesign the health and long term care systems, the critical role of nutrition, transportation, socialization, in-home care, volunteerism, management of chronic conditions, etc. needs to be at the forefront. While there are many challenges in the coming years related to the growth of the older population, there are also tremendous opportunities to utilize the strengths and skills of older adults to help address pressing social problems and to be leaders in helping communities implement changes to make communities more livable for people of all ages, benefitting people of all ages. NYSOFA's home and community-based programs provide frail older persons access to a well-planned, coordinated package of in-home and other supportive services designed to support and supplement informal care. These services are even more important in helping older adults maintain good health, as many of the services provided by the aging network are critical to assuring sound discharge planning from hospital to home, or from rehabilitation setting to home.

The overall goal of the state Plan in partnership with a broad network of service providers is to improve access to, and availability of, appropriate and cost-effective non-medical support services for functionally impaired older individuals to maximize their ability to age in their community and avoid higher levels of care and publicly financed care. The overall goal is important for older adults who may need some minor assistance episodically, or ongoing, to maintain their independence. It is even more important for individuals who are recovering from an acute care episode and are in need of supports to improve their health functioning. The State Plan provides a summary of the programs and services administered by NYSOFA and the area agencies on aging and is not intended to be a collection of independent, unrelated or separate programs. Readers of the Plan should understand that as older adults connect with the area agencies on aging and their partners, a process begins to assess the strengths and needs of the individual and their family and based on the information gathered and the desires articulated by the individual or their representative, a care plan can be developed that might include one or more of the services listed in the Plan. The Plan should be viewed in the context of a coordinated system of supports to maximize independence.

This 4 Year Plan on Aging seeks to expand and strengthen Older American Act core programs by utilizing federal, state and local funding and the flexibility they provide to the greatest extent possible. The network of aging providers continue to meet existing needs through a combination of government resources, private fundraising, participant contributions and through building and strengthening new and/or existing partnerships. Further, this Plan seeks to improve the business acumen of the aging network to strengthen partnerships at both the state and local level that will continue to build bridges between systems and to work to position the aging network as a viable resource for the private pay market as well as a compliment and partner with hospitals, primary care physicians, and health networks that are reorganizing to provide more integrated, community-based care.

NYSOFA and the network of area agencies on aging will continue to build, in partnership with the state Department of Health (DOH), the No Wrong Door (NWD) under the Balanced Incentive Program (BIP). This effort will lead to a fully functional NWD in every county of the state with processes to assure access to specialists for persons with intellectual and or developmental disabilities or behavioral health issues. The federal Lifespan Respite and Systems Integration grants will further integrate systems to create a dementia capability within the aging network and will include the following elements: dementia screening; cross-training and dementia capability; an inventory of resources and services for inclusion in the NWD web-based resource directory; options counseling and care consultation collaboration; cross referrals; education and outreach; access to public benefits; and data collection. The NWD will provide a systematic way for individuals to understand their LTSS options and to connect to the appropriate networks and providers in a seamless way.

NYSOFA and the network will continue its rebranding effort to describe more accurately what it means to be aging in NYS. For too long, older adults have been portrayed negatively. Older adults are portrayed as frail, forgetful, unhealthy, and cognitively impaired and in need of assistance. Older adults are often not portrayed for their contributions, which far outweigh their needs. NYSOFA will continue to publish information that shows older adults in a positive light which includes their economic value to their communities and state, their volunteer contributions that help their neighborhoods, and their intellectual contributions. Older New Yorker's are a very important part of the community. Eliminating generalizations and stereotypes are important in the context of program, service and community planning.

Concluding Statement

This State Plan on Aging outlines the goals, objectives and strategies that are sensitive to the needs and wants as expressed by older New Yorkers. The State Plan outlines strategies to increase the availability of information and assistance, support opportunities for volunteerism and civic engagement, promote health, protect consumer rights and assist people with obtaining needed benefits, while setting measurable and achievable outcomes Throughout this Plan, the focus is on developing and maintaining the ongoing partnerships necessary to support the ability of the Aging Network to address local needs. By strengthening the infrastructure for home and community-based services, the State Plan continues to build the foundation for a future in which every older New Yorker has the opportunity to enjoy wellness, longevity, and quality of life in strong, healthy communities.

Introduction

The New York State Office for the Aging (NYSOFA) administers federal funding provided under the Older Americans Act. NYSOFA also administers state general fund dollars that in essence, wrap around and build upon OAA funding and significantly expand and strengthen the OAA core programs. Further, state funds help to address needs of older New Yorkers that are not able to be met with limited federal funds alone, and are consistent with the mission of the goals of the OAA and state Elder Law.

It is important to recognize that Sections A-D follow the prescribed framework laid out by the Administration for Community Living for State Plan submission. The programs and services listed within these Sections are not to be viewed as independent and separate. In practice, they are an integrated and coordinated set of programs, services and supports available to older New Yorkers and their families statewide. The chart below demonstrates the importance of state funding that strengthens and expands significantly OAA core programs while assuring they are integrated and coordinated, as demonstrated in the area agencies on aging annual implementation plans.

Services Provided	Funding Streams Used to Support Services
PC Levels I and II	IIIB, IIIE, EISEP, CSE
Consumer Directed In-Home Services	EISEP, CSE
Home Health Aide	IIIB, IIIE, CSE
Case management	IIIB, IIIE, EISEP, CSE, WIN
Home Delivered Meals	IIIC-2, IIIE, EISEP, CSE, WIN
Congregate meals	IIIC-1, IIIE, EISEP, CSE, WIN
Nutrition Counseling	IIIC-1, IIIC-2, IIID, IIIE, EISEP, CSE, CSI, WIN
Nutrition Education	IIIC-1, IIIC-2, IIID, IIIE, CSE, CSI, WIN
NSIP/Community Food	IIIC-1, IIIC-2, IIIE, EISEP CSE, WIN
Escort	IIIB, IIIC-1, IIIE, CSE, CSI, WIN
Transportation	IIIB, IIIC-1, IIIE, EISEP, CSE, CSI, WIN
Legal Services	IIIB, IIIE, CSE
I & A	IIIB, IIIC-1, IIIC-2, IIID, IIIE, CSE, CSI, WIN
Outreach	IIIB, IIIC-1, IIIC-2, IIIE, CSE, CSI, WIN
In-Home Contact and Support	IIIB, IIIC-1, IIIC-2, IIIE, EISEP, EISEP, CSE, WIN
Senior Center Programming	IIIB, IIIC-1, IIID, CSE, CSI, WIN
Health Promotion/Disease Prevention	IIIB, IIID, IIIE, CSE, CSI
PERS	IIIB, IIIE, EISEP, CSE
Caregiver Services	IIIB, IIIE, CSE,
Adult Day Services	IIIB, IIIE, EISEP, CSE
LTC Ombudsman	IIIB, Title VII

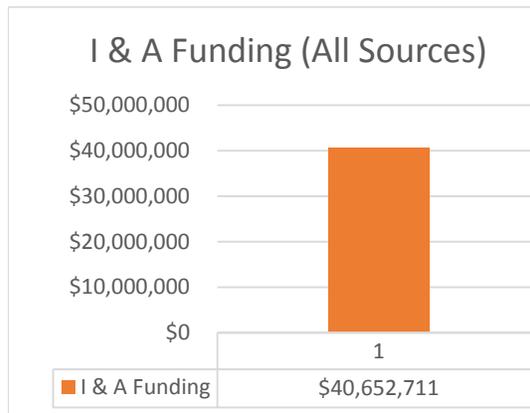
Titles IIIB, C-1, C-2, D and E make up the core programs under the Older Americans Act. In New York State, Title III funding directly supports the services listed in the above chart. OAA Core programs include Access Services; In-Home Contact and Support Services; those that support Aging in Place; Nutrition Services; Disease Prevention and Health Promotion Services;

Caregiver Services; Activities for Health, Independence and Longevity, and those that support protecting the Rights of Vulnerable Older Adults and Elder Justice.

Section A. Older Americans Act Core Programs

- **Access Services – Information and Assistance**

The growth of the older adult population and the characteristics of this population has increased the demand for information. Today, older New Yorkers and their caregivers face a complicated array of choices and decisions about a variety of issues, such as health care, housing, financial management, transportation options, nutrition, and long-term services and supports. Federal, state, and local programs are administered by a multitude of different public and private agencies that have differing requirements to be eligible or to access. Older adults and their caregivers often need help to know what services are available, how to access them and whether they qualify. The Older Americans Act Information and Assistance (I&A) system, in partnership with funding from New York State, helps older adults access a variety of services and to make important linkages to non-network services. This system is designed to be community-based, and to be a source of accurate and objective information and assistance, that will support all older adults and their caregivers in: assessing their needs, identifying appropriate services, and linking the older persons and caregivers to agencies providing those services. The information and assistance system is the vital link between older persons who need services and those who can provide them and is particularly important during crisis.



In order to empower older New Yorkers, their families, and other consumers to make informed decisions about their care needs, and to be able to easily access information on the myriad of aging programs and services that best address their needs, NYSOFA has established various



methods to provide prompt and thorough I & A. As a result of the cataloging of information provided by the Aging Network regarding relevant programs and services that meet specific needs, older New Yorkers and their caregivers are able to become connected and able to more efficiently access vital supports in their community.

The provision of I & A is one of the most critical services provided by the Area Agency on Aging and their network of local providers. This service can be provided quickly depending on the nature of the request or it can be much more complex.

Access to timely and accurate information is vital as it is the portal through which services of the AAA are provided. Throughout New York State’s network of 59 AAAs and their partners, I & A is funded through a combination of federal, State and local funding sources.

In addition, NYSOFA maintains a ‘Senior Helpline’ phone center that provides hundreds of callers each month access to information each day from 9am-5pm. Still further specialized I &A for long term services and supports is funded through NY Connects (New York’s ADRC and NWD) and is an important component in the state’s Systems Integration work to develop a dementia capable network.

I & A includes three primary components: the provision of information where a question is asked and answered; assistance where information is exchanged between the caller and the staff person so that an understanding of the caller’s needs can be determined; and making a referral made to an appropriate service(s) provider. Each AAA must have an established system for following up on calls to ensure that individuals who received a referral for services were provided with the help/service they needed.

New York commits over \$25 million annually above what it receives from ACL to support I & A and even more to support the states NWD/ADRC. These funds significantly strengthen and expand OAA core services.

- **Access Services – NY Connects**

The NY Connects program provides a locally coordinated system of specialized information and assistance (I&A) on long term services and support (LTSS) options available to the age 60 and older population, individuals of all ages with physical disabilities, the informal caregiving population and providers of services from other systems (e.g. discharge planners). The core functions of the NY Connects program include the provision of I&A on LTSS; upholding an active local Long Term Care Council (LTCC); and an ongoing Public Education campaign to promote the program.

Since the 2006 launch of NY Connects, the program has grown beyond the initial set of core functions. Grants awarded to New York State from the Administration on Aging/Administration on Community Living (AoA/ACL) have been responsible for the addition of options counseling, care transitions and systems integration programming within the NY Connects programs. NY Connects programs implemented Options Counseling as an essential component of I&A provision. Options Counseling is a specialized form of person-centered assistance that supports consumers in making informed decisions about their plan of care based upon their unique circumstances, needs, preferences, and costs. The goal of Care Transitions is to facilitate smooth and effective transitions from hospital and other pathways of care to home and to avoid preventable readmissions. NY Connects staff play an important role within these programs as they empower individuals to navigate their health

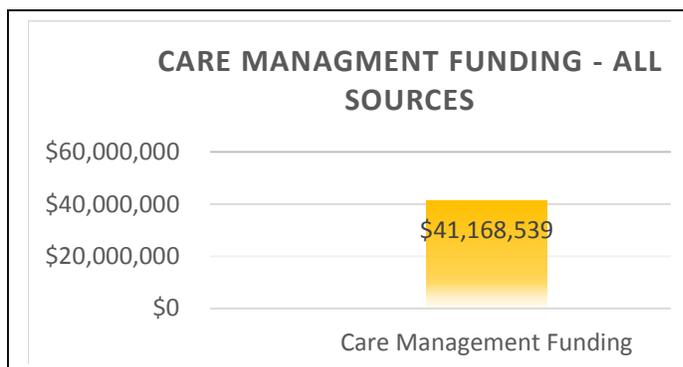
Mr. L. and his wife arrived at the NY Connects office for assistance with HEAP. They were both from China, have limited English proficiency, and were overwhelmed with the application process. NY Connects staff assisted with HEAP as well as a Medicaid application. The NY Connects staff discussed their options, secured all the needed documentation and submitted both applications. The couple has a hard time with all of their household and personal paperwork so they have returned to the office several times for various issues. The NY Connects staff reviewed and explained all of the forms so the couple could make informed decisions. As a result, the couple learned that they were also eligible for the Medicare Savings Program and they are now able to better manage their medical bills and Social Security.

and LTSS options. Lastly, through the 2010 Systems Integration grant, NY Connects programs are expanding upon local partnerships and establishing improved linkages across the LTSS system as New York State continues to move towards a more person centered, dementia capable long term care network. (See SI write-up for more detail on the integration of these core services within this grant.)

As a result of the federal Balancing Incentive Program (BIP), NY Connects is being expanded geographically and enhanced functionally. New York State has committed resources to sustain the BIP enhancements after the BIP program funding expires. The implementation of BIP requires three structural changes in the LTSS system: a No Wrong Door/Single Entry Point (NWD/SEP), a Core Standardized Assessment, and Conflict-Free Case Management. In New York State, NY Connects will meet the structural reform of a NWD/SEP. Enhanced functionality includes the addition of the following core functions: working with the State-designated specialized NWD, implementation of a preliminary functional and financial screen, application and enrollment assistance for public benefit programs including Medicaid as appropriate, coordination with other agencies to guide the individual through financial and functional eligibility processes, as well as through the continuation and expansion of Options Counseling and Care Transitions.

The Balancing Incentive Program (BIP) will enable NY Connects to provide increased access to supportive services under Title III and VII of the Older Americans Act (OAA) through geographic expansion and enhanced functionality. As a result, BIP will require formalized partnerships and collaborations among key state agencies in the expansion of NY Connects I&A activities. Additionally, the development of sustainability plans through BIP will present opportunities for NY Connects programs to draw down FFP to further support activities such as I&A, Options Counseling and Care Transitions.

- **Access Services – Case Management**



Case Management is a core service provided by the aging network that is person-centered, flexible, cost-conscious and quality driven. Consumer values and preferences strongly influence the timing, duration and intensity of the level of service provided. Case management is at the center of wellness and autonomy for older adults and their caregivers. Case management provides advocacy, access,

assessment, planning, communication, education, resource management, and service coordination.

Case Management is supported primarily by state and local funds and through OAA funds. New York State contributes over \$37 million to support case management activities because of their recognized value to the older adult and family member in helping navigate complex systems, monitoring the individual, applying for benefits and programs, and linking to programs and services.

Based on the needs and values of an older adult and their caregivers, case management facilitates collaboration with all service providers participating in the individual's care. The case manager, who is accountable to the individual, facilitates access to appropriate providers, resources and care settings, while ensuring that the care provided is safe, effective, client-centered, timely, efficient, and equitable. This approach works to achieve optimum value for the client and promotes quality and cost-effective interventions and outcomes.

NYSOFA has moved its case management program to be based on consumer values and preferences, which strongly influence the timing, duration and intensity of the level of service provided.

Protocols will be developed that will inform case managers of their roles and responsibilities relative to referrals and I & A as they interface with the NY Connects specialist(s) when delivering services to individuals who contact the aging network through the "No Wrong Door" system. Further, behavioral health training will be offered to case managers to help them identify problems among older adults and to know where and how to refer for behavioral health services.

The aging network will also be offered dementia capable training developed through the Systems Integration grant to assure that case managers have the knowledge and skills to appropriately assist individuals with dementia.

- **Access Services – Transportation**

Due to the structure and design of communities across the country after World War II, people of all ages rely heavily on their ability to drive in order fully participate in community life and the economy. Older adults are no different. Many older adults have to give up driving each year because of health conditions, visual impairments, etc. This can be devastating as American culture has a strong foundation in the role the automobile plays in our lives. Older people who stop driving become dependent on rides from family and friends if available, particularly in areas where public transit options are limited.

Mrs. C., an 82 year old woman in a very remote area of the county with no family members was referred for home delivered meals by her physician. She was unable to prepare her own meals due to general debility. The case manager identified the client had higher needs than simply her home delivered meal as the home was overrun with feral cats and she needed personal care assistance. The case manager partnered with adult protective services and the client applied for and received Medicaid coverage. Additionally OFA assisted in obtaining animal control services to assist with removing the cats and also assisted with having the home cleaned. The client was in receipt of meals, and was eventually hospitalized when her home delivered meal driver found her on the floor. Without these services the client could have potentially been on the floor for weeks without anyone ever knowing.



A referral was received to assist an 86 year old woman who had been in a relationship with a man who took advantage of her both emotionally and financially. She is also legally blind and dependent on the man for her basic needs. When she ended the relationship, she was depressed, felt ashamed for being taken advantage of, and in need of basic assistance since she did not drive and was not physically able to shop for herself. Volunteers provided her transportation to her medical appointments, the pharmacy, and to the bank. They also enrolled her in a shopping program where volunteers complete the shopping at the local grocery store, deliver the groceries, and assist her in putting them away.

She has told the office that she could not live in her own home if not for these services. Her son, who lives a distance away and travels frequently with his job, has also indicated that his mother could not have remained in her community without the assistance. Given that there are no assisted living facilities in the County, she would have had to move out of the county to receive the appropriate services for her level of care at a much higher cost.

This state of dependence can last a decade or more and can often result in isolation and a deterioration of their physical and psychological health. The problem is compounded by where older people are living and how communities have been designed and zoned: three out of four older adults live in rural or suburban community, which lack the density to support traditional mass transit. Even in areas where mass transit services are available, diminishing mobility and increasing frailty can preclude older adults from accessing transportation.

Transportation is a high demand and key service in the array of services that are offered by the Area Agencies on Aging and their local partners in New York State. Many older adults utilize the transportation services offered by the aging network to enable them to gain access to needed services and maintain their dignity, independence, and ties to their communities. Transportation has become more important as the population is living longer, living with multiple and complex conditions, and doing so in their homes. As policy makers work to implement state plans to comply with the *Olmstead v L.C.* supreme court decision, a broad and creative approach to the delivery of transportation for older adults is necessary.

NYSOFA is committed to a policy of coordinated, shared transportation and testing innovative and replicable models of sustainable, community-based transportation. To expand and strengthen the OAA core programs, New York State provides over \$11 million to support community-based transportation for older adults that help them access doctor's appointments, pharmacies, shopping, senior centers, adult day programs and socialization.

In New York, AAAs are innovative in how they finance and develop partnerships to meet local transportation need and demand. Some provide discounted bus tokens while others arrange volunteer rides to medical appointments. A number of AAAs provide their own van services which enable congregate diners to attend meals and activities at local senior centers. The AAA network negotiates with private vendors, city bus services and local taxi companies for discounted fares and for services that meet the needs of older residents and AAAs are integral in many local mobility management programs and operations.

Transportation to medical appointments is a primary destination of the rides provided through the AAA network. Keeping such appointments is key to preventing readmissions to hospitals

after discharge and to maintain good health. Helping to ensure access to medical care when a person transitions from a stay in a hospital rehabilitation facility is vital to their successful recovery. Similarly, access to chronic disease management programs through Title III–D is accomplished with transportation services to community centers where these activities are taking place.

- **Access Services – Health Insurance, Information, Counseling and Assistance**

HIICAP Served: 156,398 New York Beneficiaries

Those individuals assisted saved over \$77 million dollars in Medicare premium and prescription assistance.

Section 4360 of the Omnibus Budget Reconciliation Act of 1990 (OBRA) (Public Law 101-508, codified at 42 USC 1395 b-4) authorized the Centers for Medicare & Medicaid Services (CMS) to make grants to States and Territories to fund State Health Insurance Assistance Programs (SHIPs). The Consolidated Appropriations Act of 2014 (Public Law 113-76) transferred the SHIP program from CMS to the Administration for Community Living (ACL) effective January 17, 2014.

In New York State, the SHIP is known as the Health Insurance Information, Counseling and Assistance Program (HIICAP). The NYS Office for Aging coordinates HIICAP through a network of 59 county Offices for Aging where approximately 500 trained insurance counselors are available to assist beneficiaries.

HIICAP educates the public about Medicare, Medicare Advantage plans and other health insurance issues and saved consumers over \$77 million last year by helping them access “Extra Help” programs. HIICAP provides free, accurate and objective information, counseling and assistance on Medicare, Medicare Advantage plans and other health insurance coverage plans. HIICAP also provides information on low income programs such as the Elderly Pharmaceutical Insurance Coverage (EPIC) Program, Medicare Savings Programs, "Extra Help" prescription assistance and pharmacy discount programs. While New York State has chosen not to administer the SMP program starting in FFY2015, HIICAP and NY Connects will partner with the SMP grantee to assure coordination and cross-referrals where appropriate.

The HIICAP Program is available to Medicare beneficiaries, of all ages, including those who will soon be “New” to Medicare. New Yorkers can schedule free and confidential appointments with highly trained HIICAP Staff and volunteer counselors to understand:

- Medicare and health insurance benefits, options, paperwork, and resources.
- Medicare covered costs, deductibles and programs.
- Health care costs that clients will be responsible for.
- Information on insurance products that may help to pay for costs not covered by Medicare alone such as a Medigap or Medicare Advantage Plan.
- Help in selecting Medicare Advantage and Medigap supplemental plans
- How to review and select a Medicare Part D prescription plan.
- Help in resolving specific health insurance problems.
- Programs that can help pay for Medicare and prescription costs.

- **In-Home Contact and Support Services – Expanded In-Home Services for the Elderly Program**

The Expanded In-home Services for the Elderly Program (EISEP) enables many frail older adults to remain in their homes. The program provides a well-planned, coordinated package of in-home and other supportive services, including case management, designed to supplement informal care. EISEP is administered by NYSOFA using uniform statewide program regulations and is implemented locally by the 59 Area Agencies on Aging (AAAs).

The average EISEP Customer:

- Widowed Female
- Age 83
- Low income
- 3.5 ADL limitations
- 6 IADL limitations
- 4+ chronic conditions

The following services are provided under EISEP:

- Case Management – To help older persons and their families assess their needs and develop, implement, and maintain an appropriate plan of services and how they are to be delivered. It brings order to the confusing array of services and benefits that an older adult might need.
- In-Home Services – Consisting of personal care level I and personal care level II. Personal care level I provides assistance with instrumental activities of daily living (e.g., housekeeping, cooking, and shopping). Personal care level II provides assistance with both instrumental activities of daily living and activities of daily living (e.g., dressing, bathing, and transferring in/out of bed/chair).
- Non-Institutional Respite – To temporarily relieve the client's primary informal caregiver from the stresses and strains associated with caregiving. Types of respite include companion services and social adult day care.
- Ancillary Services – A flexible service category that includes a variety of services and goods/items designed to maintain/promote independence, support a safe and adequate living environment and address everyday tasks.

In 2011, the EISEP regulations were amended to provide a consumer directed option. Consumer direction under EISEP is a person centered planning approach that empowers the older adult by enabling him/her (or his/her representative) to hire, train and oversee their In-home workers. It is currently being implemented in 22 counties and is important in helping to mitigate the aide shortage that many counties experience.

EISEP is not an entitlement program. It operates under a fixed, capped budget consisting of state, county and private funds. In order to maximize resources and expand service capacity, the program includes a cost sharing component. A cost sharing requirement begins for individuals whose income is at or above 150% of the Federal Poverty Level. The program participant's cost share increases proportionally with income.

Several issues are being addressed to expand and strengthen the program including increasing the number of AAAs providing consumer directed EISEP. This is being undertaken as part of an effort to expand consumer control over services and to address many of the identified gaps in the LTSS system (e.g. workforce shortage, caregiver burden, consumer satisfaction). The issues being covered include: maintaining equitable provider rates across LTSS system to help assure there will be home care aides available to provide services to EISEP participants;

revising EISEP Rate Cap Policy to afford AAAs more flexibility in establishing rates that are equitable with the rates providers are being paid through other payer sources; and enhancing cost effectiveness, increasing consumer choice and promoting independence by expanding uses of Ancillary services through EISEP funding for clients who would benefit from allowable services, items/goods and other supports that maintain or promote the individual's independence.

- **In-Home Contact and Support Services – Community Services for the Elderly (CSE)**

In New York State, the Community Services for the Elderly (CSE) program is a flexible funding stream designed to meet the individual program and service needs of the area agency on aging and their planning and service area. Coupled with OAA Title III-B, CSE funds a myriad of community services, some directly and some as a supplement to other network funding sources, including the Older Americans Act titles and other State-funded programs.

CSE provides a wide range of services including but not limited to: case management, personal care, home delivered meals, information and assistance, referral, social adult day care, transportation, respite, telephone reassurance and friendly visiting, health promotion and wellness activities, senior centers and other congregate programs, personal emergency response systems, minor residential repairs, escort and other services.

To strengthen and expand OAA type services, New York commits over \$25 million annually to CSE to provide community-based services based on the individualized needs identified by AAAs.

- **Supporting Aging in Place – Livable New York**

Programs and services administered by NYSOFA and provided directly or indirectly via AAAs are all designed to support aging in place. There has been a movement however to also promote changes in how communities are planned for, designed or redesigned that consider features that are important for people of all ages to help make them more livable.

Livable New York (Chapter 58 of NYS Laws of 2007) is a statewide public/private initiative to help communities' better plan for the needs of their older adults, people of all ages with disabilities, families, and caregivers. Communities can be provided with information, training, technical assistance, and examples of successful models and practices related to the initiative's focus areas: housing; universal design; planning; zoning; land use; energy alternatives; green building; mobility; and transportation.

Significant demographic, public policy, economic, environmental, and social "change-drivers" are transforming New York's communities and the circumstances and conditions under which the tasks and activities affecting residents' quality of life are planned and implemented. In the face of such forces, municipalities are searching for assistance to employ proven, often innovative models and strategies to improve the quality of life and well-being (livability) of their neighborhoods—to create communities that *all* residents say are good places to live, work, grow up, and grow old.

The initiative has led to the development of a series of products, including training and technical assistance materials that follow principles that help create a sustainable framework for community planning and development:

- Future oriented planning, to assure that definitions of issues and design of solutions accurately reflect a community's evolving profile and circumstances.
- An inclusive, collaborative approach to planning and implementation to maximize expertise, resources, and diverse perspectives residing within a community and to deepen all community members' investment in the outcome of their efforts.
- A cross-community approach for defining issues and identifying solutions, which includes all ages, all cultures, and all abilities.
- Broad resident participation to gain the benefits derived from greater community empowerment and to strengthen a "sense of community."
- Community-driven planning and development—to truly reflect the expressed needs, preferences, and expectations of its members.

NYSOFA will continue to work with public and private stakeholders to support community level planning on livability and work to advance the Livable New York training process in communities who are interested in inclusive planning.

- **Supporting Aging in Place – Naturally Occurring Retirement Communities**

New York currently funds two models of naturally occurring retirement communities. The first is the Naturally Occurring Retirement Community - Service Support Program (NORC-SSP) model and the Neighborhood Naturally Occurring Retirement Program (NNORC) The overarching goal of a NORC/NNORC program is to maximize the health of its community. This is accomplished by these programs facilitating and integrating the health and social services already available in the community, as well as organizing those necessary to help meet the goal of enabling older adults to remain at home.

NORC/NNORCs provide case management and assistance, healthcare management and monitoring, I&A, in-home services, transportation, health promotion, shopping assistance and other services that maximize independence.

NORC/NNORC programs are proactive in their approach, seeking to expand and strengthen the connections older adults have in, and to their communities before an event triggers a crises. NORC/NNORC programs operate through multidisciplinary partnerships that represent a mix of public and private entities and provide on-site services and activities. Each component of the partnership is familiar, at the core are social service and health care providers; housing managers or representatives of neighborhood associations; and, most important, the community's residents, especially its older residents. These core partners connect to the many other stakeholders in a community – typically, local businesses; civic, religious, and cultural institutions; public and private funders; and local police and other public safety agencies. By harnessing these resources, NORC/NNORC programs help to transform the community into a good place to grow old. In addition to supporting older residents to age successfully, the NORC/NNORC program model also promotes community change. It offers opportunities that 1) empower older adults to take on new roles in shaping communities that work for them, 2) weave a tighter social fabric and foster connections among residents and 3) maximize the health and well-being of all older adults in the NORC/NNORC.

This program model is built from the ground up, in response to needs identified by a community after completion of an assessment. Inevitable challenges to healthy aging often include environmental factors, health and social service gaps, transportation problems, lack of infrastructure, or a frayed social fabric. The NORC/NNORC programs identify strengths that can then be used to address these challenges that integrates:

- Community engagement (educational programming, community action initiatives, and opportunities for seniors to take on new roles).
- Social work services (to individuals, caregivers, and groups of older adults).
- Health care-related services (addressing both individual health management needs and the health of the community).
- **Activities for Health, Independence and Longevity – Foster Grandparent Program**

The state provides additional resources to the Foster Grandparent Program (FGP) to supplement the federal Foster Grandparent Programs supported by the Corporation for National and Community Service. FGP provides an opportunity for older persons aged 55 and over to serve as mentors, tutors, and caregivers for children and youth with special needs. The program is designed to provide meaningful volunteer roles for older adults. Foster Grandparents provide anywhere from 15 to 40 hours of weekly service to community organizations such as Head Start, hospitals, public schools, day care centers, and juvenile detention centers where they provide support to special needs children aged birth to 21 years. Volunteers who meet income guidelines receive a modest hourly tax-free stipend.

Foster Grandparents offer emotional support to children who have been abused and neglected, mentor troubled teenagers and young mothers, and care for premature infants and children with physical challenges. In the process, they strengthen communities by providing caring services that community budgets are unable to financially support and by nurturing a bond across generations.

- **Activities for Health, Independence and Longevity – RSVP**

The state provides additional resources to the Retired and Senior Volunteer Program (RSVP) supplements the federal RSVP programs in New York State that are supported by the Corporation for National and Community Service, the largest older adult volunteer program in the nation. The RSVP program recruits, trains, and places senior volunteers over the age of 55 in a host of community-based human service agencies. RSVP priority areas include: senior citizen health promotion and wellness; assistance to frail and vulnerable older persons in the areas of home visiting, escort, transportation, and home-delivered meals as well as cross-generational efforts in tutoring and mentoring children. RSVP volunteers are strongly connected to the area agencies on aging and volunteers are relied upon for many important direct services as well as organizational support.

- **Activities for Health, Independence and Longevity – Senior Community Services Employment Program**

Senior Community Services Employment Program (SCSEP) is a community service and work-based training program for older workers. SCSEP was authorized by Congress in Title V of the

Older Americans Act of 1965 to provide subsidized, part-time, community service training for unemployed, low-income persons 55 or older who have poor employment prospects. SCSEP participants are placed in a wide variety of community service activities at non-profit and public facilities, including day-care centers, senior centers, schools and hospitals. These community service training assignments promote self-sufficiency; provide assistance to organizations that benefit from increased civic engagement; and support communities. These assignments are intended to serve as a bridge to unsubsidized employment. In turn, regional economies and employers benefit from an expanded pool of experienced, dependable labor in the local workforce.

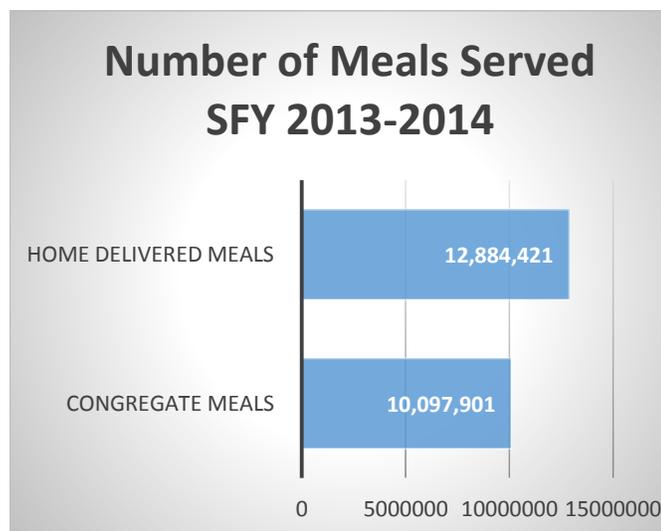
- **Activities for Health, Independence and Longevity – Civic Engagement/Volunteerism**

Over the past two decades there has been a growing body of research that demonstrates volunteering benefits the physical and mental health of a person, while also helping address pressing social issues. This research has established a strong relationship between volunteering and health and wellness of a person: those who volunteer have lower mortality rates, greater functional ability, and lower rates of depression later in life than those who do not volunteer. These findings according to the Corporation for National and Community Services are particularly relevant today as the numbers of volunteers age 65 and older is expected to increase significantly over the next decade. By promoting increased civic engagement, government can lessen the costs of an aging population, while enhancing the benefits to participating older persons and their communities. As the number of older New Yorkers has grown, NYSOFA seeks to enhance strategies that will increase the civic engagement of older persons in volunteer service as well as encourage them to remain in the workforce. This has become important to helping maintain the economy and social fabric of the state.

- **Nutrition Services – Nutrition Program for the Elderly**

New York State’s commitment to healthy, nutritious meals and providing nutrition counseling, nutrition education and evidence based interventions in settings where older adults congregate for nutrition is unparalleled. New York invests over \$114 million to the nutrition programs above what is receives through the OAA funding for Titles IIIC-1 and 2.

The nutritional needs of older adults become more important with advancing age, especially when recuperating from acute and chronic health problems.



Nutrition Program Funding SFY 2013 - 2014



Since its inception, the Nutrition Program for the Elderly (NPE) has operated statewide through 59 AAAs, including two Indian Tribal Organizations (ITOs). Services are provided directly or through contract. Funding for nutrition services comes from a combination of federal, state, and local government sources, program income (contributions), and other sources at the local level coordinated into a single statewide nutrition program. Since 1984,

New York State's Wellness in Nutrition (WIN) program provides funding primarily for home-delivered meals to frail older persons who are unable to prepare meals for themselves. This funding also support access to nutrition counseling, education and congregate meals. Nutrition Services is the largest program administered by the New York State Office for the Aging, and it is well-integrated into home and community settings through coordination with community partners. It is a proven, cost-effective means of helping older adults maintain their health and independence, engage in community life, and stay in their own homes and communities as long as possible.

Nutrition Services strive to prevent or reduce the effects of chronic disease associated with diet and weight; strengthen the link between nutrition and physical activity in health promotion for a healthy lifestyle; improve accessibility of nutrition information, education, counseling and related services, and healthful foods. This is accomplished through:

- Community dining options at congregate sites to improve food and nutrient intakes and offer choice (culturally appropriate, entrees, salad bars, and restaurant vouchers) and meet special dietary needs (low sodium, low fat).
- Home-delivered meals that meet dietary and therapeutic needs and are nutritionally dense.
- Nutrition education and health-promotion and disease-prevention services in a variety of settings.
- Nutrition screening to determine nutritional risk and individualized nutrition counseling for chronic-disease management and to improve nutritional status.
- Advocacy to improve access to food by those in greatest economic and social need.

AAAs use congregate meal sites, home delivered meals programs, multipurpose senior centers or other appropriate locations to deliver health-promotion and disease-prevention services, thereby allowing them to be integrated with the nutrition program. Priority is given to areas that are medically underserved and where there are a large number of older individuals in greatest economic and social need. Broad services include health risk assessments; routine health screening (hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening); nutritional counseling and educational services; evidence-based health-promotion programs, including those related to the prevention and mitigation of the effects of chronic disease, alcohol and substance abuse reduction, smoking cessation, weight

loss and control, stress management, falls prevention, physical activity and improved nutrition; physical fitness programs; home injury control services; mental health screening services; and information and education about Medicare preventive-care benefits including influenza and pneumonia vaccinations. All AAAs provide medications management screening and education.

Senior Farmers Market Nutrition Program (SFMNP) has operated in New York since 1989, when it began as a State initiative. Under the auspices of the U.S. Department of Agriculture, the New York State Department of Agriculture and Markets works with NYSOFA, DOH and Cornell University (Cornell Cooperative Extension) to administer the program. The largest segment of the program operates statewide through New York's 59 AAAs, including two ITOs. The smaller segment operates in four downstate jurisdictions by the DOH Commodity Supplemental Food Program (CSFP). This program provides income-eligible (185 percent federal poverty level) older adults with a one-time \$20 allotment, as coupons, to use at farmers markets. Federal money is the primary funding source for the program. In 2014, NYSOFA allocated 80,360 booklets with a total value of \$1,607,200 to the AAA network.

The purposes of the Senior Farmers' Market Nutrition Program are to:

- (1) Provide resources in the form of fresh, nutritious, unprepared, locally grown fruits, vegetables, honey and herbs from farmers' markets, roadside stands and community supported agriculture programs to low-income seniors,
- (2) Increase the domestic consumption of agricultural commodities by expanding or aiding in the expansion of domestic farmers' markets, roadside stands, and community supported agriculture programs, and
- (3) Develop or aid in the development of new and additional farmers' markets, roadside stands, and community supported agriculture programs (a major component of the New York economy).

NYSOFA has also engaged with NYS Office of Temporary and Disability Assistance to offer training on having the nutrition program become SNAP capable. Further, NYSOFA, in partnership with NYS Agriculture and Markets has been working with area agencies on aging to connect their nutrition programs with locally grown NY products to improve access to fresh fruits and vegetables and other commodities.

- **Disease Prevention and Health Promotion Services**

NYSOFA has been working with the AAAs for almost a decade to promote healthy behaviors, the use of health promotion and wellness programs and services and screenings as well as the implementation of Evidence-Based Interventions (EBIs). Most recently this has included requiring the AAAs to only fund highest-level EBI's through Title III-D.

Older Americans Act (OAA) Title III-D was, and continues to be, intended to fund the provision of programs designed to help older adults prevent and/or manage chronic diseases and promote healthier lifestyles. Over recent years, AoA/ACL has been shifting emphasis to interventions with proven outcomes to maximize the impact of limited resources and deliver programs with proven beneficial outcomes to those served. These programs are referred to as, "evidence-based". Evidence-based programs are shown to be effective at helping participants adopt healthy behaviors, improve their health status, and reduce the use of costly medical services. Furthermore, evidence-based programs empower older adults to take control of their

health by maintaining a healthy lifestyle through increased self-efficacy and self-management. Priority is given to serving older New Yorkers living in medically underserved areas or who are of greatest economic need.

As of 4/1/15, in keeping with AoA/ACL's emphasis on highest-level programs, NYSOFA requires that health promotion programs fundable by Title III-D, a program must both meet the AoA/ACL Definition of Evidence-Based **and** must have gone through the vetting process to be included on one of the two lists below; alternatively a program is approvable if it is documented to be an evidence-based program by any operating division of the U.S. Department of Health and Human Services (HHS).

1) ACL's Center for Disability and Aging Policy (CDAP), Office of Performance and Evaluation, Aging and Disability Evidence-Based Programs and Practices (ADEPP) webpage: <http://www.acl.gov/Programs/CDAP/OPE/ADEPP.aspx>

2) National Council on Aging listing of highest-level criteria programs as approved by AoA/ACL (also known as "cost chart"): <http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/Title-III-D-Highest-Tier-Evidence-FINAL.pdf>

Since the introduction and increased promotion of Medicare preventive and screening benefits, NYSOFA has worked to increase consumer awareness and use of these benefits among New Yorkers. The Affordable Care Act has provided even more opportunities to improve the overall health of older New Yorkers by expanding coverage for many prevention benefits and for screening and treatment for persons with behavioral health issues.

NYSOFA and the network have worked hard to promote the one-time Welcome-to-Medicare examination, flu and pneumococcal vaccinations, smoking and tobacco use cessation, diabetes screening and diabetes self-management, medical nutrition therapy, HIV testing, and various cancer screening including mammography, pap and colorectal. New York State's Nutrition Program for the Elderly and the Health Insurance Information Counseling and Assistance Program (HIICAP) use their networks to update and inform older consumers about these available benefits.

- **Supporting Caregivers – National Family Caregiver Support Program**

In New York State approximately 4 million caregivers provide more than 2.6 billion hours of care to loved ones at any given time each year. The economic value of this care is estimated to be \$32 billion dollars, the caregivers were being paid at the market rate.

NYSOFA administered programs and services that are designed to help older adults live as independently as possible. These services also indirectly support caregivers of older persons, in addition to the program funds designated to support caregivers specifically. NYSOFA/AAA spending on supporting caregivers is estimated to exceed \$96 million through the provision of services through Title III funded programs, state/local funded respite and social adult day services, caregiver resource centers, personal care, case management, home delivered and congregate meals, transportation, shopping assistance and meal preparation, etc.

The National Family Caregiver Support Program (NFCSP) was established in 2000 to provide grants to states and territories, based on their share of the population aged 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible. NYSOFA administers this program statewide through the county based AAAs.

Services provided include:

- Information about available services.
- Assistance in gaining access to services.
- Individual counseling, support groups, and/or training to assist caregivers in the areas of health, nutrition and financial literacy and to make decisions and solve problems relating to their caregiver roles.
- Respite to temporarily relieve caregivers from their responsibilities by providing a short-term break through home care, overnight care in an adult home or nursing home, adult day care and other community-based care.
- Supplemental services to complement the care provided by the caregiver, such as a personal emergency response system, assistive technology, home modifications, Home Delivered Meals, transportation.

For the caregiver to be eligible for these services, the care receiver must have a cognitive impairment, or be unable to perform at least two Activities of Daily Living (ADLs). These services work in conjunction with other state and community-based services to provide a coordinated set of supports. Studies have shown that these services can reduce caregiver depression, anxiety, and stress, and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care.

- **Supporting Caregivers – Social Adult Day Services**

Social Adult Day Services (SADS) are an important component of the community-based service delivery system that helps to delay or prevent nursing home placement and the need for other more costly, yet preventable services, while providing vital assistance to the older person with cognitive and/or physical impairments and supporting their informal caregivers. Research demonstrates that caregivers who experience stress and burden are more likely to “burn out” and, thus, place their loved ones in an institution, directly impacting Medicaid spending. SADS can help to ease the burden of caregivers by providing them with time to continue to work or take care of other needs and address other priorities. At the same time, it addresses the basic needs of the individual needing care in a safe, nurturing, and stimulating environment.

SADS is a structured, comprehensive program that provides functionally impaired individuals with socialization, supervision and monitoring, personal care, and nutrition in a protective setting. The program also may provide other services and supports, such as transportation, information and assistance, and caregiver assistance. In addition to addressing the individual's needs for assistance in activities of daily living, these programs provide a secure environment in which therapeutic activities are provided that are aimed at helping participants to achieve optimal physical and mental/cognitive functioning. They improve the quality of life for older adults by reducing social isolation, and increasing social and community engagement. For individuals with Alzheimer's disease or related dementias, SADS is a cost-effective package of services that provides person-centered interventions which promote slowing the progression of the illness- preventing further deterioration and the need for more expensive services. In addition to improving quality of life for functionally impaired adults, SADS services also improve

quality of life for informal caregivers by giving them a break from their ongoing caregiving responsibilities and providing them with a feeling of confidence that their loved one is being cared for in a safe environment.

SADS programs and services are being strengthened and expanded under the states "care management for all model" under Medicaid. SADS services were included as a mandated service under the states managed long term care program which has led to a significant growth in the number of SADS programs statewide

- **Supporting Caregivers – Respite Services**

Respite services provide informal caregivers with a temporary break from their caregiving responsibilities and associated stresses. Informal caregivers often face financial, physical, and emotional burdens which have an impact on their families, social lives, and careers. As the boomers age and systems are better integrated to get information out to the public about available services, there is an increased likelihood that the area agencies and their partners will see a continued increase in demand for respite and other caregiver support services.

Respite services include home care (e.g., personal care levels I & II, home health care, and companionship/supervision), community-based services (e.g., social adult day services, adult day health care), and facility-based overnight care (e.g., in a nursing home, adult home). Respite services assist caregivers in maintaining their loved ones at home for as long as possible and delays or forestalls nursing home placement, which can result in a much higher cost both to the family and the Federal/State/Local Medicaid Program.

Area Agencies on Aging provide respite services throughout the state through a variety of federal and state-funded programs. Two primary programs are the New York Elder Caregiver Support Program funded under Title III-E of the Older Americans Act, and the State-funded Expanded In-home Services for the Elderly Program. Funding is also used to provide extended hours of respite services in the evening (after 5 PM), on weekends, and on an emergency basis. These respite programs provide a variety of services on a temporary and short-term basis, including home care, overnight stays in nursing homes, and social adult day services. In addition, many of these programs also provide other supports to caregivers, such as case management, counseling, support groups/training and information and assistance.

New York is working to expand access to respite and caregiver supports through BIP and through state funds. BIP funds will be used in 2015-2016 to build upon the National Family Caregiver Support Program (NFCSP) OAA Title III-E model to provide services to caregivers of Medicaid recipients who meet certain eligibility criteria. Further, the NYS budget in 2015-2016 contained \$25 million to assist caregivers of persons with Alzheimer's disease and related dementias.

- **Supporting Caregivers – Caregiver Resource Centers**

New York State also provides funds to 17 local Caregiver Resource Centers (CRC). The CRCs provide caregivers with information, assistance, and counseling/support group/training. Since the advent of the Title III-E funded caregiver program in 2000, these programs have coordinated their CRC programs with their Title III-E programs so that, from the caregiver perspective, there is a program consisting of a coordinated array of services that are comprehensive,

complementary, and supplemental in nature. CRCs trained 5,903 individuals, provided on-going oversight to 45 support groups in which 723 individuals participated, counseled 5,001 individuals, and provided 12,401 units of information and referral services. Further, NYSOFA provides CRC funding to the Association on Aging in NY. The Association represents the 59 county-based area agencies on aging. The Association uses the CRC funds to coordinate statewide training, working in collaboration with NYSOFA, the Lifespan Respite grantees, the Systems Integration partners and others.

- **Emergency Preparedness**

NYSOFA collaborates with multiple public and private partners at the federal, state and local level to ensure that emergency planning needs of older New Yorkers are addressed and met. Partners include the Administration of Community Living at the federal level, New York State Division of Homeland Security and Emergency Services (DHSES) and the New York Department of Health at the state level, and the Area Agencies on Aging at the local level and include human service and other agencies such as the Red Cross and Salvation Army. The coordinated involvement of NYSOFA with these various entities is necessary in order to ensure that planning for, preventing and responding to emergencies and declared disasters is done in the most efficient way possible. NYSOFA cooperates with the Office of Homeland Security to help assure that all levels of governments, voluntary organizations, and the private sector identify areas of vulnerability which can be address and mitigated.

At the State level, NYSOFA coordinates with DHSES by participating on several task forces initiatives, and NYSOFA is a member of the State Emergency Operations Center during times of activation. SEMO operates a 24 hours alert and warning system that is designed to provide local, state and federal agencies with support while responding to incidents. NYSOFA assists SEMO in the dissemination of public health and safety information during a disaster in coordination with the Department of Health. At the local level, in times of emergency, NYSOFA coordinates and supports the relief efforts providing by AAAs, which play a critical role in identifying, and planning for the provision of services to older adults during a crisis.

At the community level, NYSOFA requires each AAA to have an emergency preparedness plan and to include that plan within their annual implementation plan submitted to NYSOFA. It includes how they are integrated in local disaster planning coalitions and the protocols and processes established when an emergency/disaster occur. This inclusion of disaster/emergency preparedness process within the annual implementation plan coupled with increased statewide and local training and planning excercises has led to a proactive interchange of information between the state and the counties before,during and after any emergency.

To assure that NYSOFA staff are able to respond in an emergency, NYSOFA has offered NIMS training to staff. National Incident Management System (NIMS) outlines a comprehensive national approach to emergency management. It enables federal, state, and local government entities along with private sector organizations to respond to emergency incidents together in order reduce the loss of life and property and environmental harm.

Section B. **Administration for Community Living Discretionary Grants**

- **Chronic Disease Self-Management Education Program**

Approximately 6.2 million adult New Yorkers (41.1%) suffer from a chronic disease such as arthritis, asthma, stroke, heart disease, diabetes, or cancer and New Yorkers with chronic diseases are more likely to report poor health status and activity limitations than those without a chronic disease. Individuals with one or more chronic diseases have increased risks of adverse outcomes, including mortality, hospitalizations, and poor functional status. More than 80 percent of New York State residents age 60 and older have one or more chronic diseases. And, almost all of these older adults are living in the community. Even the highest quality of clinical care to individuals with chronic conditions will not guarantee improved health outcomes. Individuals must be informed, motivated, and involved as partners in their own care. Evidence-based interventions (EBIs) such as the suite of Stanford-derived Chronic Disease Self-Management Education programs (CDSMEs) have been proven effective to help people develop self-management skills and adopt behaviors to prevent and/or manage their conditions—leading to enhanced well-being and improved health outcomes.

NYSOFA, in partnership with the New York State Department of Health (NYS DOH) and the Quality and Technical Assistance Center (QTAC) at the University at Albany, has made great strides to expand access, availability and use of CDSMEs in New York. With funding support from the AoA/ACL, the Centers for Disease Control and Prevention and the Prevention and Public Health Fund, collective activities of the three partners aim to build a sustainable, statewide local delivery infrastructure for these and other evidence-based health promotion/disease prevention programs within New York State's health and long-term services and supports systems to improve health outcomes, quality of life, and realize cost savings to the system. In 2012, NYSOFA received the third, most recent grant to continue this work. The grant, "Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Program" aims to further expand, embed, and sustain CDSMEs within the Area Agency on Aging network, public health community, and long term services and supports system. From September 1, 2012 to February 13, 2015, there have been 6,443 participants of CDSME workshops, 81.56% (5255) of whom have completed the full program. Currently, there are 93 community partners offering the program and 594 active local implementation sites.

- **Lifespan Respite**

The Lifespan Respite program, funded by a three-year grant awarded by the AoA/ACL (2014-2017) is a continuation of the successful partnership of a core team that includes the New York State Office for the Aging (NYSOFA), the Monroe County Office for the Aging (MCOFA) and the New York State Caregiving and Respite Coalition (NYSCRC) sponsored by Lifespan of Greater Rochester NY Inc. Each member of the core team has developed work plans to define their respective roles in meeting the objectives of the grant and integrating and coordinating their work. The core team is working to expand available respite using both volunteer and consumer-directed models, integrating the Lifespan Respite Program into the state Long Term Services and Supports System (LTSS), and integrating information on respite services into the NY Connects Resource Directory. The core team will continue to reach out to stakeholders across

the state including many who were part of a “THINK GROUP” formed during the first grant period to help “think” about current respite available and respite not currently available but needed across the state.

The Lifespan Respite program is designed to:

1. Expand available respite by (a) implementing a workforce development initiative targeting respite volunteers, and (b) developing protocols for local area agencies on aging to implement respite voucher programs
2. Integrate the Lifespan Respite Program into the state LTSS and integrate respite services into the NY Connects Resource Directory database, and
3. Develop a Statewide Action Plan for Lifespan Respite Care sustainability.

- **Systems Integration: Accelerating Integrated, Evidence-Based, and Sustainable Service Systems for Older Adults, Individuals with Disabilities and Family Caregivers**

The Systems Integration initiative was initiated in 2011 as a result of Administration on Aging funding that was organized into two separate but related grants labeled, “*Part A, Accelerating Integrated, Evidence-Based, and Sustainable Service Systems for Older Adults, Individuals with Disabilities and Family Caregivers*” and “*Part B, Creating Dementia Capable, Sustainable Service Systems for Persons with Dementia and Their Family Caregivers*”.

Parts A and B have unique and distinct deliverables while also sharing the same overarching goal, objectives, and a defined set of core components. Systems Integration aims to embed the core components within and across the NY Connects network while also establishing a dementia capable system through formalizing the connection between NY Connects and the Alzheimer’s network of services (i.e., Alzheimer’s Association Chapters and the Alzheimer’s Disease Assistance Center of Long Island) and applying a standard definition of dementia capability to all core components. The core components include: Information & Assistance on Full Range of Long Term Services and Supports (LTSS); Options Counseling; Dementia Screening; Care Transitions (formal evidence-based programs and informal local partner activities to support successful transition from facility to home); Expanded Capacity for Chronic Disease Self-Management Program and as appropriate, other approved Evidence-Based/Evidence-Informed Interventions for Individuals with Dementia; Caregiver Supports (targeting those who care for individuals with dementia); Consumer Directed Services; and Streamlined Eligibility for Public Benefits Access.

Dementia Capability has been defined through an active work group process that has engaged the participating NY Connects and Alzheimer’s partners and various State level partners. The final adopted definition addresses the capacity of NY Connects (and possibly other human services staff) to identify and communicate with individuals who have or may have dementia, have an adequate knowledge base of services and resources available to this population; and have the capacity to link individuals to those services and resources.

Although the grant funding is time limited, core components and dementia capability will be integrated and sustained among the entire network of Area Agencies on Aging (AAA) and NY Connects programs.

Section C. Participant-Directed/Person Centered Planning

Participant-Directed/Person Centered Planning was incorporated into Home and Community Based Services (HCBS) for three Area Agencies on Aging (AAAs) as a result of the 2008 Nursing Home Diversion and Modernization Program (NHDMP), and was expanded to ten AAAs as a result of the 2009 Community Living Program (CLP). Through these grants, NYSOFA and partner AAAs were able to demonstrate the impact and importance of flexible, person centered service delivery from both a systems and an individualistic perspective.

Over the past few years, NYSOFA has taken steps to expand participant-directed service options. There have been several key initiatives underway that allowed for replication and sustainability of participant directed services and supports. NYSOFA allows AAAs to provide participant-directed in-home services using OAA Title III-B and Title III-E dollars. All OAA funding conditions apply to participant-directed in-home service provided using Title III-B and Title III-E funds. In 2011, NYSOFA amended the regulations for the Expanded In-home Services for the Elderly Program to also allow for participant-directed care. In addition to regulatory changes, NYSOFA issued a number of technical assistance resource documents (e.g. FAQs and operating manuals), participated in teleconferences, conducted trainings and provided individualized support to the AAAs that were interested in establishing participant directed services and supports. By January 2015, 23 AAAs were equipped to provide participant directed HCBS.

In the next four years, NYSOFA's goal is to increase the number of AAAs providing participant directed services in order to expand consumer control and to address many of the identified gaps in the LTSS system (e.g. workforce shortage, caregiver burden, consumer satisfaction). To accomplish this, NYSOFA will:

- Provide additional outreach and technical assistance to AAA Directors who have not yet incorporated participant direction into their programming. Efforts will include the continued sharing of developed resources (e.g. program manuals, Q&As, care plan and enrollment forms) and technical assistance will continue to be offered on a case by case basis.
- Encourage case managers to participate in state trainings relative to participant direction, such as the consumer directed web-based training module

My mom recently passed. Her health had not been good for some time. She was a fighter — a little over four years ago the doctors had said that her term might be three months with luck, and even last Fall they said it was be a miracle if she made it to Christmas.

Well, she made it to Christmas, and beyond. There were many reasons for that, including her innate strength and determination, but all of us in the family also know that one of the other reasons for her longevity and the quality of life she was able to maintain at home had to do with the wonderful CD-PAS program provided through NYSOFA, Onondaga County, and the county's partner.

The program not only provided services that she wanted and increasingly needed, but also gave her control over the who, how, when, and what of those services. For anyone, but especially for someone like my mom who had been in executive positions for most of her professional life, that sense of control and personal attention from her own hire was life-enhancing.

She was able to hire her own worker, and the two of them bonded — Wendy (the care worker) would visit even when not on the clock, and prepare dinners for her (also off the clock) when my wife and I were out of town.

It was wonderful. I cannot praise the program enough; none of us can. Speaking for my two brothers, our wives, my cousins, and all who knew my mother: Thank you.

- Mr H. -

developed under the Systems Integration grant. Provide additional face to face training on philosophies behind participant direction and how it impacts case management. Build upon the findings of the 2009 CLP Evaluation by adding a comparative analysis of consumer satisfaction among consumers being served in participant directed models versus traditional model.

- Continue to promote the peer to peer learning model established under the CLP that received national recognition for Systems Change in order to enable AAAs to further expand their use of ancillary services and participant direction.

Section D. **Elder Justice**

Elder Justice is a broad term but at its essence it means assuring that vulnerable older adults are protected from crime, protected from abuse, neglect and financial exploitation, have access to legal interventions and have a network that can provide services and supports and link to other service systems to meet their needs holistically.

- **Elder Justice – Legal Assistance Program**

Older adults face a variety of legal issues that affect their ability to live independently and with dignity. A central tenet of the Older Americans Act is to ensure access to benefits and services by the most vulnerable older adults. Since 1984, legal assistance has been designated as a priority service for which Area Agencies on Aging are required to spend an adequate proportion of their OAA Title III-B funds.

Statewide, in accordance with federal and State law (Title 9 NYCRR §6654.12) each AAA enters into a contract to provide legal assistance and coordinate OAA funded legal assistance with legal assistance available through the Legal Services Corporation grantee and the local legal community.

As the breadth of issues and the number of New York's older citizens with greatest economic and/or social need increase, access to legal assistance is more critical than ever before. Just as the legal needs of the aging population are changing, so too must the legal assistance program change. Legal assistance funded under the OAA addresses legal issues related to income, health care, nutrition, housing, utilities, protective services, guardianship avoidance, abuse, neglect, exploitation and age discrimination.

In accordance with OAA §731, NYSOFA has designated an individual to be the State Legal Assistance Developer to provide State leadership in securing and maintaining the legal rights of older adults; encourage and facilitate networking among the AAAs and Title III-B Legal Assistance Providers; and provide technical assistance, training and other supportive functions to AAAs, Legal Assistance Providers, State and local Long-Term Care Ombudsmen, and others as appropriate. The Legal Assistance Developer plays a crucial role in resource development, targeting, and quality assurance.

- **Elder Justice – Legal Services Initiative**

NYSOFA developed the Legal Services Initiative (LSI) to strengthen and expand access to legal services for New York's older adults, people of all ages with disabilities, and the informal

caregivers of these population groups. The LSI is a public/private collaboration among the NYS Office for the Aging, NYS Office of Court Administration, NYS Bar Association, and NYS Office for People With Developmental Disabilities, together with facilitation assistance by Robert Abrams, Esq., a private attorney, and consultative assistance from a 113-member Think Group.

The Initiative's impetus stems from numerous anecdotal reports regarding the status of legal services for the Initiative's three targeted population groups. The anecdotal reports include:

- Residents being unaware of their legal rights.
- Residents largely unaware that a legal basis underlies many of the serious problems consumers experience in their daily lives.
- Consumers not knowing where or how to find appropriate legal assistance.
- Many older adults, individuals with disabilities, and caregivers entering the court systems without the benefit of legal representation.
- Many residents unable to afford, or think they cannot afford, the costs of legal help.
- Where legal help *is* available and affordable, residents having limited/no access to this help.
- Members of the legal and judicial communities need training about the traits, conditions, and circumstances characterizing the Initiative's three population groups, which has an impact on their ability to effectively communicate and interact with these individuals and on court proceedings and case outcomes.
- Resources are limited in existing community-based legal service programs established to serve individuals in social and economic need.

To gather information about the status of legal assistance in New York and to replace anecdotal reports with hard data, seven statewide surveys are being conducted of the following individuals:

1. New York State residents aged 18 and older.
2. Attorneys practicing in New York State.
3. Directors of the State's 59 Area Agencies on Aging regarding the federally mandated Legal Assistance Program for individuals aged 60 and older.
4. Community-based Providers who are contracted by the Area Agencies on Aging to deliver legal services under the Legal Assistance Program.
5. Attorneys staffing New York State's Mental Hygiene Legal Service, which provides legal assistance and representation for individuals with developmental and/or intellectual disabilities and, recently, for released sex offenders with mental health issues who are likely to re-offend.
6. Judges and justices in the State's Unified Court System.
7. Individuals of all ages with disabilities.

The first six of the seven surveys were analyzed and findings were recorded in a document entitled, *Legal Services Initiative: Six Statewide Surveys*. The seventh survey will be completed over the summer of 2015.

A statewide 113-member Think Group was identified, which is composed of knowledgeable and experienced individuals representing the legal and judicial communities; law schools; service providers; members of the aging, disability, caregiver, and health fields; members of state and local government, and consumers. The Think Group convened for an all-day work session,

during which they developed a set of strategies, policies, and activities that will be used as a basis for taking steps to achieve the Initiative's goals. The Think Group's output was organized into an implementation tool entitled, *Blueprint for Action: Strategies for Achieving the Legal Services Initiative's Goals*.

In the coming year(s), as a means of advancing the Initiative's goals, the Initiative's partnership members, Think Group members, and other interested individuals and organizations will develop and implement multiple strategies to address the limitations and gaps in legal assistance identified through the six surveys and the work of the Think Group. NYSOFA's efforts to strengthen the aging network's Legal Assistance Program is a major activity under the Legal Services Initiative.

- **Elder Justice – Long Term Care Ombudsman Program**

The Long Term Care Ombudsman Program serves as an advocate and resource for the more than 160,000 older adults and persons with disabilities who reside in New York's long-term care facilities, including nursing homes and adult care facilities. Ombudsmen help residents and their families understand and exercise their rights to quality care and a high quality of life. The program advocates for residents at both the individual and systems levels by receiving, investigating and resolving complaints made by or on behalf of residents, promoting the development of resident and family councils, and informing governmental agencies, providers and the general public about issues and concerns impacting residents of long-term care facilities.

The New York State Long-Term Care Ombudsman Program has been in existence since 1972. The Older Americans Act, which is administered by the federal Administration on Aging (AoA), requires each state to establish an Office of the State Long-Term Care Ombudsman and to employ a qualified, full-time person to serve as the State Ombudsman. In New York, the program is administratively housed within NYSOFA, and advocacy services are provided through a network of 32 local ombudsman programs hosted by county-based Area Agencies of Aging (AAAs) and non-profit organizations. Each local ombudsman program has a paid coordinator who recruits, trains and supervises a corps of volunteers (currently 906 statewide) that provide a regular presence in nursing homes and adult care facilities.

Program priorities continue to include: increasing resident/consumer access to effective and timely advocacy services; empowering more residents and their families to resolve concerns without the need for outside intervention when appropriate; and, improving systemic advocacy efforts to address facility-wide or statewide issues and problems experienced by residents.

- **Elder Justice – Elder Abuse Education and Outreach Program**

Elder abuse includes physical, emotional and sexual abuse; financial exploitation; and neglect (including self-neglect). It is found in all communities and is not limited to individuals of any particular race, ethnic or cultural background, or socio-economic status. Often this abuse is hidden and goes unrecognized, and because the definition of elder abuse varies from state to state, both the incidence and prevalence of elder abuse have been difficult to articulate with great confidence on the national level. New York State funds the Elder Abuse Education and Outreach Program to provide education and outreach to the general public, including older

persons and their families and caregivers in order to identify and prevent elder abuse, neglect, and exploitation. The program includes two components: grants to local agencies to establish or expand upon existing local elder abuse education and outreach programs in their communities, and grants that are broad-based and have statewide focus, designed to support a statewide effort to increase awareness and prevention of elder abuse.

The following services and activities are designed to address the various forms of elder abuse:

- Public awareness presentations on elder abuse, scams, and frauds to senior groups, civic groups, and fraternal orders.
 - Professionals and non-professionals who work with, or are in regular contact with older people, are trained at a variety of events to better recognize abuse in domestic settings and to facilitate intervention.
 - Direct intervention is provided in cases of elder abuse, including scam and fraud cases.
 - Intensive case management, geriatric addiction services and financial management are provided to vulnerable older adults.
 - Abused older adults are assisted through guardianship and limited power of attorney.
- **Elder Justice – Elder Abuse Prevention Interventions**

Funded under the 2012 Prevention and Public Health Fund (PPHF) through the Affordable Care Act, the Elder Abuse Prevention Interventions (EAPI) is a three-year grant initiative established to pilot an intervention that prevents and addresses financial exploitation and elder abuse. The EAPI initiative in New York brings together entities with unique resources and skills, forming coordinated, enhanced multi-disciplinary teams (E-MDTs) to provide improved and effective cross-systems collaboration and specialized responses, resulting in restored safety and security to older adults.

EAPI project partners are the New York State Office for the Aging (project lead); New York State Office of Children and Family Services – Adult Protective Services (training of financial professionals), and two pilot areas; Manhattan and the Finger Lakes (seven counties: Monroe, Cayuga, Livingston, Ontario, Seneca, Wayne, and Yates.)

A unique component of the pilot intervention is the use of forensic accountants as part of the E-MDT, as well as the use of specialists from a variety of disciplines with unique skills, not only to consult and share expertise, but to organize active joint investigations and interventions with an emphasis on investigating and stopping potential and existing financial exploitation and other forms of abuse. The EAPI intervention is a resource for professionals serving individuals within the target population (adults aged 60 and older) who display detectable signs of financial exploitation, and have at least one of the following characteristics: (1) health or mental health problems and/or physical impairments; (2) possible cognitive impairment issues and/or dementia; (3) social isolation and/or inadequate social support.

Goals, Objectives, Strategies and Expected Outcomes

NYSOFAs continued commitment to effective and responsive management remains one of the agency's priorities. As a result, over the course of the next four years, the agency will administer consistent performance management practices that will include but not be limited to, standardized metrics, improved outcomes, and targeted projections. NYSOFA will review POMP, NCI-AD, and other NY governor's initiatives and integrate where necessary as part of its performance management framework. Further, NYSOFA will continue to work with our federal partners, national associations and individuals to improve the business acumen of the network to better engage and coordinate within major reforms in health care and long term care delivery systems.

The 2015-2019 State Plan includes goals, objectives, strategies, and expected outcomes but with a mixed methodology approach. Some expected outcomes include outputs which can be a conceptualized as products, where other expected outcomes illustrate the expected benefit.

NYSOFA will continue to work towards developing a performance management system that will align with our priorities as we transition to the next level in overall performance management.

Goal #1: Empower older New Yorkers, their families and the public to make informed decisions about, and be able to access, existing health, long term care and other service options.

Access Services – Information and Assistance

Objectives:

- 1.1 Increase the availability of information and assistance provided by the AAAs through the increased use web based applications.
- 1.2 Foster effective and efficient means by which information can be shared between the AAA and the providers where callers are referred.
- 1.3 Increase the ability of the AAAs and their community partners to share information quickly as to create a "no wrong door" in the provision of service directly to consumers in their time of need.
- 1.4 Increase the capacity to provide I & A to older adults and their caregivers through the recruitment and retention of volunteers.
- 1.5 All OAA funded I & A programs operated through the AAAs will function with a uniform set of protocols.
- 1.6 Maintain a network of highly trained I & A staff statewide who are knowledgeable and capable of providing timely, accurate and quality information and assistance to older adults and their caregivers on program and services which can assist them in living independently in their community.
- 1.7 Clarify the operational relationship and opportunities for collaboration of Older Americans Act (OAA) funded I & A and the provision of I & A through New York Connects, the Health Insurance Information, Counseling and Assistance Program

- (HIICAP), and the Long Term Care Ombudsman Program (LTCOP), state and national organizations who provided I & A to older adults and caregivers.
- 1.8 Information and Assistance services will be accessible and inclusive of persons with disabilities and individuals with limited English proficiency. Disabilities including but not limited to mobility, hearing, speech and visual impairments may be accommodated with assistive technology and individuals with limited English proficiency may be accommodated with telephonic interpretation.

Strategies:

- Create a single statewide web directory and system to allow older adults, persons of all ages with disabilities and their caregivers to find information on programs and services, complete benefits applications for programs such as SNAP and HEAP which will be shared across all providers systems to reduce duplication.
- Work with the Association on Aging – NY to assess the training needs of I & A staff statewide and develop and conduct trainings to meet identified needs.
- Work jointly with NY Connects staff to train I & A staff establishing minimum training standards for all staff providing I & A to older adults, persons of all ages with disabilities and their caregivers through the AAAs network.
- Identify new statewide partners to establish opportunities for collaboration, cross training and coordination of provision of I & A to older adults and their caregivers.
- Provide ongoing training and technical assistance focused on expanding outreach and providing I & A services to underserved populations including minorities, low income individuals, frail individuals, and vulnerable individuals (this category includes rural residents, individuals with limited English proficiency, LGBT, persons at risk of institutionalization, caregivers of individuals with developmental disabilities, individuals with Alzheimer’s disease and other forms of Dementia) to ensure that these clients are served to the maximum extent feasible.
- Explore the coordination of recruitment and training of I & A volunteers with HIICAP and LTCOP programs to build capacity.

Objective	Expected Outcome	Target Date
1.1	A single vendor will be selected to develop and implement a statewide web based application for all AAA’s to allow for information sharing in real time and across all service providers.	2015-2016
1.2 1.3	A web based system will be created to allow older adults and their caregivers to get assistance through a seamless “no wrong door” system.	2015-2019
1.4	A new force of volunteers trained based on a general I & A will be available to assist and help expand the reach of I & A services both on the state and local level.	2015-2019
1.5	A uniform set of standard protocols for the provision of I & A services will be established and utilized by all AAAs making the provision of I & A services.	2016-2017
1.6	All I & A staff statewide will be trained and knowledgeable about programs and services in their service area through a	2015-2019

	standardized training program.	
1.7	Collaborations will be established among programs and providers of I & A services on a state and local level resulting in the reduction of resource duplication, leveraging of existing resources, and capacity building of I& A services available to older adults and their caregivers.	2015-2019
1.8	Information and Assistance services will be accessible and inclusive of persons with differing abilities and persons with limited English proficiency.	2015-2016

Access Services – NY Connects

Objectives:

- 1.9 Expand NY Connects No Wrong Door (NWD) to non-participating counties to ensure state wideeness.
- 1.10 Implement NY Connects/NWD partnerships statewide via contracts with between 4-6 regional disability organizations
- 1.11 Provide technical assistance to the newly established NY Connects/NWD programs to ensure successful implementation of the NY Connects/NWD core functions.
- 1.12 Provide technical assistance to NY Connects/NWD programs to support the provision of core functions to additional populations including persons served by the Office of Developmental Disabilities (OPWDD) and the Office of Mental Health (OMH).
- 1.13 Provide technical assistance to NY Connects/NWD programs to support the adherence to the revised NY Connects Program Standards and the BIP State Operating Protocols.
- 1.14 Implement enhanced NY Connects Resource Directory.
- 1.15 Implement quality assurance, evaluation, and sustainability protocols for BIP program expansion and enhancement.
- 1.16 Engage in and support long term care systems reform at the State and local level.
- 1.17 Provide technical assistance to AAAs in an effort to assure all information is provided to individuals in their preferred mode of communication (by phone, email, etc.) to be inclusive of accessibility for individuals with disabilities and individuals with limited English proficiency.

Strategies:

- Issue grants to establish NY Connects/NWD in the remaining counties and City of New York that currently do not have the program.
- Issue grants to establish NY Connects/NWD via 4-6 regional disability organizations.
- Develop and issue appropriate Technical Assistance Memorandums, Informational Memorandums, and Program Instructions to the NY Connects programs to support the enhancement and expansion of NY Connects/NWD that is required of BIP.
- Provide contract management to NY Connects/NWD programs through report review and assistance, regularly hosted teleconferences and webinars, and periodic check-ins with local NY Connects program staff.
- Provide necessary training to NY Connects/NWD staff on required program development and enhancement.

- Ensure NY Connects/NWD program compliance with accessibility accommodations for people with special needs and individuals who speak languages other than English.
- Ensure the implementation of a State automated toll-free telephone number.
- Provide technical assistance to all local NY Connects programs to ensure that the redesigned NY Connects Resource Directory is being fully utilized.
- Monitor compliance with the NY Connects Resource Directory to ensure that provider listings are maintained and updated.
- Implement and monitor new data collection and reporting system for NY Connects/NWD and ensure alignment with No Wrong Door data collection processes.
- Develop and administer a statewide public education campaign and ensure NY Connects programs utilize materials that adhere to the prescribed New York State branding, design, and logo requirements.
- Explore Medicaid Administrative Claiming and Medicaid time studies to assist with the development of sustainability plans.
- Collaborate with State partners on long term services and supports system reforms and share progress with local NY Connects programs to guide and assist with parallel local level reform activities.

Objective	Expected Outcome	Target Date
1.9	A NY Connects/NWD program is operational in every county in New York State Connects in New York State.	2016
1.10	A NY Connects/NWD program partnership with between 4-6 regional disability organizations will be implemented.	2016
1.11	All NY Connects programs will have the information and support needed to effectively operate and sustain their programs.	Ongoing
1.11 1.12	All NY Connects programs will have demonstrated capacity to serve all required populations.	2016
1.13	All NY Connects programs will be fully functional and compliant with the NY Connects Program Standards and No Wrong Door Operational Protocols.	2016
1.14	All NY Connects programs will have a fully utilized Resource Directory.	2016
1.15	NY Connects programs will develop and adhere to evaluation quality assurance, and sustainability plans to maintain operation of core functions.	2017
1.16	Long term care systems reform has been conducted at the State and local level.	Ongoing
1.17	NY Connects programs will be provided in a manner inclusive of individuals with disabilities and individuals with limited English proficiency.	Ongoing

Access Services – Case Management

Objectives:

- 1.18 Provide training and technical assistance to aging services providers' case managers to support the continued provision of case management.
- 1.19 Increase cultural competency and understanding of Sexual Orientation and Gender Identity of older adults.
- 1.20 Develop a case manager certification program in NYS.

Strategies:

- Develop and issue Technical Assistance Memorandums, Informational Memorandums and Program Instructions to the network of aging services providers.
- Assess training needs of case managers and develop training based on identifiable needs.
- Provide case manager training at the Aging Concerns Unite Us conference, Adult Abuse Training Institute and through web-based and in person trainings.
- Offer behavioral health training to case managers to help them identify, screen and make appropriate referrals.
- Offer dementia capable training developed through the Systems Integration grant to assure that case managers have the knowledge and skills to appropriately assist individuals with dementia.
- Continue training related to the recently developed questions pertaining to Sexual Orientation and Gender Identity that are a part of the Comprehensive Assessment for Aging Network Community-Based Long Term Care Services (COMPASS).
- Develop protocols that will inform case managers of their roles and responsibilities relative to referrals and Information and Assistance as they interface with the NY Connects specialist(s) when delivering services to individuals who contact the aging network through the "No Wrong Door" system.
- Study the feasibility of implementing a statewide system to certify case manager working in the aging services network.

Objective	Expected Outcome	Target Date
1.18	Area Agency on Aging and network case managers will provide case management services that are dementia capable, person-centered, flexible, cost-conscious and quality driven for older adults and their caregivers.	Ongoing
1.19	Case Managers will be culturally and linguistically competent, and have skill and understanding of Sexual Orientation and Gender Identity of older adults.	Ongoing
1.20	NYSOFA will determine the feasibility of implementing a case manager certification in NYS	Ongoing

Access Service – Transportation

Objectives:

- 1.21 Enhance AAA collaboration with other agencies in their planning and service area to improve coordination and sharing of available transportation resources.
- 1.22 Encourage communities to replicate innovative transportation models.
- 1.23 Promote safe driving among older adults.

Strategies:

- Provide informational and educational presentations to strengthen the capacity of AAAs to collaborate with other agencies in their planning and service area to enhance coordination and sharing of transportation resources.
- Provide informational to communities on tested innovative models of transportation that are replicable.

Objective	Expected Outcome	Target Date
State Plan 2015-2019		
1.21	The number of Community Call Centers that include the AAA to coordinate scheduling by bringing together disparate call taker functions under one-mobility management scenario will be increased by two counties.	2016
1.22	Information will be provided to all AAA's regarding replicable innovative transportation models.	2016
1.23	NYSOFA will work with county offices for the aging, other state agencies and local stakeholders to reduce drugged driving among older adults and to increase utilization of driver safety training programs.	Ongoing

Access Services – Health Insurance, Information, Counseling and Assistance Program

Objectives:

- 1.24 Provide ongoing education, technical assistance and training to the HIICAP programs to provide high quality, objective, one-on-one counseling to Medicare beneficiaries and their caregivers.
- 1.25 Ensure that HIICAP continues to assist individuals in accessing the Medicare Savings Program and Medicare health and wellness, prevention and screening benefits and coordinates with NYS SMP grantee.
- 1.26 Provide outreach and education to those identified by CMS, ACL and the National Council on Aging (NCOA) who are low-income, live in rural, non-English speaking communities as well as individuals with disabilities.
- 1.27 Ensure that local program client data and public outreach reporting data is up-to-date and accurately recorded
- 1.28 Increase the current volunteer network.
- 1.29 Expand counselor training and certification to other network staff to increase certified counselor pool.

Strategies:

- Provide up-to-date training on Medicare rules and policy during 2-Day Annual Coordinator’s Conference and seven regional trainings prior to Medicare’s Annual Election Period (AEP).
- Provide educational information through recorded webinars to HIICAP counselors and volunteers.
- Provide program and Medicare updates through monthly coordinator conference calls and agency HIICAP Update notices.
- Increase the availability of educational information to HIICAP Counselors, such as program fact sheets, low-income guidelines through a “soon to be developed” HIICAP Corner’s Page located within the Agency’s website.
- Increase public awareness of Medicare changes and health care reform through local program newsletters, press releases, outreach events, enrollment events, and other electronic media activity avenues.
- Provide materials available in alternative formats and other languages to reach disabled, rural and non-English speaking beneficiaries.
- Increase the number of local counseling sites and partners.
- Increase the HIICAP program’s volunteer-base through a one-time Innovations contract.
- Increase the number of HIICAP counselors by encouraging cross training of other aging services network staff.
- Increase the technical knowledge to all HIICAP counselors and volunteers on the federal SHIPtalk NPR reporting system by providing webinars.
- Increase HIICAP’s performance measures by providing direct technical assistance, written material and learning webinars.

Objective	Expected Outcome	Target Date
1.24 1.25 1.26	Total Client contacts and public and media events will increase by two percent, annually.	Ongoing
1.26	Client Contact information will increase two percent, annually with performance measures on reporting age, low-income status, low-income assistance and time spent with counseling.	Ongoing
1.28	Total number of trained counselors will increase by two percent, annually.	Ongoing
1.28 1.29	100 additional volunteers will be added to the counseling network	2019

Goal #2: Enable older New Yorkers to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

In-Home Services – Expanded In-Home Services for the Elderly Program

Objectives:

- 2.1 Provide technical assistance and training to AAAs to support the delivery of EISEP to older adults and their caregivers.
- 2.2 Increase the number of AAAs providing consumer directed EISEP.
- 2.3 Expand the use of Ancillary services through EISEP funding for clients.
- 2.4 EISEP services will be provided in a manner inclusive of individuals age 60 and older, with functional impairments and who may have limited English proficiency.

Strategies:

- Assess the training needs of the Aging network and provide a comprehensive overview of the EISEP program at the 2015 Aging Concerns Unite Us conference and annual Adult Abuse Training Institute.
- Facilitate quarterly EISEP case manager conference calls to discuss relevant topics, and share good practice models.
- Disseminate a set of technical assistance questions and answers to support the various aspects of EISEP (i.e. administration, case management, assessment, services, eligibility, cost share, consumer directed, and discharge).
- Provide additional outreach and technical assistance to encourage AAA Directors to incorporate consumer direction into their EISEP program.
- Encourage EISEP case managers to participate in state trainings relative to consumer direction, such as the consumer directed web-based training module developed under the Systems Integration grant.
- Build upon the findings of the 2009 Community Living Program Evaluation by adding a comparative analysis of consumer satisfaction among EISEP participants being served in consumer directed models versus traditional model.
- Promote the peer to peer learning model established under the Community Living Program that received national recognition for Systems Change in order to enable AAAs to further expand their use of ancillary services and consumer direction.
- Explore ways to increase the use of assistive technologies under Ancillary Services as a means to support individuals and reduce the reliance on more costly services and personnel.
- Provide technical assistance and training on the amended regulations (2009) that expanded Ancillary services through EISEP funding for clients with regard to allowable services, items/goods and other supports that maintain or promote the individual's independence.
- Revise EISEP Rates Policy to afford provide more flexibility in allowing AAA's to negotiate provider rates that are equitable with the rates providers are receiving through other payer sources.

- Provide technical assistance as needed to AAAs as they plan for and establish provider rates.

Objective	Expected Outcome	Target Date
2.1	AAAs will have the information and support needed to effectively and efficiently manage and deliver EISEP services and supports to older adults and caregivers.	Ongoing
2.1	An EISEP training and TA tract will be implemented as 2015 ACUU Conference.	2015
2.2	Increase the number of AAAs providing consumer directed EISEP from twenty-three to forty.	2019
2.1	Personal care provider rates will be at a competitive market value across LTSS system.	Ongoing
2.3	Increase AAAs use of the allowable Ancillary services funding through EISEP for clients who would benefit from allowable services, items/goods and other supports.	2019
2.4	EISEP services will be provided to individuals age 60 and older who are functionally impaired (in one ADL or two IADLs) due to physical, cognitive, or psychosocial limitations and will be inclusive of individuals who may have limited English proficiency.	Ongoing

In-Home Services – Community Services for the Elderly Program

Objectives:

- 2.5 Provide replicable good practices to AAAs as they work to develop appropriate community service projects that will improve coordination and the delivery of services for older residents within each county.
- 2.6 Use CSE funds to bridge gaps in programs and services

Strategies:

- Work with the Association for Aging in NYS to identify, collect and distribute good program practices for meeting identified and/or emerging needs.

Objective	Expected Outcome	Target Date
2.5	Innovative programs implemented by the AAAs will be identified and shared with all the AAAs	Ongoing
2.6	Local program and service needs will be met through flexibility of CSE funding.	Ongoing

Supporting Aging in Place – Livable New York

Objectives:

- 2.7 Implement a three-step Academy process to provide training and technical assistance to municipalities that express a commitment to assess residents' perceptions of livability.
- 2.8 Employ the Initiative's principles to plan and implement planning, zoning, housing, and community-design models/strategies to improve the "livability" of their neighborhoods

Strategies:

- Develop a request for proposal for communities interested in implementing the Livable NY Academy.
- Engage stakeholders, including state agencies and not for profits who may be interested in partnering to implement the Livable NY Academy.
- Provide seed funding that supports the Livable NY Academy process in appropriate communities.

Objective	Expected Outcome	Target Date
2.7	Develop and implement a Request for Proposal process that will implement step1 the Academy process	2015
2.7	Assist up to 5 communities in implementing step 1 of the Academy process.	2016
2.7	Develop an instrument to measure residents' perceptions of their community's level of livability.	2015
2.7	Assist up to 5 communities in implementing step 2 of the Academy process	2016
2.8	Plan, develop, and implement Step 3 of the initiative's Academy process.	2016-2019

Supporting Aging in Place – Naturally Occurring Retirement Communities

Objectives:

- 2.9 Increase resident participation in program planning, implementation and evaluation in the Naturally and Neighborhood Naturally Occurring Retirement Community (NORC/NNORC) of the programs promoting a sense of empowerment and community among seniors.
- 2.10 Provide assistance to NORC/NNORC programs on how to increase resident participation in program planning, implementation, and evaluation.
- 2.11 Implement Health Indicators/Performance Improvement in all NORC/NNORC programs.
- 2.12 Provide ongoing training and technical assistance to NORC/NNORC programs.
- 2.13 Re-Issue RFP for NORC and NNORC to modernize the program.

Strategies:

- Program standards will be developed and implemented by the NORC/NNORC programs.

- Develop and implement a monitoring tool to evaluate NORC/NNORC programs based upon standards.
- Ongoing technical assistance and training will be provided to programs.
- Health Indicators/Performance Improvements will be implemented in all NORC/NNORC programs.

Objective	Expected Outcome	Target Date
2.9 2.10	A minimum of 25 percent of the NORC/NNORC programs will demonstrate an increase in senior resident participation in program planning, implementation and evaluation.	2017
2.11	Health Indicators/Performance Improvement will be implemented in all NORC/NNORCs	2018
2.12	NORC/NNORC programs will receive ongoing training and technical assistance.	2016-2019
2.13	An RFP will be issued that will modernize the programs, provide for the inclusion of Health Indicators/Performance Improvement and ongoing training and technical assistance.	2015-2019

Activities for Health, Independence and Longevity – Foster Grandparent Program

Objectives:

- 2.14 Increase participation in the Foster Grandparent Program through the recruitment of new volunteers and the retention of existing volunteers.
- 2.15 Ensure the Foster Grandparent Program is accessible to people of all backgrounds by increasing participation by culturally diverse volunteers and those from underserved communities.

Strategies:

- Provide additional guidance to programs to encourage new and/or innovative methods of recruitment and outreach as well as retention strategies for the program.
- Develop strategies to assure existing volunteers are retained.
- Work collaboratively with the Corporation for National and Community Service to enhance opportunities for volunteers.
- Request statistical data from all programs to determine existing level of diversity in Foster Grandparent Programs.
- Provide guidance to programs concerning recruitment methods targeted to individuals of diverse cultural backgrounds and provide technical assistance as needed.
- Foster Grandparent Programs will conduct targeted outreach to culturally diverse and other underserved older individuals as well as participating schools and other organizations working with the Foster Grandparent.

Objective	Expected Outcome	Target Date
2.14	The number of new volunteers recruited will be increased by a minimum of five percent from State Fiscal Year 2014-2015 levels.	2017

2.14	Existing volunteers will remain with the program for a minimum of one year.	2017
2.15	The number of new volunteers from culturally diverse backgrounds or underserved areas will be increased by at least five percent from State Fiscal Year 2014-15 levels.	2017

Activities for Health, Independence and Longevity – RSVP

Objectives:

- 2.16 Increase participation in the Retired Senior Volunteer Program (RSVP) through the recruitment of new volunteers and the retention of existing volunteers.
- 2.17 Ensure the Retired Senior and Volunteer Program is accessible to people of all backgrounds and ability levels by increasing participation by culturally diverse volunteers and those from underserved communities including individuals with disabilities.

Strategies:

- Provide additional guidance to programs to encourage new and/or innovative methods of recruitment and outreach as well as retention strategies for the program.
- Develop strategies to assure existing volunteers are retained.
- Work collaboratively with the Corporation for National and Community Service to enhance opportunities for volunteers.
- Request statistical data from all programs to determine existing level of diversity in RSVP Programs.
- Provide guidance to programs concerning recruitment methods targeted to individuals of diverse cultural backgrounds and provide technical assistance as needed.
- RSVP Programs will conduct targeted outreach to culturally diverse and other underserved older individuals.

Objective	Expected Outcome	Target Date
2.16	The number of new volunteers recruited will be increased by a minimum of five percent from State Fiscal Year 2014-2015 levels.	2017
2.16	Existing volunteers will remain with the program for a minimum of one year.	2017
2.17	The number of new volunteers from culturally diverse backgrounds or underserved areas will be increased by at least five percent from State Fiscal Year 2014-15 levels.	2017

Activities for Health, Independence and Longevity – Senior Community Service Employment Program

Objectives :

- 2.18 Enhance employment opportunities for older New Yorkers by promoting older workers as a solution for businesses seeking a trained, qualified, and reliable workforce.

- 2.19 Utilize Labor Market Information (LMI) to facilitate the transition of SCSEP participants into unsubsidized, in-demand employment.
- 2.20 Increase recruitment of those individuals with the greatest economic need and with poor employment prospects.

Strategies:

- Require all SCSEP sub-grantees to utilize training provided by local One-Stop Career Centers.
- Utilize LMI information to identify and match individuals with in-demand employers.
- Encourage sub-grantees to speak to growth employers to determine the specific skill sets required by potential candidates.
- Provide program guidance to insure sub-grantees continue to give special attention to recruiting and training those most in need.

Objective	Expected Outcome	Target Date
2.18	Older New Yorkers employment prospects will increase by promoting older workers as a solution for businesses seeking a trained, qualified, and reliable workforce will be increased.	Ongoing
2.19	Labor Market Information will be used to match skills of SCSEP participants with job openings.	Ongoing
2.20	SCSEP core performance measure, established by USDOL, for Service to Most in Need, will meet or exceed by 2.5%its targeted goal.	Ongoing

Activities for Health, Independence and Longevity – Volunteerism

Objectives:

- 2.21 Enhance the rates of older adults participating in volunteer service.
- 2.22 Reduce the rate of social isolation among older adults.
- 2.23 Increase community organizations use of the state volunteer website newyorkersvolunteer.org to match volunteers with meaningful volunteer experiences.
- 2.24 Develop positive outreach messages on aging including the economic, intellectual and social value of older adults.

Strategies:

- Increase interagency collaborations.
- Promote listing volunteer opportunities on newyorkersvolunteer.org
- Prepare statistics about the social and economic contributions of older adults to their communities.
- Identify best practices regarding civic engagement activities.
- Develop PSA's for county use to recruit volunteers.

Objective	Expected Outcome	Target Date
2.21	There will be a 5% statewide increase in the number of older New Yorkers who volunteer based on SFY 2013-14 levels.	2015-2019

2.22	There will be a reduction in isolation among older adults through efforts to increase volunteerism.	Ongoing
2.23	There will be an increase in the number of volunteer postings on www.newyorkersvolunteer.org	Ongoing
2.24	Positive messaging will be developed and distributed that portray aging and the contributions of older adults positively.	Ongoing

Nutrition Services – Nutrition Program for the Elderly

Objectives:

- 2.25 Maintain and expand the provision of healthy, balanced congregate and home delivered meals.
- 2.26 Ensure that the nutrition programs are available to older individuals in greatest economic and social need throughout the state.
- 2.27 Ensure the nutrition program assists older adults in accessing other benefits and services.
- 2.28 Support local efforts to expand nutrition services within communities through partnerships and contracts with managed long term care plans
- 2.29 Encourage nutrition provider network to purchase locally grown fruits and vegetables and commodities.
- 2.30 Update the nutrition standards and regulations.
- 2.31 Continue to increase use of nutrition counseling and nutrition education and other evidence based interventions that promote healthy living.

Strategies:

- Implement 2015 Dietary Guidelines statewide when released by HHS & USDA.
- Annually monitor AAAs for compliance with nutrient requirements and dietary guidelines for meals.
- Annually monitor compliance of State requirement concerning the use of a registered dietitian in each local nutrition program.
- Conduct annual food safety training statewide for program coordinators, registered dietitians and meal site and preparation kitchen staff.
- Provide appropriate ongoing technical assistance and explore the development of additional methods to expand capacity to provide assistance to local programs.
- Maximize the distribution of annual Senior Farmers Market Nutrition Program (SFMNP) coupons to eligible older New Yorkers.
- Continue existing collaborations with various public and private partners including advocacy groups concerning nutrition services.
- Provide appropriate ongoing technical assistance to local programs concerning nutrition education and nutrition counseling.
- Provide appropriate technical assistance and information to local programs to assist older adults to make greater use of Medicare preventive benefits, particularly immunizations, flu shots, mammograms and other preventive screenings.
- Identify effective ways to provide assistance and Centers for Medicare Services (CMS) data to Area Agencies on Aging to encourage greater emphasis on implementing evidence-based nutrition and health promotion programs.
- Facilitate partnerships between local farmers and growers associations and the nutrition programs.

- Develop a process to engage stakeholders to update the states nutrition program standards and regulations

Objective	Expected Outcome	Target Date
2.25	Encourage AAA network to consider (a.) the expansion of Title III congregate dining options such as the restaurant programs (for either breakfast or lunch) and to sites that offer additional health activities & WI-FI.	Ongoing
2.28	Expand the use of locally grown 'in season' produce within the nutrition programs throughout the state.	Ongoing
2.27	Provide application assistance for public benefits – especially USDA SNAP and HEAP – at congregate dining sites as often as possible. Also support the use of congregate sites for tax preparation assistance and Medicare counseling as available	Ongoing
2.25	Work on creative solutions to halt the decline in congregate dining in Upstate New York counties by working with a key number of AAA's on a pilot program to review dining options and indicators.	2017
2.25 2.26	Encourage more regional approaches to issues that come up in the administration of the nutrition programs – such as lack of meal providers for contracts; decreasing volunteers; expanding home delivered meal programs; facing increased costs with limited program dollars; and other topics.	2016-2017
2.30	Ensure that the 2015 Dietary Intake Guidelines for Americans (DRI's) are implemented by all nutrition programs upon release.	Ongoing
2.25 2.26	Encourage the use of multi-cultural menus and dining options to ensure that nutrition programs for the elderly are reaching as wide and diverse audience as possible.	Ongoing
2.26	Continue to work with AAA's to accept USDA SNAP funds for donations at meal sites and for home-delivered meals.	Ongoing
2.28	Work with AAA's that are contracting with Managed Long Term Care plans for congregate & home-delivered meals; provide technical assistance in the planning for these services as a way of expanding traditional meals programs for those not part of MLTC's.	2015-2016
2.31	Reduced risk or threat of acute and chronic diseases, such as diabetes and heart disease, as a result of regularly offering nutrition screening (to determine nutritional risk), nutrition education, and nutrition counseling to all participants and caregivers.	Ongoing
2.31	Wider availability of physical fitness activities for older adults.	Ongoing
2.31	Increased prevention and management of chronic disease associated with diet and weight resulting from wider integration of nutrition activities with health and wellness programs.	Ongoing
2.31	Increase by five percent the use of Medicare preventative and health screening benefits. (Source: CMS published claims data)	Each Year

Supporting Caregivers – National Family Caregiver Support Program

Objectives:

- 2.32 Assist informal caregivers - spouses, adult children, other family members, friends and neighbors in their efforts to care for older persons who need help with everyday tasks.
- 2.33 Older persons with chronic illnesses or disabilities are able to remain in their own homes in the community because of caregiver support services.
- 2.34 Aging network will become dementia capable through partnerships with regional Alzheimer’s Association chapters.
- 2.35 NY Connects/NWD will be able to direct caregivers to appropriate programs that can assist them.
- 2.36 New models will be developed to increase access to caregiver supports.
- 2.37 National Family Caregiver Support Program services will be provided in a manner inclusive of caregivers who meet program requirements, including those with disabilities as well as those who may have limited English proficiency.

Strategies:

- Providing training/technical assistance to caregiver providers as needed.
- AAAs will share good practices with other AAAs or community organizations.
- NYSOFA will develop a consumer directed model for all caregiver related services.

Objective	Expected Outcome	Target Date
2.32	Caregiver’s will be better able to continue their caregiver role while receiving services through this program.	Ongoing
2.33	The number of older adults in New York who remain in their home in the community will remain consistent or grow because their caregivers are receiving support through this program.	Ongoing
2.34	The aging network will become dementia capable.	2017
2.35	A comprehensive list of caregiver resources and providers will be available in a single statewide database.	2016
2.36	Consumer directed and other models will be shared with AAAs	2016
2.37	National Family Caregiver Support Program services will be provided in a manner inclusive of caregivers who meet program requirements, including those who may have limited English proficiency. For the caregiver to be eligible for respite and supplemental services, the care receiver must have a cognitive impairment, or be unable to perform at least two Activities of Daily Living (ADLs).	Ongoing

Supporting Caregivers – Social Adult Day Services

Objectives:

- 2.38 Annually monitor Social Adult Day Services (SADS) programs directly funded by the New York State Office for the Aging (NYSOFA) for compliance with the state regulations.

- 2.39 Annually monitor the Area Agencies on Aging (AAAs) that fund SADS to determine compliance with program requirements and regulations.
- 2.40 Support professional development activities that provide technical assistance for new start-ups and statewide training on SADS best practices.

Strategies:

- Through annual on-site monitoring visits and quarterly reporting, state funded SADS will demonstrate compliance with requirements and receive technical assistance as needed.
- NYSOFA will review AAA completed monitoring tools of SADS that are funded by the AAAs and technical assistance will be provided as needed.
- NYSOFA will provide technical assistance and oversight to the SADS Professional Development contractor to promote standardized program tools and best practices.

Objective	Expected Outcome	Target Date
2.38	All NYSOFA funded SADS programs and county funded SADS programs will meet state minimum standards which is inclusive of serving individuals who are functionally impaired due to physical, cognitive, or psychosocial limitations and/or who may have limited English proficiency.	Ongoing
2.39	Caregivers and care recipients who utilize adult day services will receive quality services that meet state standards.	Ongoing
2.40	The SADS Professional Development contractor will continue to provide training and technical assistance to new and existing SADS programs.	Ongoing

Supporting Caregivers – Respite

Objectives:

- 2.41 Provide programming to ensure that informal caregivers will benefit from utilizing respite services .
- 2.42 Increase, through collaboration with other state agencies and stakeholders, additional respite options.
- 2.43 Train volunteers to provide respite services.

Strategies:

- Administer the thirteen New York State-funded respite program grants, monitor their caregiver outcomes and provide technical assistance to grantees to ensure caregivers are benefiting from respite services.
- Monitor and provide technical assistance to the AAAs on their provision of respite services through other funding streams.
- Work with New York State Caregiving and Respite Coalition (NYSCRC) to expand the pool of trained respite volunteers.

Objective	Expected Outcome	Target Date
2.41	Informal caregivers will self-report that they personally benefited from utilizing respite care services for their loved ones	2016-2017
2.42	AAAs will provide a variety of types of respite including in-home, congregate settings and overnight care.	Ongoing
2.43	Volunteers will be identified and trained to provide respite	Ongoing

Goal #3: Empower older New Yorkers to stay active and healthy through Older Americans Act services and those offered under Medicare.

Disease Prevention and Health Promotion Services

Objectives:

- 3.1 Increase availability of EBIs to older adults throughout NYS.
- 3.2 Increase capacity of AAAs to deliver, or partner with others in delivering, EBIs.
- 3.3 Increase the use of all Medicare preventive and health screening benefits, focusing on flu and pneumococcal vaccinations and certain cancer screenings such as colorectal and mammography and the Welcome-to-Medicare and annual wellness exams among all beneficiaries.
- 3.4 Realize a New York State integrated and sustainable infrastructure for CDSME led by New York State Office for the Aging (NYSOFA) and NYS Department of Health (NYSDOH) and managed in collaboration with the Quality and Technical Assistance Center at the University at Albany (QTAC).
- 3.5 Provide support to the QTAC to continue to serve as the principal training, technical assistance, monitoring, and evaluation provider of CDSMEs in New York State.
- 3.6 Reach 8,720 individuals with chronic conditions and/or disabilities within the 2012-2015 three year grant period and continue to attain a similar or increased level of reach annually thereafter.
- 3.7 Expand CDSME reach to people with disabilities, HIV/AIDS and diabetes.
- 3.8 Embed CDSMEs in multi-site partners in ways that maximize potential for Medicare, Medicaid, private insurer and Title IIID reimbursement/funding.
- 3.9 Provide technical assistance and training to Area Agencies on Aging and NY Connects programs on evidence based health promotion and wellness programs, including CDSMEs.
- 3.10 Secure other federal and State resources to support continued delivery, expansion, and sustainability of CDSMEs.

Strategies:

- Issue Technical Assistance to NYS AAAs to enhance their understanding of Evidence-Based Health Promotion.
- Encourage the sharing of best practices and lessons learned among NYS AAAs.
- Convene regular administrative and operational meetings and sharing of resources among the New York State Evidence-Based Interventions Leadership Team that consists of NYSOFA, NYSDOH and the QTAC.
- Provide contract monitoring and support to the QTAC for CDSME funded activities.

- Develop and issue appropriate Technical Assistance Memorandums, Informational Memorandums, and Program Instructions to the Area Agencies on Aging and NY Connects.
- Encourage NY Connects to support referrals to CDSMEs and/or contribute to program delivery.
- Encourage Area Agencies on Aging to utilize Older American Act Title IIID funding to support the delivery of CDSMEs in their localities.
- Provide training to the Area Agencies on Aging and NY Connects through use of the QTAC Online Learning Community and other QTAC provided formats.
- Work with State and federal partners to secure grants and other resources to support CDSME.

Objective	Expected Outcome	Target Date
3.1	Increase types and numbers of EBIs offered in NYS to older adults.	Ongoing
3.2	Increase understanding of Evidence-Based Health Promotion, including strategies for the delivery of EBIs, by AAA staff.	2015-2019
3.2	Increase number of AAAs offering an EBI (directly or through contract) as indicated by their Annual Implementation Plan. Strive to have 100% of AAAs offering an (highest-level) EBI.	2016
3.2	Increase the number of older adults served by AAAs (directly or through contract) as EBI participants.	2016-2019
3.2	Increase the number and types (including non-traditional) of partners the AAAs collaborates with by way of their partnerships to deliver EBIs.	Ongoing
3.3	Increase by five percent the use of Medicare preventive and health screening benefits. (Source: CMS published claims data)	Ongoing
3.4	CDSME state level activities are coordinated and sustained by the Evidence-Based Interventions Leadership Team.	Ongoing
3.6	As demonstrated by QTAC supplied data, eight thousand seven hundred-twenty individuals with chronic conditions and/or disabilities will have participated in CDSMEs.	2015
3.7	As demonstrated by QTAC supplied data, individuals with disabilities, HIV/AIDS and diabetes will have been recruited for CDSMEs and have participated in one or more classes	Ongoing
3.8	Area Agencies on Aging will have utilized Older American Act Title IIID funding to support the delivery of CDSMEs in their localities.	Ongoing
3.9	Area Agencies on Aging and NY Connects will have the information and support to contribute to the delivery of CDSMEs.	Ongoing
3.10	NYSOFA will have applied for or requested funding from federal and/or State sources to support CDSME.	2019

Goal #4: Embed ACL discretionary grants with OAA Title III core programs.

Integration of grants within OAA Core Programs	Measurable objectives	Target Date
Community Living Program (CLP)	Consumer-directed personal care and other long term services and supports (LTSS) are available as an option for all aging network program participants and caregivers.	2019
Systems Integration	Core systems integration components* are embedded and implemented in all AAAs. [Core systems integration components are: Information & Assistance on Full Range of LTSS; Options Counseling; Dementia Screening; Care Transitions; Expanded Capacity for Chronic Disease Self-Management Program and as appropriate, other approved Evidence-Based/Evidence-Informed Interventions for Individuals with Dementia; Caregiver Supports (targeting those who care for individuals with dementia); Consumer Directed Services; and Streamlined Eligibility for Public Benefits Access.]	2019
Systems Integration	Dementia capability is defined, and NY Connects, Alzheimer’s partners, and State agency partners have agreements for its use and implementation.	2019
ADRC	Older adults have access to information and assistance services that support their LTSS needs through NY Connects.	2016
BIP	All individuals have access to information and assistance services to support their LTSS needs in each jurisdiction of NY.	2017
Care Transitions	Encourage an environment that facilitates and increases local partnerships to support Care Transition* programs in communities across New York State. (Care Transitions defined in the SI initiative as “formal evidence-based programs and informal local partner activities to support successful transition from facility to home.”)	2019

Lifespan Respite

Objectives:

- 4.1 Expand available respite by (a) implementing a workforce development initiative targeting respite volunteers, and (b) developing protocols for local area agencies on aging to implement respite voucher programs.
- 4.2 Integrate the Lifespan Respite Program into the state LTSS and integrate respite services into the NY Connects Resource Directory database.
- 4.3 A web-based caregiver self-assessment tool will be developed.
- 4.4 Develop a Statewide Action Plan for Lifespan Respite Care sustainability.
- 4.5 Lifespan Respite services will be developed for individuals across the age and disability spectrum, including those who may have limited English proficiency.

Strategies:

- The Core Team will continue to build on the strong working relationship developed during the prior (2010 – 2013) Lifespan Respite grant initiative.
- The NYSCRC Director will continue proactive efforts to build recognition of NYSCRC as a partnership of dedicated organizations and individuals committed to supporting respite for the millions of informal caregivers throughout the state. The NYSCRC Director, working closely with NY Connects, will help to connect caregivers with respite and information, training and support services critical to successfully caring for a loved one at home.

Objective	Expected Outcome	Target Date
4.1	250 trained volunteers will satisfactorily provide respite to 500 caregivers and their families.	2017
4.1	A sustainable, replicable model of training for respite volunteers will be established.	2017
4.1	Consumer-directed voucher model being established under the OAA III-E program will result in an increase in respite services delivery.	2017
4.2	The number of caregivers using NY Connects will increase.	2017
4.3	A self-assessment tool for caregivers will be designed and pilot tested on the NYSCRC web site.	2016
4.3	The finalized self-assessment tool will be available on the NYSCRC web site and may be available on the NY Connects web site.	2016
4.4	An Action Plan to sustain the Lifespan Respite program in New York State and sustain the New York State Caregiving and Respite Coalition (NYSCRC) beyond the grant period will be developed by the Core Team for this grant working with an advisory group of key stakeholders.	2017
4.5	Lifespan Respite services will be implemented for individuals	2017

	across the age and disability spectrum, including those who may have limited English proficiency.	
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Care Transitions

Objectives:

- 4.6 Provide technical assistance and training to all AAAs/NY Connects on the core components.
- 4.7 Maintain and/or convene work groups dedicated to continued integration and refinement of core components into ongoing AAA/NY Connects operations.
- 4.8 Continue to implement/expand applicable intake/screening, tracking, reporting, and monitoring requirements in NY Connects/AAAs to track and measure implementation of core components.
- 4.9 Provide technical assistance and training to all NY Connects/Area Agencies on Aging on the adopted definition of dementia capability for its application to the core components.
- 4.10 Collaborate with State and local level Alzheimer's partners and others to continue advancement of dementia capability among NY Connects, AAAs (including contractors), and other providers of long term services and supports (LTSS).
- 4.11 Implement intake/screening, tracking, and reporting requirements in NY Connects/AAAs for dementia capability to track and measure application of dementia capability to core components.
- 4.12 Enhance caregiver supports in core components through caregiver screening mechanisms.

Strategies:

- Develop and issue appropriate Technical Assistance Memorandums, Informational Memorandums and Program Instructions on the core components of systems integration.
- Continue the advancement and integration of core components within all AAAs/NY Connects through work groups on Options Counseling, Care Transitions, and Evidence-Based Services, and other work groups as needed, for approaches and decisions about systematic implementation.
- Embed core component reporting measures into the existing NY Connects reporting system, and build capacity into the No Wrong Door (NWD) system currently under development.
- Develop and issue appropriate Technical Assistance Memoranda, Informational Memoranda, and Program Instructions on the adopted definition of dementia capability and the recommendations/requirements for its application to the core components for implementation in AAAs/NY Connects.
- Continue the advancement and integration of dementia capable LTSS through a work group to engage State and local partners about systematic implementation of dementia capability in AAAs/NY Connects, and relevant expansion to the larger LTSS system.
- Develop and integrate dementia 'screening' questions as part of NWD screen.

- Explore the addition of dementia capability monitoring components to the AAA and/or NY Connects reporting system(s).
- Explore the addition of monitoring components of dementia capability in AAAs/NY Connects through the on-site Annual Evaluation process.
- Provide an online training portal to AAAs/NY Connects and other aging network partners on an ongoing basis through the Quality and Technical Assistance Center (QTAC) at UAAlbany’s Center for Excellence in Aging and Community Wellness.
- Develop and implement caregiver support services screening mechanisms, including self-questionnaire and questions as part of NWD screen.

Objective	Expected Outcome	Target Date
4.6	NY Connects/AAAs and contractor staff will meet the required training requirements on providing dementia capable LTSS.	2016
4.7	Work Groups for specified core components will have convened and produced recommendations for advancement/expansion.	2017
4.8	Reporting measures on all core components will have been incorporated into the NY Connects/AAA reporting system(s) and/or No Wrong Door (NWD) mechanism.	2017
4.9	NY Connects and case management staff will meet training requirements with demonstrated competencies in dementia capability.	2017
4.9	NY Connects screening processes provide access to dementia capable services.	2017
4.9	NY Connects screening processes provide access to caregiver support services	2017
4.10	AAA contractors will be required to participate in training on dementia capability according to NYSOFA requirements.	2018
4.11	AAAs/NY Connects will design and implement a tracking system to monitor outcomes of referrals for dementia specific services.	2019
4.11	All NY Connects/AAAs will have implemented all core components.	2019
4.12	AAAs/NY Connects will demonstrate dementia capability of core components.	2019

Goal #5: Ensure the rights of older New Yorkers and prevent their abuse, neglect and exploitation.

Elder Justice – Legal Assistance Program

Objectives:

- 5.1 Identify, strengthen, and enhance collaboration of legal assistance and advocacy programs at the State and local levels as these relate to older New Yorkers' ability to exercise rights.
- 5.2 Identify and mitigate gaps in the current systems to ensure the rights of older adults.
- 5.3 Facilitate individual access to advocacy and representation to protect individual rights.
- 5.4 Educate stakeholders on the rights of older adults.

Strategies:

- Maintain and build upon partnerships developed through the Legal Services Initiative.
- Establish a work group to: review current state regulations and program standards; develop model approaches for outreach, access to legal assistance, monitoring, reporting, and program assessment; develop a uniform reporting format; and review and implement strategies proffered by the Legal Services Initiative Think Group members, as appropriate.
- Provide technical assistance to the AAAs in their efforts to coordinate OAA funded legal assistance with Legal Services Corporation (LSC) projects and to collaborate with the local legal and advocacy communities (including the private bar and non-profit organizations providing legal assistance), and the local long-term care ombudsman program to protect the rights of older adults.
- To detect and prevent problems that would jeopardize the independence and dignity of the older adult, the State Legal Assistance Developer will collaborate with LSC grantees, legal assistance providers, and other elder rights advocacy programs for the development and dissemination of educational materials and education activities/workshops to increase awareness of and understanding by older New Yorkers, their families, and caregivers about the legal issues they might encounter (including problems related to fiduciary relationships, housing, health care, and long-term care).

Objective	Expected Outcome	Target Date
5.1	Expand partnerships at State and local levels to coordinate delivery of legal assistance to older New Yorkers with greatest economic and/or social need	Ongoing
5.2	AAAs will be able to expand access to legal assistance by older adults with greatest economic and/or social need through identification and greater utilization of existing resources among the local legal and advocacy communities to protect the rights of	Ongoing

	older New Yorkers	
5.3 5.4	There will be reliable sources of information available for older adults, caregivers and those who interact with them to better enable them to protect their rights, recognize legal issues, and identify resources for legal assistance as needed.	Ongoing

Elder Justice – Legal Services Initiative

Objectives:

- 5.5 Think Group members, and other interested individuals and organizations will develop and implement multiple strategies to address the limitations and gaps in legal assistance identified through the six surveys and the work of the Think Group.

Objective	Expected Outcome	Target Date
5.5	Actions, steps, and activities will be planned, developed, and implemented by the various work groups of the Think Group.	Ongoing

Elder Justice – Long Term Care Ombudsman Program

Objectives:

- 5.6 Strengthen LTCOP program through regionalization model.
- 5.7 Enhance the capacity and efficiency of local ombudsman programs and representatives to provide effective individual and systems advocacy.
- 5.8 Improve resident and family access to information and assistance which helps them understand and exercise their rights, secure the benefits to which they are entitled, and resolve problems in the most efficient and effective way possible.
- 5.9 Increase the number of volunteers working with LTCOP.

Strategies:

- Re-organize the statewide Ombudsman Program network by establishing regional ombudsman programs to provide volunteer management and advocacy services to protect the health, safety, welfare and rights of residents in long-term care facilities.
- Provide technical assistance to help local programs improve volunteer recruitment and retention, including recruitment of volunteers from culturally diverse backgrounds.
- Establish regular communication, including training activities, with other Elder Rights programs, especially legal services, to promote greater coordination and to develop formal/informal referral protocols.
- Coordinate with agencies and organizations that assist residents with addressing their individual and common concerns with facility administration, in order to improve resident care and quality of life.

Objective	Expected Outcome	Target Date
5.6	Develop an RFP to create a regionalized LTCOP model.	2015
5.7	The percent of verified abuse, neglect and exploitation complaints that are satisfactorily resolved will increase from 68 percent to at least 80 percent of the state average for all complaints.	2017
5.8	The percentage of nursing homes that receive regular visits from a local ombudsman representative will increase to at least 90 percent.	2020
5.8	Enhanced coordination/training with legal service providers (Title III), the Health Insurance Information, Counseling and Assistance Program (HIICAP) and other advocacy services, and an increase in the number of older adults and their families appropriately referred to those services for assistance.	Ongoing
5.9	Volunteers will increase by 5% over SFY 2015-2016 levels.	2018

Elder Justice – Elder Abuse Education and Outreach Program

Objectives:

- 5.10 Continue to support activities that educate the public and professionals about elder abuse, provide direct social work investigation and intervention, and support the New York State Coalition on Elder Abuse.
- 5.11 Improve coordination at both the State and local levels in order to better serve older adults who are eligible for/in receipt of Protective Services for Adults.
- 5.12 Strengthen state and local partnerships to increase identification and reporting of suspected abuse.

Strategies:

- Continue to implement an annual plan for the Elder Abuse Education and Outreach Program. Partner with the Office of Children and Family Services (OCFS) on an annual Adult Abuse Training Institute for adult protective services and AAA case managers.
- Update the Memorandum of Understanding (MOU) between the New York State Office for the Aging (NYSOFA) and (OCFS) on Protective Services for Adults.
- Facilitate the development of MOUs between local Offices for the Aging and local Departments of Social Services that cover key areas for coordinating Protective Services for Adults and aging funded services.
- Inventory local or regional elder abuse coalitions, task forces, shelters and interdisciplinary teams to identify resources and best practices that can be duplicated in areas that do not have coordinated elder abuse activities.

Objective	Expected Outcome	Target Date
5.10	Services and activities, including the conducting of public awareness presentations, training of professionals and non-professionals working with older people, and provision of social work interventions to elder abuse victims and geriatric addiction services to older	Ongoing

	persons in an 11 county region will continue.	
5.11	The New York State Coalition on Elder Abuse and its work, including the dissemination of news bulletins, and acting as a resource and clearinghouse for elder abuse related information will continue.	Ongoing
5.11	A new MOU will be produced between the New York State Office for the Aging and the Office of Children and Family Services, reflecting a commitment to work together to facilitate and support better coordination of services on the local level between adult protective services and aging services.	2015
5.12	A new/revised local MOU will be produced between adult protective services and aging services that cover information in key areas necessary for good coordination and referrals between local Area Agencies on Aging and Departments of Social Services.	2016
5.12	Through the AAAs Area Implementation Plan, reports will be provided to NYSOFA to identify resources and best practices that can be duplicated in areas that do not have coordinated elder abuse activities. Resources will be listed in the Statewide Resource Directory utilized by NY Connects.	2017 2018

Elder Justice – Elder Abuse Prevention Interventions

Objectives:

- 5.13 Develop a model for an E-MDT, incorporating forensic accountants with specialists who will work collaboratively as team members to address complex cases of elder financial exploitation, while also addressing other forms of abuse that may be present in those cases.
- 5.14 Implement the E-MDT model in New York County (Manhattan) and Finger Lakes region (including Monroe, Cayuga, Livingston, Ontario, Seneca, Wayne and Yates counties).
- 5.15 Create E-MDT policies and procedures to establish protocols for implementation of the two pilot teams.
- 5.16 Develop strategies for using technology and other innovative methods for the implementation of the E-MDT.
- 5.17 Conduct training for personnel from the financial industry (banks, accountants, tax preparers, etc.) to promote early detection and referral of high-risk cases, and for community organizations on how to refer and present cases to the E-MDT.
- 5.18 Develop methods for data collection that will be useful in measuring performance and evaluating outcomes of the pilot intervention.
- 5.19 Participate in an evaluation to determine the effectiveness of the new E-MDT model, in accordance with AoA/ACL and under direction of the contracted evaluator.
- 5.20 Disseminate results for possible replication.

Strategies:

- Document E-MDT procedures for eligibility determination, cross-collaboration, referral and screening of cases, case consultation, review and sharing of case information, role of forensic accountants, joint investigation, use of technology, and management of cases.
- Develop strategies for using technology and other innovative methods for the implementation of the E-MDT.

- Develop and implement training curriculum tailored to the financial industry (banks, accountants, tax preparers, etc.) Cover roles of E-MDT Coordinator, APS, DA offices, laws governing protections for financial professionals who report suspicious activity.
- Design eligibility, intake, tracking, and outcome forms to be translated into a data collection system for use by E-MDT coordinators and for federal program evaluation.
- Design evaluation components for cross-state and state-specific evaluation with federal program evaluator and partners.
- Develop materials for sustainability and that can be used in sites that wish to replicate the model.

Objective	Expected Outcome	Target Date
5.13	E-MDTs are effective in bringing together individuals from different disciplines to develop action plans for appropriate cases in a timely manner through participation of those individuals.	2016
5.14	The E-MDT will be a field-tested model for an enhanced elder abuse prevention and intervention with a focus on prevention and intervention in financial exploitation cases that can be adapted to urban/suburban and rural environments.	2016
5.15	EAPI initiative will yield appropriate identification of cases for E-MDT review.	2016
5.13	EAPI initiative will yield appropriate identification of cases for Forensic Accountant role in E-MDT review.	2016
5.13	EAPI initiative will yield prompt intervention in complex financial exploitation cases.	2016
5.14 5.15	EAPI will yield appropriate strategies for resolution or prevention of co-occurring forms of elder abuse.	2016
5.14 5.15	EAPI will yield appropriate strategies for restitution and recovery of lost assets.	2016
5.14 5.15	EAPI will yield appropriate prosecution of criminal acts.	2016
5.14 5.15	EAPI will yield appropriate referrals to and linkages with supportive services.	2016
5.17	The EAPI initiative will produce a model for collaborative partnerships among elder abuse specialists in aging services organizations, Adult Protective Services forensic accounting, financial institutions, health care, mental health, criminal justice and legal services in order to achieve results in instances of financial exploitation.	2016
5.18	The EAPI will produce a system for data collection and evaluation of the MDT process.	2016
5.20	Results will be disseminated for possible replication	2017

Goal #6: Ensure the network is prepared to respond in emergencies and disasters.

Objectives:

- 6.1 Ensure that NYSOFA staff is trained and prepared to assist in emergency/ disaster preparedness activities.
- 6.2 NYSOFA will develop protocols for AAAs to inform when there is a service disruption or program closure associated with a weather event, manmade or natural disaster.
- 6.3 Explore the development and implementation of local special needs registry that enhances the ability of local governments to reach out and assist older adults and persons with disabilities during a disaster of emergency.
- 6.4 Ensure all AAAs are included in emergency planning activities.

Strategies:

- Provisions of updates on disasters to affected counties and collection of status reports from the AAAs in these areas.
- Ensure that NYSOFA staff are trained in emergency preparedness protocols and NIMS.
- Partnerships with DHSES and Disaster Preparedness Commission, and Area Agencies on Aging.
- Continue assisting DHSES with disaster recovery operations when requested.
- Continue participating on various standing committees and ad hoc work groups when requested.
- Assist in the development of state and local plans for assisting special – needs populations.
- Continue to work with the AAAs in emergency preparedness planning and relief/ recovery efforts.
- Provide services during emergency situations – including home delivered and congregate meals.

Objective	Expected Outcome	Target Date
6.1	All NYSOFA staff will be trained in NIMS	Ongoing
6.2	Protocols will be developed to inform NYSOFA of program disruptions in event of emergency/disaster	2016
6.3	Exploration of special needs registry will be explored.	2017
6.4	All AAAs will report they are included in local/regional emergency planning activities will increase by 10%	2019

Appendix A

New York State Office for the Aging

ATTACHMENT A Annual Implementation Plan
STANDARD ASSURANCES
April 1, 2015- March 31, 2016

Covering the following programs:

Title III-B of the Older Americans Act

Titles III-C-1 and III-C-2 of the Older Americans Act

Title III-D of the Older Americans Act

Title III-E of the Older Americans Act

Title V of the Older Americans Act

New York State Expanded In-Home Services For The Elderly Program (EISEP)

Community Services For The Elderly Program (CSE)

Congregate Services Initiative (CSI)

Wellness in Nutrition (WIN)

State Transportation Program

Caregiver Resource Center (CRC)

Health Insurance Information Counseling And Assistance Program (HIICAP)

Senior Medicare Patrol (SMP)

Standard Assurances Applicable to All Programs

1. **Statutes, Regulations, and Policies:** The area agency on aging (AAA) assures that all its activities under this Annual Implementation Plan (hereafter referred to as “Plan”) shall conform with all applicable Federal, State, and Local laws, and with Federal and State regulations, and program standards and Program Instructions of the New York State Office for the Aging (NYSOFA) that apply to such activities.

Federal Statutes, Regulations, and Policies

The Older Americans Act (OAA) of 1965, as amended (*42 U.S.C. 3001 et. seq.*)

2 CFR Part 225 (*Cost Principles for State and Local Governments*)

2 CFR Part 230 (*Cost Principles for Non-Profit Organizations*)

2 CFR Part 376 (*Nonprocurement Debarment and Suspension*)

20 CFR Part 641 (*Provisions Governing the Senior Community Service Employment Program*)

29 CFR Part 37 (*Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Investment Act of 1998*)

45 CFR Part 74 (*Administration of Grants*)

45 CFR Part 84 (*Nondiscrimination on the basis of Handicap*)

45 CFR Part 92 (*Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments*)

45 CFR Part 93 (*New Restrictions on Lobbying, see 91-PI-5 [1/24/91]*)

45 CFR Part 1321, Subparts A-D (*Grants to State and Community Programs on Aging*)

Age Discrimination in Employment Act of 1975, as amended (*29 U.S.C. 621, et seq.*)

Americans with Disabilities Act of 1990 (*42 U.S.C. 12101, et seq.; see 92-PI-32 [8/4/92]*)

Civil Rights Act of 1964, Title VI, as amended (*42 U.S.C. 2000-d et. seq.*)

Equal Employment Opportunity Act of 1972 (*42 U.S.C. 2000-e, et seq.*)

Equal Pay Act of 1963, as amended (*29 U.S.C. 206*)

Hatch Act (*5 U.S.C. 1501, et seq.*)

Home Energy Assistance Act of 1981, as amended (*42 U.S.C. 8601, et seq.*)

Rehabilitation Act of 1973, Sec. 504 (*29 U.S.C. 794, Nondiscrimination*)

Single Audit Act Amendments of 1996 (*31 U.S.C. 7501, et seq.*)

Uniform Relocation and Assistance and Real Property Acquisitions Act of 1970 (*42 U.S.C. 4601 et seq.*)

Office of Management and Budget (OMB):

OMB Circular A-87 (*Cost Principles for State, Local, and Indian Tribal Governments*)

OMB Circular A-95 (*Clearinghouse Review*)

OMB Circular A-102 (*Uniform Administrative Requirements for Grants and Cooperative Agreements with State and Local Governments*)

OMB Circular A-110 (*Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education and other Non-*

profit Organizations)

OMB Circular A-122 (*Cost Principles for Non-profit Organizations*)

OMB Circular A-133 (*Audits of State and Local Government and Non-Profit Organizations*)

Federal Executive Order 11246, as Amended by Executive Order 11375

(*Affirmative Action*); as Amended by Executive Order 12086 (*Consolidation of Compliance Functions*); and as Amended by Executive Order 13279 (*Equal Protection for Faith-Based and Community Organizations.*)

Executive Order 13166 (Improving Access to Services for Persons with Limited English Proficiency)

State Statutes, Regulations, and Policies

New York State Elder Law

New York State Office for the Aging Rules and Regulations (*9 NYCRR Parts 6651, 6652, 6653, 6654, 6655 and 6656*)

Executive Law, Article 15 (*State Human Rights Law Prohibiting Discrimination Based on Race, Color, Creed, National Origin, Sex, Age, Disability, Sexual Orientation and Other Factors*)

Public Officers Law (*Defense and indemnification of representatives of the State Long-Term Care Ombudsman Program*)

Executive Law, Article 7-A (*Registration and reporting provisions required of Charitable Organizations*)

Expanded In-home Services for the Elderly (EISEP) Program Standards (87-PI-66 [10/21/87])

NYSOFA Nutrition Program Standards (*90-PI-26 [5/17/90]*)

Legal Assistance Standards (*94-PI-52 [12/29/94]*)

Equal Access to Services and Targeting Policy (*12-PI-08*)

2. **Program Implementation:** The AAA identified in this Plan has the authority and the responsibility for effective implementation of Titles III and V of the OAA, Community Services for the Elderly (CSE), Expanded In-Home Services for the Elderly Program (EISEP), Congregate Services Initiative (CSI), Wellness in Nutrition (WIN), , State Transportation Program, Health Insurance Information Counseling and Assistance Program (HIICAP), and Caregiver Resource Center (CRC) programs and to support Title VII and the State Long Term Care Ombudsman Program (LTCOP). This AAA agrees to carry out directly or through contractual or other agreements, programs in its planning and service area (PSA) as detailed in this Plan, and Title III-B, Title III-C, Title III-D, Title III-E, Title V, EISEP, CSE, CSI, WIN, State Transportation Program, HIICAP, and CRC Applications for Funding (Applications).
3. **Changes to this Plan:** The AAA assures that it shall submit for approval to NYSOFA necessary documentation for changes, additions, or deletions to this approved Plan, and the Title III-B, Title III-C, Title III-D, Title III-E, Title V, EISEP, CSE, CSI, WIN, State Transportation Program, HIICAP, and CRC Applications.

4. **Utilization of Funding:** The AAA understands and agrees that it shall apply only for funds which are necessary to meet the specific needs of older adults within its PSA for the next year and understands that NYSOFA shall not award any funds which cannot be so utilized.
5. **Approved Costs, Budget Modifications:**
 - A. **Expenditures:** The AAA agrees that expenditures shall be made only for authorized items of expense contained in the budget section of the approved Applications. Cost overruns up to \$1,000 or 10% (whichever is greater) for an individual budget category for authorized items of expense will be allowed as long as the total costs do not exceed the total amount of the grant. If and when expenditures in excess of \$1,000 for items not previously budgeted (e.g., equipment, personnel or contractor items) become necessary, the AAA shall submit a written request to NYSOFA and await NYSOFA approval before making such expenditures. Also, if costs for an individual budget category will exceed the budgeted amount by more than \$1,000 or 10%, whichever is greater, a budget modification must be approved in writing by NYSOFA before these costs will be reimbursed. (See 05-PI-09 [6/15/05].)
 - B. **Equipment Disposition:** If equipment costing \$1,000.00 or more is purchased with any Federal or State funds under this Plan, and the equipment is no longer needed for activities supported by such Programs, NYSOFA reserves the right to select a recipient for and approve the transfer to such recipient of such equipment, which must be used for services to older adults.
6. **Vouchering:** The AAA agrees that State Vouchers submitted for reimbursement of expenses incurred in the conduct of this Agreement will not include any expenses which have been, or will be, reimbursed from other sources (e.g., other Federal or State funds). The AAA shall file claims for all payments on a timely basis in accordance with procedures promulgated by NYSOFA. The AAA agrees to accept payments electronically as required by New York State for expenses incurred and will enroll in the OSC (Office of the State Comptroller) electronic payment program, unless a request for Exemption from Electronic Payment is approved by NYSOFA.
7. **Access to Records:** The AAA agrees to maintain appropriate programmatic and fiscal records for the programs included under this Plan. Such records must be retained for six years after final payment is made. Authorized representatives of the Administration on Aging/Administration for Community Living (AoA/ACL), the New York State Comptroller or his authorized representatives and staff of NYSOFA shall have access to and right to examine all books, documents, and all pertinent materials of the AAA related to the programs included under this Plan. In addition, the AAA shall provide access to other federal and state governmental agencies at the request of NYSOFA.
8. **Indemnification:** The AAA agrees to hold NYSOFA and the State of New York harmless and indemnify it from liability for actions the AAA takes under this Plan. In the event any claim is made or any action is brought against NYSOFA or the State of New York, arising out of negligent or careless acts or any neglect, fault or default of an employee, agent, independent contractor, trustee or volunteer of the AAA, either within or without the scope of his/her

employment or scope of authority, or arising out of the AAA's negligent performance, NYSOFA shall have the right to withhold further payments for the purpose of set-off in sufficient sums to cover the said claim or action and accompanying litigation costs. The rights and remedies of NYSOFA provided for in this Standard Assurance shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Plan.

9. **Personal Client Information:** The AAA agrees that personal information relating to individuals who apply for or receive services pursuant to this Plan shall be kept confidential by the AAA and shared on a need-to-know basis only with AAA and contractor staff for purposes of providing programs and services. Such information can be shared with entities outside those involved in delivering programs and service only with the informed consent of the individual served or pursuant to a court order or when there is deemed to be actual and immediate danger to the health or welfare of the individual.

10 Contracts

10.1 AAA Responsibilities for Contract administration

- A. **Minority and Women Owned Business (M/WBE) Contracts:** The AAA assures that it will comply with all federal, state and local laws regarding opportunities for minority owned/operated and women owned/operated organizations.
- B. **Technical Assistance:** The AAA shall provide technical assistance and information in a timely manner to all contractors.
- C. **Contract Approval:** The AAA shall formally enter into contracts in accordance with the Contractor Roster contained in this Plan. The AAA shall not execute a contract with a profit making entity for the delivery of OAA and/or CSE services until NYSOFA has approved the contract. All contracts shall be written in accordance with Federal, State and Local standards and a copy of the fully executed contract (including budgetary information) shall be forwarded to NYSOFA no later than thirty (30) days after the execution date of the contract. The AAA shall maintain contracts for all contractors as well as supporting documentation for all vouchers from contractors. All contracts must be accompanied by a completed Contract Transmittal Form, (see 96-PI-09 [2/15/96] and 97-PI-04 [1/29/97] for which references to "subcontractor" should be understood to be "contractor" for purposes of the AAA's contracts related to its AIP).
- D. **Contract Monitoring:** The AAA shall monitor its contractors to ensure that contractors perform in accordance with the requirements of federal, state and local laws, regulations and guidance documents (including AoA/ACL and NYSOFA Program Instructions, Technical Assistance Memoranda, and Information Memoranda) and this Plan and make expenditures only for authorized items of expense contained in the approved budgets. The AAA shall further ensure that if and when other than authorized expenditures become necessary, the contractor shall request and await AAA approval before incurring such expenditures. The AAA shall submit a copy of this revision to NYSOFA within 30 days of its effective date.

E. **Funding Limitations:** The AAA may approve a contract that extends beyond the renewal date of an Application. In approving a contract beyond the renewal date of an Application, the AAA should not make a commitment that may exceed next year's annualized funding level, and the contract must state that it is contingent upon provision of funding to the AAA in the subsequent year.

F. **Data and Programming:** The AAA assures that any service, product, report or other information generated by a computer or otherwise supplied under this Plan provided by the AAA to NYSOFA or other state or Federal agencies shall, when used in accordance with supplied documentation, be able to accurately process date/time data (including, but not limited to, calculating, comparing, and sequencing) transitions, including leap year calculations.

Any services or products purchased with funds under this Plan shall come with a warranty that those services shall be provided in an accurate and timely manner without interruption, failure or error due to inaccuracy of the service's or product's operations in processing date/time data (including but not limited to calculating, comparing, and sequencing) various date/time transitions including leap year calculations.

The supplier of such services shall be responsible for damages resulting from any delays, errors or untimely performances resulting therefrom, including but not limited to the failure or untimely performance of such services.

G. **Conformance with This Plan:** The AAA agrees that all contracts, including contractor's subcontracts, funded under this Plan shall contain a provision that the work will be performed in accordance with the terms of this Plan, and further agrees to make such Plan available to its contractor for such purposes.

H. **Integrity and Public Purpose:** The AAA shall maintain the integrity and public purpose of services provided, and service providers, under the OAA in all contractual and commercial relationships.

I. **Disclosure of Contractors and No Diminishment of Services:** The AAA shall:

- 1) disclose to the Assistant Secretary of the AoA/ACL and the Director of the State agency:
 - a) the identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older adults; and
 - b) the nature of such contract or such relationship;
- 2) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under the OAA by the AAA has not resulted and will not result from such contract or such relationship; and
- 3) demonstrate that the quantity or quality of the services to be provided under the OAA

by the AAA will be enhanced as a result of such contract or such relationship.

- J. **Use of OAA Funds:** The AAA agrees that funds received under the OAA shall not be used to pay any part of a cost (including an administrative cost) incurred by it to carry out a contract or commercial relationship that is not carried out to implement the OAA.
- K. **Receipt of OAA Services:** The AAA agrees that preference in receiving services under the OAA shall not be given by such agency to particular older adults as a result of a contract or commercial relationship that is not carried out to implement the OAA.
- L. **Focal Points:** The AAA shall specify, in grants, contracts or agreements implementing the Plan, the identity of each focal point so designated.
- M. **AAA Funding Liability:** The AAA assures that its contracts with providers shall provide that all payments to be made thereunder are subject to the availability of Federal/State funds and the AAA shall have no liability under the contract beyond the amounts available under adopted Federal and State budgets.
- N. **Record Maintenance:** The AAA will require all contractors to maintain records and make reports in such form and containing such information as may be required by the AAA and NYSOFA. The AAA will require all contractors (including contractor's subcontractors) to maintain such accounts and documents as will permit expeditious determination to be made at any time of the status of award funds, including the disposition of all monies received from the AAA and the nature of all expenditures claimed against such funds.

10.2 AAA Contract Requirements.

- A. AAA assures that its contracts with providers of services shall include, and that its contractors will include in any subcontracts, the following provisions in addition to the provisions specified in B below:
 - 1) **Targeting.** The Contractor, to the extent it has discretion regarding to whom it will provide services, agrees to provide services to those unserved and underserved older adults in greatest social or economic need, particularly those who are low income, low income minorities, older adults with limited English proficiency, Native Americans, and frail/persons with disabilities and older adults residing in rural areas in accordance with their need for such services, and to meet specific objectives established by the AAA for providing services to the above groups within the PSA. The Contractor agrees to concentrate the services on older adults in the targeted populations identified by the AAA following the methods the AAA has established for complying with the targeting requirements under the OAA and the Equal Access and Targeting Policy issued by the New York State Office for the Aging
 - 2) **Language Access.** The Contractor shall inform persons with limited English proficiency of the availability of language assistance, free of charge, by providing written notice of such assistance in a manner designed to be understandable by Limited English proficiency persons at service locations and, at a minimum, have a telephonic

interpretation service contract or similar community arrangement with a language interpretation services provider of their choice. The Contractor shall train staff that have contact with the public in the timely and appropriate use of these and other available language services.

- 3) **Contributions.** The Contractor shall provide participants an opportunity to voluntarily contribute to the cost of the service received, as appropriate. The Contractor shall use all collected contributions to expand the service for which the contributions were given to supplement the funds received under the OAA.
- 4) **Client Needs.** The Contractor shall assist participants in taking advantage of benefits under other programs.
- 5) **Non-duplication.** The Contractor assures that the services it provides are coordinated and do not unnecessarily duplicate services provided by other sources.

B. AAA assures that its contracts, and its contractor's subcontracts shall include the following provisions:

- 1) **Reporting.** The Contractor shall provide the AAA with timely information needed to satisfy reporting requirements as specified by NYSOFA;
- 2) **Record Retention and Accessibility.** The Contractor agrees to maintain appropriate records and to retain them for six years after final payment is made. The Contractor agrees to provide access to all books, documents and all pertinent materials related to the contract for examination to authorized representatives of the AoA/ACL, the New York State Comptroller or his representatives and staff of NYSOFA and/or the AAA.
- 3) **Confidentiality.** The Contractor agrees that, to the extent it or its subcontractors, if any, maintains personal information relating to applicants or recipients of services pursuant to the contract, such information will be kept confidential and shared with the AAA; or with other entities upon the consent of applicant, recipient or an authorized representative of the applicant or recipient; or as required by federal or state laws.
- 4) **AAA Funding Liability.** Payment to the Contractor is subject to the availability of Federal/State funds and the AAA shall have no liability under the contract beyond the amounts available under adopted Federal and State budgets. To the extent that the contract extends beyond the renewal date of AAA's Application, it is contingent upon provision of funding to the AAA in the subsequent year.
- 5) **Conformance with AAA Area Plan.** To the extent that the contract with the AAA is for a program or services funded under the Area Plan, the Contractor agrees that it and any subcontractors will perform such work in accordance with the terms of the Area Plan. The AAA agrees to make the Area Plan available to the Contractor.
- 6) **Warranty for Data and Programming.** The Contractor warrants that services shall be provided in an accurate and timely manner without interruption, failure or error due

to inaccuracy of the service's or product's operations in processing date/time data (including but not limited to calculating, comparing, and sequencing) various time/date transitions including leap year calculations. The Contractor accepts responsibility for damages resulting from any delays, errors or untimely performances resulting therefrom, including but not limited to the failure or untimely performance of such services.

- 7) **Responsibility.** The Contractor certifies that, to the best of its knowledge and belief, it is and will be in compliance with 2 CFR Part 376, regarding nonprocurement debarment and suspension concerning public (Federal, State or local) transactions. If necessary, the Contractor will submit an explanation of why it cannot provide this certification.
- 8) **Subcontracts.** If the Contractor enters into subcontracts for the performance of work pursuant to this contract, the Contractor shall take full responsibility for the acts and omissions of its subcontractors. Nothing in the subcontract shall impair the rights of the AAA under this contract or the Area Agency Plan as approved by New York State Office for the Aging. It shall be the responsibility of the Contractor to monitor and assess the activities performed under such subcontracts, and to ensure that these activities are provided in accordance with all applicable requirements contained in this contract and federal and state law.

10.3 AAA Contract Requirements for OAA Title III Programs. The AAA agrees to include the following provision in its contracts for OAA Title III programs and services:

The Contractor agrees that for programs established and funded in whole or in part pursuant to Title III of the Older Americans Act Contractor shall: specify how it intends to satisfy the service needs of low-income minority individuals, older adults with limited English proficiency, and older adults residing in rural areas in the area served by it; to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older adults residing in rural areas in accordance with their need for such services; and meet specific objectives established by the AAA, for providing services to low-income minority individuals, older adults with limited English proficiency, and older adults residing in rural areas within the planning and service area.

11. **Responsibility:** The AAA certifies that, to the best of its knowledge and belief, it is and will be in compliance with 2CFR Part 376, regarding non-procurement debarment and suspension concerning public (Federal, State, or local) transactions. If the AAA is unable to complete this certification, the AAA will submit an explanation for NYSOFA review.

12. **Due Recognition:** The AAA agrees that any program, public information materials, or other printed or published materials on the work of or funded by these programs shall give due

recognition to NYSOFA and as appropriate AoA/ACL.

AAAs agree that all materials developed by the AAA or its contractors in connection with programs funded under this Plan shall be the property of NYSOFA. NYSOFA also reserves the right to copyright all such materials, the exclusive right to reproduce, publish or otherwise use, and to authorize others to use these materials, subject to any restrictions in Federal Laws and Regulations.

13. **Public Information:** The AAA shall provide for a continuing program of public information specifically designed to assure that information about programs and activities carried out under this Plan is effectively and appropriately disseminated throughout the PSA. The AAA shall provide information to the public upon request. Where appropriate, the AAA shall make public information available in the primary languages of the client populations. Public information shall also be made accessible to persons with disabilities, including those with hearing and vision impairments.

14. **Limited English Proficiency:** The AAA agrees to comply with 87-PI-8 [2/5/87] and 12-PI-8 [7/17/12], and in each PSA in which a substantial number of older adults of limited English proficiency reside, the AAA shall:

A. utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older adults who are of limited English proficiency and

B. designate an individual employed by the AAA, or available to such AAA on a full-time basis, whose responsibilities will include:

1) taking such action as may be appropriate to assure that counseling assistance is made available to such older adults who are of limited English proficiency in order to assist such older adults in participating in programs and receiving assistance under the OAA; and

2) providing guidance to individuals engaged in the delivery of supportive services under this Plan to enable such individuals to be aware of cultural sensitivities and to effectively take into account linguistic and cultural differences.

15. **Propriety of Services:** With regard to any activities/services it supports, sponsors or provides under this Plan, the AAA shall:

A. Refrain from using funds to advance any sectarian effort and ensure that any services to be provided under this Plan shall be secular in nature and scope and in no event shall there be any sectarian, partisan, or religious services, counseling, proselytizing, instruction or other sectarian, partisan, or religious influence undertaken in connection with the provision of such services;

B. Refrain from using funds to advance any partisan candidate or effort; however, the AAA shall ensure that its providers, including senior centers and facilities, grant equal access to

candidates regardless of policy views or party affiliation, consistent with 02-PI-19 [9/24/02];

- C. Refrain and prevent the use by others under its control of official authority, influence or coercion to interfere with or affect elections or nominations for political office;
- D. Refrain from and prohibit any others receiving funds under this Plan for services or activities for older adults from attempting to coerce or advise other persons to contribute anything of value to a party, committee, organization, agency or person for political purposes, nor engage in any other partisan activities under its auspices;
- E. Conduct periodic evaluations and public hearings on activities carried out under the Plan. In addition, the AAA assures that it has held a public hearing on this Plan as required by NYSOFA regulations and has submitted the Plan to its Advisory Council for review and comment prior to submission to NYSOFA;
- F. Be an advocate for older adults in its PSA and monitor, evaluate and comment on all policies, programs, hearings and other community actions which will affect older adults; its efforts shall include planning, information sharing, coordination, interagency linkages, monitoring and evaluation to achieve a comprehensive, community-based system for serving older adults;
- G. Identify and support (i.e., provide technical assistance, counseling) public and private nonprofit entities involved in the prevention and treatment of elder abuse and determine the need for such services;
- H. Conduct internal monitoring of directly provided services and monitoring of contracted services. At a minimum, the AAA must conduct at least one on-site monitoring of each contractor every year. Such monitoring shall include ensuring that contractors comply with all applicable statutes, regulations, policies and standards, including the non-discrimination requirements, in their provision of services to the client population. (See 99-PI-20, [8/5/99].) In the event that the contractor has subcontracted the provision of direct services to another entity, the AAA will monitor such direct provider to assure compliance with applicable laws and standards. This does not include the LTCOP program which is monitored by the Office of the State Ombudsman.

16. Equal Access to Services and Targeting:

16.1 Equal Access

- A. AAA agrees to comply with requirements for equal access to programs and services funded under the OAA and New York State law. Equal access includes language accessibility, nondiscrimination and concentration of services on target populations as required in the OAA, NYS regulations, other relevant laws and NYSOFA policies. AAA agrees that it will **not**, based on race, color, or national origin exclude any person from participation in; deny the benefits of; or subject any person to discrimination, under any program or activity receiving federal financial assistance. AAA will make every effort to comply with Civil Rights Act Title VI including provision of translation or interpretation services necessary

for participation in federally assisted programs or activities by persons that have limited English proficiency.

- B. With regard to any activities/services it supports, sponsors or provides under this Plan, the AAA shall ensure equal access for participation, services, activities, and informational sessions without regard to Race, Color, Creed, National Origin, Sex, Age, Disability, Sexual Orientation, Marital Status, Familial Status, Military Status, Arrest or Conviction Record, Predisposing Genetic Characteristics or Victims of Domestic Violence.
- C. AAA agrees to examine the services it provides, identify any need for services to those with limited English proficiency, and develop and implement a system to provide those services so persons with limited English proficiency can have meaningful access in compliance with Federal Executive Order 13166.
- D. With regard to language accessibility, AAA agrees that it will:
 - 1) Ensure that limited English proficiency persons are informed at service locations of the availability of language assistance, free of charge, by providing written notice of such assistance in a manner designed to be understandable by persons with limited English proficiency.
 - 2) At a minimum, have a telephonic interpretation service contract or similar community arrangement with a language interpretation services provider of their choice.
 - 3) Ensure all aging services staff with public contact are aware and trained in the timely and appropriate use of these and other available language services.
 - 4) Report on the telephonic interpretation service which it has established in this Annual Implementation Plan under the section entitled, "Demographic Data and Targeting Objectives" as required in 12-PI-08.
 - 5) Make available vital documents, as defined in 12-PI-08 translated into the languages spoken by a significant number or percentage of the population eligible to be served, or likely to be directly affected by the program/activity, for individuals in need of services or information in a language other than English for effective communication.
- E. The AAA will comply with Section 504 of the Rehabilitation Act of 1973 (applicable to programs or activities that receive federal financial assistance) and Titles II (covering all services, programs, activities conducted by public entities) and III (covering private entities, including non-profits, that are considered places of public accommodation including, but not limited to health related offices and senior centers) of the Americans with Disabilities Act (ADA). AAA shall not discriminate against persons with disabilities in the provision of benefits or services or the conduct of programs or activities. The AAA will require its contractors to likewise comply with Section 504 of the Rehabilitation Act of 1973 and Titles II and III of the ADA.

16.2 Targeting: The AAA will set specific targeting objectives and the methods to achieve the

objectives, consistent with NYSOFA policy, for:

- A. providing services to older adults with greatest economic need (i.e., need resulting from an income level at or below the poverty line), older adults with greatest social need (i.e., need caused by non-economic factors, including physical and mental disabilities, language barriers, and isolation that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently), or older adults at risk for institutional placement; and
 - B. providing services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas.
17. **Coordination of Services with other Government Programs:** The AAA assures that those to be served under this Plan are not eligible to receive the same or similar services under Titles XVIII, XIX or XX of the Federal Social Security Act or any other governmental program and are not residents of adult residential care facilities who are receiving or are entitled by law to receive the same or substantially similar services from that facility, unless the AAA has in effect an agreement providing for reimbursement from the appropriate funding source for such services.
18. **Licensure and Certification:** The AAA shall ensure that where the State or local public jurisdictions require licensure or certification for the provision of services, the AAA and its contractors, and contractor's subcontractors if any, providing such services under the approved Plan shall be so licensed or certified. Workers delivering services funded under this Plan must be appropriately qualified, selected, trained and supervised.
19. **Educational Opportunities:** The AAA shall compile information on institutions of higher education in the PSA regarding courses offered to older adults and policies on enrollment and tuition and such other information as may be necessary to encourage such educational activities and make a summary of this information available to older adults at appropriate places.
20. **Reporting:** The AAA agrees to comply with the reporting requirements as set forth by NYSOFA.
- A. The AAA and its contractors will utilize a Minimum Data Set (MDS) compliant assessment tool for: 1) assessing or re-assessing older adults for personal care levels I and II, case management, home health aide, home delivered meals and adult day/adult day health services, and 2) for obtaining data on these older adults for reporting purposes. (See Program Instruction 97-PI-01 [1/3/97].)
 - B. In conducting the MDS-compliant assessment for the above-listed services, the AAA and its contractors will make every effort to complete the assessment and develop an appropriate care plan during the initial visit with the older adult(s) and, if appropriate, his/her caregivers. If the assessment and care plan are not completed during the initial visit, these activities must be concluded within 30 calendar days of the initial visit.
 - C. The AAA understands the necessity of submitting timely and accurate CAARS and client-

based data to NYSOFA for Federal and State reporting purposes. The AAA assures that it will submit CAARS reports and consumer-based data as specified by NYSOFA within twenty days following the end of each reporting period. Failure to submit reports accurately detailing AAA program activity within the time frames in the NYSOFA reporting procedures will result in the withholding of payment(s) for Title III, EISEP, CSE and WIN.

21. **Contributions:** The AAA agrees to comply with all NYSOFA policies and procedures related to contributions made by or on behalf of individuals, including procedures to safeguard and account for all contributions including 03-PI-05, NYSOFA Program Income Policy. Individuals with self-declared incomes at or above 185 percent of the federal poverty line will be encouraged to contribute at levels based on the actual cost of services.
22. **Corporate Eldercare:** The AAA agrees that any corporate eldercare activities undertaken by it shall comply with the policies and guidance set forth in 90-PI-63 [11/1/90].
23. **Funding Availability:** The AAA agrees that all payments to be made under this Plan are subject to the availability of Federal/State funds and NYSOFA shall have no liability to the AAA beyond the amounts made available in the Federal and State Budgets.
24. **Terminations:**
 - A. Any programs and funding under this Plan may be terminated at any time upon mutual written consent of the NYSOFA and the AAA.
 - B. NYSOFA may terminate in whole or in part any programs and funding included in this Plan immediately, upon written notice of termination to the AAA, if the AAA fails to comply with the terms and conditions of this Plan as it pertains to such program or funding and/or with any laws, rules, regulations, policies or procedures applicable to such programs.
 - C. NYSOFA may also terminate in whole or in part any programs or funding included in this Plan for any reason in accordance with the following provisions:
 - 1) NYSOFA shall have the right to terminate any or all programs or funding included in this Plan early for: (i) unavailability of funds; (ii) cause; (iii) convenience; or (iv) non-responsibility.
 - 2) NYSOFA retains the right to cancel any programs included in this Plan, in whole or in part without reason provided that the AAA is given at least 60 days notice of its intent to cancel. NYSOFA may only invoke its right to terminate for convenience provided that NYSOFA has given written notice to the AAA at least 60 days prior to the date of termination, unless NYSOFA has otherwise reserved the right to terminate at any time. This provision should not be understood as waiving NYSOFA's right to terminate the program for cause or stop work immediately for unsatisfactory work, but is supplementary to that provision.

- 3) The AAA shall make a full and final accounting of all funds received under all terminated program(s) within sixty (60) days of the termination notice.
 - D. Written notice of termination, where required, shall be sent by personal messenger service or by certified mail, return receipt requested. The termination shall be effective in accordance with the terms of the notice.
 - E. Upon receipt of notice of termination, the AAA agrees to cancel, prior to the effective date of any prospective termination, as many outstanding obligations as possible, and agrees not to incur any new obligations after receipt of the notice without approval by NYSOFA.
 - F. NYSOFA shall be responsible for payment on claims pursuant to services provided and costs incurred pursuant to any specific terms set forth elsewhere in this Plan. In no event shall NYSOFA be liable for expenses and obligations arising from the program(s) after the termination date.
 - G. The procedures for termination as set forth in A through F are subject to the requirements under the OAA, other pertinent federal laws and state laws.
25. **Native American Access to Services:** The AAA agrees to pursue activities to increase access by older adults who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits under the OAA, if applicable.

Standard Assurances Applicable to Title III-B, Title III-C, Title III-D, and Title III-E

26. Title III Funding: In applying for and receiving funding under Title III-B, Title III-C, Title III-D and Title III-E of the OAA, the AAA understands and agrees that:
- A. **Availability:** The AAA shall apply only for funds based on the appropriate allocation schedules promulgated by NYSOFA as well as any unexpended (carry-over) funds previously awarded to the AAA by NYSOFA. The AAA understands and agrees that carry-over funds may be awarded to the extent that these funds are incorporated into an approved application, provided that the requirements of 88-PI-17 [3/24/88] are met. If the AAA applies for more funds than a subsequent closeout shows as the final carry-over balance, the AAA must submit a budget modification requesting a level of program expenditures which corresponds to the reduced Federal funds.
 - B. **Area Plan Administration:** The AAA shall budget no more than 10% of the combined Federal allocations (including carry-over) for Titles III-B, III-C-1, III-C-2, III-D and III-E for Area Plan Administration. The amount of federal dollars expended on Area Plan Administration cannot exceed 10% of the combined Federal expenditures for Titles III-B, III-C-1, III-C-2, III-D and III-E.
 - C. **Matching Funds:** The AAA agrees to provide a minimum 25% local matching funds for Area Plan Administration expenditures under Titles III-B, III-C-1, III-C-2 and III-E. The AAA agrees to provide a minimum 10% local matching funds for service expenditures

under Titles III-B, III-C-1, III-C-2 and III-D. The AAA agrees to provide a minimum 25% local matching funds for services expenditures under Title III-E.

- D. **Audit:** The AAA shall comply with the federal audit requirements per the 1996 amendments to the Single Audit Act, OMB Circular A-133 and the "Government Auditing Standards."
- E. **Directly Provided Services:** In accordance with NYSOFA regulations (9 NYCRR Part 6652.9), services can only be provided directly by an AAA where NYSOFA grants approval. This approval will be granted only if the AAA demonstrates that provision of such service by the AAA is necessary to ensure an adequate supply of the service, or that the service is directly related to the AAA's administrative functions or that service of comparable quality can be provided more economically by the AAA.
- F. **Advisory Council:** The AAA shall establish an Advisory Council consisting of older adults including minorities who are participants or eligible to participate in programs under the OAA, representatives of older adults, local elected officials, the general public and providers of health care and supportive services to advise the AAA in all matters relating to the development, administration and operation of the Plan. The AAA shall submit the Plan for review and comment to the advisory council before it is transmitted to NYSOFA for approval. Amendments that would result in major changes in organizational structure (e.g. mergers or consolidation) must be submitted to the AAA Advisory Council for review and comment prior to the submission to NYSOFA for approval.
- G. **Service Coordination:** The AAA shall coordinate planning with other agencies and organizations, Native American Tribal organizations and Native Hawaiian organizations to promote new or expanded benefits and opportunities for older adults.
- H. **Intergenerational Day Care:** If possible, the AAA shall arrange with organizations providing day care for children or adults and respite for families, so that older adults can assist in the delivery of such services to children, adults and families.
- I. **Outreach:** The AAA shall conduct outreach efforts, and an annual evaluation of the effectiveness of these outreach activities, to identify older adults eligible for assistance under the OAA, with special emphasis on:
- 1) older adults residing in rural areas;
 - 2) older adults with greatest economic need (with particular attention to low- income, low income minority individuals including Native Americans and older individuals residing in rural areas);
 - 3) older adults with greatest social need (with particular attention to low- income minority individuals including Native Americans and older individuals residing in rural areas);
 - 4) older adults with limited English proficiency;

- 5) older individuals who are frail or with severe disabilities;
 - 6) older adults with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).
- J. **Information and Assistance:** The AAA assures that it shall provide for the establishment and maintenance of information and assistance services in sufficient numbers to assure that all older adults within the PSA covered by the Plan shall have reasonably convenient access to such services.
- K. **Services to Native Americans:** If there is a significant population of older Native Americans in the PSA of the AAA, the AAA shall conduct outreach activities to identify older Native Americans in such area and shall inform such older Native Americans of the availability of assistance.
- L. **Grievances:** The AAA shall establish a grievance procedure for older adults who are dissatisfied with or denied services under the OAA.
- M. **Disabled Individuals:** The AAA assures that it will coordinate planning, identification, assessment of needs and provision of services for older adults with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.
- N. **Transportation:** The AAA shall identify the needs of older adults and describe the methods it will use to coordinate planning and delivery of transportation services (including the purchase of vehicles) to assist older adults, including those with special needs, in the PSA.
- O. **Disclosure of Spending:** The AAA shall, on the request of the Assistant Secretary of AoA/ACL or the Director of NYSOFA, for the purpose of monitoring compliance with the OAA (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older adults.
- P. **Title VI:** The AAA shall, to the maximum extent practicable, coordinate the services it provides under Title III of the OAA with services provided under Title VI of the OAA (Grants to Native Americans).
- Q. **Case Management:** The AAA assures that case management services provided under Title III of the OAA through it shall:
- 1) not duplicate case management services provided through other Federal and State programs;
 - 2) be coordinated with services provided through such other Federal and State programs, and

- 3) be provided by
 - a) a public agency; or
 - b) a nonprofit private agency that:
 - (i) gives each older adult seeking services under this title a list of agencies that provide similar services within the jurisdiction of the AAA;
 - (ii) gives each older adult described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii).

Standard Assurances Applicable to Title III-B

27. In applying for and receiving funding under Title III-B of the OAA, the AAA understands and agrees to:

- A. **Priority Services:** Expend the percentage of Title III-B funds, as established by NYSOFA for each of the three priority services categories (access, in-home and legal assistance) in Program Instruction 88-PI-47 [7/22/88].

Waiver: NYSOFA, in approving the Title III-B application or amendment to such application, may waive the assurance of the above paragraph for any category of service for which the AAA demonstrates to NYSOFA that services provided from other sources meet the needs of older adults in the PSA for that category of service. If the AAA receives a waiver for any category of service, it must continue to spend for the remaining categories of services the percentage of AAA funds approved by NYSOFA.

- B. **Legal Assistance Program:** The AAA assures that it will enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance and that it will attempt to involve the private bar in legal assistance activities authorized under Title III-B, including groups within the private bar furnishing services to older adults on a pro bono and reduced fee basis. The AAA further assures that it will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination. AAA will not require any provider of legal assistance under Title III-B to reveal any information that is protected by the attorney-client privilege.

- C. **Priority Service Reporting:** The AAA will report annually to NYSOFA, in detail, the

amount of funds expended for each such category of priority services during the fiscal year most recently concluded.

- D. **Service Coordination:** The AAA will coordinate priority services with community Alzheimer's programs, coordinate mental health services provided with Title III-B funds with mental health services provided by community health centers and other organizations, and, if appropriate, conduct outreach to identify older Native Americans and inform them of availability of services.
- E. **Nursing Home Diversion:** The AAA will conduct efforts to facilitate coordination of community-based, long-term care services to defer inappropriate institutionalization for older adults who are at home, patients in hospitals, and patients in long term care facilities who could return home.
- F. **Multipurpose Senior Centers:** In regard to any multipurpose senior centers acquired or constructed using OAA funds, the AAA will ensure compliance with Sections 306, 311, and 312 of the OAA, NYSOFA regulations (9NYCRR Part 6654.9), and 90-PI-36 [6/19/90].
- G. **Ombudsman Assistance:** The AAA agrees to cooperate with and support NYSOFA in its administration of the LTCOP as required in Title VII of the OAA, and the NYS Elder Law and federal and State regulations, and agrees to comply with any applicable vouchering, reporting and program requirements of NYSOFA for the program in accordance with Title VII Standard Assurances.
- H. **Ombudsman Funding:** The AAA assures that it will apply for all available LTCOP funding when it has been designated a local LTCOP sponsor by the State Ombudsman or when it acts as a local government fiscal conduit for the transfer of NYSOFA LTCOP funds to the designated local non-profit sponsor. The use of these funds shall be subject to the approval of the State Ombudsman who shall provide technical assistance to the local LTCOP Coordinators as to its appropriate use.
- I. **Ombudsman Program:** The AAA shall support and shall meet its FFY 2000 maintenance of effort requirement under the OAA for the LTCOP that it operates directly or by contract. If no local LTCOP operates within its PSA, the AAA shall assist the State Ombudsman Program in the development of such a local LTCOP. The AAA shall comply with all applicable rules, regulations, policies, and procedures of the State LTCOP.

Standard Assurance Applicable to Title III-C

- 28. **Title-III-C Funding for Access and Supportive Services:** In applying for and receiving funding under Title III-C of the OAA, the AAA understands and agrees that Title III-C expenditures for supportive and access services shall only be funded with Title III-C contributions and that such expenditures by a Title III-C provider are limited to the amount of contributions generated by the provider.

Standard Assurances Applicable to Title III-C and WIN

(For additional Assurances applicable to WIN, see SA#5B & SA#35.)

29. In applying for and receiving funding under Title III-C of the OAA and WIN, the AAA understands and agrees that:

- A. **Special Dietary Needs:** The AAA assures that the nutrition program in the PSA shall reasonably accommodate participants who have particular dietary needs arising from the health requirements, religious requirements, or ethnic backgrounds of such participants.
- B. **Outreach:** It shall be the AAA's responsibility to identify and reach out to currently unserved and underserved individuals who would be eligible for home delivered meals.
- C. **Provider Organizations:** The AAA, when selecting potential home delivered meal providers, shall give consideration where feasible to organizations which:
 - 1) have demonstrated an ability to provide home delivered meals efficiently and reasonably; and
 - 2) furnish assurances to the AAA that such an organization shall maintain efforts to solicit voluntary support and that the funds made available under Title III-C to the organization shall not be used to supplant funds from non-Federal sources.
- D. **Congregate Sites:** Sites for congregate meals and comprehensive supportive services are located in as close proximity to the majority of eligible individuals' residences as feasible, with particular attention on a multipurpose senior center, a school, a church, or other appropriate community facility, preferably within walking distance, and where appropriate, transportation to such site is furnished.
- E. **Allowable Services:** The AAA may only apply for and use Title III-C funds to provide meals and other services (i.e., nutrition counseling and nutrition education) directly related to nutrition services. The AAA may also use program income for supportive and access services to enhance the nutrition program. Such supportive and access services include outreach, transportation (Title III-C-1 only) Information and Assistance, In-Home Contact and Support (shopping assistance only), Senior Center/Recreation and Education (Title III-C-1 only), Assisted Transportation (Title III-C-1 only). Program income cannot be used for access and supportive services in amounts greater than what has been generated by program activity.

Standard Assurances Applicable to Title III-D

30. **Title III-D**

- A. **Area Plan Administration:** No Title III-D funds shall be budgeted or expended for Area

Plan Administration.

- B. Evidence-based:** The AAA shall expend all Title III-D funding on evidence-based programs/interventions only. Each evidence-based program/intervention selected by the AAA shall meet the criteria for highest-level evidence-based health promotion programs as established by the AoA/ACL.

Standard Assurances Applicable to Title III-E Caregiver Program

31. Title III-E Caregiver Program

- A. Comprehensive Support System:** The AAA shall provide multifaceted systems of support services for family caregivers and grandparents or older individuals who are relative caregivers as this term is defined in OAA §372(a).
- B. Grandparents/Relatives as Caregivers:** The AAA may budget up to 10% of its Title III-E funds (Federal funds plus local match), plus any income generated by grandparent/relative caregiver services, for a grandparent/relative caregiver program. The AAA may expend a maximum of 10% of its final Title III-E expenditures (Federal funds plus local match), plus any income generated by grandparent/relative caregiver services, for a grandparent/relative caregiver program. Caregiver services under OAA Title III-E will be provided only to grandparents or caregiver relatives as defined in OAA §372(a)(2).
- C. Statutory Services:** The caregiver program support services shall include each of five specific, statutory categories of caregiver services, with the amounts used to fund each service to be determined by the AAA, based on the needs of its particular caregivers. The AAA may meet this comprehensive service requirement by including services in its Title III-E Caregiver Program that meet Title III-E requirements, but that are funded from other sources. These required services are:
- 1) Information about available services;
 - 2) Assistance in gaining access to the services;
 - 3) Individual counseling, organization of support groups, caregiver training to assist the caregivers in the areas of health, nutrition and financial literacy and to help caregivers make decisions and solve problems relating to their caregiver roles and responsibilities;
 - 4) Respite services to temporarily relieve caregivers by providing a short-term break from their caregiving responsibilities; and
 - 5) Supplemental services to complement the caregiver's efforts to provide care.
- D. Recipients of Respite and Supplemental Services:** The AAA agrees that respite and supplemental services shall only be provided to the caregivers of "frail" older adults as

"frail" is defined in OAA section 102(22), that is, an older adult (60 and older) who is functionally impaired because the person is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing or supervision; or, an older adult who has a cognitive or other mental impairment that requires substantial supervision because the person behaves in a manner that poses a serious health or safety hazard to the person or to another person; or to grandparent/relative caregivers 55 and older.

- E. **Supplemental Services:** The AAA may budget up to 20% of its Title III-E funds (Federal funds plus local match), plus any income generated by supplemental services for the provision of supplemental services. The AAA may expend a maximum of 20% of its final Title III-E expenditures (Federal funds plus local match), plus any income generated by supplemental services for the provision of supplemental services.
- F. **Use of Volunteers:** Each AAA shall make use of trained volunteers to expand the provision of the available services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out federal service programs administered by the Corporation for National and Community Service), in community settings.

32. **Service Priority:** The AAA shall give priority to the following individuals:

- A. **Older Caregivers with Special Needs:** Caregivers who are older adults with greatest social need, and older adults with greatest economic need, with particular attention to low-income older adults;
- B. **Older Caregivers Caring for Individuals with Special Needs:** Older adults providing care to individuals with severe disabilities, including children with severe disabilities, as defined in OAA section 102 (48) which means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that is likely to continue indefinitely and results in substantial functional limitation in 3 or more of the major life activities as specified in OAA section 102 (13) which includes self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning and emotional adjustment;
- C. **Caregivers of Cognitively Impaired Individuals:** Family caregivers who provide care for older adults with Alzheimer's disease and related disorders with neurological and organic brain dysfunction.

33. **Maintenance of Effort:** The AAA agrees to meet its applicable maintenance of effort requirement for Title III-E funds under this Plan as determined by NYSOFA and to not supplant the use of other funds available for Caregiver Program services, with the funding available under Title III-E.

Standard Assurances Applicable to Caregiver Resource Centers

34. Caregiver Resource Centers

- A. **CRC Services:** If the AAA has a Caregiver Resource Center (CRC) funded under NYS Elder Law § 206, AAA agrees to provide and enhance CRC services. CRC services are similar to the required services funded through the Title III-E Caregiver Program, except that CRC does not fund respite and supplemental services. The AAA's CRC services can supplement or be integrated, as appropriate, into the AAA's Caregiver Program, with the goal of using AAA expertise to achieve cost-effective, productive and creative "best practices" caregiver services that can serve as models for other AAAs.
- B. **Materials Developed Under CRC:** If the AAA has a Caregiver Resource Center (CRC) funded under NYS Elder Law § 206, AAA agrees that all materials developed by the AAA in connection with the CRC program shall be the property of NYSOFA. NYSOFA also reserves the right to copyright all such materials, the exclusive right to reproduce, publish or otherwise use, and to authorize others to use these materials.

Standard Assurance Applicable to WIN

(for additional Assurances applicable to WIN, see also SA#29 and SA#5B).

35. In applying for and receiving funding under WIN, the AAA understands and agrees that:

- A. **Separate Accounting:** The funds provided under WIN shall be accounted for and reported separately from those received under other sources, including Title III-C.
- B. **WIN Services:** The funds provided under WIN must be used to provide home delivered meals and/or services related to the provision of meals to eligible older adults whose nutritional needs have not or cannot be met under Title III-C or CSE. WIN funds may be used to provide congregate meals but only when the provision of the congregate meals will serve nutritionally at-risk older adults or result in an increased ability to provide home delivered meals.
- C. **Administration:** No more than 5% of WIN funds awarded shall be budgeted for AAA administration. No more than 5% of WIN funds expended shall be for AAA administration.
- D. **No Supplanting Title III-C Services:** No WIN funds shall be used to replace nutrition services provided or intended to be provided under Title III-C and CSE.

Standard Assurances Applicable to CSE and EISEP

36. In applying for and receiving CSE and/or EISEP funding, the AAA understands and agrees that:

- A. **Direct Provision of Services:** The AAA can provide EISEP and/or CSE case management services directly without requesting NYSOFA approval. However, it cannot provide other

EISEP or CSE services directly unless it receives approval from NYSOFA. NYSOFA approval is discretionary and shall only be given if the AAA can show that: the AAA provided this service directly prior to the approval of the AAA's first CSE Plan (this would usually be 1979); or if the AAA demonstrates that the direct provision of a service is necessary due to the absence of an existing suitable provider and so is necessary to assure an adequate supply of the service, or is necessary to ensure the quality of the service provided. (See 9NYCRR §6652.9(c).)

B. Maintenance of Effort: The AAA must meet the following maintenance of effort requirements:

- 1) **For CSE and EISEP:** Maintenance of "base year expenditures" made by the county or other funded service providers irrespective of the source of funds. "Base year expenditures" means the level of expenditures in the year prior to the first year for which a county plan for CSE was submitted or in the County's 1979 fiscal year, whichever is later.
- 2) **For EISEP:** Maintenance of total community service project expenditures under the CSE for the period April 1, 1985, through March 31, 1986, unless this requirement is waived or reduced by NYSOFA.

C. Letters of Comment: The AAA shall obtain letters of comment on the expected impact of (and agency relationships under) CSE projects and EISEP from the county agencies including social services, health, mental health and CASA-like agencies, and in the case of New York City the city governmental agencies responsible for social services, health and mental health. If the AAA is the designated agency of an Indian Tribal Organization, the AAA shall obtain letters of comment from any equivalent local agencies responsible for social services, health and mental health.

D. Medicaid Rate Cap: The AAA shall not receive reimbursement from NYSOFA for EISEP in-home services in excess of the current Medicaid rate cap. The Medicaid rate cap is the DoH-approved cost per unit of comparable in-home services provided under the Medicaid Personal Care Program that applies to the time period and county in which the EISEP services were delivered. This requirement also applies to EISEP-like services provided to clients under CSE.

AAA, in the event that it includes in the rate it pays its providers of in-home services the recruitment and retention add-on (in full or any part thereof), will require such home care provider to use the additional money for recruitment and retention of non-supervisory personal care service workers. AAA will include in its contracts with home care providers the following certification:

"I hereby attest that the approved Medicaid recruitment and retention adjustment (the add-on) will be expended solely for the purpose of supporting recruitment and retention of non-supervisory personal care service workers."

E. Contesting Eligibility and Cost Share Decisions: AAA shall provide applicants or recipients of EISEP or EISEP-like services funded under EISEP/CSE the opportunity to

contest adverse decisions as to eligibility, levels of required cost sharing and involuntary terminations of services.

37. **Matching Requirements:** The AAA agrees to provide minimum local matching funds for service expenditures under EISEP and CSE as set forth by applicable State law and requirements.

Standard Assurance Applicable to CSE

38. In applying for and receiving CSE funding, the AAA understands and agrees that Community Services Projects developed by the AAA shall not exceed three years, except NYSOFA may approve continuation of a project beyond three years if periodic evaluation shows that the project effectively improved the delivery of services to older adults.

Standard Assurance Applicable to EISEP

39. In applying for and receiving EISEP funding, the AAA understands and agrees that:

- A. **Coordination with LDSS:** The AAA is required to coordinate with its local Social Services office to establish and maintain procedures which shall ensure that EISEP does not duplicate Medicaid and Title XX programs, and ensure that these procedures are set out in a Memorandum of Understanding with such local office. This memorandum must be submitted to and approved by NYSOFA.
- B. **33% In-Home Services Requirement:** At least 33% of the AAA's total expenditures of state EISEP services dollars and required local match for those dollars must be spent on in-home services (i.e., Personal Care Level I and Personal Care Level II).
- C. **33% Ancillary Services Requirement:** No more than 33% of the AAA's total expenditures of state EISEP services dollars and required local match for those dollars may be spent on ancillary services.
- D. **County Home Care Plans (CHCP):** The first year EISEP County Home Care Plan, as amended by any subsequent plans and CHCP revisions, is incorporated by reference and made a part of this Plan, and the goals and procedures contained in it are reaffirmed.

Standard Assurance Applicable to CSI

40. In applying for CSI funds, the AAA understands and agrees that:

- A. **Congregate Services:** "Congregate services" shall mean services for older adults which are provided by a public or private non-profit agency in community settings at which older adults come together for services and activities that respond to their diverse needs and interests.
- B. **Direct Provision of CSI Services:** The AAA may contract with public agencies,

municipalities, not-for-profit agencies or such other entities that provide congregate services. The AAA may not directly provide a service under CSI unless granted a waiver by the Director of NYSOFA. Approval of direct service provision will only be given if the service was directly provided prior to approval of the 1994-95 Plan, or direct provision is necessary due to the absence of an existing suitable provider or to ensure the quality of the service provided.

- C. **Multi-County Partnerships:** Two or more counties may join together for the purpose of implementing CSI through a written agreement between the cooperating AAAs.
- D. **Matching Funds:** Under CSI the AAA will provide matching funds equal to 25% of its CSI costs. The allowable forms of match are the same as those permitted under CSE and EISEP. In-kind salaries and rent are allowable. State funds and local funds used to match other State or Federal funds are not allowable as match. The local match can be entirely new match or local funding formerly used to match the local Recreation Program for the Elderly.
- E. **Administration:** The AAA shall budget no more than 5% of CSI funds (State Aid & Local Match) for AAA administration. The AAA agrees that it will expend no more than 5% of CSI funds for AAA administration.
- F. **Meal Costs:** Meal costs are not allowable under the CSI program.

Standard Assurances Applicable to NY Connects: Choices for Long Term Care

- 41. **NY Connects Cooperation:** The AAA agrees to cooperate with the work of the NY Connects Program and the local long term care coordinating council as directed by NYSOFA. The AAA agrees that the AAA director will be a member of the local long term care coordinating council.

Standard Assurances Applicable to Emergency Preparedness Plans

- 42. **Emergency Preparedness Plans:** The AAA agrees to coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments, and other institutions that have responsibility for disaster relief service delivery within the PSA.

Standard Assurances Applicable to Mental Health Services

- 43. **Mental Health Services:** The AAA agrees to follow any policies developed by NYSOFA concerning mental health issues or services as they may pertain to older adults. AAA will coordinate with NYSOFA and entities providing mental health services in the PSA to: increase public awareness of mental health disorders affecting older adults; remove barriers to the diagnosis and treatment of such disorders; and coordinate mental health services available to older adults (including mental health screenings) provided with area aging funds or other funds

for mental health services available to older adults residing in the PSA.

Standard Assurances Applicable to Title V

44. Title V:

- A. The AAA, if it administers the Senior Community Service Employment Program (SCSEP), agrees to comply with United States Department of Labor's (USDOL) regulations, and NYSOFA policies and procedures governing SCSEP. The AAA assures and certifies that it will:
- 1) provide community service assignments only for eligible individuals and, to the extent possible, recruit necessary technical, administrative and supervisory personnel from among eligible individuals;
 - 2) provide community service assignments for eligible individuals in the county in which they reside;
 - 3) assign eligible individuals in services related to publicly owned and operated facilities and projects, or projects sponsored by organizations, other than political parties, exempt from taxation under the provisions of section 501(c)(3) of the Internal Revenue Code of 1954, except projects involving the construction, operation, or maintenance of any facility used or to be used as a place for sectarian religious instruction or worship;
 - 4) assure that no otherwise Title V qualified older person with a disability or perceived to have a disability shall, solely by reason of this disability, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. This includes alcoholism and drug addiction;
 - 5) not deny community service assignments to any person with a disability if reasonable accommodations can be made for that person's disability;
 - 6) contribute to the general welfare of the community in a manner that will:
 - a) result in an increase in employment opportunities over those opportunities which would otherwise be available,
 - b) not result in the displacement of currently employed workers (including partial displacement, such as a reduction in the hours of non-overtime work or wages or employment benefits), and
 - c) not impair existing contracts for service or result in the substitution of federal funds in connection with work that would otherwise be performed;

- 7) not employ or continue to employ any participant to perform work which is the same or substantially the same as that performed by any other person who is on layoff;
 - 8) utilize methods of recruitment and selection (including notifying the state employment security agency when vacancies occur) which will assure that the maximum number of eligible individuals will have an opportunity to participate in the project;
 - 9) conduct training as may be necessary to make the most effective use of the skills and talents of participants, provide for the reasonable expense of individuals being trained, including reasonable compensation for time spent in training; and, wherever possible, obtain all training for participants at reduced or no cost to Title V from such sources as the host agency, Workforce Investment Act (WIA) and the Carl D. Perkins Vocational and Applied Technology Education Act.;
 - 10) assure that safe and healthy conditions of work will be provided;
 - 11) establish and administer the grant with the advice of persons competent in the field of service in which employment is being provided, and of persons who are knowledgeable with regard to the needs of older persons;
 - 12) authorize payment for reasonable transportation costs of participants which may be incurred under the grant in accordance with 20 CFR Section 641.545;
 - 13) assure that to the extent feasible, the needs of minority, limited English speaking, and Native American Indian eligible individuals are served, and individuals who have the greatest economic need, at least in proportion to their numbers in the geographic jurisdiction of the project and take into consideration their rates of poverty and unemployment based on the best available information;
 - 14) authorize funds to be used, to the extent feasible, to include individuals participating in the project under the State Unemployment Insurance Plan;
 - 15) coordinate activities with the local WIA system and the Carl D. Perkins Act programs to insure that project trainees can benefit from such cooperative activities as dual eligibility, shared assessments, training and referral.
- B. If the federal-state guidelines are amended or revised, the AAA will comply with them or notify NYSOFA within thirty (30) days after promulgation of the amendments or revisions that it cannot so conform so that NYSOFA may take appropriate action, including grant termination, if necessary.
- C. The AAA has complaint resolution procedures for trainees or applicants including those who are determined ineligible or against whom adverse actions are taken. Such procedures comply with federal requirements and include:
- 1) An opportunity for the participant or applicant to respond either verbally or in writing

to an action of the AAA, including filing a grievance;

- 2) An opportunity for an informal conference;
- 3) A prompt determination of the issue;
- 4) If an issue cannot be resolved to the satisfaction of the participant or applicant, the participant or applicant will be notified that they may request a review of the process by NYSOFA and/or the USDOL; and
- 5) If the complaint alleges discrimination in violation of Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973 or the Workforce Investment Act, such complaint may be directed or mailed to the Civil Rights Center of the USDOL and AAA will use the complaint processing procedures that meet the requirements of 29 CFR 37.70 through 37.80 to resolve the complaint.

D. AAA agrees that it will:

- 1) comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act as they apply to hospital and educational employees of state and local governments; and,
- 2) it will otherwise compensate participants at a rate which is at least commensurate with the highest applicable minimum wage which is either the minimum wage applicable under the Federal Fair Labor Standards Act of 1938; the New York State minimum wage for the most nearly comparable covered employment, notwithstanding any exceptions which may otherwise apply; or the prevailing rate of pay for persons employed in similar public occupations by the same employer.

E. The AAA agrees that it will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties;

F. The AAA agrees that it will give the USDOL, the Comptroller General, the Office of the State Comptroller and NYSOFA, through any authorized representative, the access to and the right to examine all records, books, papers or documents related to SCSEP; and,

G. The AAA agrees that it will comply with the federal regulations governing grant administration for SCSEP as set forth in 20 CFR Part 641, 29 CFR Parts 95 through 99.

H. Eligibility Criteria and Enrollment Priorities:

- 1) The AAA through SCSEP will provide useful part-time community service assignments for unemployed low income persons who are 55 years old or older while promoting transition to unsubsidized employment.

- 2) To be eligible for SCSEP the individual must be no less than 55 years of age, a resident of New York State, unemployed at the time of application and whose family income does not exceed 125% of the Federal Poverty Level.
 - 3) The AAA shall recertify the income eligibility of each trainee at least once each project year between July 1 and June 30 according to the schedule in this project agreement.
- I. The AAA or, the AAA's contractor, will recruit and select eligible individuals in sufficient numbers to fill all authorized slots. Enrollment priorities for filling all positions shall be to individuals with the following characteristics:
- 1) have a severe disability;
 - 2) are frail;
 - 3) are age 65 or older;
 - 4) meet the eligibility requirements related to age for, but do not receive, benefits under Title II of the Social Security Act.;
 - 5) live in an area with persistent unemployment and are individuals with severely limited employment prospects;
 - 6) have limited English proficiency;
 - 7) have low literacy skills;
 - 8) are veterans who meet the criteria of the Jobs for Veterans Act;
 - 9) have low employment prospects;
 - 10) have failed to find employment after utilizing services provided under Title I of the Workforce Investment Act of 1998;
 - 11) are homeless or at risk for homelessness;
 - 12) reside in a rural area; or,
 - 13) have a disability.
- J. The AAA will offer SCSEP participants the opportunity to take a physical examination within 60 days of enrollment and annually in accordance with 29 CFR §641.565.
- 1) The AAA shall provide orientation to the SCSEP participant as soon as practicable after determination of eligibility. The orientation shall include information on term limits, project objectives, community service assignments, training, supportive services, rights and duties of the trainee, permitted and prohibited political activities, plans for transition to unsubsidized employment and a discussion of safe working conditions at the host agency.
 - 2) The AAA shall provide orientation to those individuals who will supervise SCSEP participants at the host agencies.
- K. The AAA shall assess each new participant to determine the most suitable community service assignment for the individual and to identify appropriate employment, training and community service objectives for each individual. The assessment shall be made in partnership with the new participant in accordance with 29 CFR §641.535. Assessments shall be done at least two times during a twelve month period to determine the SCSEP participant's potential for transition to unsubsidized employment. Assessments shall be

documented and made a part of the participant's permanent record. Assessments and service strategies or individual employment plans of a participant, prepared under the Workforce Investment Act of 1998 may be substituted for one prepared by the AAA.

- L. The AAA shall use the assessment or reassessment as a basis for developing or amending an Individual Employment Plan (IEP). The IEP shall be developed in partnership with the SCSEP participant to reflect the needs, interests and desires of the participant (29 CFR §641.535). The AAA shall review the IEP at least twice in a 12-month period.
- M. The AAA shall employ reasonable means to place each SCSEP participant into unsubsidized employment. Whenever AAA fails to achieve the performance measures established by NYSOFA, the AAA will develop and submit to NYSOFA a plan of action AAA will implement to achieve the performance measures.
- N. The AAA will complete and document a follow up for SCSEP participants who are placed in unsubsidized employment at least once within three (3) months of unsubsidized placement.
- O. The AAA shall ensure that all SCSEP participants, including those hired by contractors, receive all the fringe benefits as may be required by law and will ensure compliance with NYSOFA's wage and fringe benefits policy (see 12-PI-05).
- P. The AAA shall ensure that all reporting requirements are completed in accordance with NYSOFA requirements.

Q. Term Limits:

- 1) The AAA will limit participation in SCSEP to no longer than forty eight (48) months unless NYSOFA grants an extension for the participant that is frail and/or over the age of 75 years.
- 2) The AAA will maintain twenty-seven (27) months as an average amount of time all trainees are in SCSEP.

Standard Assurances applicable to the Health Insurance Information, Counseling and Assistance Program (HIICAP)

45. Health Insurance Information, Counseling and Assistance Program (HIICAP)

- A. The AAA agrees that the Project Narrative and Budget included in the Plan may not be modified without the written consent of the NYSOFA.
- B. The AAA agrees that it will not assign or transfer the rights or responsibilities it has with regard to the HIICAP program without the prior written consent of NYSOFA. If the AAA contracts the direct performance of the HIICAP program, including the HIICAP Coordinator, it retains primary responsible for satisfying the responsibilities set forth in

this Plan and the AAA will include the responsibilities in the agreement with such contractor.

- C. In addition to providing general information about original Medicare and available Medicare Advantage options the program must cover, at a minimum, the following areas:
- 1) Medicare eligibility, benefits, preventive services and claims filing;
 - 2) Medicare Prescription Drug Benefit;
 - 3) EPIC and how it works with the Medicare prescription drug plans;
 - 4) Medicaid eligibility, benefits and spousal protections, Medicaid Managed Long Term Care;
 - 5) Medicare Supplement insurance policy coverage, comparison information and claims filing;
 - 6) Long Term Care (LTC) insurance and planning, including the NYS Partnership for LTC; and
 - 7) Other types of health insurance benefits (including employer, retiree, Medicare Savings Program benefits, “Extra Help”, etc.).
- D. The AAA agrees to provide counseling to individual Medicare beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- E. The AAA will make counseling resources and locations locally accessible to low-income, dual-eligible, and hard-to-reach beneficiaries and will equip its counselors to provide in-depth, complex counseling and enrollment assistance on Medicare, Medicare Prescription Drug Coverage, Medicare Managed Care or Medicare Advantage Plans, Medicaid Managed Long Term Care, EPIC enrollment and coordination with Medicare Prescription Drug Coverage.
- F. The AAA acknowledges that HIICAP is a volunteer-based program and will be operated as such. AAAs must increase and enhance the counselor work force and equip them to be proficient in the areas noted above. A list of all trained HIICAP volunteers and staff must be submitted to NYSOFA as part of the AAA’s application. In order to avoid a conflict of interest, an AAA will not allow individuals who are currently licensed as health insurance agents/brokers or have some other conflict of interest to volunteer for HIICAP in any capacity even if the individual is willing to sign a disclaimer stating that he or she will provide unbiased insurance counseling information to clients.
- G. The AAA will ask program volunteers whether or not they are licensed to sell health insurance products and the status of their current license.

- H. The AAA agrees to designate a HIICAP Coordinator to be responsible for the AAA's performance under this Plan. The HIICAP Coordinator shall be the AAA's representative and contact person for all HIICAP related issues including program and reporting.
- I. The HIICAP Coordinator(s) designated by the AAA will oversee the training and quality of service provided by all volunteers and staff. The Coordinator(s) annually will certify that volunteers have satisfied the annual training requirements. Significant training and support will be necessary to prepare counselors to help beneficiaries understand and enroll in new choices and benefits created by the MMA (Medicare Modernization Act) and subsequent Federal Laws such as the Affordable Care Act of 2010. The Coordinator will oversee and manage the inventory of training and consumer education supplies.
- J. The AAA agrees that its designated HIICAP Coordinator(s) will attend HIICAP training, use all NYSOFA-prescribed HIICAP training material, participate in NYSOFA sponsored monthly coordinator and other conference calls.
- K. The AAA agrees that all HIICAP Coordinators and volunteers, who counsel Medicare beneficiaries, will participate in the HIICAP certification process, as often as is mandated by the Centers for Medicare and Medicaid Services (CMS) and offered by NYSOFA.
- L. The AAA shall update the Security Plan originally submitted in the first year of the grant (9/28/92 – 9/27/93) describing steps undertaken to protect the confidentiality of all project related information that identifies individuals (hereafter referred to as client information). The Security Plan must specify that client information is confidential, that it may not be disclosed directly or indirectly except for purposes directly concerned with the conduct of the project, and that informed written consent of the individual be obtained for any disclosure not directly concerned with the conduct of the project. AAAs joining HIICAP for the first time shall provide a plan that outlines how they will protect client information. The Plan should be included in the application.
- M. The AAA assumes responsibility for the accuracy and completeness of the information contained in all technical documents and reports submitted.
- N. The AAA agrees that it will submit monthly performance reports as specified by NYSOFA on all HIICAP Client Contacts and Public & Media Events via the National SHIP (State Health Insurance Assistance Program) reporting System at <http://shipnpr.shiptalk.org>. The AAA agrees to complete the annual Resource Report on paper forms and send the completed report to NYSOFA.
- O. The AAA agrees to ensure the capacity to access Internet information via basic dial-up access at the minimum, with a high-speed connection preferred, including expanding and maintaining Internet capability at the local counseling levels. The AAA will have the capacity to send and receive a high volume of information (including training materials and Power Point presentations) through electronic mail (email) and through the Internet. The AAA assures that HIICAP counselors will have access to Internet-based information, training materials, counseling and enrollment tools.

- P. The AAA agrees to ensure adequate capacity to receive and properly answer and address all calls received through the NYS HIICAP Hotline (1-800-701-0501) as calls are automatically transmitted to the local AAA/HIICAP.
- Q. Upon approval of this application and issuance of a Notification of Grant Award, the AAA is eligible to request an advance of up to twenty-five percent (25%) of its award. The AAA shall submit appropriate Claim for Payment in such form as required by NYSOFA. The final Claim for Payment will be submitted to NYSOFA within sixty (60) days after the ending date of the grant period.
- R. The AAA will include the express acknowledgement, “This publication has been created or produced by [county] with financial assistance, in whole or in part through a grant from the New York State Office for the Aging and the Centers for Medicare & Medicaid Services, the Federal Medicare agency.” on all new publications funded solely or in part by HIICAP.
- S. NYSOFA has approved the following disclaimers that the AAA must use when disseminating HIICAP materials and/or advertising:
- 1) “The information provided by the Health Insurance Information, Counseling and Assistance Program is intended for the sole purpose of educating consumers in regard to the choices available for their health insurance needs. Particular emphasis is placed on understanding original Medicare. Nothing herein is intended nor should it be construed as an endorsement by the State of New York of any specific insurance product or insurer.”
 - 2) If the above disclaimer is too lengthy for certain media items (i.e. flyers, small brochures, etc), the disclaimer below may be used as a substitute:

“New York State does not endorse nor recommend any specific insurance product or insurer; this program is solely intended to educate consumers about their choices.”
- T. The AAA will include references within the current budget submission indicating how at least five percent (5%) of the HIICAP funding will be used to provide one-on-one pharmaceutical benefits counseling to dual eligible beneficiaries with mental disabilities. NYSOFA encourages HIICAPs to partner with community mental health centers to assist the centers in providing Medicare and Medicaid counseling for their clients.
- U. The AAA will provide information for a mid-term report (and other reports as required) to NYSOFA on clients served and activities provided under the current HIICAP grant with specific reference to those with mental disabilities.
- V. The AAA shall not use State Health Insurance Assistance Program (SHIP) federal funds from CMS to purchase food, beverages, light refreshments, or meals at HIICAP outreach and educational events, or for volunteer recognition, or other events, or for meal travel per diems.

- W. The AAA shall not use SHIP federal funds to purchase promotional giveaways or incentive items, unless such items are educational in nature as required by CMS and pre-approved by NYSOFA.

Standard Assurance applicable to the Senior Medicare Patrol Program-SMP

46. The AAA agrees to report activities funded through SMP via the <http://shipnpr.shiptalk.org> website indicating “fraud and abuse” as topics discussed with clients and at public events. The AAA will complete and submit Reporting forms for all SMP events whether held in conjunction with a HIICAP activity or on its own. In addition, AAA agrees to report suspected Medicare fraud to the appropriate hotline for investigation.
47. The AAA agrees to complete an SMP Volunteer Agreement form and conduct a background check for all persons seeking to become an SMP Volunteer. An SMP Volunteer must be officially screened, accepted and enrolled as an SMP Volunteer prior to the performance of any task.



Director

July 1, 2015

Appendix B

New York State Office for the Aging Intrastate Funding Formula (IFF) June 2015

PURPOSE: To describe the IFF employed by the New York State Office for the Aging (NYSOFA) to allocate Older American's Act funding to the 59 Area Agencies on Aging (AAAs) in New York State.

BACKGROUND: As required by federal law [Older American's Act section 305(a)(2) (C)], the following items are included in this description:

- (1) a descriptive statement of the formula's assumptions and goals and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area (PSA) in the state, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each PSA in the state.

ASSUMPTIONS AND GOALS; APPLICATION OF DEFINITIONS OF GREATEST ECONOMIC OR SOCIAL NEED

The goal of the formula is to distribute funds received under Title III of the Older Americans Act among the various AAAs in the state, taking into account, to the maximum extent feasible, the best available statistics on the geographical distribution of individuals aged 60 and older in the state.

An assumption is that continuity from year to year is very important to continue capacity to meet the needs of older people, and that minimum allocations for the smallest AAAs are also vital to such continued capacity to meet critical needs, such as the needs of isolated elderly. Though one-county PSAs (55 of 59 PSAs) receive identical minimum allocations under all subtitles, PSAs serving more than one full county (i.e., Warren-Hamilton, New York City) or no complete counties (i.e., St. Regis Mohawk and Seneca Indian Reservations) receive minimum allocations under relevant subtitles reflecting this difference in PSA scope.

The definition of greatest economic need, as specified in statute, is that need resulting from an income level at or below the poverty line. In addition, a second equally weighted low-income factor tied to marginal poverty reflects the need caused by incomes at or below 150% of the poverty line. The poverty line is based on the "poverty guidelines" issued annually in the Federal Register by the Secretary of Health and Human Services. The definition of greatest social need is also specified in statute. The application of that definition is through the weights applied to functional impairment, minority status, and

Appendix B

New York State Office for the Aging Intrastate Funding Formula (IFF) June 2015

low-income minority status (which reflects both economic and social factors), and through the reflection of geographic and other isolation in the minimum base and 105% rural components.

NUMERICAL STATEMENT OF FUNDING FORMULA TO BE USED

Where the total statewide 60+ population is S, the statewide functionally impaired population is F, 60+ minorities is M, 60+ below 100% of poverty is P, 60+ below 150% of poverty is N, and 60+ minorities under 150% of poverty is I,

and where S_n , F_n , M_n , P_n , N_n , and I_n are an individual AAA's population for each of these factors,

and where PYA is the prior year allocation for an AAA and MIN is the minimum allocation for an AAA,

the funding formula operates by:

(1) Calculating a normalized total T using total 60+ statewide and dividing it by the proposed weight (48%) to be applied to the 60+ factor. That is,

$$T = S/.48$$

(2) Computing Weighted Populations (WP) for each AAA using the equation

$$WP_n = \{T \times 48\% \times S_n / S\} + \{T \times 14.5\% \times F_n / F\} + \{T \times 0.5\% \times M_n / M\} + \{T \times 30\% \times [(P_n + N_n)/2] / [(P + N) / 2]\} + \{T \times 7\% \times I_n / I\}$$

(3) Converting Weighted Populations into Weighted Population Percentages (WPP) using the equation

$$WPP_n = WP_n / T$$

(4) Utilizing Adjusted Population Allocations (APA) by multiplying Weighted Population Percentages by the State Allocation (SA) for the relevant subtitle so that

$$APA_n = WPP_n \times SA$$

(5) For each AAA, selecting the highest (H) of the Adjusted Population Allocation, Prior Year Allocation, or Minimum Allocation so that

$$H_n = \text{highest of } (APA_n, PYA_n, \text{ or } MIN_n)$$

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New York State Office for the Aging Intrastate Funding Formula (IFF) June 2015

(6) Summing the 59 individual AAA's highest potential allocation as

$$H = H_1 + H_2 + \dots + H_{59}$$

(7) Determining the percentage reduction (R) necessary to apply to the sum of the highest potential allocations to reduce that sum to the State's allocation (SA) under the relevant subtitle by calculating

$$R = SA / H$$

(8) Calculating final allocations (FA) for each AAA by multiplying its highest potential allocation by the percentage reduction as follows:

$$FA_n = H_n \times R$$

In addition, the formula ensures that rural PSAs receive at least 105% of the funds received in 1978. If the process outlined above did not achieve that requirement, allocations for each of the rural PSAs would be proportionately increased until the requirement was met, taking into account all qualifying funds. Minimum allocations can be increased in any year in which the state's allocation for the relevant subtitle has increased over the prior year's allocation. In years when the State's allocation decreases or remains the same, the minimum allocation equals the prior year allocation.

As required by federal regulations, the proposed IFF provides that funds received under section 303(f) of the Older Americans Act for preventive health services be separately allocated. In the award of such funds, the IFF gives priority to areas of the state which are medically underserved and in which there are large numbers of individuals who have the greatest economic and social need for such services.

LISTING OF POPULATION, ECONOMIC, AND SOCIAL DATA TO BE USED

As required by law, the state will use the best available statistics on the geographical distribution of older individuals (60 and over) in the state. As of June 30, 2015, the best available data, which are utilized for this information memorandum, include official 2010 Census counts covering persons aged 60+, minority aged 60+, marginal income (150% of poverty Level) minority aged 60+, low income aged 60+, marginal income aged 60+, and impairment rates developed US Census American Community Survey. The best available data from these sources are set forth on attachment #1.

OTHER ATTACHMENTS

-Attachment #2 reflects the weighted population percentages calculated using the data

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New York State Office for the Aging Intrastate Funding Formula (IFF) June 2015

shown on attachment #1.

-Attachment #3 reflects potential FFY 2015 allocations for Title III-B if the funding remains the same as for FFY 2014. This attachment also reflects the "higher of the three" and proportionate reduction calculations.

-Attachment #4 is a description of the revised IFF.



Director

July 1, 2015

Priority Services:

Section. 306 of the OAA requires that each designated area agency on aging shall provide assurances that an adequate proportion of the amount allotted for part B to the planning and service area will be expended for the delivery of access, in-home and legal assistance services.

NYSOFA has determined that the following minimum percentages will meet the “adequate proportion” requirement:

Service:	Minimum Percentage of III-B Expenditures	Total Statewide III-B Expenditures 10/1/13 to 9/30/14	Total Statewide Expenditures 10/1/13 to 9/30/14
Access	20.0%	\$12,372,767	\$103,726,395
In-home	2.5%	\$1,201,381	\$45,598,502
Legal Assistance	7.0%	\$3,103,221	\$3,487,107

Access services: transportation, outreach, information and assistance and case management.

In-home Services: personal care level 1, personal care level 2, home health aide, consumer directed in-home services, in-home contact and support and caregiver services.

Legal Assistance: legal advice and assistance by an attorney (including , to the extent feasible, counseling and other appropriate assistance by a paralegal or law student under the supervision of an attorney), and and includes counseling or representation by a non-lawyer where permitted by law, to older adults with economic or social needs.

New York State Office for the Aging
AREA AGENCIES ON AGING DIRECTORY

Albany County Department for Aging

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Albany, NY 12210-2304
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Allegany County Office for the Aging

Ms. Madeleine Gasdik, Director
6085 Route 19 N
Belmont, NY 14813
Phone: (585) 268 - 9390 Fax: (585) 268 - 9657

Broome County Office for the Aging

Ms. Jamie Kelly, Director
Broome Co. Office Bldg.
60 Hawley Street, 4th Floor, PO Box 1766
Binghamton, NY 13902-1766
Phone: (607) 778 - 2411 Fax: (607) 778 - 2316

Cattaraugus County Department of the Aging

Ms. Catherine M. Mackay, Director
One Leo Moss Drive
Suite 7610
Olean, NY 14760-1101
Phone: (716) 373 - 8032 Fax: (716) 701 - 3730

Cayuga County Office for the Aging

Ms. Nancy Siefka, Director
160 Genesee Street
Auburn, NY 13021-3483
Phone: (315) 253 - 1226 Fax: (315) 253 - 1151

Chautauqua County Office for the Aging

Dr. Mary Ann Spanos, Director
7 North Erie Street
Mayville, NY 14757-1027
Phone: (716) 753 - 4471 Fax: (716) 753 - 4477

Chemung County Dept. of Aging & Long Term Care

Ms. Pamela M. Brown, Director
P.O. Box 588
425 Pennsylvania Avenue
Elmira, NY 14902-0588
Phone: (607) 737 - 5520 Fax: (607) 737 - 5521

Chenango County Area Agency on Aging

Ms. Debra Sanderson, Director
County Office Building
5 Court Street
Norwich, NY 13815-1794
Phone: (607) 337 - 1770 Fax: (607) 337 - 1749

Clinton County Office for the Aging

Ms. Crystal L. Carter, Director
135 Margaret Street
Suite 105
Plattsburgh, NY 12901-2966
Phone: (518) 565 - 4620 Fax: (518) 565 - 4812

Columbia County Office for the Aging

Mr. Kevin McDonald, Interim Administrator
325 Columbia Street
Hudson, NY 12534-1905
Phone: (518) 828 - 4258 Fax: (518) 822 - 0010

Cortland County Area Agency on Aging

Ms. Liz Haskins, Director
County Office Building
60 Central Avenue
Cortland, NY 13045-2746
Phone: (607) 753 - 5060 Fax: (607) 758 - 5528

Delaware County Office for the Aging

Mr. Wayne Shepard, Director
6 Court Street
Delhi, NY 13753-1066
Phone: (607) 746 - 6333 Fax: (607) 746 - 6227

Dutchess County Office for the Aging

Ms. Mary Kaye Dolan, Director
27 High Street
Poughkeepsie, NY 12601-1962
Phone: (845) 486 - 2555 Fax: (845) 486 - 2571

Erie County Department of Senior Services

Mr. Randall Hoak, Commissioner
95 Franklin Street, Rm 1329
Buffalo, NY 14202-3985
Phone: (716) 858 - 8526 Fax: (716) 858 - 7259

Essex County Office for the Aging

Ms. Patricia Bashaw, Director
P.O. Box 217
100 Court Street
Elizabethtown, NY 12932-0217
Phone: (518) 873 - 3695 Fax: (518) 873 - 3784

Franklin County Office for the Aging

Ms. Becky Preve, Director
355 West Main Street
Suite 447
Malone, NY 12953-1826
Phone: (518) 481 - 1526 Fax: (518) 481 - 1635

Fulton County Office for Aging and Youth

Ms. Andrea Fettinger, Director
19 North William Street
Johnstown, NY 12095-2534
Phone: (518) 736 - 5650 Fax: (518) 762 - 0698

Genesee County Office for the Aging

Ms. Ruth Spink, Director
Batavia-Genesee Senior Center
2 Bank Street
Batavia, NY 14020-2299
Phone: (585) 343 - 1611 Fax: (585) 344 - 8559

Greene County Department for the Aging

Ms. Therese McGee Ward, Director
411 Main Street
Catskill, NY 12414-1365
Phone: (518) 719 - 3555 Fax: (518) 719 - 3798

Herkimer County Office for the Aging

Ms. Kathy Fox, Director
109 Mary Street, Suite 1101
Herkimer, NY 13350-2924
Phone: (315) 867 - 1121 Fax: (315) 867 - 1448

Jefferson County Office for the Aging

Mr. Peter J. Fazio, Director
175 Arsenal Street
Watertown, NY 13601
Phone: (315) 785 - 3191 Fax: (315) 785 - 5095

Lewis County Office for the Aging

Ms. Brenda Bourgeois, Director
7660 State Street
Lowville, NY 13367-0408
Phone: (315) 376 - 5313 Fax: (315) 376 - 5105

Livingston County Office for the Aging

Ms. Susan Davin, Director
3 Murray Hill Drive
Mt Morris, NY 14510-1601
Phone: (585) 243 - 7520 Fax: (585) 243 - 7516

Madison County Office for the Aging, Inc.

Ms. Julie Harney, Executive Director
138 Dominick Bruno Blvd.
Canastota, NY 13032
Phone: (315) 697- 5700 Fax: (315) 697 - 5777

Monroe County Office for the Aging

Ms. Julie Allen Aldrich, Director
Monroe Community Hospital
435 E Henrietta Rd, Rm 3rd Fl, W
Rochester, NY 14620
Phone: (585) 753 - 6280 Fax: (585) 753 - 6281

Montgomery County Office for the Aging, Inc.

Mr. David Jordan, Director
135 Guy Park Avenue
Amsterdam, NY 12010
Phone: (518) 843 - 2300 Fax: (518) 843 - 7478

Nassau County Department of Human Services
Office for the Aging

Ms. Victoria Meyerhoefer, Commissioner
60 Charles Lindbergh Blvd., Suite #260
Uniondale, NY 11553-3691
Phone: (516) 227 - 8900 Fax: (516) 227 - 8972

New York City Department for the Aging

Ms. Donna M. Corrado, Ph.D., Commissioner
2 Lafayette Street
New York, NY 10007-1392
Phone: (212) 442 - 1100 Fax: (212) 442 - 1095

Niagara County Office for the Aging

Mr. Kenneth M. Genewick, Director
111 Main Street, Suite 101
Lockport, NY 14094-3718
Phone: (716) 438 - 4020 Fax: (716) 438 - 4029

Oneida County Office for the Aging/Continuing Care

Mr. Michael J. Romano, Director
120 Airline Street - Suite 201
Oriskany, NY 13424
Phone: (315) 798 - 5456 Fax: (315) 768 - 3658

Onondaga County Dept. of Adult & LTC Services

Ms. Lisa D. Alford, Deputy Commissioner
421 Montgomery Street
Civic Center 10th Floor
Syracuse, NY 13202
Phone: (315) 435 - 2362 Fax: (315) 435 - 3129

Ontario County Office for the Aging

Ms. Irene Coveny, Director
3010 County Complex Drive
Canandaigua, NY 14424-9502
Phone: (585) 396 - 4040 Fax: (585) 396 - 7490

Orange County Office for the Aging

Ms. Ann Marie Maglione, Director
18 Seward Avenue
Middletown, NY 10940-1919
Phone: (845) 615 - 3700 Fax: (845) 346 - 1191

Orleans County Office for the Aging

Ms. Melissa Blonar, Director
County Administration Building
14016 Route 31West
Albion, NY 14411-9382
Phone: (585) 589 - 3191 Fax: (585) 589 - 3193

Oswego County Office for the Aging

Ms. Sara Sunday, Administrator
P.O. Box 3080
County Office Complex - 70 Bunner Street
Oswego, NY 13126-3080
Phone: (315) 349 - 3484 Fax: (315) 349 - 8413

Otsego County Office for the Aging

Ms. Frances A. Wright, Director
Meadows Office Complex - Suite 5
140 Co Hwy 33W
Cooperstown, NY 13326-4955
Phone: (607) 547 - 4232 Fax: (607) 547 - 6492

Putnam County Office for Senior Resources

Ms. Patricia Sheehy, Director
110 Old Route 6
Building 1
Carmel, NY 10512-2196
Phone: (845) 808-1700 Fax: (845) 225 - 1915

Rensselaer County Unified Family Services

Department for the Aging

Ms. Carol Rosbozom, Commissioner
1600 Seventh Avenue
Troy, NY 12180-3798
Phone: (518) 270 - 2730 Fax: (518) 270 - 2737

Rockland County Office for the Aging

Ms. June Molof, Director
Robert L. Yeager Health Center
50 Sanatorium Road, Bldg. B
Pomona, NY 10970-0350
Phone: (845) 364 - 2110 Fax: (845) 364 - 2348

Saratoga County Office for the Aging

Ms. Sandra Cross, Director
152 West High Street
Ballston Spa, NY 12020-3528
Phone: (518) 884 - 4100 Fax: (518) 884 - 4104

Schenectady County Dept. of Senior & Long-Term Care Services

Ms. Laurie Bacheldor, Manager
107 Nott Terrace
Schaffer Heights, Suite 305
Schenectady, NY 12308-3170
Phone: (518) 382 - 8481 Fax: (518) 382 - 0194

Schoharie County Office for the Aging

Ms. Nancy Dingee, Director
113 Park Place, Suite 3
Schoharie, NY 12157-3202
Phone: (518) 295 - 2001 Fax: (518) 295 - 2015

Schuyler County Office for the Aging

Ms. Tamre Waite, Director
323 Owego Street, Unit 7
Montour Falls, NY 14865-9625
Phone: (607) 535 - 7108 Fax: (607) 535 - 6832

Seneca County Office for the Aging

Ms. Angela M. Reardon, Director
1 DiPronio Drive
Waterloo, NY 13165-1680
Phone: (315) 539 - 1765 Fax: (315) 539 - 1923

Seneca Nation of Indians Office for the Aging

Ms. Lesley Kennedy, Director
28 Thomas Indian School Drive
Irving, NY 14081-9300
Phone: (716) 532 - 5778 Fax: (716) 532 - 5077

St. Lawrence County Office for the Aging

Ms. Andrea Montgomery, Director
80 State Highway 310, Suite 7
Canton, NY 13617-1497
Phone: (315) 386 - 4730 Fax: (315) 386 - 8636

St. Regis-Mohawk Office for the Aging

Ms. Lora Lee La France, Director
29 Business Park Road
Hogansburg, NY 13655
Phone: (518) 358 - 2963 Fax: (518) 358 - 3071

Steuben County Office for the Aging

Ms. Patty Barody, Director
3 East Pulteney Square
Bath, NY 14810-1510
Phone: (607) 664-2298 Fax: (607) 664-2371

Suffolk County Office for the Aging

Ms. Holly Rhodes-Teague, Director
P.O.Box 6100- H.Lee Dennison Bldg-3rd Fl
100 Veterans Memorial Highway
Hauppauge, NY 11788-0099
Phone: (631) 853 - 8200 Fax: (631) 853 - 8225

Sullivan County Office for the Aging

Ms. Deborah Allen, Director
Sullivan County Government Center
100 North Street, P.O. Box 5012
Monticello, NY 12701-5012
Phone: (845) 807 - 0241 Fax: (845) 807-0260

Tioga Opportunities Inc.

Department of Aging Services

Ms. Anne McManus-Grant, Director
Countryside Comm Ctr,9 Sheldon Guile Blvd
Owego, NY 13827-1062
Phone: (607) 687 - 4120 Fax: (607) 687 - 4147

Tompkins County Office for the Aging

Ms. Lisa Holmes, Director
214 West Martin Luther King Jr./State St
Ithaca, NY 14850
Phone: (607) 274 - 5482 Fax: (607) 274 - 5495

Ulster County Office for the Aging

Ms. Kelly McMullen, Director
1003 Development Court
Kingston, NY 12401-1959
Phone: (845) 340 - 3456 Fax: (845) 340 - 3583

Warren/Hamilton Counties Office for the Aging

Ms. Christie Sabo, Director
Human Services Building
1340 State Route 9
Lake George, NY 12845
Phone: (518) 761 - 6347 Fax: (518) 745 - 7643

Washington County CARES

Office for Aging and Disability Resource

Ms. Gina Cantanucci, Director
383 Broadway
Fort Edward, NY 12828-1015
Phone: (518) 746 - 2420 Fax: (518) 746 - 2418

Wayne County Department of Aging and Youth

Ms. Penny Shockley, Director of Aging & Youth
1519 Nye Road
Suite 300
Lyons, NY 14489-9133
Phone: (315) 946 - 5624 Fax: (315) 946 - 5649

Westchester County Dept. of Senior Programs & Services

Ms. Mae Carpenter, Commissioner
9 South First Avenue
10th Floor
Mt. Vernon, NY 10550-3414
Phone: (914) 813 - 6400 Fax: (914) 813 - 6399

Wyoming County Office for Aging and Youth

Ms. Angie Milillo, Deputy Director
8 Perry Avenue
Warsaw, NY 14569
Phone: (585) 786 - 8833 Fax: (585) 786 - 8832

Yates County Area Agency on Aging

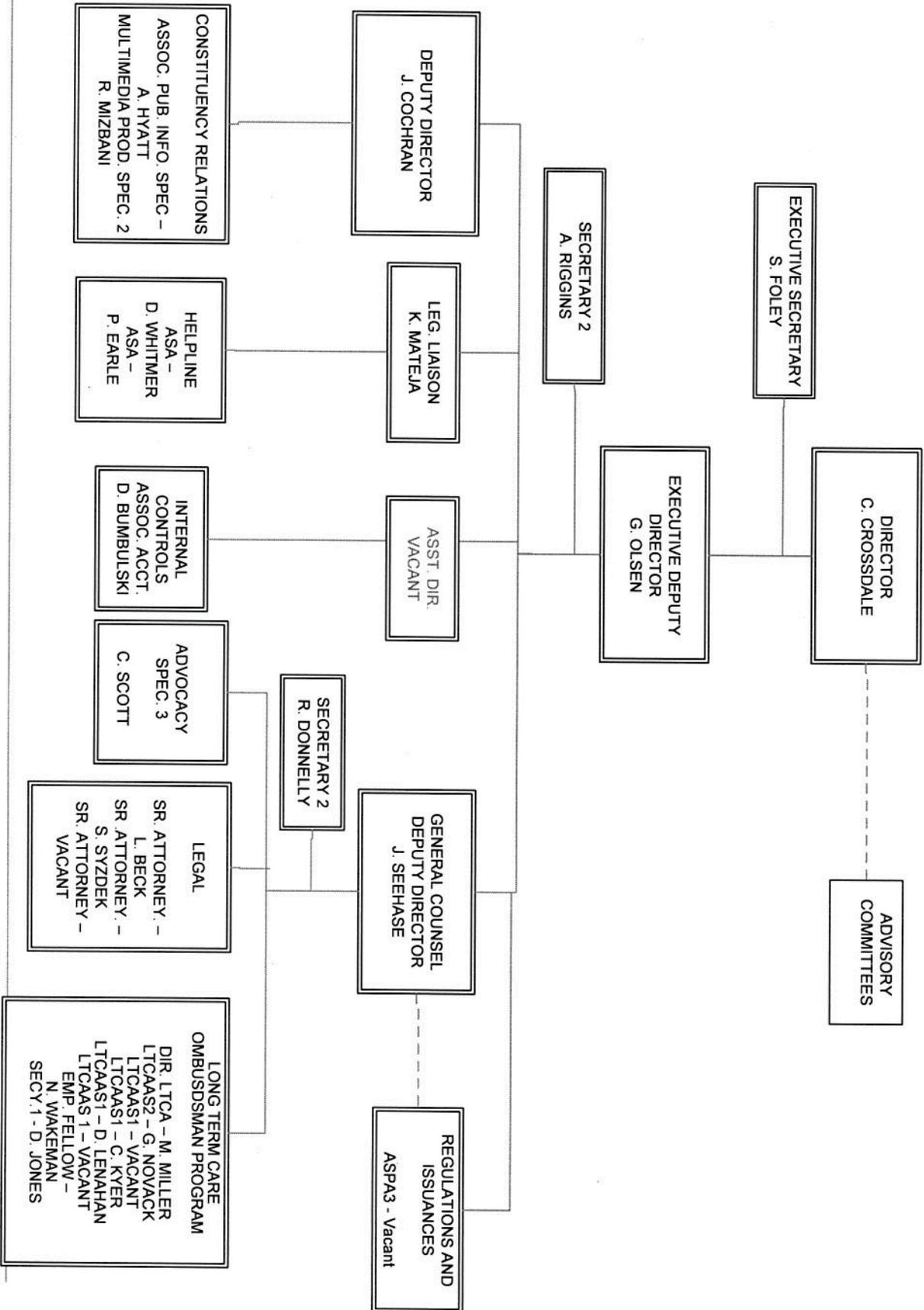
Ms. Katie Smeenck, Director

417 Liberty Street, Suite 1116

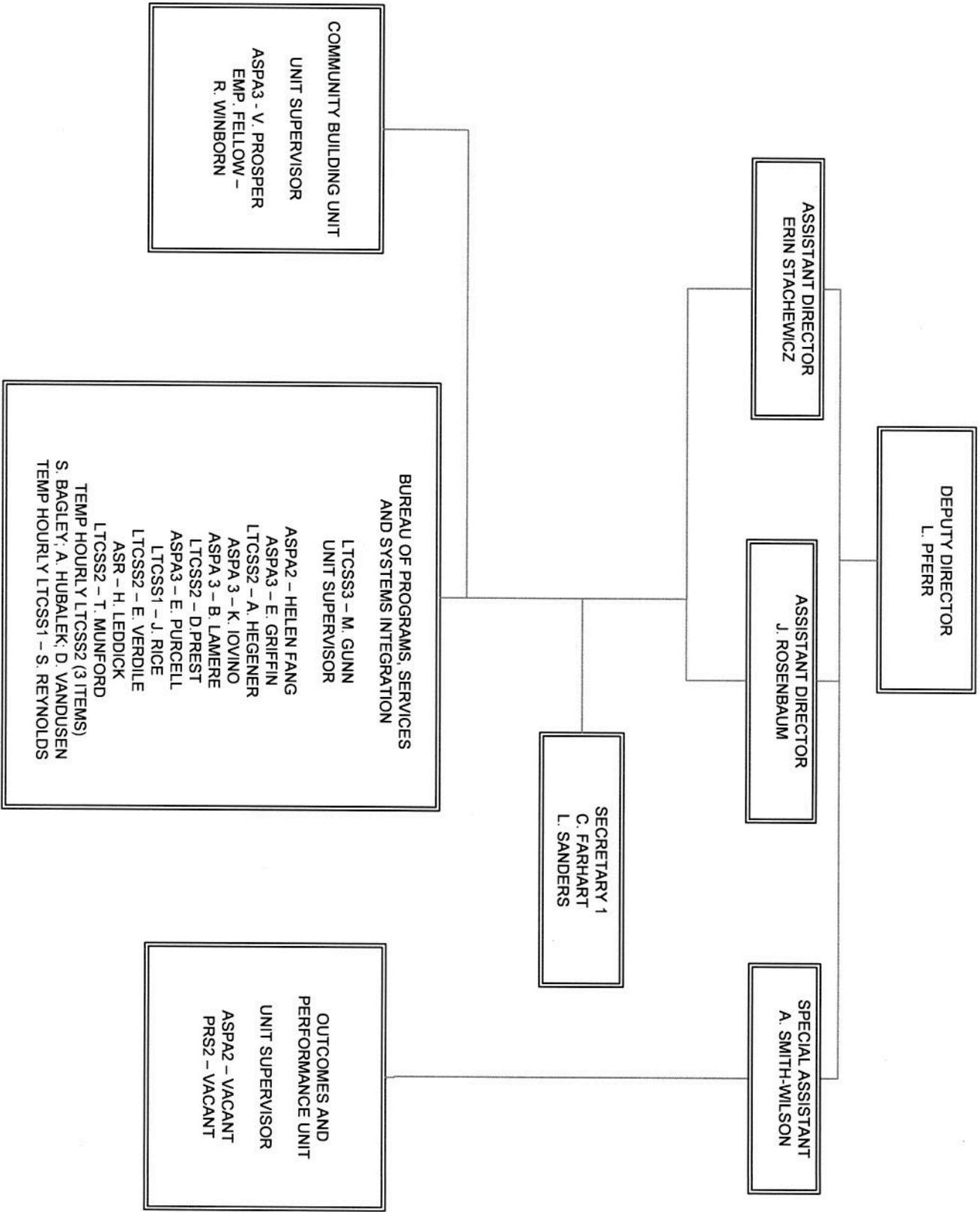
Penn Yan, NY 14527-1100

Phone: (315) 536 - 5515 Fax: (315) 536 - 5514

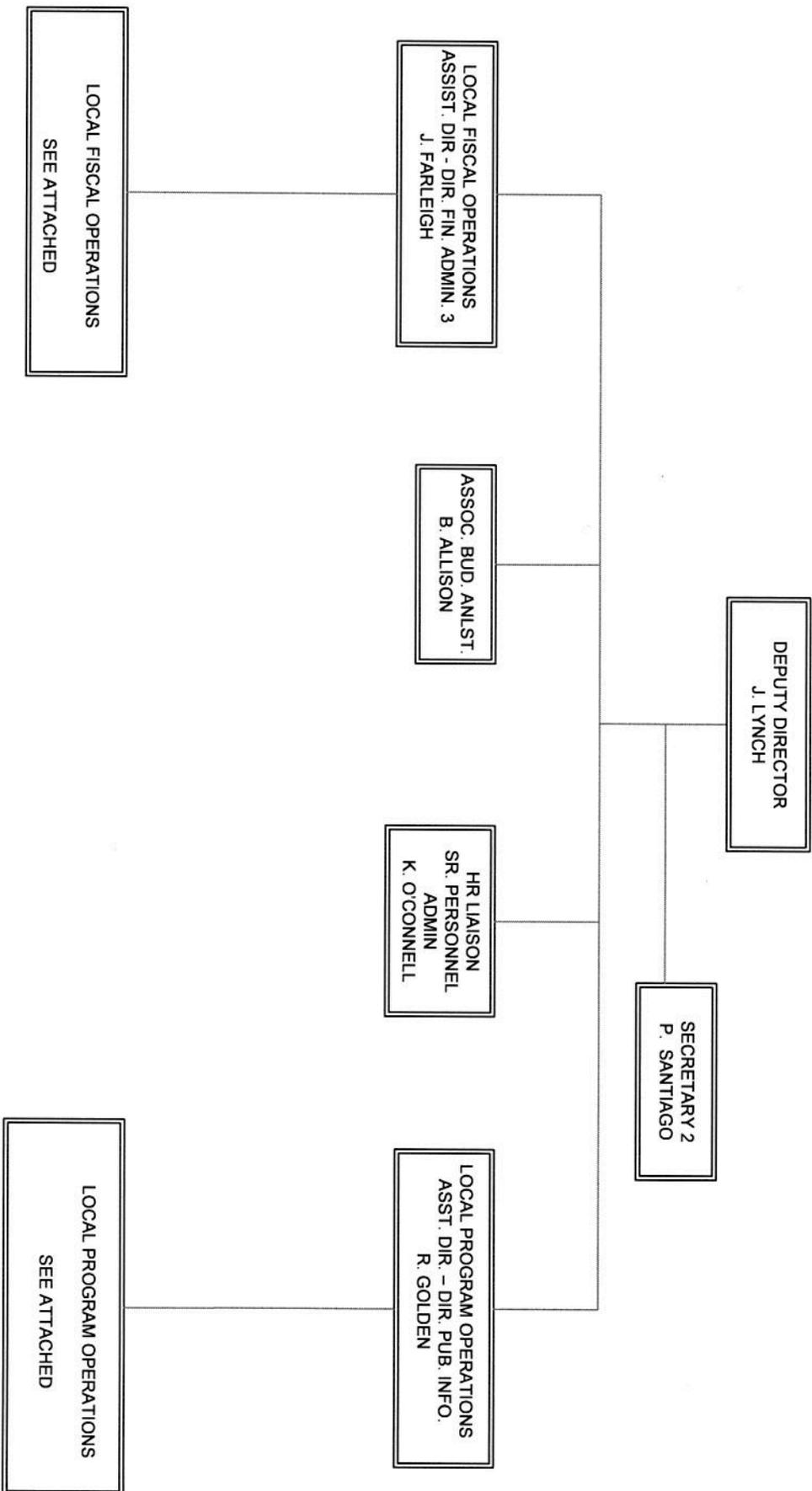
**NEW YORK STATE OFFICE FOR THE AGING
EXECUTIVE DIVISION
JULY 2015**



NEW YORK STATE OFFICE FOR THE AGING
DIVISION OF POLICY, PLANNING, PROGRAM AND OUTCOMES
JULY 2015

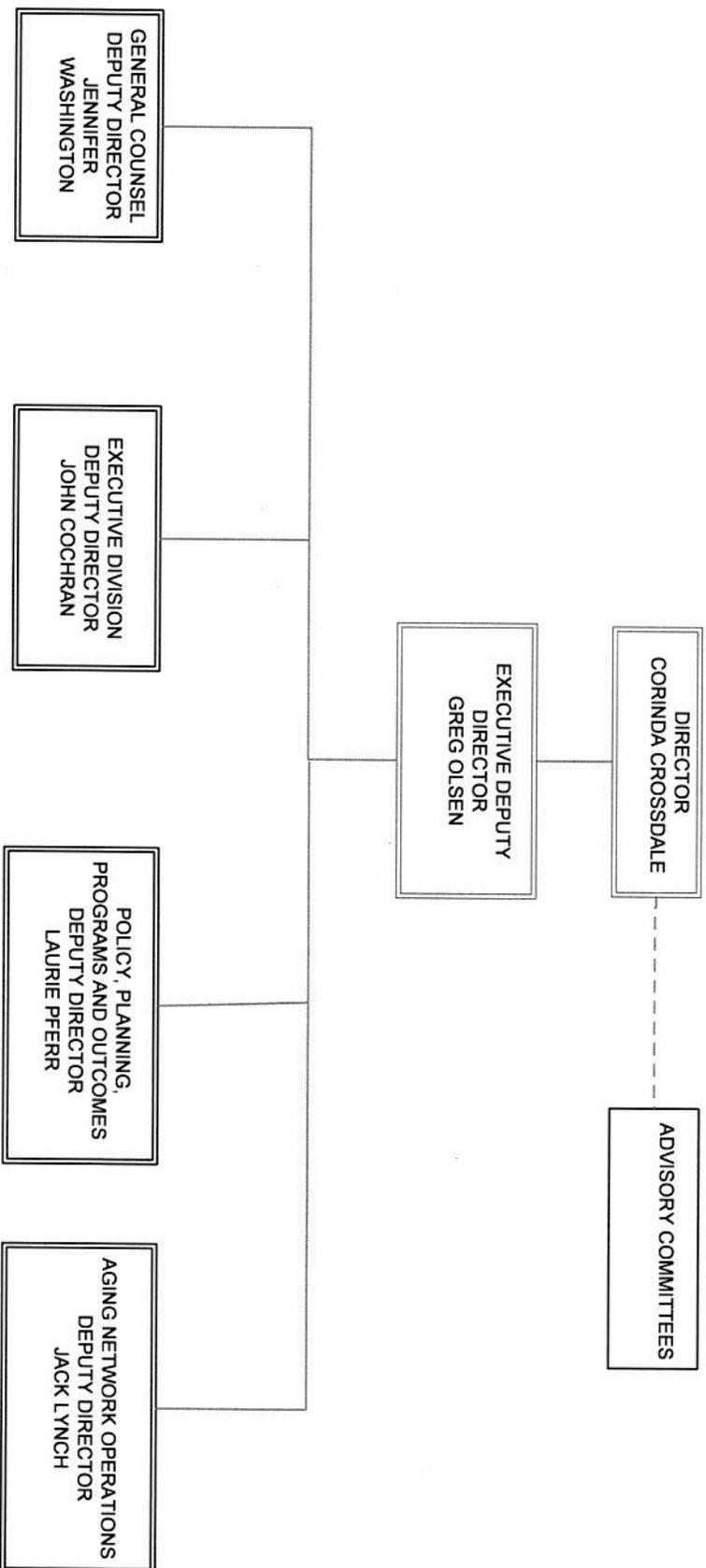


NEW YORK STATE OFFICE FOR THE AGING
DIVISION OF AGING NETWORK OPERATIONS
JULY 2015

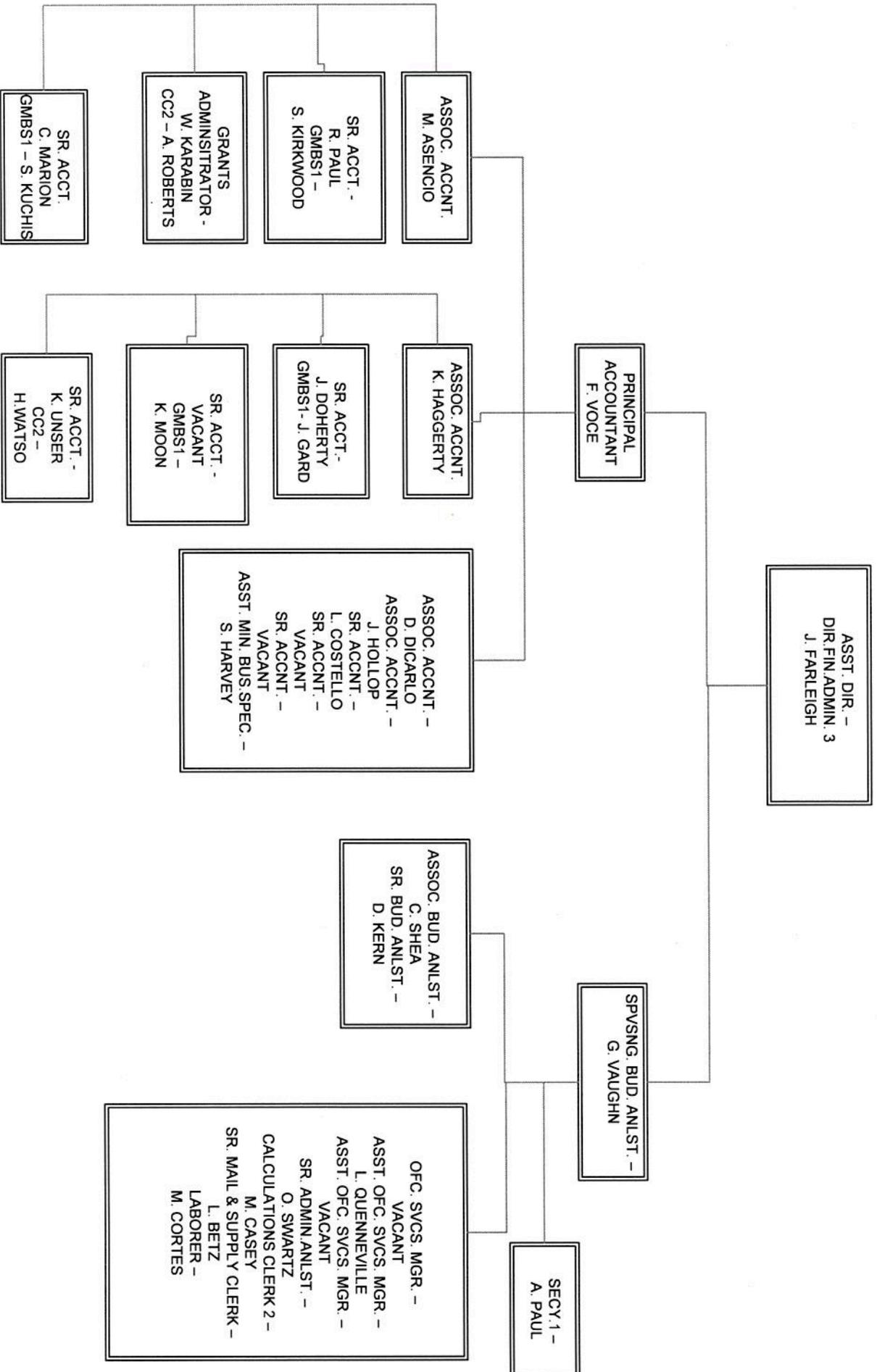


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JULY 2015



NEW YORK STATE OFFICE FOR THE AGING
 DIVISION OF AGING NETWORK OPERATIONS - BUREAU OF LOCAL FISCAL OPERATIONS
 JULY 2015



NEW YORK STATE OFFICE FOR THE AGING
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 JULY 2015

