A Message from the Director

I am very pleased to provide NYSOFA’s 2021 Annual Report.

The network of aging services professionals works tirelessly every day to: provide information and assistance to older adults and their families; offer opportunities for older adults to utilize their expertise and experience to give back to their communities (through civic engagement, volunteerism, and work); deliver services that help older adults remain independent with dignity; and support the more than 4 million family, friends and neighbors who provide millions of hours of day-to-day care.

The focus of the clinical care system is to improve outcomes for those most at risk by targeting those who are most at risk. The Centers for Medicare & Medicaid Services (CMS) defines those as individuals with chronic conditions and functional needs. Consider the following data:

- When individuals are ranked by how much Medicare spends on their care, those in the top 5% account for 53% of total Medicare spending – almost $400 billion. Sixty-one percent of these individuals have chronic conditions and functional limitations.

- Among individuals ranked in the top 20% for Medicare expenditures, 46% have chronic conditions and functional limitations and 41% have three or more chronic conditions.

- These individuals are more likely to use the emergency department (ED) and hospital inpatient services.

CMS identified the following top needs for this population, all of which are core aging network services:

- Home Delivered Meals
- Personal Care levels I and II
- Transportation
- Chronic Disease Self-Management Programs

For more than 50 years, the network of aging services professionals has targeted and served those individuals that CMS identifies as priority. The network has succeeded by recognizing how important it is to better connect and integrate clinical care with social services – or social determinants of health – to provide the best outcomes for older adults. For years we have known that aging services help maintain good health and prevent ED visits, hospitalizations and nursing home placements. We also know that, upon discharge, a strong community-based network is needed to reduce preventable hospital readmissions and to provide the follow-up care in the community that helps an individual succeed. Absent these connections, the systems fail, which is why there is so much emphasis recently on connecting these systems.
COVID-19 has been transformational for the aging network across the country. This network demonstrated daily its value in providing basic needs through its ability to pivot quickly to meet those needs. The network was critical at every level – from nutrition to grocery and supply delivery, transportation to programming that combats social isolation, and getting shots in arms to slow the spread of the virus.

I am very proud of our staff, the county offices for the aging, the almost 1,200 partners we work with and the cadre of volunteers who met difficult challenges head-on, provided services in a new or expanded way and saved lives. I am also proud to chronicle this work and provide further background about services to older adults in New York State through this report.

Sincerely,
Greg Olsen

Acting Director
New York State Office for the Aging
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NYSOFA Annual Report 2021
Section I: About NYSOFA and the Aging Network

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 in the delivery of federal, state, and local programs and services for older New Yorkers age 60 and over and their caregivers.

It is the mission of the New York State Office for the Aging to help older New Yorkers 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 that support and empower older New Yorkers and their families, in partnership with the network of public and private organizations that serve them.

NYSOFA partners with 59 Area Agencies on Aging (AAAs) and almost 1,200 community-based partners. Collectively, these organizations provide a wide array of programs, services, and supports that help older New Yorkers stay healthy, access services, prevent and mitigate abuse, stay engaged in their communities, understand and apply for benefits, and maintain their autonomy as they age.

NYSOFA’s role in the delivery and administration of services is continuing to evolve and expand. This is possible – and, indeed, necessary – due to the dynamic needs of the populations NYSOFA serves, coupled with infrastructure and federal partnership requirements that enable NYSOFA to connect systems to improve the lives of older New Yorkers. In addition, the state’s Prevention Agenda, Health
Across All Policies Approach, and Age-Friendly designation create a structure for further coordination of services and supports beyond what NYSOFA and its AAAs provide directly.

The Older Americans Act (OAA) and the State Elder Law also require NYSOFA to advocate for informal caregivers (family, friends, and neighbors), an estimated 4 million of whom are providing daily or intermittent care for older adults and people of all ages with disabilities at any given time. NYSOFA is also the state’s administrator for two other programs that provide support for persons with disabilities and caregivers, in addition to older New Yorkers: the federally designated Aging and Disability Resource Center (NY Connects) as well as the state Long Term Care Ombudsman Program (LTCOP). These statewide programs are not limited to those ages 60 and older.

Roles and Responsibilities of the Aging Services Network

Successful aging has three critical components: the absence or avoidance of disease and the risk factors associated with disease; the maintenance of physical and cognitive function; and active engagement with life. While the OAA and NYS Elder Law provide flexibility in how AAAs meet locally determined needs, their mission and mandate remain rooted in these core components of successful aging.

The OAA was founded on the principle of building local partnerships and leveraging additional resources from these partnerships to expand service delivery and access, maintain and improve health and functioning, and reduce isolation by providing opportunities for active life engagement. 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. Likewise, 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 (LTSS). The Long Term Care Ombudsman Program (LTCOP) may be accessed by any resident in facilities covered under its jurisdiction.

In New York, the network of aging service professionals provides the following core services statewide:

- Home delivered meals (HDM)
- Congregate meals
- Nutrition counseling and education
- Senior center programming
- Health promotion and wellness
- Evidence-based interventions (i.e., chronic disease self-management, fall and injury prevention, etc.)
- Volunteer opportunities
- Social isolation reduction
- Respite and caregiver support
- Legal services
- Minor home modifications or repairs
- Elder abuse prevention and mitigation
- Health Insurance Information, Counseling and Assistance (HIICAP)
- Personal care level I and II (non-Medicaid)
- Case management
- Ancillary services such as personal emergency response (PERS) and assistive devices
- Consumer directed services
- Social adult day services
- Transportation to needed medical appointments, community services and activities
- Long Term Care Ombudsman Program (LTCOP)
- NY Connects (Aging and Disability Resource Center), offering:
  - Consistent information, assistance, and experience to individuals in need of LTSS across age and disability groups, payer source, and across New York State
  - Information and assistance—via phone or face to face (in the office, other community locations, in the home, online)
  - A variety of screening (Medicaid eligibility, depression, anxiety, alcohol and substance abuse, elder abuse)
  - Options/person-centered counseling
  - Follow up to ensure connection to services

Due to the flexibility in federal funding (Title IIB) and state funding (CSE) as well as the significant local government contribution, AAAs offer additional services that respond to locally determined needs.
Network Strengths

The aging services infrastructure/network is an established presence in local communities with over 50 years of experience serving vulnerable populations. It also has extensive knowledge of community-based provider networks and how to effectively access those resources. Among its other core strengths are:

- Experience with hospital transitions and evidence-based programs
- Cultural and linguistic competence
- Knowledge of the community they serve and their varied needs
- Established relationships and trust across systems and among the public
- Being nimble and able to provide services in the home
- Serving clients for life; not episode focused
- Serving individuals across all care settings
- Serving as the eyes and ears of medical professionals in the home and community
- Providing one door for information, services and supports
- Extensive benefits and application assistance and screening
- Low-cost, high-impact
- Not insurance driven
- Mission driven, but data informed

Network Service Provision

According to verified data, the network in 2021 served more than 1.3 million people with over $500 million invested from all sources (federal, state and local). This includes:

- 63,825 older New Yorkers who receive registered dietician (RD) certified home delivered meals.
- 196,547 older New Yorkers who receive RD certified meals in a congregate setting.
- 69,561 older New Yorkers who had case managers to help them maintain their independence and navigate various health and social service systems.
- 13,087 older New Yorkers who receive personal care services in their homes.
- 108,044 older adults who receive transportation services to medical appointments, pharmacies, and other community outlets.
- 10,823 receiving legal assistance.
- 88,921 receiving nutrition counseling and education.
- 293,633 receiving information and assistance.
- 109,144 receiving health promotion/prevention.
- 248,000 individuals receive Medicare plan and prescription counseling and assistance.
- 13,109 older New Yorkers receive caregiver support services and respite so they can continue to care for a frail loved one.
- More than 250,000 contacts to NY Connects
- 1.5 million page hits on the NY Connects Resource Directory.
Aging Services Network Infrastructure

- 59 county-based Area Agencies on Aging (also called offices for the aging)
- 1,176 contractors
- 777 senior centers
- 819 congregate meal sites
- 315 central kitchens
- 2,057 home-delivered meal routes
- 41 highest level Evidence-Based Interventions implemented through AAAs, serving 35,651 older New Yorkers
- 904 HIICAP and LTCOP volunteers
- 384 HIICAP counseling sites
- All Case Managers and HIICAP/SHIP Counselors are required to be state certified

Health Across All Policies, Prevention Agenda, Age-Friendly State

New York’s Health Across All Policies approach (HAAP) systematically takes into account the health and health system implications of decisions. It also seeks synergies and avoids harmful health impacts in order to improve population health and health equity. HAAP is founded on health-related rights and obligations. It emphasizes the consequences of public policies on health determinants and aims to improve accountability for health impacts at all levels of policymaking. HAAP also recognizes that 60% of health costs and related issues have nothing to do with health, but instead have to do with individual behaviors (such as smoking, physical activity, nutrition) and social and environmental factors (such as poverty, living arrangements, educational status). NYSOFA’s programs and services are key in addressing these social determinants of health.

HAAP is also the underlying framework for New York’s approach to creating and supporting an age-friendly state and age-friendly communities. This age-friendly paradigm recognizes that the benefits of healthy aging are shared across the age spectrum according to 8 domains of livability as defined by the World health Organization and AARP:

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation
5. Respect and social inclusion
6. Work and civic engagement
7. Communication and information
8. Community and health services

Age friendly New York State is not just about old age—it is about the collective value of people of all ages and abilities. It recognizes that, by addressing the 8 domains of livability, we can improve the health and lives of all populations, make New York the healthiest state in the nation, design communities for everyone, strengthen people’s connections to each other, increase physical activity, and advance economic opportunity. From housing to transportation, NYSOFA’s HAAP-oriented approach to age-friendly public policy has streamlined and improved existing programs to make sure they reach New Yorkers of all ages and abilities in a more effective way.

Being designated the first age-friendly state is not the end of NYSOFA’s efforts, but the beginning. New York State will continue to work with local governments, residents, and businesses to embed the 8 domains of age-friendly policy into all aspects of community development to make positive changes in communities that are attractive to all, regardless of age.

Economics of Aging

As in the rest of the nation, New York’s population is growing older. For far too long the aging population has been portrayed in one-dimensional terms: as a group that contributes less and takes more. But the data tells us otherwise, demonstrating the unmistakable social, economic, and intellectual capital that older adults contribute to their communities:

- New York has the fourth largest population of older adults in the nation: 4.6 million New Yorkers are 60 years of age or older, and 4.2 million are between the ages of 45 and 59.

- By 2025, the population of individuals age 60 and over is projected to account for 25% of all people in 33 counties and 30% of all people in 18 counties.

- 80% of the state retirement system payouts stay in NYS at a value of $10.6 billion annually.

- 64% of New Yorkers age 60 and over own their own homes and have no mortgage.

- 83% of U.S. household wealth is held by people over 50. These individuals account for:
  
  - $5.6 trillion in direct spending on consumer goods and services, including health care (2015 data). By contrast, the under-50 population spent $4.9 trillion during the same period.

  - The majority of volunteering, philanthropy, and donation activities in the U.S. and a huge tourism block.

  - Spending that supported more than 89.4 million jobs and over $4.7 trillion in labor income (2015 data).
Spending that corresponded to 61% of all U.S. jobs and 43% of labor income.

- 83% of the country’s wealth and 51% of consumer spending — at over $7 trillion — according to AARP.

- With their years of life, work, and family experience, approximately 935,000 New Yorkers over the age of 55 contribute more than 495 million hours of community service at an economic value of more than $13.9 billion annually.

- Older New Yorkers and baby boomers make up 65% —$481 billion—of all the household income generated in New York State. They support local businesses, Medicaid and schools through home ownership, contributing significantly to the local and state economy and care economy.

- According to AARP surveys, 90% of New York State residents say they want to stay in their homes and communities as they age.

**NYSOFA Services: An Integrated Funding Structure**

The New York State Office for the Aging (NYSOFA) administers federal funding provided under the Older Americans Act (OAA). NYSOFA also administers state general fund dollars that, in essence, wrap around and build upon OAA funding to expand and strengthen the OAA core programs. Further, county funds significantly expand services provided by the network and represent the single largest source of investments in non-medical home and community-based services delivered by the aging network.

These services are not to be viewed as independent and separate. In practice, they are integrated and coordinated. The chart below demonstrates the importance of state and local funding that strengthens and expands OAA core programs while assuring those programs and services continue to be integrated and coordinated, as demonstrated in the AAAs’ annual implementation plans.

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Funding Streams Used to Support Services</th>
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<tbody>
<tr>
<td>PC Levels I and II</td>
<td>IIIB, IIIE, EISEP, CSE, Unmet Need, County</td>
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<td>Consumer Directed In-Home Services</td>
<td>EISEP, CSE, IIIB, IIIE, Unmet Need, County</td>
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<td>Home Health Aide</td>
<td>IIIE, CSE, County</td>
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<td>Case Management</td>
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<tr>
<td>Service</td>
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<td>Congregate Meals</td>
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<tr>
<td>I &amp; A</td>
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<td>Outreach</td>
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<td>Caregiver Services</td>
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<td>Naturally Occurring Retirement Communities</td>
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<td>Legal Services</td>
<td>IIIB, IIIE, CSE, Unmet Need, County</td>
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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.

For an in-depth review of the programs and services, see NYSOFA’s four-year plan: https://aging.ny.gov/new-york-state-plan-aging-2019-2023-0.
Section II: About 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. However, the younger population block is actually larger than the baby boomers and wants similar things, making the state’s effort to improve livability and implement age-friendly projects that much more important for all generations as they age.

As part of the continuing demographic shift nationally, a growing number of New York State counties will have an older-adult population (60 and over) accounting for 30% or more of the county’s total population – from 9 to 33 counties.

In 2020, population projections (as cited below and in the table to the right) indicate only 4 counties will have populations where older adults (age 60 and over) make up less than 20% of the total population. This now includes two counties in New York City, Tompkins County (includes Cornell University), and Jefferson County (includes Fort Drum). By 2030, it will include three boroughs in New York City and Jefferson County. Overall, the state population is projected to be 24.3% older adults, which is comparable to the national projection in 2025.

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 projected to be nearly 20 million individuals in 2020. With 4.6 million individuals aged 60 and older (Woods & Poole 2018 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 2017 American Community Survey, one-year estimates). Rich in ethnic, racial, religious/spiritual, cultural and lifestyle 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 U.S. According to the 2017 American Community Survey, over 23% of the state’s total population is foreign-born, with 27% of the older-adult population being foreign born; in addition, 31% of the population speaks a language other than English at home.
Racial/Ethnic Diversity and Foreign Immigration

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

- Between 2020 and 2030, the growth rate for 60-and-over minority populations is expected to be 30%, and only 5% for the non-minority population age 60 and over.
- Between 2030 and 2040, the population of non-minority adults age 60 and over will decline by 12% while the minority population of adults 60 and over will increase by 19%, and the minority population of individuals 85 and over will increase by over 70%.

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

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

![Projected Growth of the Minority and Non-Minority Population in New York State (2010 to 2040)](chart)

Source: Woods & Poole Economics, Inc., Complete Demographic Database, 2018
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 (age 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 (age 20-34) who often leave the state for economic opportunities. For New York, this means a 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.

The state is also seeing an out-migration of early retirees and “young-elderly” (ages 55-74). These are typically healthy and financially stable couples who move for a variety of reasons. For New York, this trend means less support for New York’s tax base and local economies, as spending from retirement income, pensions, savings, and other sources is transferred to other states along with home equity and other assets. Further, this causes 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 equal to net in-migration trend among the oldest population (those age 80 and over who are typically frail, widowed, and poor). Generally, these individuals 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.

Collectively, these trends make a strong case for our continued work to embed age-friendly and smart-growth principles within state and local policies by redesigning communities to meet the needs and desires of older and younger populations. Likewise, New York must also institute other policy changes that make our state an attractive place to move to, grow up in, and grow older in.

**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%, the official poverty rate among older adults is 9.7% nationally and 11.5% in New York. Pockets of poverty do remain, for example, among older women living alone, but the overall picture is one of progress. However, many New Yorkers live just above poverty *per capita*, according to the 2012-2016 American Community Survey (Special Tabulation on Aging); while 55% of older adults are at 300% or above of the poverty range, 33% are clustered between poverty and 250% of the poverty level.

In many ways, New York is a study in contrasts. In terms of income, the 2017 American Community Survey reports the state’s median household income as $64,894; yet 14% 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, energy costs, local property and other taxes, and household and housing expenses remain vital concerns of older New Yorkers, particularly among minorities or older individuals with impairments. Paradoxically, low-income New Yorkers bear the greatest burden in terms of out-of-pocket costs compared to any other group, 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 these increase with the onset of chronic health conditions as individuals age. While gap-covering Medicare provides some insulation from rising costs, 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. However, New York State codified the Affordable Care Act provisions in law in the enacted 2019-2020 budget.

Household and housing costs also disproportionately impact older adults. According to the 2013-2017 American Community Survey (Special Tabulation on Aging), while comprising 17% of the household population, people 65 and older comprise 26% of all householders. They own or rent over 1.9 million of the state’s 7.3 million homes.

People age 65 and over living alone comprise 46% of all householders in that age group, and they own or rent over 868,000 occupied housing units in the state. Approximately 22% of these householders are living in poverty on incomes under $12,060 (poverty level published in the 2017 Department of Health and Human Services Poverty Guideline; the 2019 poverty level has increased to $12,490).

New York State’s property tax initiatives have helped to ease the burden on older homeowners; 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 one-third of their income on housing expenses – essentially unsustainable housing costs.

**Gender**

The experience of women as they age is typically influenced by the roles they assume and the resources available to them. As a whole, today’s older women spent less time in the workforce than their male counterparts. This translates into lower pay wages, personal earnings and 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, women often rely on Medicaid to finance the support of their care, especially if a spouse’s long-term care needs end up consuming their family savings. Such situations leave women especially financially vulnerable. Approximately 10% of women age 15 to 64 live alone. This rate more than triples for women age 65 and older (35%) and rises to 55% for women ages 85 and older. More women than men assume caregiving responsibilities for older family members.

According to a 2015 National Alliance for Caregiving and AARP study, 60% of primary caregivers are women; the average caregiver is a 49-year-old woman. Most are married or living with a partner, and 28% have a child or grandchild under the age of 18 living in their household. Six in 10 are employed (59%). A caregiver’s median household income is $55,000 compared to $53,046 for the U.S. overall. Furthermore, the typical higher-hour caregiver (who provides unpaid care for at least 21 hours a week) has been caregiving for an average of 5-1/2 years and expects to continue care for another 5 years. Nearly half of these higher-hour caregivers report high emotional stress (46%). In addition, higher-hour caregivers report difficulty in finding affordable caregiving services – such as home-delivered meals, transportation, or in-home health services – for them and their loved ones. Caregivers who live more than an hour away from their care recipient also report higher levels of financial strain (21%), perhaps because 4 out of 10 long-distance caregivers report the use of paid help (41%).

**Family Characteristics**

The structure of families in New York is becoming increasingly diverse and non-traditional, including increases in persons living alone or living with non-family members, decreases in the number of 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.

**Health and Impairment of Older Adults**

Chronic conditions are singled out as the major cause of illness, disability, and death in the U.S. 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.
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. NYSOFA projects (based on Woods & Poole Economics, Population Projections, 2018) that the number of people age 60 and over with functional impairments will grow 11.2%. It will grow over 20% by 2025, comparable to the rate of overall population growth. Eighty-one percent will live in the community and 19% (based on New York’s current long-term care structure) will live in nursing homes or other group care facilities.

In addition, the U.S. 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 services and supports and the state’s ability to deliver and pay for those services. Recent survey findings of individuals age 50 years and over indicate that only one in four older adults (27% of people age 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 (“Facts About 50 Plus in NY – Health of Older Adults in New York”; Gibson et al. 2003). In total, this leaves approximately 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, long-term care, 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. In addition, the 2017 American Community Survey indicates that over 114,300 persons in congregate care settings (i.e., non-household) are ages 65 and over – 20% of the congregate care settings population. Two-thirds of these individuals are women, nearly half of whom are living in poverty, and 91% of whom report having a disability (based on the self-
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. The entire population benefits when communities are designed to promote exercise and healthy lifestyles while investing in prevention and behavior change strategies. Age-appropriate programs that promote physical activity and balance are beneficial to the overall health of older adults.

It is also important to help all individuals develop accurate expectations for aging. Rather than perceive aging as an inevitable decline in well-being, 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. The Governor’s Health Across All Policies Approach and Age-Friendly New York will have a positive impact on health by addressing underlying causes of decline.

**Growth in Long-Term Care Needs**

Over 114,300 persons age 65 and over live in congregate care settings. That’s three percent of the state’s population age 65 and above. Historically, about 80 to 85 percent of that number would live in nursing homes: in the 2010 Census (the latest data available), that number was 96,495, or 86%. Yet the congregate care population is expected to drop significantly, increasing the need for community-based long term care. Individuals age 60 and older in the community have significant needs:

- 10% of the population has self-care limitations – that is, difficulty taking care of their own personal needs, such as bathing, dressing, or getting around inside the house due to a health condition that lasts for six or more months. This number rises to 15% for people who are 75 and over; and 25% for those who are 85 and over.

- 20% of the population has mobility limitations – that is, difficulty going outside the house alone (for example, to shop or visit a doctor’s office) due to a health condition that lasts for six or more months. This number rises to one-third for individuals age 75 and over, and 50% for ages 85 and over.
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) and activities of daily living (ADLs). Those with IADL impairments need help for outside mobility, meal preparation, grocery shopping, money management, housework and laundry or taking medications. Those with ADL impairments need help with bathing, transferring, dressing, toileting or eating.

While NYS Department of Health data for the year 2016 indicate that 103,696 persons are in nursing homes, NYSOFA estimates (based on historical data) that approximately 30% 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% with ADL limitations living at home in the community and 16% with IADL limitations living at home in the community.

Recognizing that the majority of health care costs are due to social determinants, home and community-based services and prevention and wellness strategies are becoming 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., the Balanced Incentive Payment program, Delivery System Reform Incentive Payment program, etc.). For most, residential facilities are not appropriate, and their needs can be met in the community. Data has shown that frail individuals do 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. Individuals with the most difficulty preparing and eating meals and maintaining recommended diets include some 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 U.S. Centers for Disease Control and Prevention’s Division of Nutrition, Physical Activity, and Obesity (2010). Among the known facts about older adults and their nutritional needs 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**

Older adults are heavily invested in their communities and the economy in a number of ways. According to AARP, individuals age 50 and older hold 83% of U.S. household wealth and spend $5.6 trillion annually on consumer goods and services, exceeding the economic activity of the under-50 population based on these metrics. Older adults contribute $1.8 trillion in federal, state and local taxes, supporting 34% of federal tax revenue and 41% of state and local tax revenue collected in the U.S. The 50-and-over population nationally accounts for the majority of volunteering, philanthropy and donation activities in the U.S., and this is expected to grow as the population ages. Spending by people age 50 and older supported more than 89.4 million jobs, over $4.7 trillion in labor income, 61% of all U.S. jobs, and 43% of labor income. According to data compiled by NYSOFA, the 45-and-over population in New York State accounts for 63% of all household income, or $379 billion annually. Further, more than 900,000 individuals age 55 and over contribute 486 million hours of volunteer service at an economic value of $13.6 billion annually. In New York State, older adults overwhelmingly own their own homes and most have no mortgages, supporting the local economy and schools without adding additional demands on districts because their children are grown up. The state’s Health Across All Policies Approach is dedicated to finding meaningful ways of engaging older adults to volunteer, be civically engaged and participate actively in their communities, including their valuable role in the workforce.
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, the state’s three largest cities (New York, Buffalo, and Rochester) have populations that are comprised of over one-half minorities (58%, 53%, and 56% respectively). The next three largest cities (Yonkers, Syracuse, and Albany) are over 45% comprised of minorities. For this reason, NYSOFA maintains 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, by evaluating changing community demographics and allocation of resources.

NYSOFA also seeks to address equal access to services for rural residents, individuals with disabilities, Native Americans, individuals with limited English proficiency, individuals at risk for institutional placement, and the LGBTQ+ community. NYSOFA is focused on providing increased technical assistance to AAAs on strategies to increase efforts to serve the LGBTQ+ community more effectively. NYSOFA began this effort with additions to its COMPASS (Comprehensive Assessment for Aging Network Community Based Long Term Care Services) which is the assessment used to determine an older person’s need for services. COMPASS now includes questions asking an older adult their gender identity and sexual orientation.

In addition, NYSOFA is also encouraging AAAs to take advantage of training offered by SAGE on the cultural competency of working with LGBTQ+ individuals so the AAAs can enhance their effectiveness in serving this population. Approximately one-sixth of the network is currently “SAGECare certified.” This enables individuals who identify as LGBTQ+ to search for a qualified, culturally competent provider who is trained in the unique needs and barriers this population encounters. Also, NYSOFA will continue its ongoing collaboration with the AIDS institute that helped lead to the development of a guide for training aging network services providers on addressing older adults’ sexual health matters.
Summary

While the state faces current and future challenges in meeting the needs of a growing older-adult population, there are tremendous opportunities. Recent science on social determinants of health provides an opportunity to focus and prioritize community-based services that improve health, function, and strength while preventing falls and reducing social isolation. There is also growing recognition of the valuable role that the aging network can play, in partnership with the health care system, to meet these outcomes. This, in turn, can prevent higher levels of care, and, more importantly, ensure that clinical outcomes and personal outcomes are successful. The aging network is the only network that was designed with broad-based partnerships as a requirement, making it uniquely equipped to advocate for the individual and to help navigate, multiple, complex systems.

The dynamics of population change are vitally important to planning and preparing for an age-friendly system. 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. Such changes need to be considered fully as New York prepares to serve older New Yorkers into the future.
Section III: NYSOFA/Network 2021 Accomplishments

The network of aging service professionals providing non-clinical home and community-based services continued to be challenged during 2021 due to COVID-19. The network’s collective ability to meet existing, new and emerging needs was the centerpiece of its collaborative work. AAAs and community-based organizations, in partnership with NYSOFA, continued to meet the increased demand for services, flexibly, innovatively, and responsively to locally determined needs.

To meet the growing need for services in the pandemic, NYSOFA received more than $160 million in federal stimulus funding that was immediately distributed to all counties. This funding has met a variety of needs, including support for the 20-plus core services that the network provides on a daily basis as well as several key areas of focus. Together, this includes:

- Home-delivered meals and grab-and-go meals
- Shopping and supply delivery
- Prescription drug delivery
- Critical transportation – for example, to dialysis and cancer treatments
- Combatting social isolation
- Shifting service delivery to virtual programming, where appropriate
- Elder abuse mitigation and scam prevention via education and outreach
- Helping individuals get vaccinated at vaccine sites or in the home, as well as helping people access booster shots

State-level executive orders, coupled with the federal Major Disaster Declaration (MDD), have allowed NYSOFA to provide counties and their community-based partners with maximum flexibility in the delivery of services, eliminating barriers that would otherwise unduly impede responsive action to
community needs in the pandemic. These flexibilities remain in place today while we work to safely reopen community outlets that were closed.

On a national level, NYSOFA’s advocacy efforts assisted in securing policy and program changes and additional resources that became national policy and helped older New Yorkers and their families. NYSOFA is also leading a national effort under our Older Americans Act Modernization proposal to better resource the network, invest in the workforce, and continue to provide flexibilities that will allow counties and their partners to meet locally determined needs.

The demands of COVID-19 have also strengthened NYSOFA’s existing close partnerships with state agencies to help New Yorkers, such as our work with: Agriculture and Markets on access to food; the Department of Labor on supports for working caregivers; the Department of Health (DOH) on all COVID-related health and safety issues; the Office of Mental Health on addressing social isolation and mental health issues magnified by COVID-19 (i.e. anxiety and depression); the Office of Addiction Services and Supports on prevention and treatment for alcohol and substance abuse, prescription safety and abuse, and problem gambling; and the Division of Veterans’ Services to support the 63% of New York’s veterans who are age 60 or older. During the pandemic, we worked with state partners to deliver more than 1.8 million masks to older adults and more than 3,200 cases of hand sanitizer. We also worked with the private sector to get donated food, transportation and other commodities to those in need.

Throughout the pandemic, NYSOFA developed and tested new programs and projects to assist older adults. These include:

- NYSOFA’s award-winning animatronic pet project, which has proven to reduce isolation, loneliness and pain. This program has been replicated across the country.

- Being the first in the nation to partner with the National Association of Home Builders to provide Certified Aging in Place Specialist (CAPS) training to network case managers.

- Piloting home sharing based on the successful Home Share Vermont Program that matches older homeowners with individuals looking for affordable

NYSOFA Director Greg Olsen with Ted Fischer, Co-Founder and CEO of Ageless Innovation, a NYSOFA partner on NYSOFA’s statewide animatronic pet initiative.
housing – a relationship that not only promotes affordable housing but assists the older adult in daily tasks that help them maintain their independence.

- Partnering with Selfhelp, Inc. to pilot their Virtual Senior Center Model at 19 locations throughout New York to bring virtual programming into the homes of older adults.

- Partnering with GetSetUp to bring over 600 courses and classes into the homes of older adults and providing an economic opportunity for older adults to teach classes on the platform and supplement their income by getting paid for their skill.

- Partnering with GoGoGrandparent, a specialized ride-share service for older adults using trained drivers who understand the challenges older adults face. This partnership will also provide an opportunity for older adults (and those of all ages) to enter the gig economy by becoming a driver while expanding transportation options in New York State.

- Partnering with TCARE and Arch Angels to support caregivers.

- Partnering with the Department of Homeland Security and Emergency Services (DHSES) to successfully apply and receive FEMA funds to support expanded nutrition access.

- Partnering with the NYS Council on the Arts to bring professional artists into the homes of older adults.

- Partnering with Pets Together, a national non-profit that combats isolation by connecting individuals to volunteers using the power of pet therapy to combat loneliness and isolation.

NYSOFA will continue to support and expand these projects as well as others that are being developed into 2022 and beyond. The “new normal” of COVID-19 is now, with the aging services system providing a combination of in-person and hybrid services while continuing to require flexibility for innovation and action to address emerging needs or previously existing gaps. NYSOFA’s Older Americans Act Modernization Plan is the vehicle to achieve this innovation, expansion, and flexibility while having the federal government resource the states at a level commensurate with the work that is being done – work that, for decades, has fallen substantially to state and county resources.

NYSOFA and the network is a national leader in the pandemic response. In partnership with the Association on Aging in NYS, we presented nationally, regionally, and to individual states on more than 20 separate occasions during 2021 on what we were doing and how we were doing it. We continue to work with individual states and county offices for the aging across the country, providing guidance and technical assistance.

NY Connects

NY Connects is a trusted place to go for free, objective information about long term services and supports in New York State for people of all ages or with any type of disability. Long term services and supports include medical and non-medical services a person needs to improve or maintain health and independence. They may be provided in a nursing home, the individual’s home or other community-based settings, including home care, transportation and meals. The system reform goal is to help
people live as independently as possible while meeting medical, social and functional needs that arise from aging or disability. The system reforms provide help to individuals, families, caregivers, and professionals.

In 2021, NYSOFA made several quality assurance and improvement activities to the NY Connects Resource Directory. NYSOFA began working with CareDirector, in collaboration with PeerPlace, to implement “Project Uplift.” The changes went live on August 9, 2021, upgrading CareDirector to a supported version of Microsoft Dynamics and improving the overall look and feel of the platform for users. Changes were made to:

- Ensure compatibility with current browsers such as Microsoft Edge and Google Chrome and offer a new streamlined user interface for CareDirector (back end) users
- Update CareDirector forms and the assessment engine, allowing for new question types and improved rules engine.
- Allow for new CRM functions such as business rules, business process flows and quick view forms.

Training and Technical Assistance in 2021

NYSOFA and CareDirector administrators provided monthly technical assistance calls in addition to a CareDirector Introductory Course every second Monday of each month.

Quality Assurance and the NY Connects Taxonomy Review and Development

As part of the No Wrong Door (NWD) activities and the NY Connects Resource Directory redesign, NYSOFA launched several quality assurance activities to improve the public user experience as well as the experience of NY Connects professionals providing assistance to individuals seeking LTSS. These efforts continued in 2021 with work on taxonomy guides and the development of additional dashboards on the back-end of CareDirector, which allowed end users to review missing fields and assist the AAAs and Independent Living Centers with making the essential updates to their listings. This resulted in 22,529 program updates and a total of 35,902 terms being used for better search results.

NYSOFA Statewide Client Data System

The Statewide Client Data System was launched in 2016. New requirements and additional updates continue to be made consistent with NYSOFA’s goal of an enterprise, shared solution and service-based approach to the Statewide Client Data System hosted by PeerPlace. Technical assistance, trainings, and ad hoc support are regularly provided to the PeerPlace Champions in each of the 64 jurisdictions using the system. These activities support approximately 2,000 individual users across the state. PeerPlace Champions are designated staff at each AAA and designated AAA subcontracted agency staff granted a user role in the Statewide Client Data System and Independent Living Center NY Connects partners. PeerPlace Champions are responsible for providing training to staff in their agency who have a user role in the Statewide Client Data System. The mechanisms include Statewide Client Data System weekly calls, PeerPlace Champion monthly user group calls, and a satisfaction survey process, conducted every six months. Processes are also in place for managing system
updates to meet federal and state reporting requirements, and other needs in areas such as updates to assessment processes, consent forms, program additions for individual jurisdictions, data feeds from contractors to AAAs, and related reports and view builders.

- **Weekly Calls**: Statewide Client Data System calls continue to be held weekly to provide technical assistance, demonstrations, and mini trainings to PeerPlace Champions and Statewide Client Data System users.

- **PeerPlace Champion User Group**: Monthly meetings for the PeerPlace Champion user group continue to be held via webinar for the PeerPlace Champions who are in turn responsible for providing training to staff in their agency who have a user role in the Statewide Client Data System.

- **Satisfaction Survey**: The Statewide Client Data System Satisfaction Survey serves to gather information on the quality of service and user experience with the system. The Statewide Client Data System Satisfaction surveys are conducted every six months by PeerPlace.

- **AAA Business Intelligence (BI) Report Development Using Specialized Database**: As part of the Statewide Client Data System, an Online Analytic Processing Database (OLAP) was developed for each AAA for ad hoc querying and reporting using Business Intelligence (BI) tools. PeerPlace has launched new software to make data reporting and cross-tab analysis stronger for all users.

- **Elder Abuse Interventions and Enhanced Multi-Disciplinary Team (E-MDT) database**: A new workflow path was designed, developed, and added to the Statewide Client Data System to support the work of the Elder Abuse Interventions and E-MDT Initiative. This custom workflow path, developed by NYSOFA, local partners, and the NYC Department for the Aging, is maintained in a secure environment that is separate from the rest of the Statewide Client Data System.

**COVID-19 Public Health Emergency**

The Statewide Client Data System has been very important in enabling the aging network to track programs and services, including new dynamics associated with the funding and service flexibilities afforded by the COVID-19 public health emergency.

NYSOFA and the aging network were able to institute flexibilities in service delivery in accordance with the federal Major Disaster Declaration (MDD) to continue meeting the needs of older adults, caregivers, and individuals with intellectual and developmental disabilities (I/DD) in the community in a flexible way, recognizing local variations. The COVID-19 service flexibilities enabled the network to meet the increased demand for services and provide support to all individuals in need.
In 2020, NYSOFA added a form to track COVID-19-specific data in the system. This form was updated in 2021 to include vaccine status, provider location, and services needed as a direct result of the COVID-19 public health emergency.

Various program records were also updated to meet local program needs in response to the COVID-19 public health emergency. These updates included the ability to track the delivery of additional services and activities due to the COVID-19 public health emergency.

In 2020-2021, additional updates were made to capture emergency COVID-19 funding available to support disaster relief efforts. In addition, NYSOFA also modified the process to allow flexibility when reporting Major Disaster Declaration funding.

In 2021, COVID-19-related reports were added to the Statewide Client Data System. The system now can generate a COVID-19-related data summary.

The following COVID-19-specific documents were added to the Statewide Client Data System:

- When and How to Use the COVID-19 Form (April 9, 2020)
- Attachment: COVID-19 Form Sections
- PowerPoint (April 9, 2020): COVID-19 and the Statewide Client Data System
- COVID-19 Form – updated in 2021
- COVID-19: How to Record Clients and Units: NY Connects and NY Connects ILCs (April 22, 2020)
- Capturing Feeding Activities During the COVID-19 Public Health Emergency
- Use of Volunteers
- COVID-19 Tools: Quick Steps (updated in 2021)

Statewide Client Data System and Identifying Social Isolation

A standardized Loneliness Scale was added as a new component to the Comprehensive Assessment for Aging Network Community-Based Long Term Care Services (COMPASS), which is NYSOFA’s

NYSOFA delivers cases of hand sanitizer to local Offices for the Aging.
primary comprehensive assessment screening tool. The Loneliness Scale was also made available to NY Connects staff to utilize when conducting the NY Connects No-Wrong-Door screening process. In March 2021, a Loneliness Scale view builder was added to the Statewide Client Data System to allow staff to easily review an individual’s demographics and Loneliness Scale scores.

NY Connects Aging and Disability Resource Centers (ADRC) COVID-19 Grant

NYSOFA applied for a discretionary grant in the amount of $3,000,000 from U.S. Administration for Community Living (ACL) to support ADRC/NWDs. All existing NY Connects organizations in the state were awarded funding to participate in this project. The 58 participating AAAs are comprised of 51 county-based government models, four community-based not-for-profit organizations, two Tribal Nations, and the New York City Department for the Aging (DFTA). There are six regional Independent Living Centers (ILCs): Western New York Independent Living (WNYIL), Living Independently is for Everyone (LIFE at RCIL), Independent Living Center of the Hudson Valley (ILCHV), Westchester Independent Living Center (WILC), Center for Independence of the Disabled-NY (CIDNY), and Suffolk Independent Living Organization (SILO).

This emergency funding supports immediate responses to urgent needs resulting from COVID-19 by enabling the NY Connects NWD System to provide critical access functions to those populations most at risk of COVID-19. This funding enables local NY Connects systems to mitigate the adverse effects of the pandemic, including social isolation and limited access to nutritional and personal care services. It also supports efforts to enhance and increase virtual access to services, including paying for broadband internet access for those unable to afford it.

Thanks to these funds, local NY Connects systems engaged in a wide range of activities to meet the emergent needs of their communities. Reports from NY Connects throughout the state showed collaboration and coordination between local agencies to combine resources and provide solutions to meet the needs for food, meals, transportation, internet access, and combating isolation.

Many NY Connects staff expanded their roles to meet the needs of their communities. For example, a AAA shared that during this time, every staff member reporting to work in the I&A unit received training as NY Connects Options Counselors. NY Connects saw a significant increase in the number of calls, at one point receiving approximately 300 calls per day, which is 200% more than average.
HIICAP is administered locally by the 59 AAAs, consisting of 59 local program coordinators, approximately 300 paid counselors, and 384 volunteers. In 2021, HIICAP provided one-on-one counseling to approximately 103,000 New York Medicare beneficiaries. NYSOFA’s HIICAP mandates an annual state certification exam for all HIICAP counselors and volunteers to increase competencies among counselors in areas of Medicare, prescription drugs and low-income assistance programs. This certification has been opened to Case Managers and other staff involved in the care and service delivery for New York’s Medicare population. Over 600 aging network staff and partners have been cross-trained and are certified to provide some type of Medicare assistance to New York’s Medicare population. Due to the COVID-19 public health emergency, NYS HIICAP conducted 7 online trainings for Medicare counselors and volunteers.

NYSOFA developed several materials in 2021 to assist counselors, including the HIICAP Notebook and 2021 HIICAP Quick Reference Guide. Both educational resources were updated with the most recent Medicare and insurance program policy information, including: Medicare Claims and Appeals, Medicare Advantage, Paying for Long Term Care, the Medicare Savings Program, Medicaid, the Affordable Care Act Health Insurance Marketplace, Elderly Pharmaceutical Insurance Coverage (EPIC) program, Medicare Fraud, and other programs and services. The 2021 HIICAP Quick Reference Guide provides counselors and volunteers with a quick reference on the many Medicare topics and contacts.

Through the Medicare Improvements for Patients and Providers Act (MIPPA), HIICAP, AAAs, and the NY Connects System collaborated to assist over 16,000 beneficiaries with applications for low-income programs such as Extra Help and the Medicare Savings Program, saving New York Medicare beneficiaries more than $48 million in Medicare and prescription costs.

**HIICAP and the COVID-19 Public Health Emergency**

At the direction of ACL, NYS HIICAP was asked to track Medicare beneficiaries who sought information on COVID-19 and any outreach activities related to these inquiries. As of December 2021, over 5,000 New York Medicare beneficiaries received COVID-19 information or referral assistance as a component of HIICAP counseling. Over 950 HIICAP outreach and media events included COVID-19 education and information and assistance.
According to 2020-2021 data, the average In-Home Care customer has the following profile:

- A widowed female
- Age 81
- Low income
- 1.8 limitations with Activities of Daily Living (ADLs)
- 5.0 limitations with Instrumental Activities of Daily Living (IADLs)
- 7+ chronic conditions

NYSOFA’s In-Home program enables frail older adults to remain in their homes, avoid/delay spend-down to Medicaid and avoid/delay nursing home placements, ER visits and hospitalizations. The program provides a well-planned, coordinated package of services, which includes Case Management, personal care assistance, non-institutional respite, and ancillary services designed to supplement informal care. The In-Home program is administered by NYSOFA using uniform statewide program regulations. The program is implemented locally by the 59 AAAs and includes a person-centered, consumer-directed option.

In 2020-2021, through a combination of federal, state, and local funding sources, AAAs provided Case Management services to over 74,000 individuals, and in-home services were provided to 49,353 older adults. Additionally, AAAs reported that funding was used to provide 321,848 units of ancillary services (e.g., Home Delivered Meals, Assisted Transportation and Personal Emergency Response Units) for 10,381 individuals.

NYSOFA has continued efforts to expand Consumer Directed In-Home Services (CDIS) throughout the state. CDIS is a service delivery option within EISEP that increases an individual’s control and participation in their in-home care. Currently, 42 AAAs administer a consumer-directed model under EISEP. NYSOFA will continue to provide technical assistance to AAAs that request or need assistance when developing a CDIS model.

**COMPASS Tool Update Training at the Aging Concerns Unite Us (ACUU) Conference**

In September 2021, NYSOFA staff conducted a training on the COMPASS Tool at ACUU, a conference led by the Association on Aging in New York in partnership with NYSOFA. It included an in-depth review of recent updates to the assessment. Additional trainings were also provided as follows:

- NYSOFA coordinated with Peerplace to conduct a full demonstration of the 2021 COMPASS changes to the AAAs during a regularly scheduled training call, on a program call, and also on a Peerplace drop-in call.
The New York State Division of Veterans’ Services conducted a training in September 2021 to review the new military status question in the COMPASS tool. This training provided Case Managers with information on engaging Veterans and their family members in service planning, accessing services and supports for Veterans, and making referrals based on military involvement.

NYSOFA will conduct additional trainings on the COMPASS tool updates related to LGBT-inclusive relationships, sexual orientation, and gender identity.

**Center for Aging & Disability Education & Research (CADER) Case Manager Certification**

In 2016, NYSOFA became the first state in the country to require Case Manager certification to enhance the qualifications for professional Case Managers who are serving older adults across New York State. This program was implemented in collaboration with the Association on Aging in New York (AgingNY) and the Center for Aging & Disability Education & Research (CADER) at Boston University. The required Case Manager certification training program is designed to address the knowledge, skills, and values essential for effective Case Management practice and to provide a statewide, standardized training program. The standards developed for the Case Management certification program are among the highest in the nation. The goal of this program has been to assist aging services providers in developing a highly qualified, adaptable, and sustainable workforce, and the success of the program speaks to the caliber of staff across New York State.

This certification:

- Brings a core, validated, competency-based program to aging network Case Managers and provides them with tools to be better equipped when serving individuals in an ever-changing health care and LTSS environment.

- Ensures the provision of basic, standardized, core competency training for Case Managers funded by federal and state appropriations.

- Assures individuals, families, caregivers, and the public that network staff have received the appropriate training and certification to provide Case Management services.
In addition to the CADER certification program, NYSOFA provides AAAs with additional online training and certifications through CADER to meet training needs in a variety of subject areas based on the preferences of county staff.

A training curriculum specific to EISEP’s consumer-directed model was developed by a NYOSFA-led workgroup that included AAA directors from each region. The input from local partners was invaluable in the development of this training. Upon completion, this training will consist of 10 pre-recorded modules that will be easily accessible on NYOSFA’s website.

**Vignette: “Mrs. N” – In-Home Program Participant**

Mrs. N is a 91-year-old Chinese client in Queens who first reached out to the Office for the Aging for assistance with housekeeping for herself and “Mr. N,” her 95-year-old husband, due to their declining health. The couple’s daughter was no longer able to come as often due to the COVID-19 public health emergency. The Office for the Aging was able to authorize Personal Care 1 (housekeeping services) for the couple. Mrs. N’s husband passed away in June 2021. Mrs. N refused bereavement counseling but also said that she felt isolated at home. She has two daughters, but only one lives close by and provides help as needed. Mrs. N is a very engaging person, but she had no one to talk to and reported missing her family and friends. This has been especially difficult for her as she speaks the Chinese-Taishanese dialect, and her English is limited.

After Mr. N passed away, Mrs. N requested to have home delivered meals and she continues to receive housekeeping services. Mrs. N says that she always looks forward to the aide coming. She is very satisfied with the services and says that the aide does a really nice job assisting her in her home. Mrs. N’s Case Manager spoke to her about the Friendly Visiting program and encouraged her to accept the service, which she did. Mrs. N is currently receiving weekly phone calls from the Friendly Visiting volunteer and reports that this helps with her feelings of isolation.

**Key takeaways:**

- Home-delivered meals ensure that Mrs. N has daily access to the highest federal standard of nutritious meals which are vital to maintaining good health.

- Housekeeping services help Mrs. N remain safe in her home.
• A Friendly Visiting volunteer makes weekly phone calls to help Mrs. N combat feelings of social isolation.

• Mrs. N is receiving assistance to learn how to use a tablet so that she can connect with the volunteer virtually, through Zoom. Mrs. N has been very happy and is much more engaged now despite the feelings of isolation she was experiencing after the loss of her husband and at the height of the public health emergency.

Elder Justice, Elder Abuse Education and Outreach Program (EAEOP), Elder Abuse Interventions and E-MDTs

The Elder Abuse Education and Outreach Program (EAEOP) provides education and outreach to the public, including older adults and their families and caregivers. The program includes grants to local agencies to establish or expand upon existing local elder abuse education and outreach programs. It also includes broad-based grants designed to support a statewide effort to increase awareness and prevention of elder abuse.

The program is administered by Lifespan and its subcontractors which provided the following Elder Abuse Education and Training opportunities in 2021:

• Virtual and in-person professional trainings to increase recognition and reporting of elder abuse, neglect, and financial exploitation, encourage collaboration among professionals, and facilitate discussion on appropriate intervention and prevention strategies for assisting victims.

• 387 professionals participated in 27 training events throughout New York State. An average of 99% of attendees reported increased knowledge of the subject matter following the training program.

• 105 individuals, medical professionals, and students were trained at 13 professional program trainings and community presentations on skill development and recognition of fast-growing health problems and complex issues related to older adults and substance abuse or misuse (including programs focusing on opioid use and risks and addressing addiction and Alzheimer's disease).

• Lifespan’s multidisciplinary, multi-county, virtual and in-person training programs cover issues related to elder mistreatment, with a focus on addressing challenges associated with financial exploitation of older adults. Lifespan’s statewide regional trainings have been adjusted and expanded to provide more opportunities on agency collaboration, accommodating the safety needs of individuals, reaching more people, and addressing the unique needs of many underserved communities throughout the state.

• 2,841 individuals attended eight virtual trainings related to various forms of elder mistreatment which included a special COVID-19 webinar series hosted by the NYS Coalition Against Sexual Assault; a NYS Adult Abuse Training Institute (AATI) workshop addressing LGBTQ+ older adults and elder abuse; a Hospicelink/StateServ National webinar; two programs on elder abuse
designed specifically for NYS COVID-19 Contact Tracers; a training by the NYS Prosecutor Training Institute; and an Elder Abuse training by the New York State Adult Day Services Association (NYSADSA).

**Elder Abuse Outreach and Public Awareness Education**

- 1,271 individuals received information to help raise public awareness on elder abuse at 73 community presentations held in-person and virtually throughout New York State. Overall, 98% of attendees reported increased knowledge of the subject matter following the training program. Presentations led by staff in Lifespan's elder abuse, scams, fraud, and financial services programs provided information to raise public awareness of elder abuse in domestic settings.

- Additional outreach efforts included newspaper articles, television and radio appearances, community fairs, festivals, health fairs designed for underserved populations, community meetings and luncheons, webinars, professional meetings, coalitions, public service announcements, regular newsletters, and email communications. Lifespan’s series of special radio spots continue to air regularly on a popular local radio station with a high percentage of older adult listeners.

**Lifespan Elder Abuse Prevention Program (EAPP)**

Lifespan’s Elder Abuse Prevention Program (EAPP) provides Case Management services to older adults experiencing abuse, neglect, or financial exploitation. EAPP reduces the risk of domestic elder mistreatment through direct social work intervention in a 10-county target area. They work in collaboration with aging services, Adult Protective Services (APS), the court systems, crime victim advocates, financial institutions, health and human services, law enforcement, prosecutors, and other agencies, as appropriate.

The program served 331 cases, including ongoing carryover cases from the previous year, addressing all forms of elder abuse/mistreatment, financial exploitation, scams, fraud, and ID theft. Additionally, 197 individuals were provided with information and assistance related to issues outside of the normal scope of the program. Top outcomes included:

- Providing education and information
- Increasing access to supportive services
- Creating a safety plan
- Improving safety/stability in the home environment
- Reducing/eliminating contact with suspected perpetrator(s)
- Educating individuals on financial security/improving their financial situation
- Improving overall emotional health and reducing stress

A key component of elder-abuse prevention is helping older adults maintain independence and autonomy over their finances. Financial management services were provided to 83 individuals, including carryover cases from the previous year. The average length of service for cases was 71 months, ranging from 1 to 85 months.
Lifespan’s trained staff and volunteers provide a trusted in-home financial management service when budgeting, bill paying, and day-to-day financial matters become a burden for older adults and/or their caregivers. Services include monthly visits to review budget goals and information and assistance with reducing debt burden, timely bill paying, applying for benefits, linking individuals with community resources, and identifying financial exploitation situations.

30 individuals received guardianship services through Lifespan’s Guardianship Program.

EAEOP Projects throughout New York State

EAEOP projects consist of grants to provide direct outreach and services to older adults, professionals, community organizations, college students to understand elder abuse and provide mitigation and assistance services. In total, the following organizations provided 102 Public Outreach and Training Events and reached 3,403 individuals:

- Carter Burden Network (Manhattan)
- Community Agency for Senior Citizens (CASC, Staten Island)
- Jewish Association Serving the Aging (JASA, Brooklyn & Queens)
- Neighborhood Self-Help by Older Persons Project (SHOPP, Bronx)
- Family and Children’s Association (FCA, Nassau County)
- Victims Information Bureau of Suffolk (VIBS, Suffolk County)

EAEOP and the COVID-19 Public Health Emergency

The COVID-19 public health emergency continues to require ongoing adjustments to in-person and virtual trainings. With technological enhancements, a greater number of professionals, older adults and their caregivers have had access a variety of educational programs. Many of the trainings are recorded and are available in a library that can be accessed at any time.

In 2021, the annual Adult Abuse Training Institute conference was held virtually and the statewide Aging Concerns Unite Us (ACUU) conference had options for attendance in-person and virtually. Many other virtual conferences were available so that professionals could continue to participate in educational programs related to elder abuse and mistreatment without having to attend in-person.

Mr. V stopped supporting a live-in caregiver who had obtained and maxed out credit cards in Mr. V’s name. This person also depleted the funds in Mr. V’s retirement accounts. Mr. V also owes a significant amount of taxes on the retirement funds. A financial management volunteer assisted Mr. V and created a working budget for his remaining money and developed a financial plan for moving forward. The volunteer assisted Mr. V with consulting a tax attorney regarding the caregiver’s receipt of funds not reported as income.
Elder Abuse Interventions and E-MDTs

The primary purpose of E-MDTs is to bring together professionals from across disciplines to investigate and intervene in complex cases of elder abuse (financial, physical, psychological, sexual, and neglect by others). These disciplines include Adult Protective Services (APS), aging services, health and human services, financial/banking services, law enforcement, and others who meet under the facilitation of an E-MDT Coordinator. The enhancements provide access to three specialty services, including forensic accountants, geriatric psychiatrists/other qualified mental health professionals, and civil legal services. Representatives from various federal agencies (FBI, IRS, Postmaster General) also participate on some NYS teams.

The E-MDT model was piloted in New York State from 2012-2016 with federal funds through ACL. Recognizing the effectiveness of the E-MDT model, New York State has allocated $500,000 annually starting in SFY 2016-17 to sustain existing E-MDTs and to replicate the model. Starting in 2017, the New York City Department for the Aging (DFTA) also began funding the New York City Elder Abuse Center at Weill Cornell Medicine (NYCEAC) to provide E-MDTs in all 5 boroughs in New York City.

Building upon this success, in September 2017, the Office of Victims Services (OVS) and NYSOFA partnered to establish and implement the NYS Office of Victim Services’ Victim of Crime Act (VOCA) Elder Abuse Interventions and E-MDT Initiative. The Elder Abuse E-MDT Initiative is overseen by NYSOFA and coordinated statewide by Lifespan of Greater Rochester. Lifespan and the New York City Elder Abuse Coalition (NYCEAC) work in concert to provide technical assistance and training to E-MDTs across New York State and with NYSOFA to provide strategic planning for the initiative. DFTA continues to also fund NYCEAC to operate E-MDTs in New York City.

The E-MDT approach to intervention has become an important part of an overall effective strategy to address elder abuse. Elder abuse E-MDT meetings enable cross-systems collaboration to address the complex needs of older adults who are victims of abuse. In addition to potential prosecution of abusers...
and ordering of financial restitution, the interventions of E-MDTs have included information about, and referral to, needed services (e.g., victim service programs, etc.) and individual advocacy (e.g., assistance with applying for public benefits, etc.).

**Continued Expansion**

As of December 2021, E-MDTs are operational in 55 counties in 11 regions, serving 96% of the older adults in New York State. Sixteen teams have become operational since the start of the COVID-19 public health emergency, with eleven becoming operational during the 2020-2021 program year. The regions are as follows:

- Capital District: Albany
- Central NY: Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego, Tompkins
- Finger Lakes: Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Yates, Wayne
- Hudson Valley: Dutchess, Orange, Rockland, Sullivan, Ulster
- Long Island: Nassau, Suffolk
- Metro-North: Westchester
- New York City: Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island)
- North Country: Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence
- Southern Tier: Broome, Delaware, Otsego, Tioga
- Western NY: Cattaraugus, Chautauqua, Erie, Niagara, Wyoming

**Victims Served in 2021**

Each year the E-MDT Initiative has brought a growing number of referrals.

- Approximately 2,600 victims have had their cases referred to an E-MDT Coordinator.
- Pursuant to federal reporting guidelines, victims who received services in more than one area are counted once for each year they received services; as such, these numbers double-count a minority of victims.
- These numbers only include victims funded with Office of Crime Victim Advocate (OCVA) dollars.

**Restitution**

From 2014 to 2021, E-MDT interventions led to a reported $2.2 million in restitution in financial exploitation cases. Of this, $763,000 was reported returned to the victims.

It should be noted that data on restitution resulting from E-MDT interventions is not uniformly reported by District Attorneys or law enforcement and numerous factors can hinder whether a victim is awarded restitution. Many victims are reluctant to take legal action against their victims. Those who do pursue such cases do not always obtain the rulings they seek from the courts. It should also not be assumed...
that restitution is necessary to assist the victim in a financial exploitation case; even without restitution, E-MDT interventions often stop further exploitation through other actions and supports.

**E-MDTs and the COVID-19 Public Health Emergency**

The COVID-19 public health emergency has had a significant impact upon the E-MDTs.

In 2020, restrictions on in-person gatherings forced E-MDTs to transition to virtual meetings. While some teams had a delayed or reduced meeting schedule, many continued with little to no interruption, and some have met more frequently. All teams have continued to meet virtually during a time when many other programs were forced to pause.

Several teams noted increased attendance, as virtual meetings reduced or eliminated scheduling complications and travel time for many people. In particular, law enforcement officers were better able to attend meetings, with some participating from their vehicles. Some teams are beginning to use a hybrid in-person/virtual meeting format to facilitate member attendance and many will give team members the option to participate virtually following the return to in-person meetings.

**E-MDT Legislation**

In 2021, the Legislature passed, and the Governor signed, Chapter 223 of the Laws of 2021 (A.7634 Cruz/S.6528 Persaud). Chapter 223 went into effect on July 1, 2021. It codified the Elder Abuse E-MDT Initiative into New York State Law by authorizing NYSOFA to establish an Elder Abuse E-MDT program consisting of teams established at the regional or county level. This legislation provides the Elder Abuse E-MDT Initiative with the statutory authorization, protections, and clarifications afforded to similar programs, including allowing for the sharing of victim information during case discussions.

**E-MDT Video Series**

In 2021, Lifespan and NYCEAC partnered with Terra Nova films to produce a series of videos to help further raise awareness about the E-MDT approach to addressing elder abuse, supporting new and existing E-MDTs with outreach and member recruitment efforts.

The video series includes an E-MDT Mock Meeting, an E-MDT Mock Case Consultation, and seven discipline-specific discussions. The disciplines featured in the video include the following roles: Adult Protective Services, Civil Legal Attorney, District Attorney Office, Forensic Accountant, Geriatric Psychiatrist, Law Enforcement, and county Office for the Aging.

The nine-video series is currently hosted on GoToStage and available here: https://www.gotostage.com/channel/emdtvideoseries.

Lifespan and NYCEAC are working on a website for the Elder Abuse E-MDT Initiative, which will provide a permanent home for the videos.

**Diversity, Equity, and Inclusion**

A major priority of the program is combatting racial injustice by building awareness and being proactive in identifying and intervening in elder abuse cases involving underserved populations.
In November 2021, Lifespan, NYCEAC, and NYSOFA began working with Coordinated Case Services, Inc., to better understand diversity, equity, and inclusion and these can be infused into the operations of the E-MDT Initiative.

Evidence Based Interventions (EBIs) & Chronic Disease Self-Management Education (CDSME) Programs

About 40% of adults in New York State have a chronic disease such as arthritis, asthma, stroke, heart disease, diabetes, or cancer. Evidence Based Interventions (EBIs), such as the Chronic Disease Self-Management Education (CDSME) suite of programs, are proven to help mitigate and lesson the burden of these conditions for individuals and for the larger health and human services systems. Studies have shown that clinical/medical treatment is not enough to reduce the severity of or further deterioration from these types of conditions, given their nature as ongoing and/or reoccurring. Individuals must be informed, motivated, and involved as partners in their own care.

CDSMEs help individuals develop self-management skills and adopt behaviors to manage their conditions, leading to enhanced well-being, improved health outcomes, and substantial cost savings to health care payer systems. NYSOFA has made great strides over many years to advance CDSME through its oversight and effective management of OAA Title IIID annual funding allocations to the AAAs coupled with its successful efforts to secure numerous competitive federal grant awards dating back to 2006. There are hundreds of CDSME organizations delivering programs serving thousands of individuals each year ranging from large hospital systems to small community-based not-for-profits and local government agencies.

NYSOFA utilized grant funding to implement an evidence-based online version of the CDSME: Better Choices, Better Health® (BCBH). BCBH is a proprietary program that serves as an alternative option to the traditional in-person CDSME as it is completed online and at the person’s own schedule. The demonstrated outcomes are comparable to the in-person CDSME, with added benefits of flexibility, convenience, and accessibility from home using a personal device. Marketing and public education campaigns to promote remote options were conducted throughout 2021 at the regional and community level.
**EBIs/CDMSEs and the COVID-19 Public Health Emergency**

Morbidity and mortality rates from COVID-19 are the highest among older adults and those with chronic illness and underlying health conditions such as diabetes, hypertension, respiratory problems, and obesity. Programs and services that address social determinants of health such as nutrition, physical activity, and social engagement have been proven to positively impact health, wellness, and independence. EBIs address a range of these social factors at the individual level. Several EBIs were adapted to accommodate remote delivery across the nation.

- In 2021, 110 remote programs (includes online with real-time leaders and telephonic) were delivered across the state to serve 878 people.
- The self-paced online BCBH format was available and promoted among several regional community-based partners and a number of AAAs, serving 81 participants.

**Social Adult Day Services (SADS)**

Social Adult Day Services are structured, comprehensive programs which provide functionally impaired individuals with socialization, supervision and monitoring, personal care, and nutrition in a protective setting during any part of the day, but for less than a 24-hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, caregiver assistance, and case coordination and assistance. NYSOFA directly funds 14 SADS programs and the AAAs fund 83 SADS programs.

Individuals and caregivers served through the SADS program were substantially affected by the COVID-19 public health emergency. The congregate centers closed or reopened with fewer numbers of participants and resulted in the loss of needed respite among caregivers. Challenges were met by developing alternate service delivery methods. SADS Programs offered virtual programming for individuals and caregivers, telehealth supports, delivery of activities, supplies and meals to combat social isolation.

The COVID-19 public health emergency highlighted the need for a new definition of SADS as agencies observed program participants either stagnate or losing physical and cognitive abilities due to difficulties accessing services. The amendment to the definition is found in paragraph (b) of subsection (1) of section 215 of the New York State Elder Law. "Social Adult Day Services" shall mean a program providing a variety of long-term care services to functionally impaired individuals, whether due to physical or cognitive impairments, in a congregate, community, or home setting and pursuant to a person-centered service plan. The change allows adult day services to be provided in a congregate, community, or home setting, according to a person-centered plan, to combat loneliness/social isolation, support social determinants of health, provide caregivers with needed respite, and support working caregivers for programs funded and administered by NYSOFA and/or the AAAs. This flexibility will allow for NYSOFA to advance the requirements found in the Centers for Medicare & Medicaid Services (CMS) Home and Community-based Services (HCBS) Settings Rule regarding settings and person-centered planning.
2020-2021 Data for SADS Directly Funded by NY SOFA

The NY SOFA SADS program served 600 individuals (up 52% from the previous year) and 596 caregivers (up 59% from the previous year). Eighty-seven percent of individuals have Alzheimer’s disease or other types of dementia compared to 65% last year. This reflects an increased need for services and supports to individuals with cognitive impairments and their caregivers, given the overall increase in functional impairments and the need for constant supervision and assistance with toileting.

A total of 600 individuals received services through the SADS programs directly funded by NY SOFA. Characteristics include:

- 42% are age 75 to 85
- 27% are age 85 and over
- 87% have Alzheimer’s disease or other dementias
- 87% require continual supervision
- 34% require hands-on assistance for toileting
- 35% require hands-on assistance for mobility and transfers

A total of 596 caregivers received services through the NY SOFA-directly-funded programs. Highlights of the caregiver’s situations include:

- 81% live with the participant needing care
- 56% work
- 51% are a son or daughter of the person needing care
- 35% are a spouse of the person needing care

A total of 151 participants were discharged from the NY SOFA-directly-funded programs:

- 50% remained in the program until facility placement or death
- 88% remained in the program for 6 months or longer

SADS Professional Development Program

The New York Social Adult Day Services Association (NYSADSA) provides technical assistance to Medicaid Managed Long-term Care (MLTC) organizations who contract with SADS, individuals who wish to open a program, and/or for existing providers seeking assistance in meeting state regulations and requirements. NYSADSA was able to complete the production of online personal care training for SADS staff and volunteers. This is now available on their website and successful completion meets the SADS regulation.

NYSADSA worked with NY SOFA and DOH leaders to assist SADS providers across the state during the COVID-19 public health emergency. NYSADSA built an online resource library related to COVID-19 that gave SADS providers a place to turn for consolidated, up-to-date, pertinent information. Additionally, NYSADSA continued to provide technical assistance for SADS providers as needed.
NY Connects and Caregivers

In 2020, the NY Connects program helped 17,186 caregivers of care recipients across age and disability types, representing 8% of all calls to NY Connects. Consumer and Caregiver Supports ranked second in requested information topics for NY Connects.

National Family Caregiver Support Program (NFCSP) – Title III-E

The National Family Caregiver Support Program (NFCSP) was established in 2000 to provide states with funding for 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 through the AAAs. AAAs that accept NFCSP funds from NYSOFA must establish and operate a caregiver support program that: meets the needs of the caregiver and enhances support given to the care receiver; helps the caregiver become a better advocate and more confident in assisting the care receiver with their needs; deters placement in a long-term care facility and promotes continued care within the home and/or in alternative community settings for older adults for as long as possible; and helps provide support to older relatives that are caregivers for children or individuals with I/DD, if desired. When family caregivers are well supported, receivers of their care are able to stay in their homes longer and can
have better quality of life.

Caregiver services under NFCSP include:

1. Information about services available in local communities.
2. Assistance in gaining access to services and resources in local communities.
3. Individual counseling, support groups and/or caregiver training in areas of caregiving, health, nutrition and financial literacy that assist the caregiver in making decisions and solving problems related to their caregiving role.
4. Respite Care to enable caregivers to be temporarily relieved from their caregiving responsibilities. Respite care is prioritized to family caregivers providing care to a frail older adult. Services can be provided in the home, adult day service program or overnight stay in a residential care setting.
5. Supplemental services on a limited basis to complement the care provided by caregivers (e.g., assistive technology, home modifications, incontinent supplies, legal assistance, and transportation).

This program served the following individuals:

- 5,137 caregivers received Respite Care
- 2,050 caregivers received Supplemental Services

**Caregiver Support in the COVID-19 Public Health Emergency**

Many providers of caregiver support programs had to close operations in the pandemic, resulting in the need to rapidly adjust traditional services, become innovative, secure ongoing flexibility to meet needs, and continue person-centered approaches. Respite providers and programs did the following:

- Offered animatronic pets to address social isolation and loneliness. As a respite care service, care receivers are engaged and occupied with their pet companion, allowing the caregiver some time to focus on other things.
- Ordered fidget blankets (blankets with several different objects attached to them that stimulate the older adult, keeping them focused on an activity and thereby reducing emotional escalation that leads to agitation) to help to reduce anxiety for the care receiver and provide some “respite” for the caregiver.
- Offered daily wellness classes virtually with good participation each day. This included classes for kinship caregivers.
- Transitioned the Powerful Tools for Caregivers curriculum to a virtual format.
- Transitioned caregiver support groups to a conference call and webinar format, facilitated routine check-in calls with caregivers to see if they had any specific needs, developed respite
buddy systems to offer ongoing telephone support, and established support groups for staff working with caregivers.

**Caregiver (Consumer) Directed Respite**

The NYSOFA caregiver team facilitated a workgroup to develop a more comprehensive caregiver-directed service delivery model for the NFCSP. NYSOFA intends to expand its current caregiver-directed model for the NFCSP to include out-of-home respite care and to explore utilizing vouchers and other models that would allow for more consumer choice and a more person-centered approach.

**Caregiving and Respite Information for Aging Network Caregiver Coordinators**

NYSOFA’s Caregiver Program Coordinator coordinated monthly webinars with various topics related to caregiving and respite for AAAs under the NFCSP. More than 220 individuals are invited to each call. The calls are held as webinars and covered the following topics: NYS Paid Family Leave, Veteran Benefits for Caregivers, Overview of the Technology-Related Assistance for Individuals with Disabilities (TRAID), Caregiver Resources through the Office of Mental Health (OMH), MLTC Benefits for Caregivers, and Emergency Respite.

**Supporting Working Caregivers**

NYSOFA worked with the New York State Department of Labor (DOL) to develop a *Caregiver Guide for Businesses* to help support working caregivers across the state. One goal was to help individuals self-identify as caregivers (55% of individuals in this role don’t self-identify as such). NYSOFA and partners also sought to educate HR departments about the major strains on working caregivers, linking them to existing services if they need support. The Guide includes links to programs, supportive services, workplace data, and information about New York State Paid Family Leave (a benefit that provides workers with job-protected, paid time off to care for a family member). All businesses across the state received the guide through DOL, and NYSOFA worked with public and private agencies, organizations and workforce development boards to disseminate it more broadly.

NYSOFA also partnered with the New York State Caregiving and Respite Coalition (NYSCRC) to customize the University of Wisconsin’s web-based Employed Caregiver Survey for New York’s needs. This public-private partnership to survey businesses and their workers was announced in a press release alongside the *Caregiver Guide for Businesses*. The survey is designed to help: identify the percentage of workers who carry out caregiving tasks; understand what those tasks are that working caregivers are performing regularly; educate human resources departments on community services available to working caregivers; and educate employees on caregiving issues to help them self-identify and get the support they may need. The results are currently being tracked for ongoing analysis.
Caregiving-focused Learning Collaborative

NYSOFA and state-level partners are actively participating in the family caregiving-focused learning collaborative Helping States Support Families Caring for an Aging America, Phase 2, facilitated by the Centers for Health Care Strategies (CHCS), Inc.

New York’s team is working to build cross-sector partnerships to better support family caregivers’ needs. The New York project team plans to build upon current partnerships under the state’s Health Across All Policies initiative and the opportunity for added focus on systems of support for caregivers.

A strong cross-sector project team has been established and consists of state and private organizations, including: The New York State Department of Health, Office for People with Developmental Disabilities (OPWDD), NYSCRC, the New York State Kinship Navigator, American Association of Retired Persons (AARP), New York State Office of Mental Health, New York State Division of Veterans’ Services, and the Alzheimer’s Association. New York is committed to developing strategies, policies, and programs to support family caregivers and address the challenges of an aging population.

The National Academy for State Health Policy (NASHP) Technical Assistance Opportunity

In partnership with the New York State Department of Health, NYSOFA successfully applied for a one-year $40,000 technical assistance grant from the NASHP State Medicaid Policy Institute on Family Caregiving, which kicked off in March 2021. NYSOFA is seeking NASHP’s technical assistance in developing a report to show outcomes of the Tailored Care Assessment and Referral (TCARE) assessment tool on dimensions such as caregiver burnout, placement of care receivers in a higher level of care setting, and potentially other measures.

TCARE Pilot Project

NYSOFA launched a pilot project in May 2021 utilizing the evidence-based TCARE Assessment Tool, with 25 trained TCARE specialists housed at various AAAs, State Respite Programs, and SADS funded
by NYSOFA. The TCARE system design gives professionals the tools they need to work with caregivers and identify the goal, strategy, and resources required to bridge the gap between how a caregiver self-identifies and how they clinically measure burnout. It is anticipated that this pilot will contribute to a better understanding of the criteria for identifying respite needs, the impact on caregiver depression and stress levels, as well as the impact on delaying nursing home placement, which could result in significant Medicaid savings.

Monthly user group calls are held to discuss the pros and cons of the assessment tool, as well as provide an opportunity for the users to learn from one another. The TCARE pilot will run through December 2022 and a mini evaluation will be undertaken to determine its effectiveness and possible expansion.

Virtual Caregiver Conference

In June 2021, NYSOFA partnered with the Association on Aging in New York (AgingNY) and NYSCRC to host a virtual Caregiver Conference. The theme of the conference was supporting mental health and self-care for caregivers across the state. Over 220 individuals attended.

Lifespan Respite: Project Period 2020-2023

The goal of the 2020-2023 Lifespan Respite Grant is to continue to build upon prior and current Lifespan Respite initiatives by engaging key stakeholders to strengthen New York’s Lifespan Respite Care System. This effort includes expanded respite services, new partnerships, and targeted outreach statewide to provide a sustainable, coordinated respite care system to support caregivers across the age and disability spectrum. These goals will be accomplished by increasing the number and types of partnerships to strengthen New York’s Lifespan Respite Care System; expanding volunteer respite care services, training, and oversight across the age and disability spectrum; expanding outreach strategies to address underserved populations with respite care and build emergency respite capacity; and expanding workforce initiative with businesses in supporting working caregivers.

Volunteer Respite Program

New York State has become a leader in training respite volunteers using the nationally recognized, evidence-informed Respite Education and Support Tools (REST) model. In two years, NYSCRC grew its Volunteer Respite Program substantially using the REST model of volunteer respite training. Currently, there are six master trainers, who have established training capacity across the state through this train-the-trainer model. In 2021, the team began to work together to review its volunteer respite
training curriculum. This process will model and further tailor the curriculum to New York State needs, including adaptations for special population groups for implementation in the coming year. While NYSOFA was working on this effort, National Access to Respite Care and Help (ARCH) presented NYSOFA with an opportunity, in partnership with the Respite Care Association of Wisconsin (RCAW) and NASHP, to field-test a competency-based and enhanced entry-level respite provider training and recruitment campaign. The purpose of the initiative is to develop, test, and scale a respite workforce recruitment, training, and retention program to better meet the respite needs of individuals of any age or condition. New York was selected to participate. Additionally, to expand the pool of volunteers, the team has started to explore service-learning opportunities with nursing, social work, and occupational therapy students through colleges, the Board of Cooperative Educational Services (BOCES), and other potential partners.

**Lifespan Respite Project Period: 2021-2026**

The goal of the 2021-2026 Lifespan Respite grant is to strengthen New York’s Lifespan Respite Care System by piloting a NYSCRC regional satellite to build capacity for expanded information, education, respite, and other caregiver supports to underserved groups, as well as statewide development of new partnerships, targeted outreach, and advocacy to provide a sustainable, coordinated respite care system to support caregivers across the age and disability spectrum. This will be accomplished by piloting a NYSCRC satellite Regional Caregiver Wellness and Respite Center (CWRC) that will engage, assess, and provide services to family caregivers in the region; adding the LifeCourse Tools for Respite to the NY Connects/NWD trained counselors’ caregiver toolbox for improved access to respite statewide; developing and implementing a respite worker training program; and increasing family caregivers’ self-identification and awareness of their role.

**CWRC**

A NYSCRC satellite Regional CWRC will be piloted in the northern region of New York State (Clinton, Essex, Franklin, Hamilton, Warren, and Washington counties). Specifically, the core team will plan,
design, and develop a model similar to the Center’s existing model under the Alzheimer’s Disease Caregiver Support Initiative (ADCSI) during the first year of this five-year grant, focusing on the underserved rural caregiver population. The CWRC will have responsibilities to engage, assess, and provide services to rural family caregivers in the established region for better care coordination, respite implementation, and improved social determinants of health for informal caregivers living in the targeted area. The CWRC will offer respite vouchers, consultation/assessment services, and education and outreach to caregivers across age and disability groups within the satellite’s regional area. The newly formed CWRC will increase the capacity and quality of respite and other supports for informal caregivers in the six-county region.

**Caregiver Resource Centers (CRC)**

Section 206 of the NYS Elder Law, Article II, Title I established the Caregiver Assistance Program within NYSOFA. Under this program, NYSOFA is authorized to establish training and assistance programs for caregivers of frail and disabled persons. The program served 4,554 caregivers as follows:

- Caregiver Training: 71 trainings held, serving 1,671 caregivers
- Support Groups: 211 support groups held, serving 345 caregivers
- Caregiver Counseling: 808 caregivers were provided caregiver counseling
- Information and Assistance (I&A): 1,730 caregivers were provided I&A

The following narrative highlights effective program outcomes through the CRC.

*Claire is the primary caregiver for her husband, John. For many years, John was a prominent business owner and very active in his community. When John unexpectedly had a stroke that left him with severe cognitive impairment, Claire found herself in a very overwhelming situation, unsure of how to care for her husband. Claire reached out to the office, which connected her to the Caregiver Coordinator and CRC. The Caregiver Coordinator provided caregiver counseling, offering Claire resources and support. Claire acknowledged that she was feeling depressed and very alone, unsure how to handle this unexpected change in her marriage and life. The Caregiver Coordinator advised Claire about the importance of allowing others to help in order to alleviate the stress Claire had been struggling with. After several conversations, Claire informed the Caregiver Coordinator that Claire had made it a priority to contact her therapist and schedule regular appointments in order to care for her mental health. Claire also informed the Caregiver Coordinator that she had found a home health care agency in order to privately hire an aide to care for her husband a few days a week. Claire eventually began attending the Caregivers of the Elderly Support Group, providing her a safe space to share her triumphs and challenges. Claire expressed that the support group has provided her with a sense of community and support, and she feels comforted knowing she is not alone and that there are other caregivers who can relate to her. Claire states that she now understands the importance of taking care of herself in order to provide the best care possible for her husband. She also mentioned that she has learned to accept that she cannot do everything on her own and that asking for help has connected her with many wonderful people. Claire has made tremendous progress over the last few months, and it is evident that Claire has benefited from the services provided by the CRC.*

**Respite Services and the COVID-19 Public Health Emergency**

The COVID-19 public health emergency challenged the State Respite Program which works optimally as a face-to-face service that relieves a caregiver of caring responsibilities to take time for themselves.
As adult day centers closed, the use of home care also became limited. Caregivers were afraid of being exposed to the virus from outside staff coming into their home. Home care staff were concerned about bringing the virus home to their families. Overnight, respite at an assisted living facility or nursing home was no longer an option. The program quickly pivoted to virtual and telephone supports, along with assistance to help caregivers navigate technology or equipment necessary for receiving remote services.

Data shows that significantly more caregivers sought and received services during the pandemic. The number of caregivers served by the State Respite Program more than tripled.

NYSOFA’s 10 contracted agencies received 13 grants to provide the following units of service:

- 1,695 unduplicated caregivers and 180 unduplicated care receivers were served
- Adult Day Services (one hour): 1,270 units
- Friendly Visiting/Companion (one contact): 372 units
- Personal Care Level 1-Housekeeping/chore (one hour): 186 units
- Personal Care Level II-Homemaking/Personal Care (one hour): 305 units
- Home Health Aide (one hour): 981 units
- Overnight-Nursing Home (24-hour period): 1 unit
- PERS (each unit per month or partial month): 3 units
- Other (Consumer Directed): 414 units
- Information and Assistance (one contact): 3,370 units
- Case Management (one hour): 208 units
- Caregiver Support Group/Education: 40 units
- Counseling (one session): 163 units
- Self-Care Caregiver Packages (each): 158 units
- Wellness Calls: 515 units

Services for Individuals Living with Dementia

Alzheimer’s disease and other dementias (AD/D) are umbrella terms that refer to a group of degenerative neurocognitive disorders. AD/D damages brain functioning, leading to cognitive decline (e.g., memory loss, language difficulty, poor executive functioning), behavioral and psychiatric disorders (e.g., depression, delusion, agitation), and declines in activities of daily living (ADL) and independent functioning. An estimated 6 million Americans have AD/D and an estimated 400,000 individuals in NYS have AD/D. That number is expected to increase to 460,000 by the year 2025. Eighty-seven percent of individuals receiving adult day services were cognitively impaired, and this number is more than 20% higher than past years. Individuals living with dementia and their caregivers were significantly affected by reductions in adult day services programs and face-to-face respite for caregivers of individuals with dementia during the pandemic. The aging services network sought to fill the gap by providing virtual and telephonic support services for those individuals and their caregivers.

In 2021, NYSOFA began chairing the New York State Coordinating Council for Services Related to Alzheimer’s Disease and Other Dementias with support from New York State Department of Health Alzheimer’s Program staff, where NYSOFA represents the aging network’s services for persons living with dementia. The scope of AD/D has been difficult to project for multiple reasons. These include the following: many people remain undiagnosed because they do not share their symptoms with their medical providers; medical providers are reluctant to give this diagnosis; and cultural barriers...
discourage individuals from seeking a diagnosis.

AAAs partner with agencies that administer NYSDOH’s Alzheimer’s Disease Caregiver Support Initiative (ADCSI) regionally throughout the state. These programs offer:

- Extensive outreach to target communities
- Caregiver assessment and referrals
- Support groups
- Education and training
- Caregiver wellness
- Joint enrichment
- Respite

AAAs access dementia training for aging network staff and dementia-specific care coordination services through the Alzheimer’s Association Chapters.

The National Family Caregiver Support Program (NFCSP, Older Americans Act Title III-E) provides services for caregivers of individuals with young onset dementia.

**HIV and Aging, LGBTQ+ Competency and Sexual Health**

In 2021, NYSOFA and state agency partners continued our collaborative work with ACRIA and other organizations to educate the aging services network on HIV and aging and LGBTQ+ competency. Due to restrictions placed on in-person events and an increased need for web-based training for professionals, the state moved its annual *Ending the Epidemic* summit to a virtual format. NYSOFA sponsored additional programs to support the educational needs of aging services providers in assisting LGBTQ+ New Yorkers, including a webinar on January 19, 2022 with ACRIA that offered a window into the unique lived experiences of LGBTQ+ older adults and concrete tools for staff on how to support them. This work builds on our longstanding collaboration, including the development of *Older Adults and Sexual Health: A Guide for Aging Services Providers* – a key resource developed by ACRIA with support from the New York State Department of Health AIDS Institute in collaboration with NYSOFA. The Guide, along with instructional webinars, conference, and presentations on its content and related resources have promoted sexual health for older adults within the aging network. NYSOFA provides AAAs with ongoing technical assistance to develop sexual health wellness programs for older adults in senior centers and other community settings. NYSOFA also provides the aging perspective through our involvement in the interagency task force on HIV and AIDS, a multi-state agency task force dedicated to the prevention of HIV and to the care of persons living with HIV/AIDS in New York State.
The annual Senior Farmers’ Market Nutrition Program (SFMNP) continues to be a highly sought-after and successful means of meeting the nutritional needs of older adults while supporting New York farmers. Through a Memorandum of Understanding with the NYS Department of Agriculture & Markets, the aging services network distributed 101,969 farmers’ market coupon booklets to lower-income older New Yorkers in 2021. Each booklet is worth $20 in coupons that recipients can spend at farmers’ markets and roadside stands for fresh, local fruits and vegetables. In 2021, the program amounted to $2 million in support for low-income older New Yorkers as well as for New York’s agricultural community.

**SFMNP and the COVID-19 Emergency**

COVID-19 continued to present challenges to traditional methods of coupon distribution for the Senior Farmers’ Market Nutrition Program (SFMNP), but AAAs adapted their processes and were able to safely distribute SFMNP coupons to older adults in their communities. When in-person distribution methods were not feasible, AAAs were able to use continued flexibilities such as electronic signatures, mail distribution, and the use of proxies. These remote methods continue to help older adults access this beneficial program.

**SNAP Education Program (SHINE)**

NYSOFA administers a statewide SNAP-Ed program reaching over 20,000 low-income older adults with nutrition education and obesity prevention activities. This program – Seniors’ Health Improvement and Nutrition Education (SHINE) – is possible through a continued partnership with the Office of Temporary and Disability Assistance (OTDA).

The program’s strong performance in the New York City region led NYSOFA to award increased funding in 2021, expanding programming in that region and offering workshops in English, Spanish and Cantonese. Additionally, NYC delivers cooking demos and nutrition information programming virtually, along with a nutrition newsletter that reached over 7,000 senior center and congregate meal site...
The following Area Agencies on Aging (AAA) are continuing regional work:

- Chautauqua (including Cattaraugus and Allegany Counties and the Seneca Nation of Indians)
- Franklin (including St. Lawrence and Clinton Counties and the St. Regis Mohawk Tribe)
- Montgomery (including Fulton and Herkimer Counties)
- New York City Department for the Aging (Bronx, New York, Queens, Kings and Richmond Counties)
- Oneida (including Madison and Chenango Counties)
- Oswego (including Jefferson and Lewis Counties)
- Delaware (including Sullivan and Greene Counties)
- Schuyler (including Steuben and Chemung Counties)

**SHINE and the COVID-19 Emergency**

The eight regional programs continue to deliver remote workshops and focus on indirect education activities as congregate meal sites and senior centers remain closed in many areas of the state. Indirect education efforts, such as container garden programs and food box distributions, have extended the reach of these critical support programs.

Chautauqua County expanded its produce box distribution this year, from 4 to 5 sites, providing 2,000 produce boxes (up from 800) which were distributed to 200 households over a 10-week period. The produce was purchased from local Chautauqua County farmers using COVID-19 funding, resulting in local produce reaching some of the most food insecure residents of the county.

Container garden distributions continued in five regions this year. The program was piloted in the New York City area last year when over 500 residents of four New York City Housing Authority buildings received kits consisting of potted herb plants, a flexible cutting mat encouraging increased fruit and vegetable consumption, and nutrition education on using herb plants in cooking. This year, the program was expanded to distribute 1,000 container kits at 12 senior centers in Brooklyn, Bronx, Manhattan and Queens.

**Participant Testimonial**

“Since I took the class, I have lost 21 pounds. The classes were well presented with very good information. I used the suggestions. Without really trying, simply changing some habits and making small adjustments, I was able to lose the weight and keep it off. I learned many ways of implementing a healthier diet with little effort. I strongly recommend taking the SNAP Ed classes.”

**DOH Food Safety and Sanitation Trainings**

Through an MOU, NYSOFA continues to partner with DOH to provide annual Food Safety and Sanitation trainings for AAA staff who have oversight of their agency’s nutrition program, registered dietitians, program cooks and those who train food preparers and handlers. NYSOFA also consults local AAAs’ nutrition professional staff and volunteers on food safety and sanitation to help prevent foodborne illnesses and other risks.
In 2021, the New York State Department of Health and NYSOFA worked collaboratively and continued to build upon the transition to remote delivery of these trainings, including a series of virtual trainings in Spring 2021. Each training provided four hours of content over two sessions: Part I and Part II. 1,125 participants from across New York State attended the remote trainings and received certificates from NYSDOH. 2021 remote training participation was 50% higher than it had been in 2020, and 400% higher than a typical year of traditional in-person regional training.

Home delivered meals were, and continue to be, the most in-demand service due to COVID-19. The network has seen an 82% increase in clients served and a 29% increase in meals provided when compared to the most recent pre-pandemic fiscal year.

The COVID-19 pandemic continues to pose challenges in maintaining food access for older adults throughout New York State due to widespread closure of congregate meal sites, interruptions to nutrition-related services, and even barriers to purchasing groceries for many older New Yorkers. Large-scale disruptions have prompted the aging network to be both innovative and flexible in how they deliver nutrition. Supply chain and workforce issues require constant problem-solving.

The aging services network has effectively connected socially isolated older adults to necessities, hot meals, and shelf-stable food items through a range of solutions, including the expansion of home delivered-meals, grab-and-go meals, grocery shopping assistance and bulk purchasing. We plan to continue building upon these enhancements to increase food access for older adults throughout New York State well after the pandemic.

Vignette

“Throughout the pandemic … from day 1 until now, our drivers have gone above and beyond to assist our seniors because the pandemic shut people out from families and friends and basically the world. Our vulnerable seniors relied on our meals because they could not venture out of their homes. Even as the number of clients grew, our drivers delivered meal after meal, taking every precaution necessary for everyone’s safety. For many older adults, the trained driver was sometimes the only face they would see. Their role in monitoring older adults and reporting...”
issues was critical. When an older adult lost hands-on help from her daughter due to cancer treatment and then had a stove fire trying to prepare a meal from groceries the neighbor dropped off, Home Delivered Meals were able to support her need for ongoing nutrition. On a routine meal delivery to an older adult, the astute driver noticed that something was unusual with the older adult’s cognition. The driver alerted the office, the office reached the emergency contact, and the contact, her daughter, went right over to the home. At the hospital it was determined the older adult was experiencing a series of mini strokes. The family is extremely grateful that their loved one is recovering thanks to the diligence of this driver.

**Emergency Preparedness**

The NYSOFA Emergency Management team saw a continuation of intense activities in 2021, signified by two large-scale efforts: Tropical Storms Henri and Ida, which occurred in rapid succession, and a major mission at JFK Airport in anticipation of the arrival of refugees from Afghanistan. These events coincided with the continued indispensable role of NYISOFA and AAAs in assisting vulnerable older adults by providing accurate information on the COVID-19 virus, how to stay safe, obtaining the COVID-19 vaccine at community sites and in the home, and arranging for help getting booster shots.

NYISOFA’s Emergency Management Team was well prepared for these latest events, having received updated internal and external training (including the DHSES NYR training) as well as actively gathering information and providing technical assistance to our AAA network on emergency planning. This preplanning gave an organized starting point for the simultaneous activation of Disaster Resource Centers (DRCs) across NYC, Long Island, and the lower Hudson Valley.

Without a designated Emergency Response unit, NYISOFA’s direct coverage of the DRCs, especially in a long-term activation, became a significant challenge. The virtual Emergency Operations Center for ESF6 was staffed with approximately eight NYISOFA staff from August 21 (start of Tropical Storm Henri) through October 28 (end of DRC coverage). In addition, many of those same EOC responders, along with a team of willing program and administrative staff, took deployments to the on-site DRCs in New York City. This heightened and prolonged activation required the coordination of every NYISOFA division. In all, nearly half of NYISOFA’s staff, along with dozens more local AAA partners, provided on-site coverage and agency support to the DRC activation.

Two such examples of localized coordination have been provided by our AAA partners in NYC and...
Westchester County.

An older adult was living in a basement apartment which, after the Hurricane Ida flooding, became uninhabitable. Overnight the older adult became misplaced. He lost all his belongings and was couch surfing between friends and family as the landlord no longer wanted to deal with his tenant and offered no alternate options. The older adult turned to his local Office for the Aging (Yonkers) who not only staffed and supported the FEMA site but also checked on other local Hurricane Ida victims. The Yonkers Office for the Aging assisted the older adult first in researching housing, worked around the issue of him being over income for eligibility criteria, found the gentleman a new home, and finally assisted him in applying for FEMA reimbursements. The individual successfully got $4,000 from FEMA and was able to use these funds towards the purchase of new furniture for his new home.

Ms. H has been through difficult of times. This year her daughter became ill with COVID-19 and was hospitalized for six months. She was released and her compromised immune system brought her back to the hospital. Since then, she has been raising her daughter’s two children in addition to four of her other grandchildren, six in total. Amid her daughter’s health challenge, Ms. H’s house was impacted by the flood that hit the city. As a result, her basement was destroyed, including her boiler, clothing, and quarters where some of the children slept. She reached out to the Grandparent Resource Center (GRC) who worked with her by assisting her in completing the FEMA application for funding, providing her with Farmers’ Markets coupons, information on nearby pantries, as well as coats, winter items and holiday gifts and gift cards for all six grandchildren, ages 2, 4, 8, 15, 15 and 17. The grandmother was beyond grateful for the consistent support in getting them through the most difficult times in her life.

Lastly, despite a very active 2021, NYSOFA was able to meet one of the agency’s annual goals by achieving 100% compliance in completing the annual Continuity of Operations Plan (COOP) Training.

**Naturally Occurring Retirement Communities (NORCs)**

During the 2021-22 State Fiscal Year, NYSOFA worked closely with any Neighborhood NORC (N/NORC) programs that had historically experienced challenges related to program compliance and timely contract execution. Through regularly scheduled technical assistance calls, tutorials, and ongoing support from NYSOFA, programs in need of assistance received the tools and information needed to ensure program compliance in alignment with the NORC statute (Elder Law 209) while also enhancing the scope and quality of services for program participants.

Through increased telephone reassurance, case management, and health care management, N/NORC programs were able to maintain continuous contact with program participants to promote health and wellness, reduce social isolation, and mitigate any additional unforeseen consequences of the COVID-19 public health emergency, to the extent practicable. Following the Major Disaster Declaration, N/NORC programs made programming available remotely by guiding older adults on how to access services virtually using technological tools for activities aimed at improving health, wellness, and social connectedness. Additionally, N/NORC programs were able to connect participants to meals, SNAP benefits, pantry items, and emergency supplies. These activities effectively sustained the critical services needed to support older adults in remaining healthy and socially connected during this time. NYSOFA supported these efforts by making allowances for COVID-19-related purchases such as
technological devices to enable remote communication and virtual programming, in addition to the distribution of personal protective equipment for both staff and program participants to promote health and safety.

Vignette

A NNORC resident in Chautauqua County lives alone and his closest relatives live in other states. This proud Vietnam veteran, who retired from his local manufacturing company and is now a farmer, has several chronic medical conditions including diabetes and hypertension as well as many of the cardiac and renal secondary complications of these two diagnoses.

The NNORC Community Health Care Advocate and Case Management services provided to him include:

- Coordination of regular evaluation and management of his medical conditions through the VA.
- Assistance with applying for additional veteran benefits.
- Third-party evaluation and installation of improved lighting at his home and barn for safety.
- Assistance with obtaining a handicap parking permit.
- Ongoing health care management for follow-up of his medical visits with monitoring blood pressure and other health indicators.
- Transportation for orthotics and diabetic shoes.
- In-person physician visits with the NNORC Community Health Advocate present to assist with providing information and coordination of follow-up care.

Senior Community Service Employment Program (SCSEP)

The Senior Community Service Employment Program is a community service and work-based training program for older workers. It provides subsidized, part-time, community service training for unemployed, low-income persons 55 or older who have poor employment prospects. This program provides older workers with access to SCSEP services and employment assistance through American Job Centers. Program participants work an average of 20 hours a week and are paid the highest of the federal, state, or local minimum wage. SCSEP participants are placed in a wide variety of community service activities at nonprofit and public facilities, allowing these agencies to enhance and provide needed services while helping older workers gain job skills. These community service training assignments promote self-sufficiency; provide assistance to organizations that benefit from increased civic engagement; and support communities. The 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.

The SCSEP portion of the New York State Workforce Innovation and Opportunity Act (WIOA) Four Year Combined State Plan 2020-2023 was submitted and approved by the U.S. Department of Labor/Employment and Training Administration (USDOL/ETA). This marks the first time that SCSEP
was included in the NYS Combined State Plan. The plan serves as a state’s outline of its vision for the workforce development system. The plan was developed by the New York State WIOA Interagency Team, which includes: the NYS Department of Labor (NYSDOL); the NYS Education Department’s (NYSED) Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR), Adult Education, and Career & Technical Education (CTE) offices; the NYS Office of Children and Family Services/NYS Commission for the Blind (OCFS/NYSCB); the NYS Office of Temporary and Disability Assistance (OTDA); the NYS Office for the Aging (NYSOFA); and the NYS Department of State (DOS).

SCSEP and the COVID-19 Public Health Emergency

Because the SCSEP participants’ host sites (training at community based or government entities) were closed during the pandemic, older adults lost potential employment opportunities at these locations. Due to the extraordinary situation, the USDOL/ETA allowed SCSEP participants to receive paid sick leave (under normal circumstance paid sick leave is not allowed). Allowing paid sick leave served as a means of limiting SCSEP participants’ public exposure while minimizing disruption in the payment of participant wages and benefits.

Even as the pandemic prevented SCSEP participants from receiving training at their host sites, New York SCSEP providers assessed their participants’ ability and access to technology to work or train remotely, including their access to internet, computer, or a smartphone. For those unable to train remotely, workbooks were distributed to help facilitate ongoing employment training. Participants received training on how to access virtual platforms like Zoom, along with the utilization of various remote training tools. The program also provided virtual job fairs.

As employers of all kinds quickly embraced new technological platforms to perform day-to-day operations, the pandemic likewise forced the SCSEP program to take a fast leap into technology. To meet this challenge, NYSOFA applied for and received a “Special Request” in its funding application for SCSEP Program Year 2021 (7/1/21 to 6/30/22). This “Special Request” allowed for a one-time exception in the use of funding so it could pay for tools to assist participants and train them on remote work – funds otherwise designated for participant wages and benefits. These tools include an estimated 100 Chromebooks (or like device), mouse, and assistance with access to internet service. These tools will be utilized in a lending library manner and will include instruction and ongoing assistance in how to operate remotely for SCSEP participants.

Vignette (SCSEP participant in the New York City Department for the Aging program):

At age 66, one SCSEP participant joined the program after finding herself out of work for over a year. Her biggest barrier to employment was psychological. She felt employers would be hesitant to hire her because of her age. Fortunately, she saw a flier for the DFTA SCSEP program during a visit to the Social Security Administration office and became a SCSEP participant in March 2021. The DFTA Senior Employment staff began by providing updated computer training, building her resume, improving her interviewing skills, and building her confidence that she could succeed in finding employment. The staff gave her enough confidence to apply for a job as a Data Entry Associate with DFTA’s HIICAP program, which she successfully obtained. She left the SCSEP program with renewed hope and tells other unemployed older adults: “don’t lose hope.”
The Major Disaster Declaration (MDD) and public health restrictions prompted New York State’s aging network to continue to modify established operational and programmatic practices to meet the prolonged and expanded community based and long-term care needs of older adults. In response, NYSOFA also broadened its scope of AAA technical assistance and oversight to be inclusive of the AAAs’ unique needs, operations, and programs as each Program Service Area (PSA) faced the extended pandemic. To help, NYSOFA developed the remote Oversight and Technical Assistance (OTAV), a tool which guides an interactive oversight process to ascertain the impact of the pandemic on both AAA infrastructure and aging services. The tool also strategically prompts a review of AAA operational highlights and challenges, presenting an opportunity to engage in future planning based on lessons learned. NYSOFA’s Aging Services Representatives (ASRs) are conducting an OTAV with all 59 AAAs as well as working with the Advocacy Specialist to co-facilitate a select number of remote visits. The Advocacy Specialist remains available to all AAAs throughout the OTAV process for consultation and technical assistance in serving those with greatest social and economic needs.

The objectives of the OTAV include:

- Provide oversight of, and technical assistance to, local AAA operations during the MDD.
- Support AAAs in successful post-pandemic transition and resiliency planning.
- Inform NYSOFA of regional and statewide trends in the needs of older adults and caregivers.
- Discuss challenges to effective service delivery and opportunities for enhanced methods and innovative models of service provision and lessons learned from the pandemic.
- Continue to promote and shape New York’s responsive commitment to the holistic wellbeing of older New Yorkers and their caregivers.
- Obtain information on how stimulus/COVID relief funds have impacted the number of people served and the programs offered by the AAA and any challenges or barriers in the ability to utilize stimulus/COVID relief funds.
- To fulfill State Unit on Aging oversight responsibilities.

Older Adult Supplemental Nutrition Assistance Program (SNAP) Outreach

The Older Adult SNAP Outreach Program is a collaboration between NYSOFA and OTDA that is implemented by LiveOn NY throughout New York City. The project receives $200,000 from the NYS Legislature which is then matched by a $200,000 grant from OTDA’s SNAP Outreach Plan for New York State. Under this program, older adults are provided with important SNAP information and application assistance at senior centers, libraries, not-for-profit agencies, food pantries, and other locations that make it easy and convenient to learn about this valuable benefit. Due to the COVID-19 pandemic and subsequent restrictions on in-person gatherings as well as travel, SNAP Outreach
activities pivoted from March 2020 onwards to focus on remote methods.

2021 SNAP outreach highlights:

- Served 2,709 older adults through prescreening, surpassing the goal for the year.
- Provided application assistance to 1,593 individuals, exceeding last year’s total of 1,356 individuals.
- Submitted 1,211 first-time applications to HRA for approval. Based on past results, it is estimated that at least 60% of the applications will result in receipt of SNAP benefits which translates into an annualized $1,800 per person to help in-need older adults pay for food. In addition to these initial applications, LiveOn also provided recertification to 255 older adults, plus filed change forms on behalf of 127 clients.
- Because of the COVID-19 Emergency Allotment, the maximum monthly amount for an eligible one-person household applicant was increased to $210 per month in June 2020 ($2,520 annually) and then again to $250 per month ($3,000 annually) in October 2021.
- Made extensive use of the new Elderly Simplified SNAP (ESNAP) application form.

Vignette

Ms. S. was referred to the Benefits Outreach Program in early 2021. She is 82 years old and lives by herself in an apartment in Brooklyn. After losing her husband last year, Ms. S. was left with only her monthly Social Security benefits in the amount of $1,440. With a rent burden of approximately $1,200 per month and utilities to pay, she’d been struggling to manage financially and reported being in a constant state of anxiety as a result. A SNAP application was submitted on her behalf, and she was approved for the maximum monthly benefit ($250 per month). The additional $250 per month in SNAP enables Ms. S. to afford healthy food and has eased her distress significantly.

COMPASS Project

The Comprehensive Assessment for Aging Network Community-Based Long Term Care Services (COMPASS) is a comprehensive client assessment instrument that informs and guides comprehensive care planning and subsequent service delivery. It provides a basis for determining AAA-provided service needs and benefits as well as referrals to other programs/systems and providers when appropriate. The COMPASS reflects a person-centered approach to care and reflects the critical role informal caregivers play in the client’s plan of care.

NYSOFA continues working with the Department of Health to establish protocols by which the valuable information collected in the COMPASS can be provided to an individual’s health care providers allowing for a person-centered, coordinated and cost-efficient service plan.

In 2021, the NYSOFA COMPASS workgroup continued implementing revisions to the COMPASS based on input with key stakeholders, needs arising from the COVID-19 public health crisis, as well as priorities of the Governor and state agencies. To do this, NYSOFA continued to collaborate with SAGE.
and UCLA Law School for Sexual Orientation and Gender Identity (SOGI) content and recommendations. NYSOFA also worked with the NYS Division of Veterans’ Services for COMPASS content and training.

The following changes were implemented in the COMPASS effective October 2021:

- **Veterans Focus** – To align with its support efforts for veterans and their families, the NYS Division of Veterans’ Services conducted training for NYSOFA’s aging network regarding statewide veterans’ services and how Case Managers can engage veterans and their family members to assist with access to all needed services and supports.

- **Update Sexual Identity Content** – Revisions were made to the terminology used in the Sexual Orientation and Gender Identity (SOGI) section. From NYSOFA’s work on SOGI content in the COMPASS, the California Commission on Aging requested an informational meeting to learn about NYSOFA’s process as well as the successes and barriers NYSOFA encountered when creating and revising SOGI content.

- **Technology Focus** – To meet the needs of older participants’ current functional environments and the changing lifestyles of older adults and society as a whole, NYSOFA activated a series of questions that focus on technology. The questions capture each older adult’s access to, and competency level with, technology.
Communications and Public Information

NYSOFA’s Communications Bureau continued its successful campaign and event planning, digital engagement, and media relations. The goal is to help further build the Bureau’s growing portfolio while also establishing a dedicated point of coordination with the Governor’s press office and partner agencies. Using analytics and data collection to make informed decisions, the NYSOFA Communications Bureau continues to distinguish itself as a leader and trusted source of meaningful and engaging information for the public, the media, and the statewide network of aging services providers.

Social Media Engagement

The pandemic has shown the value of digital communications in reaching people consistently and efficiently with powerful and engaging content. NYSOFA’s Communications Bureau has continued to leverage this resource using every tool at its disposal. In 2021, NYSOFA’s Communications Bureau developed new internal planning strategies to help maximize opportunities on digital media for helping older adults and their caregivers find services or supports.

Employing a range of best-practices and innovations, the team continued to grow NYSOFA’s social media presence in 2021, nearly doubling its Facebook audience and making significant gains on NYSOFA’s other social media platforms.
As of December 2021, NYSOFA’s Facebook page had more than 9,000 followers, with an average weekly engagement of 2,600 people, and a weekly reach of 10,200 people. The NYSOFA Facebook page continues to outperform many other agencies’ pages – including some agencies that are several times larger. The Bureau also continues to identify best practices for scheduling and creating valuable content for our followers.

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<thead>
<tr>
<th>NYSOFA Facebook Engagement/Growth</th>
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<tr>
<td>Followers</td>
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<td>December 2020</td>
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<td>December 2021</td>
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In 2021, the agency’s YouTube channel featured nearly 50 videos highlighting agency work, collaborations with partners, and NYSOFA programs. As an example, NYSOFA’s Medicaid tutorial, produced in June 2021, has garnered more than 1,500 views to date. In 2021, the communications team worked with NYSOFA Director Greg Olsen and program experts on the following videos:

- Over ten tutorial videos providing information on how to apply for the most common benefits like Medicare, HEAP, EPIC, STAR tax rebates, SNAP food assistance, and more.

- NYSOFA’s "Live with Greg" Facebook livestream on topics like sepsis, elder justice, Alzheimer’s support, awareness about mental health supports, scams, hospice services, Social Security, addiction and problem gambling, and other topics.

- Information on how to use the online COVID checkup tool.

- Public service announcements on the importance of getting vaccinated and booster shots.

- Debunking ageism with facts about older adults, dispelling common stereotypes.

- NYSOFA’s partnership with GetSetUp to provide online courses for older adults.

- NYSOFA’s animatronic pet program and our partnership with the Pets Together video chat service to help overcome social isolation.

- NYSOFA’s working caregivers initiative and our "Any Care Counts" campaign to encourage participation in a NYSOFA survey profiling the needs of working caregivers.

- Recognition of White Cane Awareness Day to provide education about supports for individuals with blindness.

- NYSOFA’s support for the Community Friendship Volunteer program in the North Country.

- Video remarks for important recognitions days, holidays, and historical events, like Veteran’s Day, the 20th anniversary of 9/11, Older Americans Month, Older New Yorkers’ Day, and the
50th anniversary of the federal nutrition program for older adults, among others.

In 2021, the Bureau also increased subscriptions to its YouTube channel – from 32 (in January 2021) to 270 (in March 2022). The 2021 growth was achieved using organic promotional methods, and the Bureau recently implemented an audience growth strategy, including boosted content, aimed at reaching 1,000 subscribers by the end of 2022.

**LIVE with Director Greg Olsen**

Mental Health Awareness Month
Thursday, May 20, 12:30pm

Special Guest:
Dr. Ann Sullivan
Commissioner, NYS Office of Mental Health

**Facebook Live With Greg, and Ask the Experts**

NYSOFA’s “Live with Greg” Facebook series remains a mainstay of NYSOFA’s digital offerings. The purpose is to provide important information to older adults, their families, providers of services, and, most importantly, to connect to existing resources to assist. The FB Lives have been presented on more than 40 different topics and reached more than 330,000 people so far. The series has continued to build audiences and strong partnerships while conveying important information to the public about such topics as hospice, caregiving for an individual with Alzheimer’s Disease, help for working caregivers, awareness about signs and symptoms of cancer, mental health issues, elder justice, financial abuse and scams, and more. The program is led by NYSOFA Director Greg Olsen who hosts the livestream in an engaging, informal interview format with top experts from the field. Director Olsen works closely with the Communications Bureau to identify topics, guests, interview questions and resources to share. Between the livestream and subsequent posting, each “Live with Greg” typically reaches between 2,000 and 5,000 people. Archives of the program can be viewed in the “Live with Greg” playlist at https://www.youtube.com/c/NewYorkStateOfficefortheAging/playlists.
Video Production Enhancements

The NYSOFA Communications Bureau has used video content for effective messaging. Throughout 2021, the Bureau substantially enhanced the quality, complexity, and creativity of its video productions – from the planning and intake process to pre-production, editing, post-production, and, ultimately, distribution. The Bureau’s portfolio expanded to include videos featuring multiple subjects and partners as well as the use of supplemental footage (or b-roll) to create variety and enhance storytelling, among other important enhancements. Prominent examples include NYSOFA’s #AnyCareCounts campaign profiling working caregivers (with links to supportive services), a White Cane Awareness Day video (taking viewers into the day-to-day experience of someone with low vision/blindness), promotional videos for the Aging Concerns Unite Us conference (co-sponsored with the Association on Aging in New York), a profile of the North Country’s Community Friendship Volunteer Program (an important NYSOFA partner), and other examples from NYSOFA’s library of more than 50 new videos produced in 2021. All videos are posted to NYSOFA’s YouTube channel at https://www.youtube.com/c/NewYorkStateOfficefortheAging.

Video Tutorial Series: Federal, State and Local Benefits

One of NYSOFA’s proudest accomplishments is the development of benefits tutorials. During the pandemic, most offices were closed and applying for benefits became challenging. Director Olsen identified federal, state and local benefits that would significantly help older adults and worked with state, county and private experts to develop easy-to-understand video tutorials on how to fill out the applications from home, what the questions on the applications mean, and what required back-up documentation would be needed to verify information in the application. This assisted in slowing the spread of the virus by helping to make it possible for older adults to complete applications at home. These videos also reduce the administrative burden on local districts because applications come in complete, and they empower individuals by encouraging them to apply from the safety of their homes. Tutorials include in-depth and easy-to-follow instructions from experts on how to apply for: Supplemental Nutrition Assistance Program (SNAP) food assistance, Medicaid, the Medicare Saving Program, the Home Energy Assistance Program (HEAP), assistance with housing costs, local property tax reduction programs, and more. The videos can all be accessed at https://aging.ny.gov/news/video-tutorials-all-one-place-help-older-adults-your-community-apply-benefits.

Older New Yorkers’ Day

Each year, NYSOFA celebrates the incredible contributions of older adults from across the state for our signature Older New Yorkers’ Day event. Honorees are nominated by their county/area Offices for the Aging. While the event is traditionally held in-person, the NYSOFA Communications Bureau worked to produce a digital livestream version of the ceremony for a second year in a row. NYSOFA’s 2021 program drew nearly 500 people who were able to watch the event premiere on Facebook and YouTube. The program can be watched at https://aging.ny.gov/older-new-yorkers-day-2021-epk.

The 2021 program was emceed by NYSOFA Director Greg Olsen and included Senate Committee on Aging Chair Rachel May, Assembly Committee on Aging Chair Ron Kim, and Association on Aging in New York Executive Director Becky Preve. Together they honored and highlighted 86 honorees – shining examples of the 1 million older adults who give 495 million hours of their time each year to community organizations at an economic value of almost $14 billion per year.

The Communications Bureau coordinated with local press, issuing 25 press releases announcing and
profiling all honorees. The press releases included quotes from directors of Area Agencies on Aging who nominated awardees for the 2021 program. Focused on local media, the press outreach effort garnered news coverage in virtually every region of the state, significantly elevating the contributions made by older adults in their communities.

2021 Media Campaigns: SNAP-ED, Long Term Care Ombudsman Program

In 2021, the Communications Bureau implemented approximately $500,000 in paid media campaigns for both the Supplemental Nutrition Assistance Education Program (SNAP-ED) and the Long Term Care Ombudsman Program (LTCOP). In both instances, the campaigns were able to connect these programs with their desired audience while increasing awareness. The LTCOP campaign, scheduled to run for approximately three months, generated over 4 million impressions across multiple digital platforms in just the first month alone during 2021.

SNAP-ED Nutrition Education

The 2021 SNAP-Ed campaign features a highly popular NYSOFA-produced live-cooking demonstration on social media that promotes healthy and cost-effective nutrition choices. The monthly cooking demonstration, “What’s Cooking with Wendy,” is hosted by NYSOFA’s Registered Dietician Wendy Beckman. The program is connected with a companion informational segment, called “Ask The Experts,” where Beckman joins nutritionists, dieticians, SNAP-Ed education directors, and health
leaders on a Facebook livestream to discuss nutrition topics and answer questions from the public. The campaign additionally includes a monthly e-news article from Beckman on a salient topic. The SNAP-Ed suite of programs, produced by NYSOFA’s communications team, rank among the most popular in terms of NYSOFA’s social media engagement metrics.

Ongoing Agency Support

The Communications Bureau routinely acts as the supplier and preparation team for other NYSOFA bureaus for tabling, document production, talking points, presentations, and branding. In 2021, the Bureau staffed the New York State Fair for the 14th year in a row, reaching more than 5,000 constituents and distributing information about programs, services and supports available to older New Yorkers and their families.

Transparency Plan

In the Fall of 2021, Governor Kathy Hochul directed New York State agencies, authorities, and boards to assess and evaluate their existing policies and practices and create a plan detailing their new efforts to increase transparency and accessibility. In response, NYSOFA's Communications Bureau worked to coordinate a plan that includes action steps designed to increase public participation and access to information. The plan includes new responsibilities for the Bureau to post information and data reports on an array of NYSOFA programs and services. NYSOFA’s transparency plan can be read at https://aging.ny.gov/transparency.

Legal Support

Legislation proposed by NYSOFA was enacted on July 1, 2021 creating a new section 225 of the Elder Law, which authorizes NYSOFA to establish the Elder Abuse Enhanced Multidisciplinary Team Program, with teams consisting of representatives from a wide range of professions for the purpose of responding to complex cases of elder abuse. During the COVID-19 public health crisis, there has been a surge in reported instances of abuse and financial exploitation. The crisis has simultaneously created many obstacles in addressing these instances.

Legislation was also enacted to amend the definition of social adult day care in the Elder Law. The COVID-19 crisis emphasized the need for this change as agencies observed clients of the program either stagnate or lose physical and cognitive abilities due to the inaccessibility of services that are provided by social adult day care. This situation has highlighted the fact that a greater number of older adults can be reached and provided services in community settings and at home.

Regulatory Proposals

During the COVID-19 pandemic, AAAs encountered various obstacles in providing necessary services, including in-person services. In 2020, these were addressed through the temporary suspension, by executive order, of certain regulatory requirements. Based on these experiences, NYSOFA saw the need for permanent regulatory changes going forward to provide flexibility in the provision of services when faced with unforeseen circumstances such as the pandemic. NYSOFA has submitted a rulemaking for enactment that would amend certain regulatory requirements such that they must be complied with “unless impracticable.” This will afford AAAs the necessary flexibility to continue providing services when met with various circumstances, while leaving these requirements otherwise
Contract Workgroup

NYSOFA has established a Contract Workgroup to enhance our contracting processes. This group is finalizing updates to NYSOFA’s policies and procedures with respect to agency contracting. It is also revising and updating contracting documents and has established a separate SharePoint site to house certain frequently used documents and templates. The group is planning to train staff once these projects have been completed.

Security Training

Privacy and Security training was first provided to all staff in 2018. In recent years, NYSOFA has increasingly become involved in activities that include the handling and transfer of data from both NYSOFA clients and other sources, and the use of data by NYSOFA has evolved significantly. In recognition of this, NYSOFA has developed enhanced security training for all NYSOFA staff with direct access to any client information.

Legal Services Survey

The AAAs have completed and returned a legal services survey to determine their level of compliance and thoroughness regarding delivering legal assistance. The legal assistance developer is analyzing the survey results in order to provide technical assistance that will help to enhance the provision of legal assistance by the AAAs and their service providers.

Targeting/Equal Access

The Advocacy Specialist is a position within NYSOFA dedicated to increasing the AAA network’s knowledge and awareness about targeting services to those in greatest economic and social need as well as the provision of equal access to services, including eradicating any barriers that may exist to obtaining services such as language, cultural, geographic and disability related barriers.

- The Advocacy Specialist, as part of NYSOFA’s strategic plan to increase the capacity of the network in New York, has provided monitoring and on-site technical assistance to half of 59 Area Agencies on Aging statewide; onsite visits have been paused for the entirety of the pandemic, but significant technical assistance has been provided remotely.

- Throughout the pandemic, the Advocacy Specialist has provided subject information monthly to AAAs for their use and dissemination to older adults through their newsletters, social media, etc. Topics vary and began with COVID-19-related information but have included other topic areas such as breast cancer, diabetes, social isolation, access to services for veterans and health disparities.

- While travel to the remaining AAAs continues to be delayed due to COVID-19, the Advocacy Specialist has reached out to every AAA by telephone to discuss their efforts to reach populations disproportionately affected by the pandemic and provide technical assistance.

- The Advocacy Specialist serves as Director Olsen’s designee on the Developmental Disabilities Planning Council. The Council approved an exciting pilot project designed to increase the Aging
Network’s capacity to respond to needs of older adults with Intellectual and Development Disabilities and their caregivers, de-silo service systems, and strengthen a single point of access for individuals and their families.

- NYSOFA contracted with AgingNY for the hire of a Statewide Disability Coordinator who will assist AAAs with complex cases. Based on the pandemic, the Coordinator is currently focusing on providing technical assistance to each pilot site and disseminating disability-related information. The Advocacy Specialist is also collaborating with the Coordinator to develop a toolkit to assist caregivers with future planning regarding the care of individuals with intellectual and developmental disabilities. Due to the pandemic, NYSOFA is being granted a one-year no-cost extension to complete the project. The AAAs have developed ways to reach older adults with ID/DD in their planning and service areas including commercial campaigns, initiation of social clubs, provision of respite, etc.

- The Advocacy Specialist has collaborated with NYSOFA’s Division of Policy, Planning, Program and Outcomes and the New York State Department of Health to administer a grant to Build Resilient and Inclusive Communities (BRIC) which focuses on health disparities for the aging. An expert was recruited (Dr. Melicent Miller, Health Forward, LLC) who presented at the annual Aging Concerns Unite Us conference and is completing four mini learning modules which will be delivered in online format to AAA staff and assist in increasing their understanding of health disparities and inequities as well as develop strategies to mitigate them. Continued funding has been secured and Dr. Miller will be continuing this work in 2022; she will moderate a focus group which will include a community with a first language other than English. This will be videotaped and used as a training tool to help AAAs better engage with marginalized communities – particularly communities with a first language other than English. Dr. Miller will also be engaging with faith-based leaders in a videotaped presentation to assist the aging network in understanding the best methods to engage marginalized communities in a culturally competent manner.

- The Advocacy Specialist continues to serve as the designated Language Access Coordinator for NYSOFA, which continues to evaluate its materials, such as brochures, to assure they are provided to communities speaking languages other than English. As an example, this year NYSOFA was able to produce notecards in Pashto, Dari, and Farsi to meet an immediate need for information to immigrants in emergency circumstances.
Long Term Care Ombudsman Program (LTCOP)

The Long Term Care Ombudsman Program advocates for more than 164,000 residents and their families in approximately 1,500 long-term care facilities across New York. These include nursing homes, adult care facilities, assisted living and family-type homes.

- In 2021, approximately 35 full-time/15 part-time staff at the regional level helped train and organize over 230 volunteers to provide 16,821 hours of advocacy services to residents. Note that the COVID-19 pandemic has impacted volunteers greatly, as many were not actively engaged due to fear of returning to facilities. As a result, the number of hours donated has drastically decreased from years past.

- There were 42,062 Instances of information and consultations offered to individuals and facility staff. These are contacts made to the program that do not require complaint follow-up or resolution.

- Ombudsmen returned to facility visitation fully for staff and willing volunteers on July 1, 2021. Visitation continues, taking into account the impact of COVID-19 on individual facilities.

- LTCOP has increased its systems advocacy efforts to work toward a changed program model, focusing on a professional workforce that will be less reliant on volunteers to perform all duties of a paid staff, and allow for more targeted volunteer efforts.

- A new certification training was developed during 2021, for implementation in October 2021, to meet the new standards put forth by ACL. The new training allows for both virtual or in-person training and is now standardized for use across the state. This new training also allows for
multiple regions to conduct the training together, ultimately allowing for timelier certification of volunteers and staff.

- LTCOP has partnered with the Center for Elder Law and Justice on assistance with managing involuntary discharge notices and the appeals process for these situations.

### Finance Support

The Division of Finance (DFA) at NYSOFA dispersed to the AAA network and partners over $160 million in funding made available through the Families First Coronavirus Response Act (FFCRA); the Coronavirus Aid, Relief and Economic Security (CARES) Act; the American Rescue Plan Act (ARP); the Consolidated Appropriations Act of 2021; and the Expanding Access to Vaccines Acts (VACS and ADRC grant).

This funding supports the needs of older New Yorkers, including: nutrition services, home delivered meals, supportive services, family caregiver and Aging and Disability Resource Centers (ADRC), and expanding the public health workforce within the aging network (via ARP) in response to the pandemic.

DFA successfully launched a Request for Information (RFI) to solicit information from vendors for a Data Collection and Reporting System that will greatly enhance and improve the existing system and provide a solution to track and analyze: client services; care and case management services and referral; clients/services and expenditures by multiple funding streams; administration requirements; federal reporting requirements; compliance monitoring; and reporting functionality. These improvements will support efforts to fully assess all feasible data elements/options and provide a statewide integrated system for individuals and caregivers needing access to long-term services and supports (LTSS), including an application for a Long-Term Care Ombudsmen Program. The information obtained through the RFI will be used to develop a Request for Proposals in FY 22-23. It will also create a case management system and the ability to use analytics, metrics and outcomes to determine the efficacy of network programs and services and cost-saving to NYS.

DFA worked tirelessly to pay claims, process contracts (including hundreds of additional contracts included in the FY22 budget from the Legislature), process amendments, and make sure funds were flowing to localities to reimburse for services rendered.

DFA continues to further streamline and establish procedures related to the federal reporting process for Titles III and VII, and NSIP.
APPENDIX

NYSOFA Participation in Workgroups, Committees, and Interagency Councils

Representatives of NYSOFA actively participate and/or lead the following workgroups, committees, and interagency councils, providing input on the needs of older adults, coordinating and advising on program functions, and serving as a conduit of information for local aging services providers and their partners.

Most Integrated Setting Coordinating Council (MISCC) was established by Chapter 551 of the Laws of 2002. The MISCC is responsible for ensuring that New Yorkers of all ages with physical, intellectual, developmental, and mental disabilities receive care and services in the most integrated settings appropriate to their individual needs. Together, state agencies, in partnership and collaboration with public advocates and community-based partners, are working hard to ensure that all New Yorkers with disabilities are afforded the opportunity to live lives of inclusion where people live, work, travel, and engage in their community.

New York State Committee for the Coordination of Police Services to Elderly Persons is focused on developing and supporting training to improve the law enforcement response to elder abuse and raising awareness, among committee members and their constituents, of the resources available to elderly individuals.

Interagency Geriatric Mental Health Planning Council. New York State enacted the Geriatric Mental Health Act in 2005. The law authorized the establishment of an Interagency Geriatric Mental Health Planning Council, a geriatric service demonstration program, and a requirement for an annual report to the Governor and the Legislature with a long-term plan regarding the geriatric mental health needs of the residents of New York. Funding to establish the geriatric service demonstration program was first approved during the state’s 2006-07 budget year, and the legislation called for service demonstration projects in areas such as community integration, improved quality of treatment in the community, integration of services, workforce development, family support, finance, specialized populations, information clearinghouse, and staff training.

NYS Council on Hunger and Food Policy convenes to provide state policymakers with expertise on how to address hunger and improve access to healthy, locally-grown food for New York State residents. The Council was established in 2016 to expand on New York State’s existing programs to provide food assistance for New Yorkers in need, and to establish a permanent focus on fighting hunger in the state. The Council works across various state agencies and sectors, identifying new policies and programs to improve access to healthy, locally grown food across New York State. It also helps to strengthen ties and cooperation between programs addressing hunger and those who produce and supply food. The Council consists of a diverse group of members who represent state and municipal agencies, academia, nonprofit organizations, and agricultural industries.

Suicide Prevention Workgroup. NYSOFA has assisted with the development of recommendations which informed a comprehensive rural suicide prevention strategy for New York State and helped to shape the revised NYS Suicide Prevention Plan.

NYS Interagency LGBTQ Task Force. The Interagency Task Force on HIV/AIDS (IATF) is a multi-
state agency task force dedicated to the prevention of HIV and to the care of persons with HIV/AIDS in New York State. The IATF provides an effective platform for networking and for sharing information to ensure that necessary services for persons affected and living with HIV/AIDS are available within state agencies’ service areas and regulatory jurisdictions.

**HIV and Aging.** NYSOFA participates in this interagency meeting led by the New York State Department of Health AIDS Institute. In 2017, *Older Adults and Sexual Health: A Guide for Aging Services Providers* was developed by ACRIA with support from the NYSDOH AIDS Institute, in collaboration with NYSOFA. Webinars, conference presentations and distribution of the guide has promoted sexual health for older adults within the aging network. NYSOFA provides AAAs with technical assistance on developing sexual health wellness programs for older adults in senior centers and other community settings.

**Division of Homeland Security and Emergency Services (DHSES) Multi-Agency Planning Meeting.** As an active member of the State Disaster Preparedness Commission, NYSOFA attends the quarterly DHSES Multi-Agency Planning Meetings which allow all state agencies an opportunity to discuss emergency operations activities with DHSES and the State Office of Emergency Management.

**DHSES ESF6 Leadership Meetings.** As a member agency of the Multi-Agency Planning team, NYSOFA participates in monthly Emergency Support Function (ESF) meetings to plan for, practice, and debrief after triggering emergency events as defined by the ESF Annex.

**Developmental Disabilities Planning Council (DDPC).** DDPC creates pilot projects around all life areas focused on advocacy, systems change, integration, and inclusion in all aspects of a person’s life.

**Interagency Partnership for Assistive Technology (IPAT).** IPAT provides consumer-responsive, consumer-driven advice for planning, implementation and evaluation of Technology-Related Assistance for Individuals with Disabilities (TRAID) activities.

**Adult Abuse Training Institute (AATI) Planning Committee.** The AATI is an annual conference led by the New York State Office of Children and Family Services (OCFS) and managed by the Silberman School of Social Work at Hunter College (formerly in the Brookdale Center for Healthy Aging at Hunter College). A representative from NYSOFA participates on the AATI planning committee and submits workshop proposals. NYSOFA also provides logistical support.

**Partnership for the Future: Developing a Roadmap for New York State’s Human Services Workforce.** NYSOFA is working with various public and private partners on developing cross-system collaborations among the state’s human service sector, labor, and educational systems to address the changing workforce demands impacting the state.

**NYSERDA Low Income Forum on Energy (LIFE) Steering Committee.** NYSOFA works with the Office of Temporary and Disability Assistance, Division of Housing and Community Renewal, NYSERDA, Weatherization Programs, public utilities, and others to advance public programs designed to ease the burden of utility payments on lower-income households.

**HEAP Inter-Agency Coordination Group.** Quarterly meetings of the HEAP Inter-Agency Coordination Group discuss ways to effectively administer energy saving programs to those with the lowest incomes.
(PAC). Through the Weatherization PAC, NYSOFA promotes referrals from the 59 Area Agencies on Aging to the local weatherization grantees, providing the aging network with information and updates on energy programs that would be of value to older adults.

**National Access to Respite Care and Help (ARCH) Advisory Committee.** The goal of this committee is to provide technical assistance on respite and caregiving to the Lifespan Respite grantees under contract with the U.S. Administration for Community Living (ACL). Responsibilities include review and input on ARCH priorities. Additionally, representatives from NYSOFA also participate in the national ARCH learning collaboratives.

**New York State Coordinating Council for Services Related to Alzheimer’s Disease and Other Dementias.** This council facilitates interagency planning and policymaking, reviews specific agency initiatives for their impact on services related to individuals with Alzheimer’s Disease other dementias, and provides a continuing forum for concerns and discussions related to the formulation of policy in New York State. NYSOFA acts as a liaison between the council and NYSOFA, coordinating input, recommendations, and updates to the council’s annual workplan.

**New York State Judicial Committee on Elder Justice.** The New York State Judicial Committee on Elder Justice is led by the Honorable Deborah A. Kaplan, Administrative Judge for the New York State Supreme Court. It focuses on the court system and elder justice topics to improve services and access to the courts by vulnerable elders.

**New York State Office for the Prevention of Domestic Violence (OPDV) Advisory Council.** The Advisory Council makes recommendations on domestic violence issues and effective strategies for preventing domestic violence; develops appropriate policies and priorities for effective intervention, public education, and advocacy; and facilitates and ensures communication and coordination of efforts for the prevention of domestic violence. A representative from NYSOFA participates in meetings and acts as a liaison between NYSOFA and the Advisory Council.

**Statewide Health Information Network for New York (SHIN-NY) Policy Committee.** SHIN-NY allows participating health care professionals, with patient consent, to quickly access electronic health information and securely exchange data statewide. The SHIN-NY Policy Committee is responsible for Privacy and Security Policies and Procedures for Qualified Entities, which are regional health information networks that store and share patient health information.

**National Academy for State Health Policy (NASHP).** In partnership with the New York State Department of Health, NYSOFA successfully applied for a one-year $40,000 technical assistance grant from the NASHP State Medicaid Policy Institute on Family Caregiving, which kicked off in March 2021. Through the Institute, the New York State team has access to flexible individual and group technical support from NASHP staff, state leaders, and national experts.

**Centers for Health Care Strategies (CHCS): Helping States Support Families Caring for an Aging America, Phase 2.** NYSOFA and state-level partners are actively participating in the family caregiving-focused learning collaborative, Helping States Support Families Caring for an Aging America, Phase 2, facilitated by the Centers for Health Care Strategies (CHCS), Inc. New York’s team is working to build cross-sector partnerships to better support family caregivers’ needs.

**Generations Crossing.** NYSOFA was invited by the Administration for Community Living (ACL) to participate in an initiative titled Generations Crossing – a project that was developed by three operating
divisions within the U.S. Department of Health and Human Services (HHS) to leverage local, state, and federal resources to educate, equip, and empower kinship families and educators.

**New York State Evidence-Based Interventions (EBI) Leadership Team.** This team meeting is hosted and facilitated by NYSOFA. It includes representatives from three different prevention-focused bureaus within the New York State Department of Health. Its goal is to improve the health and quality of life of New York residents and their caregivers who have or are at risk of chronic diseases, including older adults and individuals with disabilities.

**NY Connects NWD Interagency Team.** This team meeting is hosted and facilitated by NYSOFA in collaboration with the New York State Department of Health. It also includes representatives from the Office for People With Developmental Disabilities, the Office of Mental Health, and the Office of Addiction Services and Supports. The NY Connects NWD Interagency Team meets three times annually to expand upon service coordination among LTSS Systems.

**Building Resilient and Inclusive Communities (BRIC) Team.** The BRIC team includes members from NYSOFA, the New York State Department of Health, the Association on Aging in New York, and DOROT. It is responsible for overseeing and carrying out the key deliverables of the Friendly Calls/Visiting component of the BRIC program funding, which includes the development of a comprehensive training program for the aging and NY Connects networks.

**Augmented MDT (A-MDT): Adaptation of the Elder Abuse Enhanced Multidisciplinary Team.** This meeting is led by the Office of Children and Family Services and NYSOFA. The team is currently developing a Memorandum of Agreement (MOA) and the proposed approach for administrative management, local administration, and implementation/operations.

**Respite Care Recruitment, Training & Retention Pilot Project.** NYSOFA was invited to participate in a pilot project led by the Respite Care Association of Wisconsin (RCAW) and the National Academy for State Health Policy (NASHP) to field-test a virtual competency-based and enhanced entry-level respite provider training and recruitment campaign. New York was one of nine states chosen to participate in the pilot project and connected this work to the 2021-2026 Lifespan Respite Grant.

**NYSOFA Consumer Directed Committee.** Committee members meet to review and approve a AAA’s request to implement consumer-directed under the Expanded In-Home Services for the Elderly Program (EISEP) or caregiver-directed under the National Family Caregiver Support Program (NFCSP).

**Title V – Involvement in Workforce Innovation and Opportunity Act (WIOA) Interagency committee.** This committee is currently working on all aspects of WIOA implementation, including an MOU template to be used in all local workforce development areas between the local workforce development boards and all required participants in the One-Stop Delivery System. This system brings together workforce development, educational, and other human resource services in a seamless customer-focused service delivery network that enhances access to the programs’ services and improves long-term employment outcomes for individuals receiving assistance.

**Rescued EATS.** This program recognizes that rescued produce will offer an immense potential to address malnutrition and food insecurity in vulnerable populations while helping to reduce food waste. NYSOFA’s role in the initiative is to link the resources of aging network providers with the project goals.
Tourism Interagency Task Force. Partnering with other state agencies, NYSOFA stays current on the NYS tourism campaigns and tourism initiatives, actively working to link New York State tourism opportunities to older adults, caregivers, and their families.

Aging Concerns Unite Us (ACUU) Advisory Committee. ACUU is a two-day professional development conference hosted by the Association on Aging in New York. This conference is for aging services professionals and offers workshops on a broad range of subjects. NYSOFA participates on the ACUU Advisory Committee, assists in the recruitment of proposals for the planning committee, and provides input on evaluation of proposals.

NYS Governor’s Traffic Safety Committee. The Governor’s Traffic Safety Committee (GTSC) coordinates traffic safety activities in the state and shares useful, timely information about traffic safety and the state’s highway safety grant program. The committee is comprised of thirteen agencies who have missions related to transportation and safety.
Bibliography

U.S. Census Bureau, American Community Survey, 2015, 2017, 2019 Five-year Estimates

U.S. Census Bureau, American Community Survey, Special Tabulation on Aging 2016, 2017 Five-year Estimates

U.S. Census Bureau, Census 2010

Corporation for National and Community Service

Woods and Poole Economics, Inc., 2018, 2019 State Profiles
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