



**Office for  
the Aging**



# **2023-2027 New York State Plan on Aging**

## **A Message from the Director**

Dear Colleagues:

The Older Americans Act (OAA), which set up the infrastructure for what is today's network of aging services professionals, was signed into law in 1965 as part of President Lyndon B. Johnson's "Great Society" initiative, with the goal of supporting older Americans with living at home and in the community with dignity and independence for as long as possible. The OAA established the Administration on Aging within the Department of Health, Education, and Welfare, and called for the creation of State Units on Aging.

The OAA authorized grants to states for community planning and services, as well as for research, demonstration, and training projects in the aging field. In 1973, amendments to the OAA established Area Agencies on Aging (AAAs) and added new grants for local needs identification, planning, and funding for programs serving Native American elders; services targeted at low-income minority elders; nutrition programs in the community and for the homebound; health promotion and disease prevention activities; in-home services for frail elders; and services that protect the rights of older adults such as the Long-Term Care Ombudsman Program (LTCOP).

The OAA and other federal policies have expanded since the OAA signing and include the Age Discrimination Act signed into law in 1967; grants for the Foster Grandparents and Retired Senior Volunteer Programs (RSVP) in 1969; the authorization of funds for the national nutrition program in 1972; the creation of the Title V Senior Community Service Employment Program (SCSEP), protective services for adults, homemaker services, transportation, adult day services and information and referral services in 1974; the establishment of the National Family Caregiver Support Program in 2000; the establishment of Aging and Disability Resource Centers (ADRCs) in 2003; and services focusing more on civic engagement, volunteerism, prevention, health and wellness and mental illness in 2006; and expansion of evidence-based programs, such as fall prevention and chronic disease self-management programs in 2016.

The older adult population in New York State is growing in number and diversity. Older New Yorkers are incredibly valuable to their families, communities, and to New York State's economy. However, we are faced with challenges in how we deliver services to a growing older population. Rather than focusing on preventive and supportive community-based solutions that can reduce utilization of costly health and Medicaid funded long-term care services, our national focus is on reactive and expensive back-end care at the expense of proactive services. Under the leadership of Governor Hochul, New York State is committed to shifting the caring economy across our state.

I am pleased to present the 2023-2027 State Plan on Aging for New York State for the period of October 1, 2023 – September 30, 2027. This Plan is designed to guide service delivery and policy development and it serves as a benchmark for measuring effectiveness and efficacy. It is an honor to be a part of a network dedicated to serving older New Yorkers and their caregivers and families. We welcome your continued involvement as we work together to respond to challenges and opportunities in the years ahead.

Greg Olsen  
Acting Director

**Verification of Intent**

The New York State Office for the Aging hereby submits the State Plan on Aging for the period October 1, 2023 to September 30, 2027 and certifies that the administration of the State Plan shall be in compliance with the required assurances and provisions of the Older Americans Act of 1965, as amended. The New York State Office for the Aging has been given the authority to develop and administer the State Plan on Aging in accordance with the requirements of the Older Americans Act. The New York State Office for the Aging is primarily responsible for the coordination of all state activities related to the Act and serves as the effective and visible advocate for older adults in New York State.

This 2023-2027 Plan on Aging for New York State has been developed in accordance with all federal statutory and regulatory amendments.



---

Greg Olsen, Acting Director  
NYSOFA

July 17, 2023

---

Date

## Table of Contents

A Message from the Director .....	1
Verification of Intent .....	2
Executive Summary .....	4
Quality Management .....	5
State Plan Context .....	8
Section A. Older Americans Act Core Programs .....	10
Section B. COVID-19 Recovery .....	25
Section C. Advancing Equity .....	28
Section D. Expanding Access to HCBS .....	29
Section E. Strengthening Supports for Caregivers .....	30
Section F. Goals, Objectives, Strategies, and Expected Outcomes .....	37
Attachment A: State Plan Assurances and Required Activities .....	70
Attachment B: Information Requirements .....	87
Attachment C: Intrastate Funding Formula (IFF) .....	95
Attachment D: 2022 Rural AAA Title III Allocations .....	96
Attachment E: NYSOFA Organizational Structure .....	97
Attachment F: AAA Directory .....	98
Attachment G: Aging in New York State .....	106
Attachment H: Statewide Needs Assessment Survey .....	113

***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.***

## **Executive Summary**

The New York State Office for the Aging, established in 1965 by Article 19-J of the Executive Law (now, New York State Elder Law, Article II, Title 1), is New York State's designated State Unit on Aging as required by the federal Older Americans Act (OAA). The OAA and New York State Elder Law require NYSOFA to advocate on behalf of the state's 4.84 million older adults aged 60 and older and the 4 million informal caregivers providing them uncompensated care. NYSOFA is the lead agency for promoting, coordinating, and administering the delivery of all federal, state, and local programs and services for older New Yorkers and their caregivers.

NYSOFA partners with the 59 local Area Agencies on Aging (AAAs) and almost 1,200 community-based organizations to 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 through employment and volunteer opportunities, understand and apply for benefits, and maintain their autonomy as their functional abilities change. NYSOFA's role in the delivery and administration of services continues to evolve and expand, due to the recognition that the service delivery infrastructure and federal partnership requirements enable NYSOFA to connect systems and improve the lives of older adults and provide critical support to caregivers. In addition, the state's Prevention Agenda and Health Across All Policies Approach, Age-Friendly designation, and efforts to develop a Master Plan for Aging, will further plans for and ultimately coordinate services and supports beyond what NYSOFA and the AAAs provide directly.

Over the next four years, NYSOFA will continue to strategically focus efforts on meeting the needs and enhancing services for older adults and caregivers in New York State by:

- Developing and implementing a Master Plan for Aging in partnership with the New York State Department of Health (DOH);
- Providing access to in-home services and supports;
- Supporting age-friendly state and community initiatives that help individuals of all ages grow up, and grow older, through smart growth and livability principles;
- Partnering with public and private sector agencies and organizations to test innovative solutions to combat social isolation, mitigate elder abuse, expand transportation options, promote nutrition, and expand and replicate these solutions within the aging services network;
- Assessing and aggregating data on formal and informal caregivers to develop strategies that support them in their caregiving role, including working to implement recommendations from ACL's National Strategy to Support Family Caregivers.
- Improving the economic security of older adults by assisting in upskilling, for older adults who are working or going back to work;
- Assisting older adults with accessing benefits and services for which they are eligible;
- Providing one on one assistance to older adults to help them better understand and navigate Medicare and other health insurance benefits
- Working to increase participation in federal and state means-based programs to reduce out of pocket expenses of older adults;
- Investing in and expanding solutions for consistent social connection for older adults to prevent social isolation and loneliness;
- Re-invigorating private pay models for individuals with higher incomes to expand service delivery options and generate income by subsidizing services for lower income older adults;
- Continuing to strengthen the state's NY Connects No Wrong Door (NWD) system;
- Strengthening the agency's coordinated emergency preparedness response;

- Continuing to expand on the statewide Elder Abuse Interventions and Enhanced Multi-Disciplinary Team (E-MDT) approach to elder abuse and testing technological supports to identify financial fraud;
- Teaching older adults how to manage complex chronic conditions through evidence-based programs and working to expand such programs to other populations;
- Combatting ageism; and
- Continuing education and outreach to identify signs and symptoms of sepsis.

### **NYSOFA Communications Bureau**

NYSOFA's Communications Bureau continues to leverage social media as a tool to broadly reach and engage individuals directly. NYSOFA Communications posted over 130 YouTube videos in 2022 (a nearly four-fold increase over 2021), including videos about core program information, interviews with subject-matter experts, and testimonials from individuals who have received support from NYSOFA-administered programs. In 2022, NYSOFA's Facebook page had a reach of over 1.9 million people, up from 976,400 the year prior.

On these platforms, NYSOFA produces several digital programs that reach the public with critical information and assistance. These include a livestream with NYSOFA Director Greg Olsen and guest experts at least monthly, as well as monthly programs with NYSOFA's Registered Dietitians where the public can learn and ask questions on nutrition topics. Topics include help for individuals coping with Alzheimer's disease, resources for family caregivers, the signs and risks of sepsis, mental health resources for older adults, supports for individuals with low vision or blindness, and more.

Separately, in partnership with New York State's Office for Temporary and Disability Assistance (OTDA), NYSOFA's SNAP-Ed NY initiatives are teaching individuals how to shop for and cook healthy meals on a limited budget, supporting healthy nutrition and access to the expertise of NYSOFA's Registered Dietitians. With marketing support, these programs received 1,829,933 video views in 2022.

NYSOFA's Communications Team will develop an interagency communications strategy to further augment our audience reach by providing curated content and marketing tools for partner state agencies to share across channels. NYSOFA will also leverage new opportunities presented by the state's Master Plan for Aging to reach new audiences through the stakeholder advisory process and other newly formalized partnerships for broadcasting important messages about information and assistance available to older adults.

### **Quality Management**

NYSOFA is committed to ensuring continuous quality improvement of all aging programs and services. NYSOFA oversees and monitors AAA program and service delivery. These monitoring efforts are followed by remediation and technical assistance, as needed, to ensure the AAAs are in compliance with all policies and regulations. NYSOFA also plays a critical role in the monitoring and follow-up of the AAA Area Plans. Each AAA has outcomes and performance measures in their Area Plan, and they are required to report on their progress with achieving the goals, objectives, and strategies, in the four-year plan period.

NYSOFA continues to support the AAAs' transition out of the COVID-19 major disaster declaration environment. Lessons learned during the pandemic will be used to strengthen NYSOFA's oversight, training, and technical assistance to AAAs. The upcoming AAA Area Plans will play a significant role in establishing the foundation for delivering quality services that are in compliance with all policy and regulatory requirements.

NYSOFA will ensure that OAA monitoring obligations are met by prioritizing individualized technical assistance and enhanced training for new AAA directors. Multidisciplinary program staff will continue to conduct regular on-site and virtual program reviews, in partnership with NYSOFA's Advocacy Specialist. Written reports and action plans are issued as a result of the program review.

NYSOFA is working with AAAs to ensure data integrity by prioritizing data quality improvement and management activities and providing additional training (for both AAA staff and NYSOFA monitoring staff) on data quality and role of data in strengthening oversight activities.

Other formal oversight activities include bi-monthly AAA program calls which are structured one on one interviews with the AAA director and/or AAA staff. These calls focus on the AAA's programmatic strengths and challenges and assist NYSOFA with identifying network trends and training needs. NYSOFA maintains ongoing communication with the AAAs to provide the consistent programmatic guidance and technical assistance needed to ensure AAA accountability and compliance with requirements.

NYSOFA will continue to chart a course of continuous quality improvement activities to include diversity, equity, inclusion, and quality of services. These improvements will be observed through improved data collection and reporting quality, reduction in program review findings, and other established measures to be developed.

### **The Aging Network**

The role of the aging network has grown substantially. The network continues to serve as a partner in addressing the state's health and long-term care reform, and social determinants of health and health disparities. The network also plays a key role in successful aging which includes 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.

The OAA was founded on the principle of building local partnerships and leveraging additional resources from these partnerships to expand service delivery and access and to maintain and improve health and functioning while reducing isolation and linking to active life engagement. While the OAA primarily pays for care and services for those over the age of 60, over time the network's portfolio has expanded to assist other populations. For example, the Health Insurance Information Counseling and Assistance Program (HIICAP) may be accessed by Medicare beneficiaries of any age. Additionally, NY Connects is available to provide information and assistance (I&A) to individuals of any age seeking long-term services and supports (LTSS). LTCOP can also accessed by any resident in a facility covered under its jurisdiction.

The aging network in New York State has a long history of developing innovative service and supports that address the needs of older adults in their communities. The following core services are provided by the aging network statewide:

- Home delivered and congregate meals
- Nutrition counseling & education
- Health promotion and wellness
- Senior center programming
- Programs and services to combat social isolation
- Social adult day services
- Transportation to needed medical appointments, community services, and activities
- Evidence-based interventions (EBIs) - chronic disease self-management, fall and injury prevention)

- Respite and caregiver support
- Legal services
- Minor home modifications and repairs
- Elder abuse prevention and mitigation
- HIICAP
- Personal care levels I and II (non-Medicaid)
- Case management
- Ancillary services (e.g., personal emergency response (PERS) and assistive devices)
- Consumer directed services
- Volunteer opportunities
- LTCOP
- NY Connects NWD system offering:
  - Consistent I&A for individuals of all ages in need of LTSS, via phone, email, or through an in-person visit at home or in the community, if needed.
  - Screenings (e.g., Medicaid eligibility, depression, anxiety, alcohol, substance abuse, fall related TBI) and follow-up to ensure appropriate referral(s) to services have been made.
  - Options/person-centered counseling (OC/PCC)

### **Network Strengths**

The aging network, in partnership with NYSOFA, continues to promote, plan, develop, and provide LTSS responsive to the needs of older adults through innovative services and partnership with the aging network. This collaborative partnership supports efforts to reduce silos in care and service delivery across systems in New York State.

Strengths of the aging network include:

- An established infrastructure/network with experience serving vulnerable populations
- Extensive knowledge of community-based provider networks and how to access them
- Experience with hospital transitions and evidence-based programs
- Knowledge of the community they serve and their varied needs, including cultural and linguistic competence
- Serving individuals across all care settings, including in the home
- Serving individuals for life; not episode focused or limited by care setting
- 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 and data informed

### **Network Service Provision**

In the most recent state fiscal year, verified data shows that the network served over 1 million individuals with a total of \$525 million invested. This includes:

- 307,000 individuals receiving I&A
- 97,900 individuals receiving Medicare plan and prescription counseling and assistance
- 313,000 contacts made to NY Connects
- 245,000 older New Yorkers receiving Registered Dietician certified meals
- 45,300 individuals receiving nutrition counseling and education

- 78,000 individuals receiving assistance to help them maintain their independence and navigate various health and social service systems
- 30,000 older adults receiving transportation services to medical appointments, pharmacies, and other community outlet
- 77,000 individuals receiving health promotion and disease prevention
- 12,000 older New Yorkers receiving caregiver support and respite services
- 11,600 individuals receiving legal assistance
- 11,100 older New Yorkers receiving personal care services in their homes
- 700,000+ individuals were reached through social media (e.g., Facebook Live, What's Cooking with NYSOFA) and other specialized programming.

NYSOFA will continue to work with public and private partners to develop, expand, and enhance services across the array of core services provided.

### **State Plan Context**

In New York State, under the OAA of 1965 (codified as 42 U.S.C. § 3001- 3057(n)) and New York State Elder Law (New York State Elder Law, Article II, Title 1 (previously Article 19-J of the Executive Law), NYSOFA is the designated State Unit on Aging. NYSOFA is responsible for the development and administration of a State Plan on Aging that addresses federally prescribed goals and priorities as required by the OAA.

NYSOFA's mission is to help older New Yorkers be as independent as possible, for as long as possible. This is achieved through advocacy, development, and the delivery of person-centered, consumer-oriented, and cost-effective policies, programs, and services that support and empower older New Yorkers and their caregivers and families, in partnership with the network of public and private organizations that serve them.

The 2023-2027 State Plan on Aging for New York State is the roadmap that guides the provision of programs and services for older adults and caregivers over the next four years. This Plan satisfies federal requirements for state's receiving federal funds under the OAA and includes a vision statement, a core set of goals, objectives, and strategies, performance measures, and an intrastate funding formula (IFF) for federal funds and the state general fund.

The 2023-2027 State Plan on Aging is organized to be consistent with the Administration on Aging's five areas of focus:

1. Older Americans Act Core Programs
2. Expanding Access to Home and Community Based Services (HCBS)
3. Strengthening Supports for Caregivers
4. Advancing Equity
5. COVID-19 Recovery

Material incorporated into this Plan have been derived from studies conducted by NYSOFA, information received from AAAs, information garnered from statewide community forums and conferences sponsored by NYSOFA and its Advisory Committees, and other state agency and community-based partners and stakeholders.

### **Organization of Public Information Sessions and Public Feedback**

The State Plan on Aging is intended to provide a vision and direction for New York State's network of aging services. NYSOFA began the process of drafting the Plan by gathering feedback from all stakeholders, individuals, caregivers, families, providers, and anyone who has an interest in the future of aging services. NYSOFA presented the 2023-2027 draft State Plan

on Aging in a series of public information sessions. The sessions kicked off with a statewide livestream, followed by a series of public information forums in eight regions of New York State. Forums were held in Buffalo, Syracuse, Suffolk, Endwell, New York City, Newburgh, Rochester, and Gouverneur.

The draft State Plan on Aging was posted to NYSOFA’s website where stakeholders and the public were able to review the Plan, including goals and objectives, as well as the strategies and measures to ensure accountability to the Plan. Individuals could offer feedback on the Plan via an open text survey, which was available for a two-week public comment period. NYSOFA created a dedicated mailbox where stakeholders were invited to send comments and recommendations on the Plan. NYSOFA received valuable feedback which affirmed the actions set forth in the draft Plan. Other feedback included suggestions that helped us to better develop a responsive Plan which fully meets the needs of older adults in New York State.

Additionally, NYSOFA’s process to understand activities at the community level throughout New York State is extensive and ongoing and has played an important part in the development of the State Plan on Aging. As an agency, staff are regularly communicating with AAA leadership and staff, as well as many partners and older adults themselves. NYSOFA has regular communication with AAAs built into our ongoing operations and fiscal and program staff are in regular communication with AAAs individually and in the aggregate. There are regular communications with Title III-E caregiver coordinators, NY Connects (ADRC) staff, NY Connects Independent Living Center (ILC) staff, AAA directors, and many network partners including LGBTQ+ networks, Naturally Occurring Retirement Communities (NORC) partners, social adult day services providers, respite providers, retiree union organizations, long-term care councils, licensed home care services agencies (LHCSA), legal service providers, elder abuse coalition partners, faith based communities, and state agencies that share in serving older New Yorkers, through over 31 interagency task forces and commissions.

NYSOFA staff attend hundreds of public events, conferences, health fairs, and local gatherings that have a mix of local service providers and older adults to understand local and regional differences, needs, and trends. This ongoing data collection is instrumental in our efforts to expand and grow services, innovate, modernize, and adjust policy and programs to remain current.

**Introduction**

The New York State Office for the Aging administers federal funding provided under the OAA and state general fund dollars that in essence, wrap around and build upon OAA funding and significantly expand and strengthen the OAA core programs. County funds expand service provision 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.

*The OAA core program funding streams include Title III-B, Title III-C1, Title III-C2, Title III-D, and Title III-E. In New York State, Title III funding directly supports the services listed below.*

<b>Services Provided</b>	<b>Funding Streams Used to Support Services</b>
Personal Care Levels I and II	IIIB, IIIE, EISEP, CSE, Unmet Need
Consumer-Directed In-Home Services	EISEP, CSE, IIIB, IIIE, Unmet Need
Home Health Aide	IIIB, IIIE, CSE, Unmet Need
Case Management	IIIB, IIIE, EISEP, CSE, WIN, Unmet Need

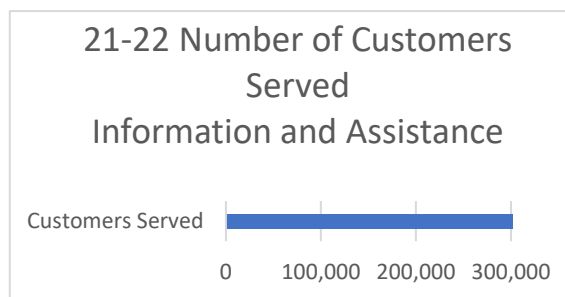
Home Delivered Meals	IIIC-2, III E, EISEP, CSE, WIN, Unmet Need
Congregate Meals	IIIC-1, III E, EISEP, CSE, WIN, Unmet Need
Nutrition Counseling	IIIC-1, IIIC-2, IIID, III E, EISEP, CSE, CSI, WIN, Unmet Need
Escort Transportation	IIIB, IIIC-1, III E, CSE, CSI, WIN, State Transportation, Unmet Need
Transportation	IIIB, IIIC-1, III E, EISEP, CSE, CSI, WIN, State Transportation, Unmet Need
Legal Services	IIIB, III E, CSE, Unmet Need
Information and Assistance	IIIB, IIIC-1, IIIC-2, IIID, III E, CSE, CSI, WIN, Unmet Need
Outreach	IIIB, IIIC-1, IIIC-2, III E, CSE, CSI, WIN, Unmet Need
In-Home Contact and Support	IIIB, IIIC-1, IIIC-2, III E, EISEP, CSE, WIN, Unmet Need
Senior Center Programming	IIIB, IIIC-1, IIID, CSE, CSI, WIN, State General Fund, Unmet Need
Health Promotion and Disease Prevention	IIIB, IIID, III E, CSE, CSI, Unmet Need
PERS	IIIB, III E, EISEP, CSE, Unmet Need
Caregiver Services	IIIB, III E, CSE, State General Fund, Unmet Need
Adult Day Services	IIIB, III E, EISEP, CSE, State General Fund, Unmet Need
LTCOP	IIIB, Title VII, State General Fund
NY Connects/No Wrong Door	State General Fund
HIICAP/SHIP	Federal and State General Fund
NORCS	State General Fund

## Section A. Older Americans Act Core Programs

### Access Services

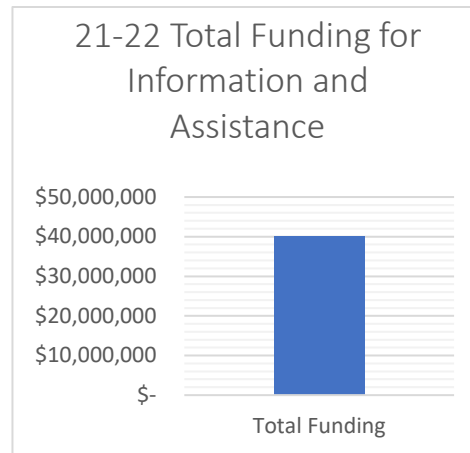
#### Information and Assistance (I&A)

The provision of I&A is an essential component of LTSS and is particularly important during times of stress and crisis. Access to objective information is paramount to good decision making, ensuring that the appropriate needs are considered, and the right services and supports are in place.



The OAA I&A system, in conjunction with the NY Connects NWD, assists older adults and their caregivers and families with accessing a variety of LTSS that are available in the community. The delivery of I&A includes three primary components: 1) the provision of accurate and objective information; 2) assistance with determining the individual's needs and preferences; and 3) linkages to appropriate service providers and systems. Each AAA must have an established system to ensure that individuals who received a referral for services were provided with the assistance that they needed. The system is designed to be person-centered and community-based to support older adults and their caregivers and families with their identified LTSS needs.

The provision of I&A is one of the top needs identified by consumers. In 2021-2022, there were 620,000 total I&A contacts across the state. Throughout New York State’s network of 59 AAAs and their partners, I&A is funded through a combination of federal, state, and local sources. Specialized I&A for LTSS is funded through the NY Connects NWD system. In total, New York State spends approximately \$40 million annually to support I&A and almost \$30 million annually to support the NY Connects NWD System.

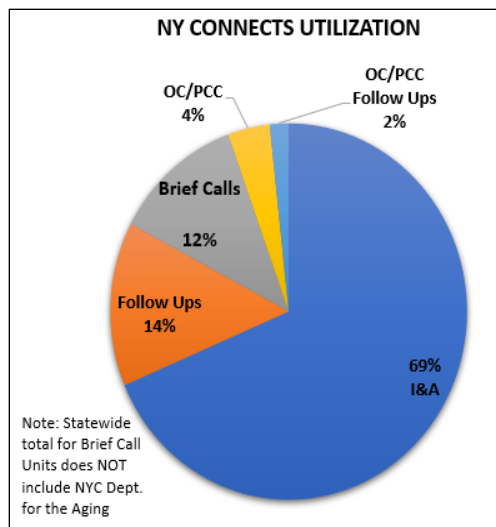


**NY Connects – No Wrong Door System**

NY Connects is statutorily mandated in the New York State Elder Law §203(8) and complies with federal statute as prescribed by the OAA, as amended. It serves individuals of all ages in need of LTSS, regardless of health insurance/payer source. NY Connects is federally recognized as New York State’s ADRC.

Each NY Connects is a collaboration consisting of the AAA and/or the AAA’s subcontractor(s), the local Department of Social Services (LDSS) and the ILC. Individuals may call a statewide toll-free number or connect with their local office by phone, email, or through an in-person visit at home or in the community, if needed.

Entities administering and operating NY Connects must adhere to a set of prescribed program standards and perform the required core functions, which include administering a NWD screening, providing I&A, OC/PCC, follow-ups, care transitions, and assistance with application and enrollment in public benefit programs. Additionally, entities must facilitate an active long-term care council, conduct an ongoing public education and awareness campaign, and update the NY Connects Resource Directory with locally offered resource listings.



As a result of the Balancing Incentive Program, NY Connects was expanded geographically and enhanced functionally to become a fully functional NWD system. The NY Connects NWD system includes other state and local partners including the New York State Office for People with Developmental Disabilities (OPWDD) and its regional offices and the New York State Office of Mental Health (OMH) and all county based local government units. These partnerships facilitate linkages between non-medical and medical supports systems, by connecting individuals with essential LTSS that address key social determinants of health and promote access to services in the least restrictive environment. These linkages can improve health outcomes, ameliorate health disparities, and prevent or reduce unnecessary higher-level acute care and readmissions.

From April 2021 through March 2022, there were more than 313,000 contacts made to the local NY Connects. During that same period, there were 370,000+ actions taken, which included providing linkages to other service systems, assisting with discharge from hospital to home, assisting with applications for public benefits/services, and providing a home visit as necessary. Nearly 12,000 OC/PCC sessions were conducted and over 135,000 hours were spent on brief

information only calls, responding to contacts, providing follow-ups. There were approximately two million hits to the NY Connects Resource Directory in 2021-2022.

### **No Wrong Door (NWD) Business Case Development**

New York State was one of ten states that received the “No Wrong Door Business Case Development” funding. The goal of this project is to construct a methodology for calculating Return on Investment (ROI) and demonstrate the impact that the NWD system has on multiple populations, health care utilization, and streamline access to community based LTSS. The objectives are to identify and evaluate the data elements that are necessary to determine how the NWD system delays or prevents the use of more costly care; expand on existing select evidence-based and implement a new evidence-informed program within two partnering counties that have demonstrated capacity to engage in ROI project activities; identify data elements that will demonstrate the value of OC/PCC; and enhance the existing data collection system to track necessary data elements that will inform the calculation of ROI.

NYSOFA partnered with Broome and Chautauqua counties to implement evidence informed care transition interventions in each respective county. Broome County NY Connects is implementing a care transitions program in partnership with a local skilled nursing facility. Select individuals received OC/PCC, including follow-up, and were tracked over time to determine success in the community. Chautauqua County NY Connects collaborated with a local hospital to provide care transitions to individuals who didn't meet current eligibility criteria. They assisted with the transition home and facilitated the linkages to necessary community based LTSS.

NYSOFA identified the data elements necessary to inform an ROI calculation. In consultation with the statewide client data system vendor, NYSOFA designed and integrated an ROI calculator that measures the cost effectiveness of the delivery of OC/PCC through the NY Connects NWD System. NYSOFA will begin providing comprehensive training and demonstrations to NY Connects staff on the use of the ROI calculator in the data system, from both technical and programmatic perspectives. This training will continue on an ongoing basis to support the use of the ROI calculator and educate users on the intent and potential benefits to program sustainability.

NYSOFA will produce materials that will support the development of a business case and share these and other products with the NY Connects NWD network. This will better position the network in engaging with the healthcare community and other payors and promoting NY Connects NWD service delivery. NYSOFA is interested in utilizing this information to demonstrate cost effectiveness and quality outcomes to state decision makers and other state agency partners.

### **Case Management**

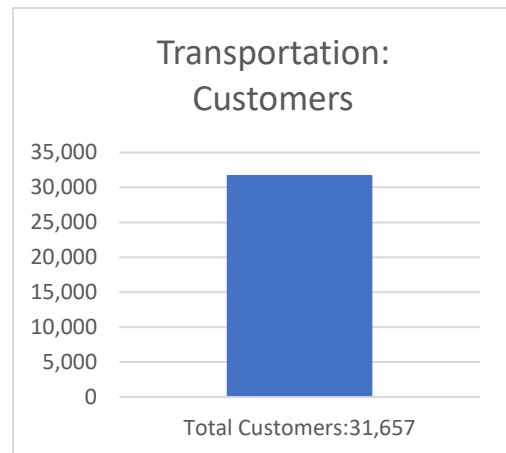
Case management is one of the most important core services provided by the network of aging professionals. It is person-centered, flexible, low-cost, high impact, and quality driven. The needs, values, and preferences of the individual strongly influence the timing, duration and intensity of the level of service provided. Case management is at the center of wellness and autonomy for older adults and their caregivers and families. It is essential to breaking down system barriers and ensures that the individual's care is holistic rather than siloed. The case manager, who is accountable to the individual, facilitates access to appropriate providers, resources, and care settings, while ensuring that the care provided is safe, effective, person-centered, timely, efficient, and equitable. This approach works to achieve optimum value and promotes quality and cost-effective interventions and outcomes.

Case management provides advocacy, access, assessment, planning, communication, education, resource management, and service coordination. Case management is supported primarily by state and local funds and through OAA funds. New York State provided more than 78,000 older adults with case management in 2021-2022, spending more than \$57 million annually to support case management activities. NYSOFA and the AAA network will continue to collaborate with state and local partners to leverage case management services and expand opportunities through private pay arrangements or other publicly funded programs.

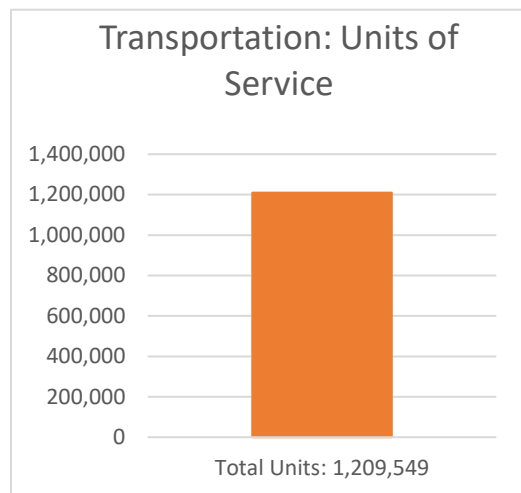
In pioneering a new initiative to further support aging in place, NYSOFA became the first state in the nation to partner with the National Association of Home Builders (NAHB) to launch an innovative home-modification credentialing initiative aimed at bringing safety and security to older adults at home. Through the NAHBs existing Certified Aging in Place Specialist (CAPS) accreditation program, 300 case managers will receive CAPS certification. CAPS specialists are trained to assess for and recommend individualized home modifications so that individuals can remain in their own homes safely as they age. These modifications are aimed at reducing and preventing falls and injuries related to falls and preventing unnecessary or premature institutionalization. NYSOFA will continue to support case managers through education, training, and state certification.

**Transportation**

Transportation continues to be a priority focus for NYSOFA, as an individual’s ability to remain in a home of their choice is determined by their ability to access community-based medical, nutrition, and social supports. Today, individuals of all ages rely on their ability to drive or access public transportation to fully participate in work and community life. Due to health conditions and financial burdens, many older adults are forced to stop driving. Older adults who stop driving are at significant risk of loneliness, depression, delayed medical care, and isolation from social supports, each correlated with poor health and quality of life outcomes.



The problem is compounded by the location, design, and zoning of the communities where older adults live. Half of older adults live in a rural or suburban community. Fifteen percent live in rural areas, compared to 12 percent of the under age 60 population. Over 51 percent of the older adult population live outside of a principal city (by U.S. Census Bureau definition). These areas



lack the density to support traditional mass transit. In areas where mass transit services are available, diminishing mobility and increasing frailty can preclude older adults from accessing transportation and which intensifies the impacts of preexisting racial and economic disparities.

To address these and other barriers, New York State recently launched an interagency council on rural transportation to identify barriers and develop solutions to close the state’s transportation gap. NYSOFA has also partnered with GoGoGrandparent, a specialized ride share option that trains drivers on the unique needs of older adults. NYSOFA is currently

piloting an outreach strategy in three counties to initially offer this as a private pay option and build driver capacity.

### **Health Insurance Information Counseling and Assistance Program (HIICAP)**

In New York State, SHIP is known as the Health Insurance Information Counseling and Assistance Program (HIICAP). HIICAP is coordinated by NYSOFA through the network of 59 AAAs at which over 700 trained and state certified insurance counselors are available to assist beneficiaries.

***HIICAP served 97,900 beneficiaries in New York State. These individuals saved over \$115 million in Medicare premium and prescription assistance.***

HIICAP works directly with Medicare beneficiaries and their caregivers to educate them on the Medicare Program, Medigap policies, Medicaid, Medicare Advantage Plans, long-term care insurance, low-income subsidy (LIS) programs, the Elderly Pharmaceutical Insurance Coverage (EPIC) Program, employer-sponsored insurance, and other health insurance programs that are available in New York State. HIICAP provides free, accurate, objective, local information to Medicare beneficiaries. New Yorkers can schedule a free confidential appointment with state certified HIICAP staff and volunteer counselors to understand:

- Medicare and health insurance benefits, options, paperwork, and resources
- Medicare covered costs, deductibles, and programs
- Health care costs that individuals may be responsible for
- Information on Medicare insurance options
- Help in resolving specific Medicare health insurance problems.
- LIS programs that can help with Medicare and prescription drug costs.

### **In-Home Contact and Support Services**

#### **Expanded In-Home Services for the Elderly Program (EISEP)**

The NYSOFA administered in-home support services program includes funding from a variety of sources including the Expanded In-home Services for the Elderly Program (EISEP), federal Title IIIB and Title E, the Community Services for the Elderly program (CSE), and additional state funding. This in-home program enables eligible frail older adults to remain in their homes via a well-planned, coordinated package of in-home and other supportive services, including case management, designed to supplement informal care. The program is administered by NYSOFA using uniform statewide program regulations and is implemented locally by the 59 AAAs and the following services are provided:

The average in-home client:

- Widowed female
- Age 83
- Low-income
- Lives Alone
- 3.5 ADL limitations
- 6 IADL limitations
- 80% have 4+ chronic conditions

- **Case Management** – helps older adults and their caregivers and families assess their needs and works to develop, implement, and maintain an appropriate plan of care for all services. It brings order to the confusing array of services and benefits that an older adult might need.
- **In-Home Services** – consists of Personal Care Levels I and II.
  - Personal Care Level I provides assistance with instrumental activities of daily living (IADLs), such as housekeeping, cooking, and shopping.
  - Personal Care Level II provides assistance with both IADLs and activities of daily living (ADLs) such as dressing, bathing, and transferring.

- Non-Institutional Respite – temporarily relieves the primary informal caregiver from the stresses and strains associated with caregiving. Types of respite include companion services and social adult day care.
- Ancillary Services – a flexible service category that includes a variety of services and items designed to maintain and promote independence, support a safe and adequate living environment, and address everyday tasks.

NYSOFA's in-home support services program also offers a consumer-directed option. Consumer-direction is a person-centered planning approach that empowers the older adult by enabling them (or their representative) to hire, train, and oversee their in-home workers. It is currently being implemented in 44 counties and is important in helping to mitigate the aide shortage that many counties are experiencing.

NYSOFA's in-home support services program is not an entitlement program. It operates under a fixed, capped budget consisting of federal, state, county, and private funds. To maximize resources and expand service capacity, the program was designed to include a cost sharing component. A cost sharing requirement begins for individuals whose income is at or above 150 percent of the federal poverty level (FPL). The program participant's cost share increases proportionally with income up to 250 percent of the FPL, where there is 100% cost share.

A variety of strategies are being employed to expand and strengthen the in-home support services program. Through revisions to the EISEP Rate Cap Policy, AAAs were granted more flexibility in establishing personal care rates. The ability to negotiate rates allows the program to compete for aides paid for by other funding sources. Additionally, 12 AAAs have begun to hire their own directly employed aides to provide in-home care. Others are developing innovative contracts with LHCSAs to have aides assigned specifically to the AAA. The expansion of the consumer-directed model provides more control over services to address many of the identified gaps in the LTSS system (e.g., workforce shortage, caregiver burden, consumer satisfaction). Another approach to strengthen the in-home program was to amend regulations pertaining to ancillary services, whereby AAAs could allocate up to 33 percent of their EISEP funding for the purchase of an expanded listing of goods and services that support an individual's choice to reside in their home.

### **Community Services for the Elderly (CSE)**

In New York State, CSE is similar to Title IIIB, providing a flexible funding stream designed to meet the individual program and service needs of the AAAs and their planning and service areas. New York State spends almost \$40 million annually via CSE to fund a myriad of community services, some directly and some as a supplement to other network funding sources that enable older adults to remain in their homes and participate in family and community life. CSE allows localities to fund gaps in services that address specific unmet needs while enhancing the cooperation and coordination among the many service providers to shape the way the delivery system is organized to respond.

CSE provides a wide range of services including case management, personal care, home delivered meals, information and assistance, referrals, social adult day services, transportation, respite, telephone reassurance and friendly visiting, health promotion and wellness activities, senior centers and other congregate programs, PERS, minor residential repairs, escort, and other services.

### **Age-Friendly State**

New York State was designated the **first** age-friendly state in the nation by the World Health Organization and AARP in 2018. This achievement was a result of efforts to include healthy

aging in state policymaking, resulting in more livable communities and more New Yorkers aging comfortably in their homes. Municipalities throughout the country, including 32 in New York State, have earned the age-friendly designation, but New York State is the first state to have achieved this honor.

Age-friendly New York is not just about old age—it is about the collective value of individuals of all ages and abilities and recognizing that addressing the eight domains of age-friendly and livable communities improves the health and lives of all populations. This tenant is central to supporting the goal of making New York State the healthiest state in the nation. It is about designing communities for everyone that strengthen people’s connections to each other, improve health, increase physical activity, and support the economic environment through proactive design and future-based planning. From housing to transportation, we have streamlined and improved existing programs to make sure they reach all New Yorkers in a more effective way.

The eight domains of age-friendly and livable communities are:

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

Programs and services administered by NYSOFA and provided directly or indirectly via AAAs are all designed to support aging in place. However, there has been movement to promote changes in the way communities are planned, designed, and redesigned, that consider features needed for more livable communities. Prior to New York State’s age-friendly designation, NYSOFA created Livable New York, which focused on embedding smart growth, livability, and age-friendly principles into local communities. All Livable New York activities are now part of the Governor’s priorities to continue age-friendly efforts in all New York State communities and building upon this work through the Master Plan for Aging.

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

### **Naturally Occurring Retirement Communities (NORCs)**

New York State currently fund a Classic NORC program model and Neighborhood Naturally Occurring Retirement Program (NNORC) model. A Classic NORC is an apartment building or housing complex, and a NNORC is a residential dwelling or group of residential dwellings in a geographically defined neighborhood or group of contiguous neighborhoods. The overarching goal of NORC programs is to maximize the health of its community and provide resources where people are. This is accomplished by facilitating and integrating the health and social services already available in the community, as well as organizing those necessary to help meet the goal of enabling older adults to remain at home.

NORC programs provide the four priority services of case management, healthcare management, information and assistance, and healthcare assistance and monitoring. Additional services may include personal care, educational and recreation opportunities, transportation, health promotion, shopping assistance, friendly visiting and other services that maximize independence. NORC programs are proactive in their approach, seeking to expand and strengthen the connections older adults have in, and to their communities before an event triggers a crisis.

NORC programs operate through multidisciplinary partnerships that represent a mix of public and private entities and provide on-site services and activities. At the core of each partnership are social service and health care providers; housing managers or representatives of neighborhood associations; and, most important, the community's residents, especially its older residents. These core partners connect to the many other stakeholders in the community – typically, local businesses; civic, religious, and cultural institutions; public and private funders; and local police and other public safety agencies.

The NORC program is a great example of New York State's efforts to engage various cross systems partners and stakeholders that represent the community at large and creating a better place for older adults and individuals of all ages to live. In addition to supporting older residents with aging successfully, the NORC program model also promotes community change. It offers opportunities to empower older adults to take on new roles in shaping communities that work for them; weave a tighter social fabric and foster connections among residents; and maximize the health and well-being of all older adults in the NORC.

This program model is built from the ground up, in response to what it learns about the community after assessing its needs. Inevitable challenges to healthy aging often include environmental factors, social factors, health and social service gaps, transportation difficulties, lack of infrastructure, or a frayed social fabric. NORC programs provide a variety of services tailored to the individual resident's wants and needs while addressing many of the 8 domains of age-friendly and livable communities and social determinants of health by providing directly, or connecting to outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community health services.

### **Activities for Health, Independence, and Longevity**

#### **Foster Grandparent Program**

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

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

### **Retired Senior Volunteer Program (RSVP)**

The RSVP recruits, trains, and places older adult volunteers in a variety of community-based human service agencies helping to create age-friendly and healthy communities. The state provides additional resources to the RSVP and supplements the federal RSVP programs in New York State that are supported by AmeriCorps, the largest older adult volunteer program in the nation. The RSVP priority areas include education, healthy futures, economic opportunity, veterans and military families, environmental stewardship, and disaster services. Many New York State RSVPs provide health promotion and wellness programs for older adults, assistance to frail and vulnerable older adults in the areas of home visiting, escort, transportation, and home-delivered meals, as well as cross-generational efforts in tutoring and mentoring children. RSVP provides a way for volunteers to remain strongly connected to their communities while providing many important direct services as well as providing organizational support to AAAs and other community-based organizations.

### **Senior Community Service Employment Program (SCSEP)**

SCSEP is a community service and work-based training program for older workers. It is the only job training program specifically designed for older adults. SCSEP provides subsidized, part-time, community service training for unemployed, low-income individuals aged 55 or older who have poor employment prospects. SCSEP participants are placed in a wide variety of community service activities at non-profit and public facilities, including day-care centers, senior centers, schools, and hospitals, where they provide a valuable service while getting on the job experience and training.

These community service training assignments promote self-sufficiency, aid organizations that benefit from increased civic engagement, and support communities. SCSEP enables individuals to obtain economic stability through paid job training and job placement partnerships. These assignments are intended to serve as a bridge to unsubsidized employment by helping participants improve their skills, obtain training, gain confidence, and become employed in the private sector. In turn, regional economies and employers benefit from an expanded pool of experienced and dependable labor in the local workforce.

NYSOFA recognizes that many older adults will start encore careers after retirement. Their return to work may be due to the state of the economy and personal finances or returning to the workforce to stay active and engaged. NYSOFA has partnered with GetSetUp to offer free online courses for older adults to learn new technologies and skills and that will assist them with maintaining the skills needed to remain in the workforce or develop the skills necessary for preparing to return to the workforce.

### **Civic Engagement/Volunteering**

Research clearly demonstrates that civic engagement and volunteering impact an individual's physical and mental health while addressing pressing social issues. In February 2019, the Corporation for National and Community Service (CNCS) released a longitudinal study that found that Senior Corps volunteers reported feeling significantly less depressed and isolated compared to non-volunteers. They also rated their health higher than those in similar circumstances who did not volunteer. Volunteers found their community service satisfying and meaningful. They reported having opportunities for personal growth and they felt a sense of accomplishment. Volunteers were successful in making friends and felt connected to their communities. All factors associated with improved physical, mental, and emotional wellbeing, and connection to the community. These findings according to CNCS are particularly relevant today as the numbers of volunteers aged 55 and older is expected to increase significantly over the next decade. The level of service that NYSOFA and other community and civic organizations offer would not be sustainable without volunteers. There are nearly 1 million

volunteers aged 55+ in New York State providing 495 million hours of service at an economic value of more than \$13.8 billion annually. This labor could not be replaced. Promoting increased civic engagement, volunteerism, respect, and social inclusion are key domains of age-friendly communities and they are vital to the health and well-being of the volunteers, individuals, families, organizations, and communities they serve. As the population gets older, NYSOFA will continue to seek enhanced strategies for recruiting older volunteers and educate individuals on the negative impacts of isolation and loneliness.

## **Nutrition Services**

### **Nutrition Program for the Elderly**

New York State has the largest nutrition program in the country and is the largest program administered by NYSOFA. New York State's commitment to providing healthy nutritious meals, nutrition counseling and education, and EBIs in settings where older adults congregate is unparalleled. New York State serves more than 21 million meals annually to more than 235,000 older adults in their homes and congregate settings. Funding for nutrition services comes from a combination of federal, state, and local government sources, program income (contributions), and other sources at the local level coordinated into a single statewide nutrition program.

Nutrition services strive to prevent or reduce hunger, malnutrition, and the effects of chronic disease associated with diet and weight. Nutrition services strengthen the link between nutrition and physical activity for a healthy lifestyle and improve the accessibility of nutrition information, education, and counseling. This is accomplished through:

- Community dining options at congregate sites restaurants and in the form of portable (grab and go meals) meals that offer choice and socialization to older adults
- Home-delivered meals that meet strict dietary requirements that are delivered to older adults who have been assessed (by way of a comprehensive in-home assessment) and need the service to remain in their homes and communities
- Nutrition education, health promotion and disease-prevention services offered in a variety of settings
- Nutrition screening to determine nutritional risk and individualized nutrition counseling for chronic disease management to improve nutritional status
- Advocacy and systemic and environmental changes to improve food access for those with the greatest economic and social need

The COVID-19 pandemic continues to pose challenges in maintaining food access for older adults throughout New York State. Large-scale disruptions as a result of the pandemic 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.

Through a range of solutions, including expansion of home delivered meals, grab and go meals, restaurant dining, grocery shopping assistance and bulk purchasing, the aging network has effectively connected socially isolated older adults to necessities, hot meals, and shelf-stable food items. Portable meal options evolved during the pandemic, enabling older adults to pick up a meal and eat it at a location of their choice. NYSOFA is updating regulation and guidance to allow for this innovation permanently. The pandemic renewed interest in developing restaurant dining programs. These local business partnerships expand dining choices, increase access to culturally diverse menus, and embed meal programs into the intergenerational fabric of the community.

### **Senior Farmers' Market Nutrition Program**

The Senior Farmers Market Nutrition Program has operated in New York State since 1989. Under the auspices of the U.S. Department of Agriculture (USDA), the New York State Department of Agriculture and Markets works with NYSOFA, DOH, and Cornell University (Cornell Cooperative Extension) to administer the program. The largest segment of the program operates statewide through the 59 AAAs and two Indian Tribal Organizations. This program provides income-eligible (185 percent of the FPL) older adults with \$25 in coupons to use at farmers' markets. Federal funds are the primary funding source for the program. In 2022, NYSOFA distributed nearly 99,000 farmers' market coupon booklets valued at \$2.5 million for low-income older New Yorkers.

The purpose of the Senior Farmers' Market Nutrition Program is to:

- Increase access to fresh, nutritious, locally grown fruits, vegetables, honey, and herbs from farmers' markets and roadside stands for low-income older adults
- Increase food security, decrease hunger, and malnutrition
- Demonstrate the value of establishing farmers' markets and roadside stands in communities, at locations and times that are easily accessible by low-income older adults

### **Supplemental Nutrition Assistance Program Education (SNAP-Ed)**

NYSOFA, through a multi-year agreement with OTDA, administers a statewide SNAP-Ed program that promotes nutrition education and policy, system and environment change interventions specifically among low-income older adults. Nine partner AAAs deliver SNAP-Ed nutrition education interventions to low-income older adults in a multi-county region. The program includes evidence-informed community workshops, healthy eating resource fairs, food box distribution programs, container gardening programs, statewide education, and social marketing. SNAP-Ed interventions are provided at congregate meal sites, senior centers, NORCS, as well as other eligible community sites. These activities act on multiple social determinants of health and multiple domains of age-friendly and livable communities. The program is funded by USDA and reaches over 500,000 older adults annually. NYSOFA has been steadily expanding since starting with four regions six years ago.

As part of SNAP-Ed, NYSOFA's Registered Dietitians created in-house social media programs that feature a Registered Dietician preparing meals that are fresh, healthy, and easy to replicate, and providing other education on healthy eating on a budget, reducing food waste, and container gardens. Nineteen programs were recorded and shown through NYSOFA's social media channels reaching over 337,000 individuals.

## **Elder Justice**

### **Legal Assistance Program**

Older adults face a variety of legal issues that affect their ability to live independently and with dignity. A central tenet of the OAA is to ensure access to benefits and services for the most vulnerable older adults. Currently, AAAs in New York State are required to spend a minimum of seven percent of their OAA Title III-B funds on legal assistance. Each AAA contracts with an appropriate legal entity to provide legal assistance and coordinate OAA funded legal assistance with legal assistance available through the Legal Services Corporation grantee and the local legal community.

As the breadth of issues and the number of older adults with the greatest economic and social needs increase, access to legal assistance is critical. As New York State emerges from the

pandemic and AAAs return to routine operations, it will be vital to determine if the AAAs have the technical assistance and resources to provide older adults with legal assistance in the priority areas. Legal assistance funded under the OAA addresses legal issues related to income, health care, nutrition, housing, utilities, protective services, guardianship avoidance, abuse, neglect, exploitation, and age discrimination.

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

NYSOFA will work with legal services contractors to increase estate planning for older New Yorkers. Nationally, 66 percent of Americans do not have a will or trust. There is a misconception that only wealthy individuals need to have a plan, and many believe it is time consuming and complicated. The number one reason many Americans do not have a will or trust is because they do not know where to start.

#### **Legal Services Initiative/New York State Judicial Committee on Elder Justice**

Through NYSOFA's past work on the Legal Services Initiative, work has continued through the New York State Judicial Committee on Elder Justice under the leadership of the Hon. Deborah A. Kaplan, the Statewide Coordinating Judge for Family Violence Cases and Chair of the New York State Judicial Committee on Elder Justice. Now a standing committee of courts, the New York State Judicial Committee on Elder Justice, has been charged with developing programs and protocols to improve how the court system addresses the growing number of cases involving the state's older population. NYSOFA is represented on each subcommittee and work continues to improve many facets of this system, including improving orders of protection, creating information cards to inform older adult litigants, and increasing the physical accessibility of courtrooms. NYSOFA is also working with the Office of Court Administration and the Guardianship Project to increase access to court appointed guardians.

#### **Long-Term Care Ombudsman Program (LTCOP)**

LTCOP serves as an advocate and resource for over 160,000 older adults and individuals with disabilities who reside in the 1,400 long-term care facilities in New York State. This includes nursing homes, adult care facilities, and family type homes. Ombudsmen help residents and their families understand and exercise their rights to quality care and work to improve their quality of life. The program advocates for residents at both the individual and system level by receiving, investigating, and resolving complaints made by or on behalf of residents, promoting development of resident and family councils, and informing governmental agencies, providers and the public about issues and concerns impacting residents of long-term care facilities.

The OAA requires each state to establish an Office of the State Long-Term Care Ombudsman and employ a qualified, full-time person to serve as the State Ombudsman. In New York State, the program is administratively housed within NYSOFA, and advocacy services are provided through a network of 15 regional program sponsors, 14 not-for-profit organizations, and one county-based AAA. The programs each have a full-time designated regional coordinator who is responsible for overall program management in the assigned region, as well as support staff. The regional ombudsman programs recruit, train, and supervise a corps of certified volunteers (currently 215 statewide) whose primary responsibility is to provide a regular presence in long-term care facilities.

The pandemic had a significant impact on the overall operations of the program, as it led to increased paid staff turnover and the loss of many volunteers who chose to resign from the program for health and safety reasons. As a result, the state's 2022-23 and 2023-24 Enacted Budgets increased LTCOP funding by a total of \$5 million to hire paid staff throughout New York State to increase the number and frequency of visits to facilities.

Recognizing the need for increased advocacy for residents and the need for an increase in Ombudsmen, LTCOP and NYSOFA developed an advertising campaign that began in the Fall 2021. The campaign continues today and focuses on both volunteer recruitment and program awareness. Thus far, the campaign has been successful in generating individuals interested in volunteering as well as community awareness of the services that LTCOP provides for residents and their families.

LTCOP priorities will continue to focus on increasing resident access to effective and timely advocacy services, providing education to empower residents and their loved ones regarding their rights, and improving systemic advocacy efforts to address facility-wide or statewide issues and problems experienced by residents in long-term care facilities.

### **Elder Abuse Education and Outreach Program (EAEOP)**

Elder abuse includes physical, emotional/psychological, and sexual abuse; financial exploitation; and neglect (including self-neglect). It is found in all communities and is not limited to individuals of any race, ethnicity, cultural background, or socio-economic status. Often this abuse is hidden and goes unrecognized.

The demographic reality of an aging population means the prevalence of elder abuse is likely to increase. New York State has undertaken a variety of initiatives, including elder abuse awareness and education, outreach, and intervention strategies to help serve victims of abuse.

New York State funds the Elder Abuse Education and Outreach Program (EAEOP), administered by LifeSpan of Greater Rochester to provide education and outreach to the public, older adults and their families and caregivers, to identify and prevent elder abuse, neglect, and exploitation. The EAEOP includes two components: grants to local agencies to establish or expand upon existing EAEOPs in their communities, and grants that are broad-based and designed to support a statewide effort to increase awareness and prevention of elder abuse. The EAEOP funding is also used to support the New York State Coalition on Elder Abuse, which is a multi-disciplinary, statewide network of over 1,800 individuals, organizations, and government agencies working together to protect older adults from abuse, neglect, and exploitation.

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

- Monthly information and tools are provided to AAAs to use for public education and outreach
- Public awareness presentations on elder abuse, scams, and frauds are provided to senior groups, civic groups, and fraternal orders.
- Professionals and non-professionals who work with or are in regular contact with older adults, are trained at a variety of events to better recognize abuse in domestic settings and facilitate intervention
- Direct intervention on cases of elder abuse, including scam and fraud cases
- Intensive case management, geriatric addiction services, and financial management are provided to vulnerable older adults
- Abused older adults are assisted through guardianship and limited power of attorney

The 2021 New York State Elder Abuse Summit was convened by Lifespan of Greater Rochester and the New York State Office of Victim Services (OVS). The Summit was supported and funded by OVS, NYSOFA, and Lifespan of Greater Rochester and brought together specialists and stakeholders in elder abuse and mistreatment to dialogue, discuss, and vote on recommendations. The Summit focused on older adults from rural, underrepresented, and marginalized communities with a focus on Black/African American, Latino/a, LGBTQ+, Native American, and New American/Refugee/Immigrant. Representatives from these populations attended the Summit to assist in making recommendations on the needs of elder abuse survivors from underserved and underrepresented populations.

### **Elder Abuse Interventions and Enhanced Multi-disciplinary Team (E-MDT) Initiative**

E-MDTs intervene in cases of elder abuse. They bring together professionals in each county of operation from various disciplines, including Adult Protective Services, AAAs, human services, mental health, law enforcement, and health care to provide an effective and efficient means of addressing complex cases of abuse of older adults (aged 60 and older). The enhancement comes with access to forensic accountants, mental health providers, and civil legal services.

Due to the demonstrated effectiveness of E-MDT interventions in addressing elder abuse and the recognized need for the New York State E-MDT model to be available statewide, NYSOFA partnered with New York State OVS to establish and implement the Elder Abuse Interventions and E-MDT Initiative to support existing E-MDTs, expand E-MDTs statewide, and develop technical assistance and other supports for successful statewide implementation. The E-MDT Initiative is overseen by NYSOFA and coordinated statewide by Lifespan of Greater Rochester. Lifespan of Greater Rochester and the New York City Elder Abuse Center at Weill Cornell Medicine work in concert to provide technical assistance and training to E-MDTs across New York State.

The E-MDT approach to intervention has become an important part of an overall effective strategy to address elder abuse in New York State. In addition to potential prosecution of abusers and ordering of financial restitution, services provided to abuse victims through interventions identified by E-MDTs include information about, and referral to, needed services (e.g., victim service programs, legal services, etc.) and individual advocacy (e.g., return of personal property, assistance with applying for public benefits, etc.). There are operational E-MDTs in almost every county, and New York State's E-MDT model is being replicated at the federal level.

## **Disease Prevention and Health Promotion**

### **Evidence-Based Interventions (EBIs)**

All AAAs in New York State implement at least one EBI which have been proven to be effective in helping individuals develop self-management skills and make lifestyle changes to prevent and manage their conditions, leading to enhanced well-being and improved health outcomes. Evidence-based programs are shown to be effective at helping participants adopt healthy behaviors, improving their health status, and reducing the use of costly medical services. Priority is given to serving older New Yorkers living in medically underserved areas and those with the greatest economic need. The AAAs have implemented over 30 different EBIs, with over 20,000 participants annually. There are several models that have been widely implemented including Tai Chi for Arthritis, CDSME Suite, A Matter of Balance, Aging Mastery Program, Powerful Tools for Caregivers, and Walk with Ease.

Since the introduction and increased promotion of Medicare preventive and screening benefits, NYSOFA has also worked to increase awareness and use of these benefits among New Yorkers. The Affordable Care Act has provided even more opportunities to improve the overall

health of older New Yorkers by expanding coverage for many prevention benefits and for screening and treatment for individuals with behavioral health issues.

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

### **Medicare Improvements for Patients and Providers Act (MIPPA)**

MIPPA was enacted in 2008 to support targeted LIS and Medicare Savings Program (MSP) enrollment for Medicare beneficiaries who were eligible for the benefits but not yet enrolled. MIPPA funding provides education and outreach directed at raising beneficiary awareness, understanding of Part D and other available preventive and wellness benefits.

The ACL MIPPA funding enables New York State to issue grants to the local HIICAP, NY Connects, and AAAs to support efforts to educate and assist eligible Medicare beneficiaries with enrollment into the Medicare LIS and MSP. The funding also supports counseling and assistance on accessing the Part D Medicare Prescription Drug Coverage and promoting the availability of Medicare preventive and wellness services, especially for beneficiaries who are low-income, underserved, residing in rural areas, disabled and under the age of 65, culturally diverse, and those with limited English proficiency. Collectively, HIICAP, NY Connects, and the AAAs have the ability to reach MIPPA target populations, particularly those in underserved zip codes and hard-to-reach rural areas in New York State, as identified by CMS.

NYSOFA will continue to support the AAAs and HIICAP and NY Connects partners in their coordinated efforts to inform and assist Medicare beneficiaries with the available federal and state benefits and ensure that their county/designated catchment area achieves all goals, objectives, deliverables, measurable outcomes, and targets set forth in the NYSOFA required MIPPA workplan. In January 2023, New York State increased the MSP income eligibility which allows for an additional 330,000 individuals to receive \$7,000 in benefits back in their Social Security checks. Outreach efforts continue so that all eligible individuals receive this benefit.

### **Health Indicators Program**

The Health Indicators program is now incorporated into New York State Elder Law. It is a data driven, performance improvement program that is a way for organizations to identify the needs of individuals and target interventions at both the individual and group level with the goal of achieving measurable outcomes. Health Indicators involves the administration of a comprehensive health survey, data tracking and analysis, as well as post intervention follow up. These activities help NORC programs target priority services to individuals and implement appropriate health promotion group programming. It is also intended to provide programs with the information and tools they need to shift from a reactive practice that responds to crises to a proactive practice that is targeted and systematic. The goal is to strengthen the link between health programs and social services to improve prevention efforts, improve outcomes and reduce health care costs.

### **Sepsis Prevention**

Older adults, particularly those who have health issues, are more susceptible to sepsis than any other group. Individuals aged 65 and older are 13 times more likely to be hospitalized with sepsis. Recognizing these risks for older adults, NYSOFA is engaged in a multi-pronged effort to promote awareness of sepsis, prevention, and response. These efforts include:

- Monthly social media content and special events in the month of September for Sepsis Awareness month. NYSOFA has held Facebook livestreams twice a year with guest experts on sepsis, including our most recent livestream in 2022, which received over 23,000 views. Guests have included sepsis survivors, experts from Sepsis Alliance, and the Home Care Association of New York State. NYSOFA has also worked with the Governor's office to announce and sign a proclamation recognizing Sepsis Awareness month in New York State.
- NYSOFA partnered with the Home Care Association of New York to film a public awareness video providing sepsis education for caregivers and professionals who work with and care for older adults.
- NYSOFA launched a sepsis training video developed with Sepsis Alliance and Boston University School of Social Work's Center for Aging & Disability Education & Research (CADER) to educate providers, caregivers, and the general public on the devastating effects of sepsis and raise awareness on the signs and symptoms of sepsis.
- NYSOFA joined the Home Care Association of New York State and providers from across the continuum for an all-sector Sepsis Summit featuring state, national, and industry leaders presenting innovations in research, intervention, and new models of care for sepsis.

NYSOFA will continue to work with the aging network and other partners to provide public education and resources on sepsis awareness, including a dedicated resource page on our website.

## **Section B. COVID-19 Recovery**

The network of aging service professionals providing non-clinical home and community-based services faced many challenges during the pandemic. 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 meet locally determined needs. NYSOFA received more than \$160 million in federal stimulus funding that was immediately distributed to all counties in New York State. This funding provided support to meet the growing need for services and the provision of 20-plus core services that the network provides daily. Key areas of focus throughout the pandemic included:

- Home-delivered meals and grab-and-go meals
- Shopping and supply delivery
- Prescription drug delivery
- Critical transportation (e.g., to dialysis and cancer treatments)
- Programs and services to combat social isolation
- Shifting service delivery to virtual programming, where appropriate
- Elder abuse mitigation and scam prevention via education and outreach
- Helping individuals obtain vaccinations and booster shots at vaccine sites and in their home

State-level executive orders, coupled with the federal major disaster declaration, 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 during the pandemic. These flexibilities remained in place until we were able to safely reopen community outlets that were closed. On a national level, NYSOFA's advocacy efforts assisted in securing policy and program changes and offered additional

resources that became national policy and helped older New Yorkers and their families and caregivers.

The demands of COVID-19 have also strengthened NYSOFA's existing partnerships with other New York State agencies. For example, our work with the Department of Agriculture and Markets on access to food; the Department of Labor on supports for working caregivers; DOH on all COVID-19 related health and safety issues; OMH on addressing social isolation and mental health issues magnified by COVID-19 (e.g., anxiety, depression, suicide); the Office of Addiction Services and Supports (OASAS) 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 aged 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 deliver food and provide transportation and other commodities to those in need.

NYSOFA developed and tested new programs and projects that proved to be beneficial in assisting and supporting older New Yorkers during the pandemic, including:

- NYSOFA's award winning animatronic pet project, which has proven to reduce isolation, loneliness, and pain. This program has been replicated across the country.
- NYSOFA was the first in the nation to partner with NAHB to provide CAPS training to network case managers.
- Piloting a home sharing project based on the successful Home Share Vermont Program. This project matches older homeowners with individuals looking for affordable housing – a relationship that not only promotes affordable housing but assists older adults in daily tasks that help them maintain their independence.
- Bringing the Virtual Senior Center Model currently in 19 counties to the entire state, providing virtual programming to the homes of older adults, via a partnership with Selfhelp, Inc.
- Partnering with GetSetUp to bring over 2,500 courses and classes into the homes of older adults and provide an economic opportunity for them to teach classes on the platform and supplement their income by getting paid for their skills.
- Working with GoGoGrandparent, a specialized ride-share service for older adults using trained drivers who understand the challenges that many older adults face. This partnership also provides 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.
- Supporting caregivers by partnering with TCARE and ArchAngels.
- Expanding nutrition access by working closely with the Department of Homeland Security and Emergency Services (DHSES) to successfully apply for and receive FEMA funds.
- Partnering with the New York State Council on the Arts to bring professional artists into the homes of older adults.
- Joining Pets Together, a national non-profit to combat isolation by connecting individuals to volunteers using the power of pet therapy to combat loneliness and isolation.
- Partnering with Trualta, an evidence-based training and support platform available to ALL caregivers in New York State, to provide training, education and linkages to support services
- Increasing the use of SMS, voice, and email via the Blooming Health platform to increase communication efficiency for AAAs and public engagement.

- Piloting Intuition Robotics AI Platform ElliQ, which is designed to foster independence and provide support for older adults through daily check-ins, assistance with wellness goals and physical activities, using voice commands and on-screen instructions

### **Comprehensive Emergency Preparedness and Response**

As a member agency of the New York State Disaster Preparedness Commission, NYSOFA collaborates with multiple public and private partners at the federal, state, and local levels to ensure that that emergency planning needs of older New Yorkers are addressed and met. Partners include ACL at the federal level, DHSES and DOH at the state level, AAAs at the local level, and a number of human service and other agencies, including the Red Cross and Salvation Army. The coordinated involvement of NYSOFA with these various entities is necessary to ensure that planning for, preventing, and responding to emergencies and disasters, declared or otherwise, is done in the most efficient manner possible. NYSOFA coordinates and works with DHSES to ensure that all levels of governments, voluntary organizations, and the private sector, identify areas of vulnerability for older adults so that they can be addressed and mitigated.

Via our partnership with DHSES, NYSOFA is a member of Emergency Support Function (ESF) Six (Mass Care, Emergency Assistance, Housing, and Human Services), which will activate in situations where a state level multiagency response is needed to support and facilitate coordination of functions in the event of an emergency or disaster.

During times of activation, NYSOFA reports to the state Emergency Operations Center and works with the multitude of participating agencies. The Office of Emergency Management (OEM) operates the state's Watch Center, which operates a continuous alert and warning system that is designed to provide local, state, and federal agencies with notification and support in responding to incidents. NYSOFA assists OEM in the dissemination of public health and safety information during a disaster in coordination with DOH. At the local level, in times of emergency, NYSOFA coordinates and supports the relief efforts provided by AAAs, which play a critical role in identifying and planning for the provision of services to older adults during a crisis. NYSOFA's operations during these activations are governed by its Emergency Management Operations Protocol. Outside of an activation, NYSOFA maintains a document that describes the circumstances when NYSOFA would need to notify the state Watch Center of an event that has the possibility of causing a disruption in services.

In the event of emergency that has a direct impact on NYSOFA, meaning that it causes a disruption in agency function, NYSOFA maintains a Continuity of Operations Plan (COOP), which was activated in March of 2020 due to the pandemic. As a result of lessons learned during the pandemic, an appendix was added to the COOP, addressing state disasters involving a communicable disease, which is in essence best practices for pandemic response in an agency COOP environment.

At the community level, NYSOFA requires each AAA to participate in their county emergency operations structure and to include details of their emergency planning efforts within the Annual Update or to the AAA Area Plan that is submitted to NYSOFA. This inclusion of processes for disaster/emergency preparedness, coupled with increased statewide and local training and practice exercises, has led to a proactive interchange of information between the state and the AAAs before, during, and after any emergency. Emergencies and disasters put vulnerable older adults at greater risk, therefore, the aging network has an especially active role in both the response and the recovery phases of any event.

NYSOFA has prioritized emergency preparedness resources through participation in a multi-agency initiative to address the effects of extreme heat on vulnerable populations. The Extreme

Action Plan Work Group is a multi-year initiative identifying the negative impact of extreme heat, how it is exacerbated, and how to mitigate the effects, especially to the most vulnerable individuals. In the first phase, NYSOFA and the partner agencies, proposed comprehensive policy suggestions for immediate review and statewide policy enactment. Currently, in phase two, agencies and community stakeholders are brainstorming longer term interventions with complex implications.

As a member of the Developmental Disabilities Planning Council (DDPC), NYSOFA participated in a pilot program to increase awareness in emergency planning activities specific to individuals with access or functional needs. NYSOFA will continue to advance the network's awareness and ability to mitigate gaps in personal emergency planning specific to individual needs and resources.

To ensure that NYSOFA can respond in an emergency, NYSOFA requires that all staff complete the Introduction to Incident Command System training, which is available through the National Incident Management System and offered through FEMA. This training outlines a comprehensive national approach to emergency management. It enables federal, state, and local government entities along with private sector organizations to respond to emergency incidents together in order reduce the loss of life and property and environmental harm.

## **Section C. Advancing Equity**

New York State's older population continues to grow exponentially. The population of residents aged 60 and over (4.84 million) is larger than the entire population in 21 of the 50 states in America. The past decade saw the older population of New York State grow by 31 percent (over 815,000). More than half of this growth was outside of New York City. Additionally, there has been a large increase of older adults in the minority population and this population is expected to grow by over 1 million by 2050. The number of older adult immigrants statewide has increased by 42 percent. The number of Black/African American older adults has grown faster than the older White population in all of New York State's major cities and in nine major counties outside of New York City (Albany, Dutchess, Nassau, Niagara, Orange, Rockland, St Lawrence, Schenectady, and Suffolk). The number of Hispanic older adults has outpaced the older White population in all of New York State's major cities and in 11 counties outside of New York City (Albany, Chautauqua, Dutchess, Erie, Nassau, Orange, Oswego, Rensselaer, Rockland, Saratoga, and Suffolk counties).

While these are just three of the populations NYSOFA targets for services, it is evidence of the diversity within the state and the need for a focus on diversity, equity, and inclusion by NYSOFA. For this reason, NYSOFA maintains a dedicated position of Advocacy Specialist to promote equal access of all individuals and ensure the prioritization of services to those in greatest economic and social need by evaluating the changing demographics and allocation of resources. The Advocacy Specialist participates in statewide trainings coordinated by the New York State Diversity Council to remain informed of current trends, concerns regarding the social determinants of health and the disparate impact on target populations. The Advocacy Specialist collaborates closely with state partners dedicated to reaching marginalized populations within New York State such as the Office for New Americans, the New York State Chief Disability Office, the Office of Language Access, the Bureau of Minority Health within DOH and the DDPC.

The Advocacy Specialist coordinates the dissemination of trainings and information to the aging network in an effort to address the needs of racial and ethnic minorities (particularly low income minorities), rural residents, the LGBTQ+ community, Native Americans, caregivers, those at risk for institutionalization, individuals with Alzheimer's and related disorders, individuals with limited

English proficiency, individuals with disabilities, as well as frail, vulnerable, homebound and socially isolated older individuals. NYSOFA has provided various trainings such as “Supporting LGBTQ+ Older Adults” in partnership with ACRIA, a global authority on HIV and Aging; How to Reach Under Resourced Caregivers; released a four part video series on Advancing Health Equity in collaboration with DOH through the Building Resilient and Inclusive Communities grant; provided an online Disability Awareness Training in collaboration with DDPC and CADER; produced a Future Caregiver Planning guide in collaboration with DDPC; and participated in a panel on multi-generational trauma experienced by the Seneca Nation of Indians.

NYSOFA is committed to ensuring equal access for all and translates all vital documents into the top 12 languages in New York State (Spanish, Chinese, Korean, Haitian Creole, Yiddish, Russian, Polish, Italian, Arabic, French, Urdu, and Bengali), and requires a minimum standard of all AAAs having access to telephonic on demand interpretation services to ensure effective communication with individuals who have limited English proficiency.

NYSOFA will also identify and make available training on trauma informed care for all NYSOFA staff and for the network at large. Trauma-informed approach to care acknowledges that care teams need to have a complete picture of an individual’s life situation, past and present, in order to provide effective services. Adopting trauma-informed practices can potentially improve individual engagement, interventions, and outcomes. It can also help reduce avoidable care and excess costs for both the health care and social service sectors.

Trauma-informed care seeks to:

- Realize the widespread impact of trauma and understand paths for recovery;
- Recognize the signs and symptoms of trauma in individuals, families, and staff;
- Integrate knowledge about trauma into policies, procedures, and practices; and
- Actively avoid re-traumatization.

## **Section D. Expanding Access to HCBS**

### **Private Pay Model**

Federal funding for the services the network provides has not kept pace with population growth or the increase in demand. It is well recognized that individuals and families are already privately paying for services and supports but are not able to access the array of services, advice, and guidance that may be helpful to them. The 2019 Enacted State Budget included a provision granting NYSOFA the authority to develop a private pay market for state and locally funded services, after federal, state, and local funds are no longer available.

The private pay model was designed as a county opt-in and allows individuals and their families who are at 250% of the FPL or higher, the option to purchase services directly from the AAA or their partner organizations. Prior to this statutory change, individuals were barred from purchasing services and their children or other loved ones could not either. The private pay model can increase access to services for middle- and higher-income older adults and their families. Any additional revenue that is generated through private pay is required to be put back into service provision, helping to fund additional services to those who are most in need of service, but cannot afford them.

NYSOFA planned to launch the private pay model in April of 2020 but due to the pandemic, this was placed on hold. NYSOFA’s intent is to reintroduce to the counties that this option is available and to work with the New York State Association of Counties (NYSAC) to educate county executives and managers of this option.

### **Unmet Need Funding**

Unmet need is defined as individuals who are eligible for services but are not able to receive them due to workforce shortages and funding limitations. In August 2018, NYSOFA worked with the Governor's Office to inform leadership of the number of individuals who were waiting for services, the characteristics of those waiting for services, the cost to provide the services, and what happens to individuals who are waiting for services. An analysis of the 2,200 individuals waiting for services at that time, showed that 10 percent went directly to a nursing home; seven percent went to managed long-term care (MLTC) or community Medicaid; many wound up in the emergency room or a hospital and some died while waiting for services. It was vital to invest in the services that people were waiting, while also considering the Medicaid savings, as NYSOFA customers typically remain on our suite of programs for an average of 5-7 years.

Since the initial \$15 million unmet need allocation in 2019, NYSOFA has received \$99 million over five years to address unmet need. The 2023 Enacted State Budget specifically appropriates a total of \$23 million to support service capacity of AAAs who identify unmet local needs. NYSOFA will continue to track what services are needed and where they are needed. Additionally, we will continue to work to expand services to prevent Medicaid spend-down and efforts to support aging in place.

### **Integrated Care Models**

Integrated care models are models that bring together physical health, behavioral health, social services, and technology to improve overall health, quality of life, and reduce avoidable costs by providing services holistically. NYSOFA is part of a pilot project that brings health care, AAA services, and in-home technology to improve care. Results of the pilot will be useful in promoting and replicating the model in other counties. In addition, NYSOFA and Aging-NY are communicating regularly with health systems to educate them on what the network does and opportunities to partner with them. Aging-NY is also developing an Independent Practice Association (IPA) to be able to contract on behalf of the AAAs with a variety of payors that will increase funding diversity, expand services, and improve care through better coordination of social and health services.

## **Section E. Strengthening Supports for Caregivers**

In New York State, approximately 4.1 million caregivers provide more than 2.6 billion hours of care to loved ones. According to AARP, the economic value of this care is estimated to be over \$39 billion dollars in New York State, if those caregivers were being paid at the market rate. As the role of the informal caregiver has become increasingly complex due to the level of care needs of individuals being cared for at home, the importance of supporting caregivers in their role. In New York State, the three-prong approach being applied to expand LTSS: is providing the right care, at the right time, and in the right place. To accomplish this, caregivers need to be supported through a variety of services and supports.

NYSOFA administers programs and services that are designed to help older adults live as independently as possible. These services also support the caregivers of older adults (e.g., by providing respite to the caregiver), in addition to the program funds designated to support caregivers specifically, which are outlined below. NYSOFA and AAA spending on supporting caregivers is estimated to exceed \$100 million through the provision of services via Title III funded programs, state and local funded respite, social adult day services, caregiver resource centers, Lifespan Respite, grant-related services, personal care, case management, home delivered and congregate meals, transportation, shopping assistance, and meal preparation, etc. Studies have shown that these services can reduce caregiver depression, anxiety, and

stress, and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care.

To identify additional opportunities to collaborate, coordinate outreach, enhance program development and administration, and more effectively target family caregivers with available resources, NYSOFA will use the Actions for States, Communities, and Others component of the 2022 National Strategy to Support Family Caregivers that was developed by the Recognize, Assist, Include, Support, and Engage (RAISE) Act Family Caregiving Advisory Council and the Advisory Council to Support Grandparents Raising Grandchildren.

### **National Family Caregiver Support Program (NFCSP, Title III-E)**

The National Family Caregiver Support Program (NFCSP, Title III-E) was established in 2000 to fund states for a range of supports that assist family members and informal caregivers with caring for a family member at home for as long as possible. NYSOFA administers this program through the AAAs.

Services provided in New York State include:

- Information to caregivers about available services
- Assistance to caregivers in gaining access to services
- Individual caregiver counseling, organization of caregiver support groups, and/or caregiver training to assist caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiver roles
- Respite care (in-home, out-of-home [day], out-of-home [overnight], and other respite, including caregiver-directed respite care) to enable caregivers to be temporarily relieved from their caregiving responsibilities
- Supplemental services, on a limited basis, to complement the care provided by caregivers, such as assistive technology, consumable supplies, home modifications, legal and financial consultation, homemaker, chore, and personal care services, nutrition services, and transportation

NYSOFA issued program standards for the NFCSP through a program instruction in November 2022 that will take effect on October 1, 2023. The NFCSP Program Standards build upon and formalize information that has been provided to the network in various formats. The Standards include important terms and definitions, program management, participant eligibility, caregiver support, service, and delivery, reporting requirements, and fiscal information.

NYSOFA has expanded its caregiver-directed service delivery model under the NFCSP to include out-of-home respite care and allow vouchers as a payment mechanism, based on recommendations made by professionals and informal caregivers. This expanded option supplements the lack of agency-hired respite providers. NYSOFA also created a technical assistance memorandum (TAM) with tools and resources to assist AAAs in implementing an effective caregiver-directed respite care service delivery model. NYSOFA trained AAA staff in May 2023 to ensure they understand the requirements outlined in the Standards and will continue to provide AAAs training and technical assistance.

NYSOFA coordinates monthly webinars for AAAs under the NFCSP on various themes related to caregiving and respite. The webinars either have a guest speaker or are offered as a "bring, brag, and borrow" (BBB) call. The BBB calls allow AAAs to share information, discuss innovative ideas, and learn best practices from one another. The New York State Caregiving and Respite Coalition (NYSCRC) is invited to all webinars to share relevant program updates with the AAA network.

## **Respite Care**

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

Respite care services include home care (e.g., personal care levels I & II, home health care, and companionship/supervision), community-based services (e.g., social adult day services, adult day health care), and facility-based overnight care (e.g., in a nursing home, adult home).

Respite services assist caregivers in maintaining their loved ones at home for as long as possible and delays or forestalls nursing home placement, which can result in a much higher cost both to the family and the federal, state, local Medicaid program.

Information about existing respite services may be found in the NY Connects Resource Directory which offers LTSS support information across the age and disability spectrum. Respite services may include adult day services and group respite, in-home companions, in-home personal care and home health care, institutional respite, and consumer- and caregiver-directed programs. In 2021, the NY Connects program helped 18,677 caregivers representing nine percent of all calls to NY Connects. Consumer and caregiver supports ranked second in requested information topics for NY Connects.

AAAs provide respite services throughout the state through a variety of federal and state-funded programs. Two primary programs are the New York Family Caregiver Support Program funded under Title III-E of the OAA, and state-funded EISEP. Funding is also used to provide extended hours of respite services in the evening (after 5 PM), on weekends, and on an emergency basis. These respite programs provide a variety of services on a temporary and short-term basis, including home care, overnight stays in nursing homes, and social adult day services. The state-funded respite program awards over \$1 million annually through grants to ten programs across the state to provide respite to caregivers of any age who provide support to older adults. In addition, many of these programs also provide other supports to caregivers, such as case management, counseling, support groups/training, and information and assistance.

The New York State budget annually includes \$25 million to assist caregivers of individuals with Alzheimer's disease and other related dementias. The Alzheimer's Disease Caregiver Support Initiative takes a two-prong approach by providing support to caregivers of individuals with Alzheimer's disease and other dementias (AD) and funding and support to health and health related organizations that work to decrease the burden of AD on individuals, caregivers, and families throughout New York State. The program aims to promote early diagnosis of AD, delay the institutionalization of individuals with AD, and maintain the best quality of life for the individual with AD and their caregivers and family members. Respite is one of the core services offered through this initiative. Currently, 32 AAAs are involved in this initiative.

## **Social Adult Day Services (SADS)**

SADS programs are an important component of the community-based service delivery system that help to delay or prevent nursing home placement and the need for other more costly, yet preventable, services while providing vital assistance to an older adult with cognitive and/or physical impairments and supporting their informal caregivers. Research demonstrates that caregivers who experience stress and burden are more likely to "burn out" and, thus, place their loved ones in an institution, directly impacting Medicaid spending. Social adult day services can help to ease the burden of caregivers by providing them with time to continue to work or take

care of other needs and address other priorities. At the same time, it addresses the basic needs of the individual needing care in a safe, nurturing, and stimulating environment.

SADS programs are structured, comprehensive programs that provide functionally impaired individuals with socialization, supervision and monitoring, personal care, and nutrition in a protective setting. The program may also provide other services and supports as needed, such as transportation, information and assistance, and caregiver assistance. In addition to addressing the individual's needs for assistance in ADLs, these programs provide a secure environment in which therapeutic activities are provided that are aimed at helping individuals achieve optimal physical and mental/cognitive functioning. They improve the quality of life for older adults by reducing social isolation and increasing social and community engagement. For individuals with AD or related dementias, social adult day services programs are a cost-effective package of services that provide person-centered interventions that slow the progression of the illness and prevent further deterioration and the need for more expensive services. In addition to improving the quality of life for functionally impaired adults, social adult day services also improve the quality of life for informal caregivers by giving them a break from their ongoing caregiving responsibilities and providing them with a feeling of confidence that their loved one is being cared for in a safe environment.

To determine the efficacy of social adult day services, NYSOFA is partnering with Rockland County Office for the Aging and Active Rockland to evaluate the impact that their SADS program has on the health and wellness of participants and their caregivers.

### **Caregiver Resource Centers**

New York State also provides funds to 17 local Caregiver Resource Centers (CRC). The CRCs provide caregivers with information, assistance, counseling/support group/training, and initiatives including specialized training curricula for caregivers of adults with developmental disabilities, minority populations, and caregivers of grandchildren. Since the advent of the Title III-E funded caregiver program in 2000, these programs have coordinated their CRC programs with their Title III-E programs so that, from the caregiver perspective, there is a program consisting of a coordinated array of services that is comprehensive, complementary, and supplemental in nature. Further, NYSOFA undertakes, in partnership with others, regional caregiver forums annually, providing training and technical assistance to AAAs and community-based organizations that serve and support caregivers.

### **Lifespan Respite**

The Lifespan Respite Care Program was authorized by Congress in 2006 under Title XXIX of the Public Health Service Act (42 U.S.C 201). Lifespan Respite Care programs are coordinated systems of accessible, community-based respite care services for family caregivers. New York State's program is a continuation of the successful partnership of a core team that includes NYSOFA and NYSCRC sponsored by Lifespan of Greater Rochester. Each member of the core team has developed work plans to define their respective roles in meeting the objectives of the grant and integrating and coordinating their work.

The Lifespan Respite program is designed to:

- Expand and enhance respite services
- Improve coordination and dissemination of respite services
- Streamline access to programs
- Fill gaps in service
- Improve the overall quality of the respite services currently available

The primary goal of New York State's Lifespan Respite program (2021-2026) is to strengthen the Lifespan Respite Care system by piloting a NYSCRC 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. The program objectives for this grant are:

- Pilot a NYSCRC satellite regional Caregiver Wellness and Respite Center (CWRC)
- Engage, assess, and provide services to family caregivers in the region (Clinton, Essex, Franklin, Hamilton, Warren, and Washington) through the CWRC
- Add LifeCourse Tools for Respite to the NY Connects NWD trained counselors' caregiver toolbox for improved access to respite statewide
- Develop and implement a respite care provider training program
- Increase family caregivers' self-identification and awareness of their role

NYSCRC will continue to provide caregiving and respite information, training, and evidence-based and evidence-supported interventions and best practices to caregivers. Other key activities that began under previous Lifespan Respite grants and will continue are:

- Adding resources and training tools to the Lifespan Respite Virtual Resource Center (VRC). NYSCRC is also preparing a page on its website dedicated to emergency respite. Resources will be added that will help caregivers prepare ahead for emergencies and assist them in the planning process.
- Operating a caregiver-directed voucher model for respite care. Eligible caregivers can receive up to a \$600 voucher to pay for respite care. Since its launch, 272 unduplicated caregivers from 47 counties across New York State have applied for and received a respite voucher, totaling \$241,700.
- Collaborating with NY Connects to ensure respite listings are maintained and added to the NY Connects Resource Directory.
- Reaching caregivers and professionals using a variety of social media platforms. NYSCRC maintains a YouTube channel that includes videos and playlists related to professionals, caregivers, caregiver awareness, and respite. NYSCRC also has a Facebook page with 631 followers, where they share relevant information and resources for caregivers and professionals. Social media has served as an excellent way to share information, especially as caregivers and professionals continue to navigate the effects of the COVID-19 pandemic.
- Expanding the pool of volunteer respite companions through the New York State volunteer respite program (modified from the evidence-based REST curriculum). This is a train-the-trainer model that currently has four master trainers. Reports show an average of 30,000 hours of respite care, serving approximately 4,000 caregivers each year. For New York State and its caregivers, this equates to an approximate cost savings of \$375,000 when using an average of \$25.00 an hour. This model serves as a valuable approach to in-person training for individuals who are interested in providing respite care.
- Promoting and facilitating caregiver simulations. A caregiver simulation is a learning event in which participants experience the challenges that caregivers face daily. Throughout the simulation, each participant is assigned the role of either caregiver or care receiver and has tasks, dilemmas, and opportunities to navigate as they engage with various agencies and systems (e.g., health care, banking, social services, day services, school, and pharmacy). NYSCRC created a caregiver simulation toolkit that

organizations can use to either conduct the simulation on their own or request that NYSCRC facilitate the simulation at a designated location.

### **Working Caregiver Initiative**

NYSOFA developed a working caregiver initiative to aggregate and respond to the impact that caregiving has on employees and public and private businesses; help human resources departments better understand the impact that caregiving has on employees and provide them with helpful resources, to understand the perspective of the employed caregiver; link caregivers to resources; and make caregiving a statewide issue that affects all systems. The following strategies are being utilized as part of the working caregiver initiative:

- **Employed Caregiver Survey:**
  - NYSOFA and NYSCRC collaborated with the University of Wisconsin to tailor its web-based Employed Caregiver Survey to the needs of New York State.
  - The survey launched in June 2021 and ended in November 2021 after the University informed New York State that it could no longer support efforts related to the survey. To continue collecting data, NYSOFA modified the Wisconsin survey in 2022.
  - NYSOFA surveyed the state agency workforce to gather information on the impact of caregiving for state workers. Both surveys are still live and available on the NYSOFA website and is being promoted on social media and through our Any Care Counts Campaign. Below are some of the results (as of March 6, 2023) from New York State's adapted survey:
    - 60 percent of employees are caring for one individual; 40 percent are caring for more than one individual
    - 55 percent of employees assist the individual(s) they care for 15 hours or more per week
    - 42 percent of employees have not been able to take a vacation in over two years due to their caregiving responsibilities
    - 52 percent of employees note that providing or arranging care for the individual(s) they care for has made their current employment more difficult
  - Employees who are caregivers noted the following impacts on their work: arriving late (51 percent); leaving work early (70 percent); missing days of work (70 percent); being unable to stay focused at work (64 percent); and responding to emergencies during the workday (66 percent)
- **Caregiver Guide for Businesses:** In June 2021, the Caregiver Guide for Businesses was issued. 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 are being targeted for dissemination. The Guide is also available to businesses on the websites of NYSOFA, New York State Department of Labor, and New York State Department of State. NYSOFA developed a resource brochure for working caregivers, which supplemented the Caregiver Guide for Businesses. The brochure provides links to important resources that help support working caregivers.
- **Caregiver Intensity Index:** NYSOFA partnered with Archangels, Aging NY, the Ralph C Wilson Foundation and the Health Foundation of Western and Central NY to initially test the Caregiver Intensity Index in New York State and then launch the Any Care Counts Campaign. This campaign is designed to help caregivers self-identify based on the tasks they perform rather than using the word caregiver; direct them to the Caregiver Intensity Index to get their scores; direct them to Trualta, the evidenced based caregiver support

platform; and connect them to the NY Connects Resource Directory to find services and supports locally. The Caregiver Intensity Index helps caregivers identify with and feel honored in their role, gives them an Intensity Score, and navigates them to free resources for their unique needs. The summary profile data shows that:

- 24 percent of NY caregivers are 'in the Red' (high intensity)
  - 91 percent of caregivers 'in the Red' have at least one adverse mental health impact
  - 'Double Duty' caregivers (those engaged in both a paid and unpaid caregiving role) were 2x as likely to be 'in the Red' (50 percent)
- 65 percent of NY caregivers are 'in the Yellow' (moderate intensity)
  - 69 percent of caregivers 'in the Yellow' have at least one adverse mental health impact
- 11 percent of NY caregivers are 'in the Green' (low intensity)
  - 21 percent of caregivers 'in the Green' have at least one mental health impact
  - 'Double Duty' caregivers (those engaged in both a paid and unpaid caregiving role) were 75 percent less likely to be in the green (3 percent)
- Top Buffers for NY caregivers are\*:
  - Feeling a sense of purpose (21 percent)
  - Feeling ok about managing the expenses of caregiving (16 percent)
  - Feeling like you have someone in your corner (14 percent)
- Top Drivers of NY caregivers are:
  - Not having time for self (25 percent)
  - Feeling stressed out or depressed (19 percent)
  - Family disagreements (12 percent)
  - Not knowing what to expect (12 percent)
  - 'Double Duty' caregivers are 30 percent more likely to have 'No Time' as their top driver
- Trualta: NYSOFA and AgingNY have launched a partnership with Trualta to offer the evidenced based caregiver education and support platform at no cost to any unpaid caregiver in New York State.
- Caregiver's Guide Video: NYSOFA developed this informational video to help individuals self-identify as caregivers and learn more about the resources available to support them.

Resources for working caregivers continue to be shared widely. NYSOFA will share resources through employee assistance program lunch and learns, various conferences and networking events. NYSOFA will also share the resources for working caregivers with all local Chambers of Commerce across New York State.

### **Strengthen and Support Direct Care Workforce**

Direct care professionals provide vital services that assist a wide range of individuals with needs, including older adults, individuals with disabilities, and children and youth with serious long-term care needs. However, paid workers are in short supply, particularly direct support workers such as personal care attendants, home health aides, and nursing assistants. There is also high turnover, which causes considerable obstacles for family caregivers seeking stable quality care. Improving access to support for family caregivers requires growing and strengthening the direct care workforce. NYSCRC offers an online respite care provider training program, a free curriculum available to anyone interested in learning more about being a respite provider. Development of a respite worker registry is also underway.

## Section F. Goals, Objectives, Strategies, and Expected Outcomes

**Goal #1: Further the vision of the OAA to cultivate innovative approaches reflective of local needs and preferences.**

### NY Connects – I&A

#### Objectives:

- Increase the availability of I&A provided by the AAAs through the increased availability of web-based applications.
- Foster effective and efficient means for information sharing between the AAA and the providers where callers are referred.
- Increase the ability of the AAAs and their community partners to share information quickly as part of a NWD system when assisting individuals and caregivers with accessing services and supports.
- All OAA funded I&A programs operated through the AAAs will function with a uniform set of policies.
- Maintain a network of highly trained I&A staff statewide who are knowledgeable and capable of providing timely, accurate, and quality I&A to older adults and caregivers on programs and services that can assist them with living independently in their community.
- Promote opportunities for collaboration between OAA funded I&A and the provision of I&A through NY Connects, HIICAP, and LTCOP, as well as state and national organizations who provide I&A to older adults and caregivers.
- Provide I&A services in formats that are accessible and inclusive of individuals with disabilities and individuals with limited English proficiency.

#### Strategies:

- Continue to improve listings in the statewide NY Connects Resource Directory, a web-based directory and system that enables older adults, individuals of all ages with disabilities, caregivers, and professionals to find information on available LTSS; links them to resources and applications for benefits and programs such as SNAP and HEAP; and continue to share information across systems to improve quality and reduce duplication.
- Partner with Aging NY to assess the training needs of I&A staff statewide and develop and conduct trainings to meet identified needs.
- Work jointly with NY Connects staff to train I&A staff, establish minimum training standards and provide I&A to older adults, individuals of all ages with disabilities, and caregivers through the AAA network, including cross-systems training.
- Identify new statewide partners to establish opportunities for collaboration, cross training and coordination of provision of I&A to older adults and caregivers.
- Provide ongoing training and technical assistance focused on expanding outreach and providing I&A services to underserved populations including minorities, low-income individuals, frail individuals, and vulnerable individuals to ensure that individuals and caregivers are served to the maximum extent feasible.
- Explore the coordination of recruitment and training of I&A volunteers with HIICAP and LTCOP programs to build capacity.

Expected Outcome	Target Date
A single vendor will continue to implement and enhance the statewide web-based application for AAAs and other identified users to capture and	Ongoing

share information on individuals and caregivers to best meet their needs and preferences.	
The web-based application will continue to support I&A staff and enable them to provide resources to older adults, individuals of all ages with disabilities, caregivers, and professionals, as well provide I&A through a NWD for LTSS.	Ongoing
Volunteers will be trained in I&A to assist and help expand the reach of I&A services on the state and local level.	Ongoing
A uniform set of standard policies for the provision of I&A services will be established and utilized by all AAAs.	Ongoing
All I&A staff statewide will be trained and knowledgeable about programs and services in their service area through a standardized training program.	Ongoing
Collaborations will be established and strengthened among programs and providers of I&A services on the state and local level to reduce duplication, leverage existing resources, and build capacity of I&A services available to older adults, individuals of all ages with disabilities, and their caregivers.	Ongoing
I&A will be accessible and inclusive of individuals with disabilities and individuals with limited English proficiency.	Ongoing
I&A through AAAs and NY Connects' contacts will increase by 20 percent.	2024-2027

**NY Connects – NWD System**

Objectives:

- Reach statewide coverage of the NY Connects NWD system.
- Improve and continue to support the local NY Connects NWD partnerships between the aging services and disability services networks.
- Support NY Connects NWD partners to provide core functions to all populations accessing NY Connects including individuals served by DOH, OPWDD, OMH, and OASAS.
- Support NY Connects NWD partners to adhere to the NY Connects Program Standards.
- Continue to maintain accurate, quality listings in the NY Connects Resource Directory.
- Continue to implement quality assurance, evaluation, and sustainability protocols for the NY Connects NWD system and NY Connects Resource Directory.
- Engage in and support long-term care systems reform at the state and local level.
- Support NY Connects NWD partners to ensure all information is provided to individuals in their preferred mode of communication (by phone, email, etc.) to be inclusive of accessibility for individuals with disabilities and individuals with limited English proficiency.
- Provide ongoing person-centered counseling training to NY Connects NWD staff.

Strategies:

- Issue grants to qualified local organizations to ensure statewide coverage of the NY Connects NWD system.
- Develop and issue appropriate TAMs, Informational Memoranda, and Program Instructions to the NY Connects partners to support the continued enhancement and expansion of the NY Connects NWD system.
- Provide contract management to NY Connects partners through report review and assistance, regularly hosted teleconferences and webinars, and periodic check-ins with local NY Connects staff.
- Train NY Connects staff on required program development and enhancement.

- Monitor NY Connects partner compliance with accessibility accommodations for individuals with disabilities and individuals with limited English proficiency.
- Maintain the statewide automated toll-free telephone number to access NY Connects from any location.
- Provide technical assistance to all local NY Connects partners to ensure that the NY Connects Resource Directory is being fully utilized.
- Monitor compliance with the NY Connects Resource Directory to ensure that provider listings are maintained and updated.
- Continue to monitor data collection and reporting metrics that capture local NY Connects partner activities.
- Ensure local NY Connects partners continue to utilize materials that adhere to the prescribed New York State branding, design, and logo requirements.
- Continue Medicaid Administrative Claiming and Medicaid time studies as sustainability plans.
- Collaborate with State partners on LTSS system reforms and share progress with local NY Connects programs to guide and assist with parallel local level reform activities.
- Provide annual person-centered counseling training to NY Connects staff that includes statewide management and monitoring of local staff turnover to identify training needs, registration of new training participants, delivery of training via NYSOFA trainers, and the issuance and tracking of certificates of completion.
- Convene the State NY Connects NWD Interagency Workgroup, comprised of representatives from NYSOFA, DOH, OPWDD, OMH, and OASAS, quarterly.

<b>Expected Outcome</b>	<b>Target Date</b>
NY Connects is operational in every county in New York State	2024
NY Connects NWD partnerships among AAAs and ILCs will be strengthened and maintained.	Ongoing
All local NY Connects partners will have the information and support needed to effectively operate and sustain their programs.	Ongoing
State level interagency team will engage in NWD review of implementation and coordination improvements across service systems.	Ongoing
All local NY Connects partners will have demonstrated capacity to serve all required populations.	Ongoing
All local NY Connects partners demonstrate continued compliance with the NY Connects Program Standards.	Ongoing
All local NY Connects partners will maintain up-to-date, accurate web-based NY Connects Resource Directory listings in accordance with established criteria.	Ongoing
All local NY Connects partners will continue to adhere to evaluation, quality assurance, and sustainability plans to maintain operation of core functions.	Ongoing
Long-term care systems reform has been conducted statewide through the administration of local long-term care councils.	Ongoing
All local NY Connects core functions will continue to be provided in a manner inclusive of individuals with disabilities and individuals with limited English proficiency.	Ongoing
All local NY Connects staff who provide options counseling will be trained and certified in person-centered counseling.	Ongoing
NY Connects contacts will increase by 10 percent.	2024-2027

NYSOFA will maintain quality and adherence to standards through annual anonymous case calls to NY Connects providers.	2023-2027
---	-----------

**NWD Business Case Development**

Objectives:

- Identify design components of the ROI Calculator in collaboration with the statewide client data system vendor.
- Integrate the ROI Calculator into the statewide client data system.
- Enhance the network’s capacity to establish a business case for the NY Connects NWD using the ROI Calculator.

Strategies:

- Modify the existing statewide client data system as needed to include those data elements that will inform the ROI calculation.
- Participate in weekly collaborative meetings with statewide client data system vendor to finalize the development of the ROI Calculator.
- Establish testing procedures and complete internal testing of the ROI Calculator prior to roll out to users.
- Provide system-level ROI Calculator training and demonstration opportunities to the NY Connects NWD Network.
- Develop toolkits and related promotional materials for NY Connects NWD partners to use to develop and support their business case.

<b>Expected Outcome</b>	<b>Target Date</b>
Design components fully support the application of the ROI calculator in the statewide client data system	2023
Fully implement the ROI calculator as a fully functional component in the statewide client data system.	2023
Develop a sustainable business case that demonstrates the value and impact of the NWD system through quantifiable data produced in the ROI calculator.	Ongoing

**Case Management**

Objectives:

- Support the provision of person-centered case management.
- Increase cultural and linguistic competence in case managers.
- Provide a case manager certification program in New York State.
- Ensure all case managers funded with state and federal funds are state certified.
- Maximize the number of individuals served with needed in-home services by offering nontraditional options such as the consumer-directed service delivery model.

Strategies:

- Develop and issue TAMs, Informational Memoranda, and Program Instructions to the network of aging services providers.
- Assess training needs of case managers and develop training based on identifiable needs.
- Provide updated, relevant, and accessible on-demand training for EISEP case managers through the NYSOFA website.
- Case management staff will participate in ongoing NYS DOH sponsored Person-Centered Planning Comprehensive System Transformation Statewide Training Initiative.

- Present sessions at the Aging Concerns Unite Us (ACUU) and Adult Abuse Training Institute (AATI) conferences that help case managers enhance their knowledge and skills.
- Offer resources on dementia capable education to ensure that case managers have the knowledge and skills to appropriately assist individuals with dementia and their caregivers.
- Maintain ongoing communication between NYSOFA and case managers through technical assistance and participation in locally organized consortium meetings.
- Develop and distribute a quarterly electronic newsletter focused on the informational needs of EISEP case managers.
- Offer an EISEP consumer-directed model training module developed by Applied Self-Direction.
- Continue training related to the Comprehensive Assessment for Aging Network Community-Based Long-Term Care Services (COMPASS) and its use as a person-centered assessment tool in the statewide client data system. This training will continue to include building skills of Case Managers to increase cultural and linguistic competence and understanding of sexual orientation and gender identity of older adults, dementia capability, and needs and preferences of caregivers in addition to older adult adults.
- Identify socially isolated older adults through the Loneliness Scale within the COMPASS and provide case managers with appropriate interventions, such as transportation to community events, animatronic pets, use of technology like Get Set Up (on-line community classes) and assisting to enroll in the Affordable Connectivity Program so that internet is affordable to qualified older adults, resulting in greater access to family, friends, and community.
- Engage case managers and caucus regions to participate in an ongoing work group to suggest changes and improvements to the COMPASS assessment annually.
- Develop protocols between AAA case managers and NY Connects specialists about roles and responsibilities of each discipline, including referrals for services and supports, and the interface between I&A and case management.
- Inform case managers of the benefits of becoming certified through the CAPS training provided by NAHB.
- Continue to provide standardized training via the CADER platform to certify case managers working in the aging services network.

<b>Expected Outcome</b>	<b>Target Date</b>
Clients and caregivers will receive case management services that are person-centered, flexible, cost-conscious, and quality driven.	Ongoing
Clients and caregivers will receive case management services that are culturally and linguistically competent, consistent, impartial, and inclusive of individuals in underserved and marginalized communities.	Ongoing
Case managers will be trained to be culturally and linguistically Competent and skilled in sexual orientation and gender identity aspects of working with older adults, caregivers, and families.	Ongoing
All AAA case managers will be certified and provided ongoing recertification training through CADER.	Ongoing
200+ case managers will be certified through the CAPS training provided by NAHB.	2023-2025

### **Transportation**

#### Objectives:

- Enhance AAA collaboration with other agencies in their planning and service area to improve coordination and sharing of available transportation resources.

- Encourage communities to replicate innovative transportation models through public and private partnerships, including on-demand ride sharing options.
- Build capacity and access to GoGoGrandparent ride sharing.
- Promote safe driving among older adults and caregivers.
- Educate all AAAs on the federal 5310 program which is administered by the New York State Department of Transportation to provide funding to counties for the purchase of accessible transportation to help to meet the needs of older adults with access and functional needs
- Improve access to rural transportation in New York State.
- Recruit volunteer drivers to provide transportation options statewide.

Strategies:

- Provide information and educational presentations to strengthen the capacity of AAAs to collaborate with other agencies in their planning and service area to enhance coordination and sharing of transportation resources in serving those at greatest risk of social and geographic isolation.
- Pilot GoGoGrandparent in three counties with advertisement and messaging that increases ridership and recruits of more drivers to build capacity.
- Provide information to communities on tested innovative models of transportation that are replicable, including on-demand ride share services models.
- Include information on impaired driving in NYSOFA public information literature, website, and other materials and communications.
- The NYSOFA Advocacy Specialist will coordinate with the Americans with Disabilities Act (ADA) Technical Assistance Center to provide educational opportunities to increase the AAAs knowledge of available funding and resources for serving all older adults, individuals with disabilities, and individuals with access and functional needs.
- Partner with Independent Transportation Network (ITN) America and the Centers for Diseases Control (CDC) to increase volunteer drivers nationwide.

<b>Expected Outcome</b>	<b>Target Date</b>
Increase the number of collaborations between AAAs and other agencies to provide more opportunities for inclusive transportation for older adults.	2023
Provide information to all AAAs regarding replicable innovative and accessible transportation models.	2023
NYSOFA will work with AAAs, other state agencies, and local stakeholders to reduce impaired driving among older adults and increase utilization of driver safety training programs.	Ongoing
NYSOFA will provide technical assistance in collaboration with the ADA Technical Assistance Center to increase the AAAs' knowledge of resources and funding opportunities to increase access to transportation services for all older adults, individuals with disabilities, and individuals with access and functional needs in the planning and service areas.	Ongoing
Increase access to GoGoGrandparent transportation option in 30 counties.	2023-2027
The New York State Rural Transportation Interagency Council will recommend additional transportation options.	2024
Increase the number of volunteer drivers as a result of NYSOFA's partnership with ITN America	2026

## HIICAP

### Objectives:

- Develop innovative strategies towards the provision of outreach and education to promote awareness, knowledge, and visibility of HIICAP services.
- Provide specialized training to counselors and volunteers on Medicare benefits, coverage rules, written notices and forms, appeals rights, and procedures necessary to provide detailed I&A.
- Strengthen partnerships with CMS, the Social Security Administration (SSA), DOH, EPIC, OTDA, and the Department of Financial Services (DFS) to further develop the diverse, sufficient, and effective HIICAP partner network at all levels.
- Implement innovative volunteer recruitment and retention strategies.
- Develop and maintain policies and procedures among all HIICAP partnering entities that align with program goals relative to data collection and reporting timeliness and accuracy.
- Provide HIICAP network trainings relative to increasing cultural capacity and developing strategies to target hard to reach individuals and increase Medicare outreach events and activities.
- Enhance HIICAP performance measures.
- Increase the number of older adults eligible for the expanded MSP program in New York State.

### Strategies:

- Provide up-to-date training on Medicare rules and policies during the annual coordinator's conference and seven regional trainings prior to Medicare's Annual Enrollment Period (AEP).
- Provide educational information through live and recorded webinars to HIICAP counselors and volunteers.
- Provide program management and Medicare updates through monthly coordinator conference calls and agency HIICAP update notices.
- Increase the availability of educational information to HIICAP counselors, such as program fact sheets, low-income guidelines located in the "HIICAP Corner" section of the agency's website.
- Incorporate the Volunteer Risk and Program Management (VRPM) project statewide, to increase the number of volunteers and establish policies relative to role definition and management of volunteers in the HIICAP program.
- Increase public awareness of Medicare changes and health care reform through local program newsletters, press releases, outreach events, enrollment events, and other electronic media activity avenues.
- Provide materials available in alternative formats and other languages to hard-to-reach populations, individuals with disabilities, individuals with limited English proficiency, and individuals in underserved and marginalized communities.
- Increase the HIICAP program's volunteer base through ongoing promotion and outreach. In addition to volunteer recruitment and retention conducted through state and federal SHIP funding, when feasible, NYSOFA will dedicate non-program state funding to establish and monitor the impact of a new volunteer recruitment and retention stipend model.
- Increase the number of HIICAP counselors by encouraging cross training of other aging services network staff.
- Increase HIICAP's knowledge of ACL reporting requirements into the SHIP Tracking and Reporting System (STARS) providing monthly reporting technical assistance webinars focusing on local programs reporting efforts and navigating issues that arise.

- Increase HIICAP's performance measures by providing direct technical assistance, written material, and learning webinars.
- Increase outreach and awareness of MSP eligibility increases in New York State.

<b>Expected Outcome</b>	<b>Target Date</b>
Provide group outreach and education and media outreach and education.	Ongoing
Provide training to over 700 HIICAP coordinators, counselors, volunteers, and additional local staff to increase Medicare outreach and counseling activities.	Ongoing
All HIICAP volunteers and paid counselors will complete the New York State HIICAP online counselor certification exam, annually.	Ongoing
Partner agencies will engage with the HIICAP network and be provided one training annually.	Ongoing
Volunteer recruitment and retention efforts will result in an increase in volunteers and volunteer hours, associated with counseling individuals on health insurance.	Ongoing
Beneficiary contacts and group and media outreach activities will increase by two percent annually.	Ongoing
The NYSOFA Advocacy Specialist will provide one training to HIICAP coordinators annually.	Ongoing
HIICAP regional consortium groups will result in additional training opportunities, networking, partnerships, and an increase accurate data collection.	Ongoing
More than 200,000 older adults newly eligible for expanded MSP will receive the benefit.	2026

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

### **EISEP**

#### Objectives:

- Support the delivery of EISEP to older adults and their caregivers.
- Increase the number of AAAs providing consumer directed EISEP.
- Expand the use of ancillary services through EISEP funding for clients.
- Provide EISEP services in a culturally and linguistically appropriate manner inclusive of individuals aged 60 and older, individuals with disabilities, individuals with limited English proficiency, and individuals in underserved and marginalized communities.
- Expand the use of EISEP funding to provide respite care for caregivers.
- Develop tools and resources to assist EISEP case managers through on-demand training and a quarterly informational newsletter.
- Increase the number of AAAs that offer innovative services such as consumer-directed in-home services, direct-hire of personal care aides, and specialty contracts with LHCSAs for EISEP clients.

#### Strategies:

- Assess the training needs of the aging network and provide education on relevant topics for EISEP case managers at annual conferences such as ACUU and AATI.

- Facilitate EISEP case manager quarterly informational newsletter to discuss relevant topics and share good practice models.
- Provide technical assistance to AAAs and NYSOFA staff via phone and email regarding various aspects of EISEP (e.g., administration, case management, assessment, services, eligibility, cost share, consumer directed, and discharge).
- Provide additional outreach and technical assistance to encourage AAA Directors to incorporate consumer direction into their EISEP program.
- Encourage EISEP case managers to participate in relevant monthly Caregiver Coordinator webinars.
- Promote the use of assistive technologies under ancillary services to support individuals and reduce social isolation and the reliance on more costly services and personnel.
- Provide training to EISEP case managers relative to conducting outreach or public education to various populations, including individuals with disabilities, individuals with limited English proficiency, and individuals in underserved and marginalized communities. Additionally, make available all public facing vital documents in languages specified by the Governor’s Executive Order #26.
- Promote the use of the revised EISEP Rate Cap Policy to provide more flexibility and allow AAAs to negotiate provider rates that are equitable with the rates providers are receiving through other payer sources.
- Promote the use of specialized contracts with LHCSAs to have personal care aides who serve EISEP clients only.
- Issue a TAM to offer guidance to AAAs that plan to implement a direct-hire personal care aide program under EISEP.
- Promote the use of Unmet Need funding to provide EISEP services.
- Promote the use of EISEP funding to provide respite care for informal supports.
- Engage with AAAs and participate in work groups to collaborate on the development of tools and resources that incorporate the ideas and feedback of case managers and AAA directors to support the delivery of EISEP services.

<b>Expected Outcome</b>	<b>Target Date</b>
AAAs will have the information and support needed to manage and deliver EISEP services and supports to older adults and caregivers	Ongoing
EISEP training will be implemented at the annual ACUU and AATI conferences.	Ongoing
Increase the number of AAAs providing consumer directed EISEP statewide.	2027
Increase the AAAs use of EISEP funding for allowable ancillary services for clients who would benefit from allowable services, items/goods, and other supports.	2027
Increase the number of individuals served by EISEP, including individuals with disabilities, individuals with limited English proficiency, and individuals in underserved and marginalized communities.	2027
Increase the number of informal supports provided respite care through EISEP funding.	2027
Develop tools and resources that incorporate the ideas and feedback of case managers and AAA Directors to support the delivery of EISEP services.	Ongoing
All AAAs will offer a consumer directed option.	2027

30 AAAs to offer nontraditional service delivery models (e.g., direct-hire personal care aides or having an exclusive relationship with LHCSAs that designate aides to the AAA's specifically and serve EISEP clients only).	2027
--	------

**CSE**

Objectives:

- AAAs to improve coordination and the delivery of services for older residents within each county.
- Use CSE funds to bridge gaps in programs and services

Strategies:

- Work with the AAAs to identify, collect, and distribute best program practices for meeting identified or emerging needs.

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

**Goal #3: Create an age friendly New York where home and community-based services are available and accessible to those who most need them, when they need them.**

**Age-Friendly State**

Objectives:

- Embed healthy aging and the 8 domains of age-friendly and livable communities and into government work.
- Increase the number of communities officially certified as age-friendly by WHO and AARP.
- Market the benefits of age-friendly domains to the public, businesses, and public and private organizations.
- Demonstrate the economic, social, and intellectual value of older New Yorkers to combat ageism.

Strategies:

- Work with interagency workgroups to provide assistance on embedding healthy aging and the 8 domains of age-friendly and livable communities into state and local plans and procurement.
- Provide data to the public regarding the value older New Yorkers are to their families, caregivers, and communities.

Expected Outcome	Target Date
Create additional guidance documents will be created to assist state agencies in implementing and maintaining healthy aging in their work.	Ongoing
Review, comment, and offer guidance to agencies in their local, state, and federal plans embedding healthy aging and 8 domains of age-friendly and livable communities.	Ongoing

Increase the number of communities who commit to receiving age-friendly certification by WHO and AARP via RFA.	Ongoing
Provide data that demonstrates the value that older New Yorkers bring to their communities and the workforce through their income, volunteerism, civic engagement, and mentorship.	Ongoing
Develop and implement a campaign to combat ageism.	2023
Present on healthy aging and age-friendly topics to community groups, philanthropic organizations, conferences, and other appropriate public forums and venues.	Ongoing

**NORCS**

Objectives:

- Build upon lessons learned and skills gained by both NORC program participants and the grantees during the COVID-19 pandemic.
- Provide ongoing training and technical assistance to NORC programs.
- Increase the number of program participants from culturally diverse backgrounds.
- Implement health indicators project.

Strategies:

- Program standards will be developed and implemented by the NORC programs.
- Develop and implement a monitoring tool to evaluate NORC programs based upon standards.
- Utilization of grant funds to support the increased use of technology, to engage participants in programming and reduce social isolation.
- Provide education and training to support outreach to culturally diverse populations within the program catchment area.
- Ongoing technical assistance and training will be provided to programs.

<b>Expected Outcome</b>	<b>Target Date</b>
Increased program participation for those unable or unwilling to attend in person events and reduction in feelings of loneliness as reported by program participants.	Ongoing
NORC programs will receive ongoing training and technical assistance.	Ongoing
The number of new participants from diverse backgrounds will increase by at least 5 percent from the numbers reported in 2023-2024 annual report.	2026
Implement a Health Indicators screening tool to be implemented by all NORCs/NNORCs	2025

**Foster Grandparent Program**

Objectives:

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

Strategies:

- Provide additional guidance to programs to encourage new and innovative methods of recruitment, outreach, and retention strategies for the program.
- Develop strategies to ensure existing volunteers are retained.
- Work collaboratively with CNCS to enhance opportunities for volunteers.
- Review statistical data from all programs annually to determine existing level of diversity in Foster Grandparent Programs.
- Provide guidance to programs on recruitment methods targeted to culturally diverse and underserved populations and provide technical assistance as needed.
- Foster Grandparent Programs will conduct targeted outreach to culturally diverse and other underserved populations and collaborate with schools and other organizations working with the Foster Grandparent.

Expected Outcome	Target Date
Increase the number of new volunteers recruited by a minimum of five percent.	2026
Retain existing volunteers for a minimum of one year.	2026
Increase the number of new volunteers from culturally diverse backgrounds and underserved communities by at least five percent.	2026

**RSVP**

Objectives:

- Increase participation in RSVP through the recruitment of new volunteers and the retention of existing volunteers.
- Ensure RSVP is accessible to individuals of all backgrounds and abilities by increasing the number of volunteers from culturally diverse and underserved communities.

Strategies:

- Provide additional guidance to programs to encourage new and innovative methods of recruitment, outreach, and retention strategies for the program.
- Develop strategies to ensure existing volunteers are retained.
- Work collaboratively with AmeriCorps to enhance opportunities for volunteers.
- Review statistical data annually from all programs to determine existing level of diversity in RSVP.
- Provide guidance to programs on recruitment methods targeted to culturally diverse and underserved populations and provide technical assistance as needed.
- RSVPs will conduct targeted outreach to culturally diverse and other underserved populations.

Expected Outcome	Target Date
Increase the number of new volunteers recruited by a minimum of five percent 2023-2024 levels.	2026
Retain existing volunteers for a minimum of one year.	2026
Increase the number of new volunteers from culturally diverse backgrounds or underserved areas will be increased by at least five percent from Program Year 2023-24 levels.	2026

## **SCSEP**

### Objectives:

- Enhance employment opportunities for older New Yorkers by promoting older workers as a solution for businesses seeking a trained, qualified, and reliable workforce.
- Build upon lessons learned and skills gained by both SCSEP participants and sub-grantees during the COVID-19 pandemic utilizing technology to work and train remotely.
- Increase recruitment of those individuals with the greatest economic need including individuals who were previously incarcerated, as mandated in the reauthorization of the OAA.
- Provide skills enhancement training through GetSetUp.

### Strategies:

- Require all SCSEP sub-grantees to utilize training provided by local One-Stop Career Centers.
- Maintain an active role on the New York State Workforce Innovation and Opportunity Act (WIOA) Interagency Team at the state level and help foster relationships on the local level between sub-grantees and the local workforce development boards.
- Continue to support the necessary technology, including hardware, connectivity, and training to SCSEP participants that will allow them to compete in the evolving job market.
- Encourage sub-grantees to speak to growth employers to determine the specific skill sets required by potential candidates.
- Provide program guidance to ensure sub-grantees continue to give special attention to recruitment and training for those most in need, including individuals who were previously incarcerated.
- Work with GetSetUp to provide access to their suite of training classes to SCSEP participants and the older adult population at large.

<b>Expected Outcome</b>	<b>Target Date</b>
Increase the employment prospects of older New Yorkers by promoting older workers as a solution for businesses seeking trained, qualified, and reliable employees.	Ongoing
Continue the use of technology and digital training to assist SCSEP participants with the goal of unsubsidized employment.	Ongoing
Meet or exceed the SCSEP core performance measure, established by USDOL, for service to most in need.	Ongoing
All older adults will have access to the GetSetUp suite of training and education classes to update, enhance, and maintain skills.	2027

## **Volunteerism**

### Objectives:

- Enhance the rates of older adults participating in volunteer service.
- Reduce the rate of social isolation among older adults.
- Increase community organizations' use of the state volunteer website [www.newyorkersvolunteer.ny.gov](http://www.newyorkersvolunteer.ny.gov) to match volunteers with meaningful volunteer experiences.
- Develop positive outreach messages on aging including the economic, intellectual, and social value of older adults.

- Increase volunteerism for HIICAP and LTCOP.

Strategies:

- Increase interagency collaborations.
- List volunteer opportunities through the New York State Commission on National Community Service.
- Prepare statistics about the social, economic, and intellectual contributions of older adults to their communities.
- Identify best practices regarding civic engagement activities for volunteers.
- Develop public service announcements for state and county use, to recruit volunteers for all programs, including HIICAP and LTCOP.

<b>Expected Outcome</b>	<b>Target Date</b>
Increase the number of older New Yorkers volunteers statewide based 2018-19 levels.	2024-2028
Continue to test the use of stipends for volunteer recruitment and retention in LTCOP and HIICAP.	2024
Reduce social isolation among older adults through volunteerism.	Ongoing
Increase the number of postings for volunteer opportunities that would be of interest to older adults on the New York Commission on National and Community Services website.	Ongoing
Develop and distribute messaging and materials that reflect the economic, social, and intellectual impact that older New Yorkers have on their communities.	Ongoing

**Nutrition Program for the Elderly**

Objectives:

- Expand the provision of healthy, balanced meals reflective of the individual’s preferences and cultures.
- Continue to develop innovative models of nutrition service delivery such as restaurant dining and portable meals.
- Target nutrition programs to older individuals in greatest economic and social need throughout the state.
- Expand opportunities for older adults to access other benefits and services through the nutrition program.
- Provide technical assistance and support local efforts to expand nutrition services within communities through partnerships and contracts with MLTC plans, Medicaid waivers, and other payers.
- Encourage nutrition provider networks to purchase locally grown fruits and vegetables and commodities.
- Continue to increase use of nutrition counseling, nutrition education, and evidence- based interventions that promote healthy living.

Strategies:

- Continue to monitor and provide technical assistance to all AAAs in meeting the Dietary Guidelines and nutrition regulations.
- Work collaboratively with DOH to conduct annual food safety training statewide for program coordinators, registered dietitians, meal site preparation and kitchen staff.

- Continue existing collaborations with other state agencies and community partners to provide nutrition services responsive to the needs of older New Yorkers.
- Provide ongoing technical assistance to local programs to enhance their nutrition education programs and nutrition counseling services.
- Provide support and guidance in the growth of person-centered nutrition programs which reflect the diversity of the AAA planning and service areas.
- Promote the integration of evidence-based and nutrition programs.
- Facilitate partnerships between local farmers and growers' associations and the nutrition programs.
- Encourage more regional approaches to issues that come up in the administration of the nutrition programs – such as lack of meal providers for contracts, decreasing volunteers, expanding programs, facing increased costs with limited program dollars, diversifying revenue sources, and other topics.
- Work on creative solutions to reverse the decline in congregate dining in Upstate New York counties by supporting programs which enhance self-directed dining options
- Continue to provide nutrition programming via social media channels.

<b>Expected Outcome</b>	<b>Target Date</b>
The AAA network will expand nutrition options to include restaurant dining programs, multi-cultural menus, and meal sites which offer additional health enhancement activities.	Ongoing
Annual monitoring of the demographic profile of older adults served by the nutrition program will reflect increases in access by targeted populations.	Annually - Ongoing
Application assistance for public benefits, including USDA SNAP and HEAP will be provided at congregate dining sites across the state.	Ongoing
AAAs will increase their business acumen and their ability to successfully contract with MLTC plans and other payors for meals.	Ongoing
Increase the use of locally grown 'in season' produce within the nutrition programs statewide.	Ongoing
Increased prevention and management of chronic disease associated with diet and weight among program participants.	Ongoing
NYSOFA will produce more than 30 educational and resource shows through social media channels and reach more than 500,000 individuals	2023-2027

### **Farmers' Market Nutrition Program**

#### Objectives:

- Maximize the distribution of annual Senior Farmers Market Nutrition Program coupons to eligible older New Yorkers.
- Maximize the redemption of coupons by older adults at participating farmers' markets and farm stands, a direct indicator of increased access to fresh, local vegetables and fruits.
- Increase the number of coupons that NYSOFA/AAAs receive.

#### Strategies:

- Continue COVID-19 flexibilities such as proxies and mailing coupons to maximize accessibility of the program.
- Base coupon booklet allocation per AAA on numbers of booklets distributed in prior year.

- Increase collaborations between AAAs and Cooperative Extensions on education for older adults on how to utilize the coupons.
- Increase older adults' access to participating markets and stands through creative local initiatives such as mobile markets, co-location of markets/stands with older adult meal program sites and transportation solutions.
- Work with the Department of Agriculture and Markets to have excess coupon books redistributed to older adults.

<b>Expected Outcome</b>	<b>Target Date</b>
Increase the statewide rate of total available booklets distributed to older adults year to year.	Ongoing
Increase the statewide rate of coupon redemption year to year.	Ongoing
Increase the consumption of locally grown vegetables and fruits among low-income older adults.	Ongoing
Increase the number of coupon booklets allotted to AAAs.	2027

### **SNAP-Ed**

#### Objectives:

- Provide SHINE SNAP-Ed which includes evidence-based nutrition education interventions and projects for older New Yorkers eligible for SNAP through complementary direct education, multi-level interventions, and community and public health approaches to improve nutrition in the target population, in nine regions of the state.
- Ensure that SNAP-Ed is available to older individuals in greatest economic and social need in the implementing regions of the state.
- Increase capacity of AAAs to deliver, or partner with others in delivering SNAP-Ed.
- Support continued delivery, expansion, and sustainability of SNAP-Ed for older New Yorkers throughout the state.

#### Strategies:

- Participating AAAs will provide SNAP-Ed interventions at community sites to reach the target population, including at congregate meal sites, senior centers, public housing serving older adults, as well as sites located in NORCs.
- Utilize the NYSOFA network of service providers as well as various media (including print media, social media) to reach low-income older New Yorkers with nutrition education geared specifically to older adult nutritional needs/requirements.
- Participating AAAs will coordinate one or more Healthy Eating Resource Fairs to provide resource information to the target population.
- Participating AAAs will distribute container gardening starter supplies and education on how to grow and use one's own herbs, vegetables and/or fruits.
- Participating AAAs will develop a Food Box Distribution Program at one or two sites in their region to increase access to fresh fruits and vegetables for low-income older adults.
- Recipients of Food Boxes will be educated on how to store and prepare the contents of the food boxes in a healthy way.
- Monitor participating AAAs for compliance with SNAP-Ed program requirements.
- Collect data from participants of the workshops to determine behavior changes regarding attitudes, perceptions, and thoughts related to healthy eating and physical activity materials/information provided in the workshops.
- Conduct training and technical assistance for program coordinators, nutrition educators and other AAA staff regarding SNAP-Ed programs and resources.

- Facilitate partnership development between participating AAAs and neighboring counties in the region.

<b>Expected Outcome</b>	<b>Target Date</b>
Annually reach over 4000 older adult participants with in-person community workshops, taught by qualified nutrition educators through partner AAAs in nine regions.	Ongoing
85% of older adults participating in community workshops will report behavior changes with regards to attitudes, perceptions, and thoughts related to materials/information provided in the nutrition education workshops.	Ongoing
Annually, over 500,000 older New Yorkers will have increased awareness and knowledge of SNAP-Ed approved statewide nutrition education and social media.	Ongoing
Annually, over 1,900 older New Yorkers will have increased awareness of community resources to support healthy eating as a result of attendance at the Healthy Eating Resource Fair or container garden distribution event.	Ongoing
Annually, SHINE SNAP-Ed interventions will be delivered at over 100 sites statewide which meet low-income eligibility criteria.	Ongoing
SHINE SNAP-Ed sites will expand reach into areas of New York State where implementation has not yet occurred.	Ongoing
Funding will be secured to expand SHINE SNAP-Ed to be available to older adults in additional planning and service areas of the state.	Ongoing
NYSOFA will continue to produce nutrition education via social media channels.	2023-2027

**Goal #4: Ensure the rights of older New Yorkers and prevent their abuse, neglect, and exploitation.**

**Legal Assistance Program**

Objectives:

- Review the service delivery of all priority areas of legal assistance in each of the AAAs' service areas.
- Provide technical assistance to the AAAs to enhance and improve AAA service delivery of legal assistance.
- Work with legal service vendors on low-cost technology tools to increase estate planning.

Strategies:

- As New York State emerges from the COVID-19 pandemic, the Legal Services Developer will undertake a review the services currently being provided by the state's legal services providers for depth and scope of coverage.
- Provide technical assistance to AAAs to coordinate OAA funded legal assistance with Legal Services Corporation projects and collaborate with the local legal and advocacy communities (including the private bar and nonprofit organizations providing legal assistance), and LTCOP to protect the rights of older adults with a special focus on preventing, detecting, assessing, intervening, and/or investigating elder abuse, neglect, and financial exploitation.

- Provide technical assistance to AAAs that are unable to provide or having difficulty providing legal assistance in any of the priority areas. The Legal Services Developer will work with the AAA to determine how the AAA will be able to provide legal assistance in each of the priority areas.
- Determine what technical assistance and resources are needed by the AAAs to increase and improve the delivery of legal assistance across the state.
- Establish a workgroup to review current state regulations and program standards; develop model approaches for outreach, access to legal assistance, monitoring, reporting, and program assessment; and develop a uniform reporting format.
- Educate legal services providers on allowable technology tools to increase access to estate planning.

<b>Expected Outcome</b>	<b>Target Date</b>
Expand partnerships at the state and local level to coordinate delivery of legal assistance to older New Yorkers with greatest economic and social need	Ongoing
AAAs will be able to expand access to legal assistance for older adults with the greatest economic and social need by identifying and utilizing existing resources among local legal and advocacy communities to protect the rights of older New Yorkers	Ongoing
Provide more comprehensive legal service assistance to individuals in need of the service.	Ongoing
There will be reliable sources of information available for older adults, caregivers, and those who interact with them, to better enable them to protect their rights, recognize legal issues, and identify resources for legal assistance as needed.	Ongoing
All legal services providers will be educated on safe technology and tools to assist individuals in estate planning.	2024-2027

### **Legal Services Initiative / NYS Judicial Committee on Elder Justice**

Objectives:

- Address the limitations and gaps in legal assistance identified through the surveys.

Strategies:

- Organize stakeholders to develop strategies for addressing gaps in legal assistance.
- Maintain and build upon existing collaborations of legal service providers, elder justice advocates and NYC Office of Court Administration.

<b>Expected Outcome</b>	<b>Target Date</b>
Actions, steps, and activities will be planned, developed, and implemented by interested individuals and organizations.	Ongoing

### **LTCOP**

Objectives:

- Continue to strengthen the regionalization model of LTCOP.
- Increase the capacity and efficiency of regional ombudsman programs and representatives to provide effective advocacy services, at the individual, facility, and statewide level.

- Improve resident and family access to ombudsman services, inclusive of providing information and assistance about understanding and exercising their rights and resolving problems in the most efficient and effective way possible.
- Increase the number of volunteer ombudsmen working with LTCOP.
- Increase the percentage of long-term care facilities receiving regular presence coverage, defined as weekly visits.

Strategies:

- Require the statewide Ombudsman Program network of regional ombudsmen programs to provide volunteer management and advocacy services to protect the health, safety, welfare and rights of residents in long-term care facilities.
- Develop and initiate a statewide program awareness and volunteer recruitment marketing campaign to enhance those initiatives provided at the regional level.
- Provide technical assistance to regional programs to develop effective long-term care facility visitation plans to improve resident and family access to ombudsman services.
- Provide ombudsman training and continuing education opportunities through both in-person and virtual platforms.
- Establish regular communication, including training opportunities, with other elder rights organizations, to promote greater coordination and to develop formal and informal referral protocols.
- Coordinate with agencies and organizations that assist residents with addressing their individual and common concerns to improve resident care and quality of life.
- Collaborate with other state agencies, such as DOH, to identify and address resident concerns for improving resident quality of care and quality of life.

<b>Expected Outcome</b>	<b>Target Date</b>
Develop and issue an RFP for regional ombudsman programs to strengthen the regionalized LTCOP model.	2024
Data provided by each regional program will be more effectively collected to allow the State Ombudsman to address commonly identified concerns.	Ongoing
The percent of satisfactorily resolved complaints investigated by LTCOP will increase from 67 percent to at least 80 percent.	2024
Regional Ombudsman Programs will provide community educational events.	Ongoing
The number of volunteers will increase by at least 5 percent from 2021-2022 levels	2025
The percentage of nursing homes that receive regular visits from an ombudsman will increase to at least 90 percent.	2025
The percentage of all long-term care facilities receiving a minimum of one visit per quarter will increase to at least 85 percent.	2025
The number of paid staff at regional programs will increase by 30 percent.	2024-2027

**EAEOP**

Objectives:

- Continue to support activities that educate the public and professionals about elder abuse, provide direct social work investigation and intervention, and support the New York State Coalition on Elder Abuse.

- Improve coordination at both the state and local level in order to better serve older adults who are eligible for/in receipt of protective services for adults.
- Strengthen state and local partnerships to increase identification and reporting of suspected abuse.

Strategies:

- Continue to implement an annual plan for EAEOP which addresses the needs of older adults impacted by elder abuse with a special focus on individuals in underserved and marginalized communities.
- Partner with the Office of Children and Family Services (OCFS) on an annual AATI for adult protective services, AAA case managers, and other aging network partners.
- Continue to share best practices (e.g., shelter, money management, other services) for possible replication.

Expected Outcome	Target Date
Increase elder abuse awareness and promote access to services and supports through public presentations and training and professional development opportunities for anyone working with older adults.	Ongoing
Provision of social work interventions to elder abuse victims and geriatric addiction services to older adults in an 11-county region.	Ongoing
Elder abuse awareness and access to information and services through the New York State Coalition on Elder Abuse.	Ongoing
Enhance education and outreach by sharing elder abuse information, resources, and tools with AAAs to use for public outreach and education.	Ongoing
Continued coordination and collaboration between NYSOFA and OCFS to facilitate and support coordination of services on the local level between adult protective services and aging services.	Ongoing
The MOU template between adult protective services and aging services enables strengthened coordination and referrals between AAAs and the LDSS.	Ongoing

**Elder Abuse Interventions and E-MDT Initiative**

Objectives:

- Expand the E-MDT model into all counties across the state.
- Utilize technology and other innovative methods to provide mental health services to elder abuse victims.
- Increase E-MDT services to marginalized and underserved populations.
- Establish measurable outcomes for the E-MDT Initiative.
- Increase use of E-MDTs for elder abuse interventions.

Strategies:

- Provide technical assistance to E-MDT Coordinators on starting new teams, connecting with local agencies/partners, and recruiting new team members.
- Pilot the use of technology to provide mental health services (e.g., capacity evaluations) to abuse victims as appropriate.
- Incorporate diversity, equity, and inclusion principles into the work of the E-MDT Initiative at all levels via ongoing trainings, discussions, document review, and other activities.
- Identification of measurable outcomes and development of systematic procedures for case follow-up, outcome measurement, and data collection.

- Development of agreed upon outcomes systematic procedures for case follow-up,
- Develop materials and conduct presentations and workshops that highlight the success of the E-MDT model in addressing elder abuse.

<b>Expected Outcome</b>	<b>Target Date</b>
E-MDTs will be operational in all 62 counties in New York State.	2023
Effective technology will be piloted and evaluated for use, including telehealth, to provide mental health services to abuse victims	2023-2024
Increase referrals for victims from underserved populations through greater engagement with agencies and entities that work with underserved populations.	2023 - Ongoing
Measurable outcomes will be established and used to improve E-MDT interventions and victim services	2025
E-MDTs will be effectively used to identify interventions in elder abuse cases.	Ongoing

**Goal #5: Empower older New Yorkers to stay active and healthy through Older Americans Act services and those offered under Medicare.**

### **EBIs**

#### Objectives:

- Increase availability and access to EBIs for older adults throughout New York State.
- Increase capacity of AAAs to deliver, or partner with others in delivering, EBIs.

#### Strategies:

- Provide technical assistance and training to NYS AAAs and other EBI network partners to enhance their understanding of evidence-based health promotion and wellness EBIs.
- Encourage the sharing of best practices and lessons learned among the EBI local partner network.
- Maintain a robust web-based data collection, reporting and local EBI management system to support the existing infrastructure of EBI delivery.
- Convene regular administrative and operational forums to foster sharing of resources among the New York State EBI Leadership Team that consists of NYSOFA and various Bureaus within DOH.
- Provide technical assistance to AAAs on effective utilization of OAA Title IIID funding to support the delivery of CDSMEs in their localities.
- Work with state and federal partners to secure grants and other resources to support CDSME.
- Provide technical assistance and support to the AAA nutrition, HIICAP, and NY Connects networks to further promote Medicare preventative benefits.

<b>Expected Outcome</b>	<b>Target Date</b>
Increase types and numbers of EBIs offered in New York State to older adults.	Ongoing
Annual increase in the number of older adults EBI participants served by AAAs (directly or through contract).	Ongoing

As demonstrated by EBI network data, at least 4,000 individuals with chronic conditions and/or disabilities will participate in CDSMEs annually.	Ongoing
Increase understanding of evidence-based health promotion, including strategies for the delivery of EBIs, by AAA staff.	Ongoing
EBI state level activities are coordinated and sustained by the EBI Leadership Team.	Ongoing
AAAs and NY Connects will have the information and support to contribute to the delivery of CDSMEs.	Ongoing
AAAs will effectively utilize all annual OAA Title IIID funding to support the delivery of EBIs in their localities.	Ongoing
Annual increase in the use of Medicare preventive and health screening benefits. (Source: CMS published claims data)	Ongoing

## **MIPPA**

### Objectives:

- Raise Medicare beneficiary awareness of and enroll Medicare beneficiaries in the LIS and/or MSP benefit, particularly in the underserved zip codes identified by CMS and in the rural and hard-to-reach areas of New York State.
- Target outreach efforts to raise Medicare beneficiary awareness of the LIS and MSP in rural and hard to reach areas.
- Educate Medicare beneficiaries across New York State on Medicare preventive and wellness benefits and the importance of these services.
- Educate and enroll Medicare beneficiaries across New York State on Medicare benefits, including the Part D benefit, focusing on the underserved and rural and hard to reach areas of the State.

### Strategies:

- Provide the AAAs, NY Connects, and HIICAPs (local MIPPA partners) with training and educational information to assist individuals with the application and enrollment processes for MSP and LIS.
- Provide the local MIPPA partners with training on MSPs and LIS budgeting, and other MIPPA topics.
- Ensure that the local MIPPA partners have training on and access to the CMS Mapping Tool to identify areas where significant populations of LIS eligible beneficiaries reside to target outreach and assistance activity.
- Provide goals in a Minimum Targets Table to the local MIPPA partners for outreach events on Medicare preventive and wellness benefits to Medicare beneficiaries to ensure that the audience is reached.
- Assist the local MIPPA partners to develop cost effective strategies innovative outreach strategies (e.g., public service announcements, home visits, working with the local long-term care councils, etc.) to target potential LIS/MSP eligible residing in rural/underserved areas as well as culturally diverse individuals and those with limited English proficiency.
- Monitor the reporting practices the local MIPPA partners use to document outreach events on Medicare preventive and wellness benefits to Medicare beneficiaries and provide ongoing technical assistance to increase accuracy.

<b>Expected Outcome</b>	<b>Target Date</b>
Increase the number of Medicare beneficiaries enrolled in LIS and MSP benefit.	Ongoing
Increase the number of rural Medicare beneficiaries enrolled in LIS and MSP benefit.	Ongoing
Increase the number of outreach events related to Medicare Preventative and Wellness benefits.	Ongoing
Increase the number of outreach events related to Medicare Part D and other Medicare benefits.	Ongoing
Continue to support the AAAs/HIICAPs and the NY Connects partners in their coordinated efforts to inform and assist Medicare beneficiaries on the available federal and state benefits to ensure that their county/designated catchment area achieves all goals, objectives, deliverables, measurable outcomes, and targets.	Ongoing

**Health Indicators Program**

Objectives:

- Implement Health Indicators Program for performance improvement in all NORC programs.
- Provide ongoing training and technical assistance to all NORC programs.

Strategies:

- Develop guidelines for administering Health Indicators survey.
- Establish protocols for both individual and group interventions based on survey results.
- Create benchmarking for determining performance improvement as a result of implemented interventions.
- Provide training and technical to programs on identifying individual residents as well as groups of residents in need of health promotion programming or referral.
- Work collaboratively with the NYC Aging to share ideas and best practices.

<b>Expected Outcome</b>	<b>Target Date</b>
Implement Health Indicators in all NYSOFA funded NORCs	2024
Use Health Indicators survey results to establish a baseline of NORC clients health status.	Ongoing
NORC programs will receive ongoing training and technical assistance.	Ongoing

**Sepsis Prevention**

Objectives:

- Provide community-based providers and the public with educational resources to identify and treat sepsis earlier to reduce its devastating consequences.

Strategies:

- Provide AAA Case Managers with in-depth training on the sepsis screening tool.
- Distribute the Sepsis Zone Tool and other sepsis materials to AAAs, including a sepsis handout for AAAs with a link to the sepsis section on the NYSOFA website
- Contact regional hospitals, hospitalists, discharge planners and educate them on HCBS that the aging network provides.
- Use social media to obtain information and facts on sepsis and distribute on monthly basis.

- Create a sepsis section on the NYSOFA website with links to sepsis resources.
- Add sepsis signs and symptoms screening to NYSOFA’s comprehensive assessment tool, the COMPASS.
- Provide the Sepsis Zone Tool at the New York State Fair.
- Develop a sepsis public service announcement (NYSOFA/HCA) for distribution among all networks.

AAAs will be surveyed to determine interest in the sepsis screening tool training and linked with local sepsis champions.	2024
Print and distribute the Sepsis Zone Tool to AAAs and distribute at events such as the New York State Fair.	2023-2027
Use social media to distribute facts and signs and symptoms of sepsis to raise awareness.	2023-2027
Create public service announcement on sepsis signs, symptoms, and prevention and distribute to networks.	2023
Add sepsis signs and symptoms screening identification language to the COMPASS.	2024

**Goal #6: Integrate COVID-19 lessons and adaptations into standard practice while preparing the aging network, and those served by the network, to successfully respond and adapt to future emergencies and disasters.**

**Comprehensive Emergency Preparedness and Response**

Objectives:

- Following the cessation of COOP and the COOP Communicable Disease annex activated events, a thorough inventory of agency operations is taken to identify any gaps that have occurred during the communicable disease event.
- NYSOFA staff continue to be trained in basic disaster and emergency preparedness activities, and on the COOP and the COOP Communicable Disease annex.
- NYSOFA disaster response staff continue to be trained on and are prepared to assist in emergency and disaster preparedness activities and engage in table-top exercises to discuss response and recovery when needed.
- NYSOFA implements protocols as appropriate for AAAs to inform when there is a service disruption or program closure due to a weather event, manmade, or natural disaster.
- NYSOFA continues the development and implementation of local inclusive planning and active participation in emergency plans that enhance the ability of local governments to reach out and assist older adults and individuals with disabilities during a disaster or emergency.
- All AAAs are included in emergency planning activities at the state and local level and will be provided with copies of the COOP and the COOP Communicable Disease annex to use as templates for their own documents.
- Continue programmatic COVID-19 adaptations that have increased the impact, flexibility and/or accessibility of services post-pandemic.
- Expand access to innovations that improve the lives and health of individuals and combat social isolation and loneliness.

Strategies:

- NYSOFA will provide updates on disasters in affected counties and collect status reports from the AAAs in these areas.
- NYSOFA staff are trained in FEMA and DHSES emergency preparedness protocols as appropriate to their roles.
- Maintain partnerships with DHSES, the Disaster Preparedness Commission (of which NYSOFA is a member), and AAAs.
- Continue assisting DHSES with disaster recovery operations when requested as a member of Emergency Support Function ESF Six.
- Continue participating on various standing committees and ad hoc work groups when requested.
- Assist in the development of state and local plans for assisting individuals with disabilities.
- Continue to work with the AAAs in emergency preparedness planning, relief, and recovery efforts.
- Provide services during emergency and disaster situations, including assisting AAAs with home delivered and congregate meals, as needed.
- Conduct reviews of the COOP and the COOP Communicable Disease annex to identify areas for improvement.
- Conduct table-top exercises based on the event and on additional hypothetical events to evaluate the COOP Communicable Disease annex to identify any gaps that may exist.
- Hold periodic debriefing sessions to discuss any changes in tasks and determine how they should be addressed during communicable disease events.
- Encourage and assist AAAs in planning, response, and recovery for emergencies and disasters, including communicable disease events.
- Update written guidance to allow for the continuation of programmatic adaptations post-pandemic.
- Provide technical assistance on the integration of innovations and adaptations into standard practice for service delivery operations and infrastructure.
- NYSOFA will continue to better understand and screen innovative in-person and technological approaches to providing care.

<b>Expected Outcome</b>	<b>Target Date</b>
Protocols will be evaluated against real-world events and modified as necessary.	Immediately-post event
Staff will be prepared for events in order to rapidly adjust to changing circumstances.	Ongoing
Staff will be aware of and able to institute mitigating procedures at the soonest possible time.	Ongoing
Pandemic supplies, such as cleaning equipment and masks, will be available without the necessity to identify sources.	2023 - Ongoing
AAAs will have task-specific emergency plans distinct from general plans instituted by local governments.	2024 - Ongoing
AAAs will develop COOPs for local management of events.	2024 – Ongoing
COVID-19 flexibilities will be retained in aging services, such as nutrition, and integrated into standard practice.	Ongoing
NYSOFA will continue to pilot innovative technology platforms and measure their efficacy and effectiveness.	2023-2027
All NYSOFA staff will be trained in the “Introduction to the Incident Command System, ICS 100” FEMA course.	Ongoing

NYSOFA disaster response staff will complete all courses required by FEMA and DHSES.	Ongoing
NYSOFA will develop and implement a standard notification system when any disruption of service occurs.	2023 - Ongoing
Inclusive Planning-Active Participation Emergency Plans will be developed, coordinated, and maintained, at the state and local level.	2023 - Ongoing
NYSOFA will develop and implement an annual calendar of emergency preparedness topics, through a monthly education campaign distributed through the AAA network and community partners, including regional in-person training opportunities if needed.	2023 - Ongoing
NYSOFA will continue to participate in interagency workgroups and initiatives to further advance emergency preparedness policies and procedures across the state.	2023 – Ongoing

**Goal #7: Promote equitable access to older adults in greatest social and economic need throughout all programs and services administered.**

**Promoting Equal Access to Technology**

Objective:

- Increase older adults access to technology options and awareness of state technology program.

Strategies:

- The Advocacy Specialist will continue to collaborate with the Technology-Related Assistance for Individuals with Disabilities (TRAIID) program, the state assistive technology entity, and represent NYSOFA on the Interagency Partnership for Assistive Technology.
- The TRAIID Director will participate in the annual ACUU conference.
- NYSOFA will have the TRAIID Director on a statewide call to provide programmatic information to all AAAs.
- NYSOFA will collaborate with Aging NY to ensure a representative from each of the 12 regional TRAIID centers speaks to at the corresponding regional AAA caucus gatherings across the state.
- NYSOFA will host a lunch and learn with the local TRAIID center to ensure NYSOFA staff are aware of the types of materials that older adults are able access via the TRAIID program.

<b>Expected Outcome</b>	<b>Target Date</b>
AAA staff and contractors will have strengthened relationships with regional TRAIID centers to increase referrals to the TRAIID program	2024-2026
Older New Yorkers will have increased knowledge of resources to obtain assistive technology.	2026
Older adults will increase utilization of devices through TRAIID centers to decrease out-of-pocket expenses, costs to Medicaid, Medicare, and private insurance for devices	2028

**Case Management Training**

Objective:

- Provide training on trauma informed care.
- Provide training on serving adults with intellectual and developmental disabilities (I/DD).

- Provide training on cultural competency strategies to reach marginalized and underserved populations.

Strategies:

- NYSOFA will identify and build a catalog of existing training on providing trauma informed care.
- NYSOFA will expand AAA access to previously developed training materials on serving individuals I/DD (from pilot project) by including these materials in the case management catalog of trainings.
- NYSOFA will create an online library of trainings, presentations, materials, etc.

<b>Expected Outcome</b>	<b>Target Date</b>
AAAs will be educated and trained on trauma informed care.	Ongoing
AAAs will be educated and trained on providing services to individuals with I/DD.	Ongoing
AAAs will expand knowledge of serving individuals in marginalized and underserved communities.	Ongoing
Create and distribute a catalog of existing training on trauma informed care to AAAs.	2023-2024

### **Cultural Considerations in Delivering Nutrition Services**

Objective:

- Ensuring meals can be adjusted for cultural considerations and preferences and providing medically tailored meals to the maximum extent practicable.

Strategies:

- The Advocacy Specialist will engage in ongoing training with the AAA network on cultural considerations, including nutrition.
- Vendors/ providers of medically tailored and culturally appropriate meals (halal, kosher, etc.) will provide information on the availability of their services to the AAA network.
- NYSOFA will share best practices from AAAs that have been successful in delivering culturally preferred meals with the AAA network.

<b>Expected Outcome</b>	<b>Target Date</b>
Educate the AAA network on the options available for meal delivery in culturally informed manner.	Ongoing
AAAs with diverse populations will increase usage of meal delivery options which address the needs of the older adults in their planning and service area.	2025

### **Mitigating Health Disparities**

Objective:

- Address existing health inequities among racially and ethnically diverse populations.

Strategies:

- The Advocacy Specialist will deliver information to each AAA on the disparities within their planning and service areas.

- The Advocacy Specialist will deliver technical assistance to the AAAs and provide strategies the AAA can use for mitigating disparities within their planning and service areas.
- NYSOFA will continue to collaborate with state partners, including DOH, to bring timely, and relevant information to the network.

<b>Expected Outcome</b>	<b>Target Date</b>
AAAs will be better informed on health disparities and inequities.	Ongoing
AAAs will increase collaboration with entities that provide services addressing existing disparities (ex: Federally Qualified Health Centers)	Ongoing
AAAs will provide services that address disparities specific to the population they are serving (e.g., transportation for rural residents for health care)	Ongoing

**Goal #8: Support continuation and growth of state and local policy, programs, and investments that compliment and expand upon Older Americans Act programs.**

### **Private Pay Model**

Objectives:

- Increase the number of counties and vendors offering a private pay option.

Strategies:

- Work with AAAs to understand the private pay option and encourage counties to opt in.
- Work with NYSAC to educate county executives and county managers about the private pay option and encourage their opt in.
- Work with counties that have opted in to extend the opportunity to their vendors.

<b>Expected Outcome</b>	<b>Target Date</b>
AAAs will be retrained on the private pay model.	2023
County executives and county managers will learn about the private pay option.	2024
25 counties will opt into a private pay model.	2026

### **Unmet Need**

Objective:

- Use unmet need funding to decrease the number of individuals who are waiting for services.

Strategies:

- Work with counties reporting unmet need and track what services are needed and where they are needed.
- Work with AAAs on innovative approaches for using unmet need funds.

<b>Expected Outcome</b>	<b>Target Date</b>
Decrease in the number of individuals who are eligible for, but not receiving services due to workforce shortages and funding limitations.	Ongoing
Increase the number of innovative strategies used by AAAs for using unmet need funds flexibly.	2023-2027

## **Integrated Care Model**

Objective:

- Provide services in a more holistic manner through integrated care models.

Strategies:

- Continue pilot projects that bring together health care, AAA services, and in-home technology.
- NYSOFA and Aging NY will engage in ongoing communication with health systems to educate them on the aging network and potential partnerships.

<b>Expected Outcome</b>	<b>Target Date</b>
Replicate the integrated care model in other counties.	2023-2025

**Goal #9: Family caregivers will be recognized, assisted, included, supported, and engaged through a variety of programs so that they can care for their care receiver at home for as long as possible.**

## **Increasing Awareness and Outreach to Support Caregivers**

Objectives:

- Help caregivers to self-identify as a caregiver and direct them to caregiver resources.
- Raise awareness of and outreach to family caregivers.
- Assist informal caregivers such as spouses, adult children, other family members, friends, and neighbors, in their efforts to care for older adults in need of help with everyday tasks.
- Assist older relative caregivers in their efforts to care for dependent children under the age of 18 or adult children with a disability, aged 18-59 who are living with the older relative caregiver.
- Assist informal caregivers in their efforts to care for individuals with Alzheimer's Disease or other related dementias.
- Caregiver services will be provided in a manner inclusive of caregivers who are underserved, including those with disabilities as well as those who have limited English proficiency.
- The NY Connects NWD system will provide I&A to caregivers to access appropriate programs and services that can assist them.
- Pilot a NYSCRC satellite regional CWRC.
- CWRC will engage, assess, and provide services to family caregivers in the region.
- Add LifeCourse Tools for Respite to NY Connects NWD trained counselors' caregiver toolbox for improved access to respite statewide
- Develop and implement a respite worker training program.
- Continue the working caregiver surveys and sharing the data with public and private organizations to help them better understand the impact of caregiving on the workplace.

Strategies:

- Continue the Any Care Counts campaign to raise awareness on and support unpaid caregivers
- Continue to link caregivers to the Caregiver Intensity Index, Trualta, and the NY Connects Resource Directory
- Develop a marketing toolkit for AAAs to increase outreach to family caregivers.

- Conduct outreach in a variety of communities to reach all caregivers, using media and language that caregivers can identify with.
- The Lifespan Respite Core Team will continue to build on the strong working relationship developed during prior Lifespan Respite grant initiatives.
- The NYSCRC Director will continue proactive efforts to build recognition of NYSCRC as a partnership of dedicated organizations and individuals committed to supporting respite for the millions of informal caregivers throughout the state.
- The NYSCRC Director, working closely with NY Connects, will help to connect caregivers with respite and information, training, and support services critical to successfully caring for someone at home.
- The CWRC will use outreach and marketing plans to create new and enhance existing partnerships with organizations to bring respite to rural and underserved communities.
- NYSCRC and the CWRC will work together to identify new advisory council members.
- CWRC will provide education, counseling, training, and ongoing case management for family caregivers.
- NYSCRC will continue to offer the Respite Voucher Program to caregivers and the online Respite Care Provider Certificate training.
- NYSCRC will develop a respite worker registry to help caregivers identify a respite provider.
- NYSOFA will train NY Connects person-centered counselors on the use of the LifeCourse Tools for Respite.
- NYSCRC will continue to produce monthly newsletters.
- Develop a readiness review tool to consider implementing additional CWRCs across the state.
- Maintain the Lifespan Respite VRC to further coordinate information about caregiving and respite training, technical assistance, and related materials and develop a Lifespan Respite system.

<b>Expected Outcome</b>	<b>Target Date</b>
Increase the number of those using Trualta and the Caregiving Intensity Index by 100 percent.	2024-2027
Increase outreach for the Any Care Counts Campaign and direct individuals to Trualta, Caregiver Intensity Index, and the NY Connects Resource Directory.	2023-2027
Increase the number of public and private businesses taking the working caregiver survey by 100 percent.	2023-2027
Increase the caregiver's ability to continue in their caregiver role while receiving services and supports through this program	Ongoing
Increase caregiver knowledge of services.	Ongoing
Improve outreach to family caregivers.	Ongoing
Increase the recognition of and support for caregivers.	Ongoing
Increase the number of caregivers who self-identify.	Ongoing
Caregiver resources, services, and provider listings will be available in a single statewide web-based resource directory	Ongoing
Enhanced structural framework to strengthen the network of caregiving and respite supports through the CWRC.	2026
Improve the well-being of caregivers receiving respite services through the CWRC.	2026
Improve the delivery of respite and other caregiver services for underserved populations within CWRC's region.	2026
Increase the inventory of respite providers.	2026
Improve access to caregiver-centered programs, supports, and services.	2026

## **Advancing Partnerships and Engagement with Family Caregivers**

### Objectives:

- Assess the needs of family caregivers.
- Guide caregivers in planning to incorporate respite into their lives.
- Screening tools are available to help caregivers identify their needs.
- Information about the CARES Act is available.

### Strategies:

- AAAs will use an evidence-based caregiver assessment tool to identify the needs and preferences of each caregiver.
- AAAs will be trained on the use of the LifeCourse Tools for Respite with family caregivers.
- AAAs will educate their partners on available screening tools caregivers can access.
- Educational campaigns will be developed to inform caregivers about the CARES Act and their role in the discharge process.

<b>Expected Outcome</b>	<b>Target Date</b>
Family caregivers are recognized as an important part of the care team for the care receiver	Ongoing
Caregiver stress is decreased as a result of the use of a caregiver assessment tool.	Ongoing
Family caregivers have the tools available to assist them in their role and prepare for future needs for themselves as well as the care receiver.	Ongoing

## **Strengthening Services and Supports for Caregivers**

### Objectives:

- The NY Connects NWD system will screen caregivers and provide I&A so caregivers can access appropriate programs and services that can assist them.
- New models and collaborative relationships will be developed to increase access to caregiver services and supports.
- Standardized process and protocols for serving family caregivers.
- Technical assistance and training are provided to AAAs to support the delivery of the NFCSP.
- Provide programs and services that family caregivers will benefit from.
- Increase respite care options, including caregiver-directed respite and volunteer-based respite, through collaboration with other state agencies and NYSCRC.

### Strategies:

- Administer the following programs to support caregivers, monitor their caregiver outcomes, and provide technical assistance to the organizations to ensure caregivers are benefiting from the services:
  - NFCSP (statewide)
  - Lifespan Respite Grant (statewide)
  - Caregiver Resource Centers (17 county-based)
  - State Respite Program (nine county-based programs)
- NYSOFA to allow AAAs to offer a caregiver-directed respite care service delivery model to expand service delivery, including respite vouchers.
- AAAs will use a caregiver assessment tool to identify the needs and preferences of caregivers.

- Assess training needs and provide training and technical assistance to AAAs, NY Connects, and caregiver support staff on relevant topics, including workshops at the annual ACUU and AATI conferences.
- AAAs will share innovative, successful practices with other AAAs and community organizations serving caregivers with Bring, Brag, and Borrow webinars, a component of the Caregiver Coordinator call series.
- Engage subject matter experts to assist AAAs in NFCSP development.
- Engage AAA participation in work groups to collaborate on the development of tools and resources that incorporate the ideas and feedback of caregiver coordinators and AAA Directors to support the application of the NFCSP.
- Monitor and provide technical assistance to the AAAs on their provision of respite services through other funding streams.
- Work with NYSCRC to expand the pool of trained respite volunteers.
- NYSOFA will collaborate with the Grandfamilies and the Kinship Support Network to improve supports and services for families in which grandparents, other relatives, or close family friends are raising children.
- Include a caregiver-focused subcommittee on the Master Plan for Aging.

<b>Expected Outcome</b>	<b>Target Date</b>
Increase the availability of caregiver-directed respite care to improve options and choices to meet caregiver needs and the needs of the care receiver.	2023
All AAAs will utilize the NFCSP program standards established for serving family caregivers to meet program requirements.	Ongoing
AAAs will increase their knowledge base to develop innovative practices and effectively serve family caregivers.	Ongoing
Informal caregivers will report the benefits of utilizing caregiver services via self-reports and other survey methods.	Ongoing
AAAs will provide a variety of caregiver services, including I&A caregiver counseling, support groups, training, respite care, and supplemental services.	Ongoing
Volunteers will be identified and trained to provide in-home and community-based respite.	Ongoing
A range of services and supports are available to family caregivers.	Ongoing
A Master Plan for Aging is developed that includes caregiver-specific information.	2025

### **Ensuring Financial and Workplace Security for Caregivers**

#### Objectives:

- Support working caregivers by providing resources that can help them balance their work and caregiving responsibilities.
- Businesses will understand the uses and benefits of the working caregiver survey.
- Seek non-traditional partnerships with organizations such as banks and financial planners, to provide them with information and ideas for financial programs to support caregivers.
- Update the Working Caregiver Guide for Businesses as needed.

Strategies:

- Engage New York State businesses on the difficulties working caregivers face and provide them with resources to provide flexibility in the workplace and provide other resources to support their employees who are caregivers.
- Continue helping caregivers to self-identify and provide them with resources such as the Trualta training platform, employed caregiver survey, and caregivers guide video (through NYSOFA’s working caregiver initiative).
- Educate AAAs on the benefits of partnering with non-traditional organizations to provide an array of information to family caregivers.
- Conduct presentations for Employee Assistance Programs that are focused on family caregivers.

<b>Expected Outcome</b>	<b>Target Date</b>
Working caregivers will be better supported so that they can balance their work and caregiving responsibilities.	Ongoing
Businesses will implement “caregiver-friendly” policies.	Ongoing
More businesses will understand the impact that caregiving has on employees.	2023-2027
The Working Caregiver Guide for Businesses will be updated as needed.	2024-2027

**Expanding Caregiver Data, Research, and Evidence-Based Practices**

Objectives:

- Explore adopting a consistent definition for family caregiver.
- Implement evidence-based training programs for family caregivers.
- Continue to promote the working caregiver survey.
- Collect caregiver outcome data using an evidence-based assessment tool.
- Support the expansion of research.

Strategies:

- Work with other programs that support family caregivers and use a broad definition of family caregiver.
- Educate AAAs on the available evidence-based trainings programs for family caregivers.
- AAAs will use an evidence-based caregiver assessment tool with family caregivers.
- Collaborate with researchers to collect more data on family caregivers.
- Participate in caregiver-focused learning collaboratives and peer-to-peer learning opportunities.

<b>Expected Outcome</b>	<b>Target Date</b>
Family caregivers are able to access and benefit from a variety of programs and services.	Ongoing
Evidence-based programs are implemented to support family caregivers.	Ongoing
Improve data collection.	Ongoing

## Attachment A: State Plan Assurances and Required Activities

*The Acting Director of the New York State Office for the Aging, as the official signatory for the New York State Office for the Aging, hereby commits to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.*

### Sec. 305, ORGANIZATION

- (a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—
- (2) The State agency shall—
- (A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;
  - (B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;
  - (E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;
  - (F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and
  - (G) (i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;
  - (ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;
  - (iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency;
- (c) An area agency on aging designated under subsection (a) shall be—
- (5) in the case of a State specified in subsection (b) (5), the State agency; ...and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

- (d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—
- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
  - (2) a numerical statement of the actual funding formula to be used,
  - (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
  - (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

*The New York State Office for the Aging declares that the following assurances (Section 306) will be incorporated into the 2023-2027 Area Agencies Plans on Aging, and thus will be met by its designated area agencies on agencies and will be required affirmations by the fifty-nine (59) designated Area Agencies on Aging in New York.*

**Sec. 306(a), AREA PLANS**

- (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—
- (1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;
  - (2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services -

- (A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
  - (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
  - (C) legal assistance;
- and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;
- (3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and
  - (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;
- (4) (A) (i) (I) provide assurances that the area agency on aging will—
    - (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
    - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
 (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
  - (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
    - (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
    - (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
    - (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
  - (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared –
    - (I) identify the number of low-income minority older individuals in the planning and service area;

- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
  - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).
- (B) provide assurances that the area agency on aging will use outreach efforts that will—
- (i) identify individuals eligible for assistance under this Act, with special emphasis on-
    - (I) older individuals residing in rural areas;
    - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
    - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
    - (IV) older individuals with severe disabilities;
    - (V) older individuals with limited English proficiency;
    - (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
    - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
  - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
- (6) provide that the area agency on aging will—
- (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
  - (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
  - (C)
    - (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

- ii. if possible, regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—
  - (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
  - (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;
 and that meet the requirements under section 676B of the Community Services Block Grant Act; and
- iii. make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;
- (D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
- (E) establish effective and efficient procedures for coordination of—
  - (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
  - (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;
- (F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;
- (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
- (H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention,

- investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and
- (l) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;
- (7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
- (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
  - (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
    - (i) respond to the needs and preferences of older individuals and family caregivers;
    - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
    - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
  - (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
  - (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
    - (i) the need to plan in advance for long-term care; and
    - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
- (A) not duplicate case management services provided through other Federal and State programs;
  - (B) be coordinated with services described in subparagraph (A); and
  - (C) be provided by a public agency or a nonprofit private agency that—
    - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
    - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
    - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

- (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9)
  - (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307 (a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
  - (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including
  - (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
  - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
  - (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203 (b) within the planning and service area.
- (13) provide assurances that the area agency on aging will—
  - (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
  - (B) disclose to the Assistant Secretary and the State agency--
    - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
    - (ii) the nature of such contract or such relationship;
  - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
  - (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;
  - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

- (15) provide assurances that funds received under this title will be used--
    - (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
    - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
  - (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
  - (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
  - (18) provide assurances that the area agency on aging will collect data to determine—
    - (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
    - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and
  - (19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.
- (b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- (2) Such assessment may include—
    - (A) the projected change in the number of older individuals in the planning and service area;
    - (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
    - (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
    - (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.
  - (3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—
    - (A) health and human services;
    - (B) land use;
    - (C) housing;
    - (D) transportation;
    - (E) public safety;

- (F) workforce and economic development;
  - (G) recreation;
  - (H) education;
  - (I) civic engagement;
  - (J) emergency preparedness;
  - (K) protection from elder abuse, neglect, and exploitation;
  - (L) assistive technology devices and services; and
  - (M) any other service as determined by such agency.
- (c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.
- (d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.
- (2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.
- (e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.
- (f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.
- (2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.
- (B) At a minimum, such procedures shall include procedures for—
- (i) providing notice of an action to withhold funds;
  - (ii) providing documentation of the need for such action; and
  - (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.
- (3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).
- (B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

- (g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—
- (1) contracts with health care payers;
  - (2) consumer private pay programs; or
  - (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

**Section 307, STATE PLANS**

- (a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:
- (1) The plan shall—
    - (A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
    - (B) be based on such area plans.
  - (2) The plan shall provide that the State agency will—
    - (A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
    - (B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and
    - (C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).
  - (3) The plan shall—
    - (A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and
    - (B) with respect to services for older individuals residing in rural areas—
      - (ii) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...
      - (iii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
      - (iv) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

- (4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).
- (5) The plan shall provide that the State agency will—
  - (A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
  - (B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and
  - (C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.
- (6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.
- (7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.
- (B) The plan shall provide assurances that--
  - (i) no individual (appointed or otherwise) involved in the designation of the State agency or area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
  - (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
  - (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.
- (8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—
  - (i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
  - (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
  - (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.
 (B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

- (C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.
- (9) The plan shall provide assurances that –
- (A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019.
  - (B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.
- (10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.
- (11) The plan shall provide that with respect to legal assistance –
- (A) the plan contains assurances that area agencies on aging will
    - i. enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
    - ii. include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
    - iii. attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.
  - (B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.
  - (C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;
  - (D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and

- that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and
- (E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.
- (12)The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals –
- (A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—
- (i) public education to identify and prevent abuse of older individuals;
  - (ii) receipt of reports of abuse of older individuals;
  - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
  - (iv) referral of complaints to law enforcement or public protective service agencies where appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.
- (13)The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.
- (14)The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
- (A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and
  - (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.
- (15)The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
    - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
    - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.
- (16)The plan shall provide assurances that the State agency will require outreach efforts that will—
- (A) identify individuals eligible for assistance under this Act, with special emphasis on—
    - (i) older individuals residing in rural areas;
    - (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
    - (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
    - (iv) older individuals with severe disabilities;
    - (v) older individuals with limited English-speaking ability; and
    - (vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
  - (B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.
- (17)The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.
- (18)The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306 (a)(7), for older individuals who--
- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
  - (B) are patients in hospitals and are at risk of prolonged institutionalization; or
  - (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.
- (19)The plan shall include the assurances and description required by section 705 (a).

- (20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.
- (21) The plan shall--
- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
  - (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.
- (22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).
- (23) The plan shall provide assurances that demonstrable efforts will be made--
- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
  - (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.
- (24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.
- (25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.
- (26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.
- (27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- (B) Such assessment may include—
- (i) the projected change in the number of older individuals in the State;
  - (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
  - (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
  - (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

- (28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.
- (29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.
- (30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—
  - (A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;
  - (B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and
  - (C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306 (a).
  - (D)

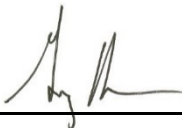
**Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS**

- (b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

**Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS**

- (a) ELIGIBILITY. — In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--
  - (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
  - (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
  - (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
  - (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712 (a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712 (a)(5).
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
  - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
    - (i) public education to identify and prevent elder abuse;
    - (ii) receipt of reports of elder abuse;
    - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
    - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
  - (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
  - (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
    - (i) if all parties to such complaint consent in writing to the release of such information;
    - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
    - (iii) upon court order...



---

Greg Olsen, Acting Director, NYSOFA

July 17, 2023

---

Date

## **Attachment B: Information Requirements**

### **Section 305(a)(2)(E)**

*Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;*

#### **Response:**

The primary mechanism for ensuring preference is given to older individuals with the greatest economic and social need is the IFF, which targets OAA dollars to service those with the greatest needs. NYSOFA's Aging Services Representative's (ASRs) and Fiscal monitoring staff oversee AAAs to continuously monitor these types of activities. In addition, NYSOFA's Advocacy Specialist advises and makes recommendations to AAAs regarding equal access to services, including service delivery for individuals in marginalized and underserved areas, as well as those with limited English proficiency. The Advocacy Specialist also reviews each AAA's plan for reaching target populations and conducts compliance reviews of AAAs targeting efforts in concert with ASRs.

NYSOFA commissioned POLCO to do a statewide needs assessment to assist the aging network in understanding where the greatest needs exist within their communities. NYSOFA is also utilizing the recently released Center for Urban Future report to highlight demographic changes in the AAAs planning and service areas. This includes information such as a 365 percent increase in Hispanics aged 65+ in Saratoga County; the nearly 12 percent poverty rate which exists for older adults in Niagara County. Helping AAAs identify and better understand the areas with the greatest economic and social needs in their planning and services will enable them to prioritize service delivery to those who need it most. NYSOFA evaluates AAAs efforts to reach targeted populations on a regular basis and provides technical assistance as needed.

### **Section 306(a)(6)(I)**

*Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.*

#### **Response:**

NYSOFA's Advocacy Specialist represents NYSOFA at TRAIID's Interagency Partnership for Assistive Technology and provides onsite technical assistance to the 59 AAAs which includes information about the TRAIID program. Additionally, the TRAIID Director is offering a session at annual ACUU conference hosted by Aging NY. NYSOFA will have the TRAIID Director on a statewide call to provide programmatic information to all AAAs. NYSOFA will collaborate with Aging NY to ensure a representative from each of the 12 regional TRAIID centers is able to speak at the corresponding regional AAA caucus gatherings across the state. NYSOFA will also host a lunch and learn with the local TRAIID center to ensure that all NYSOFA staff are well aware of the types of materials that older adults are able to access via the TRAIID program.

### **Section 306(a)(17)**

*Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.*

**Response:**

Disaster response activities are fundamental to the work AAAs do as they assist older adults and caregivers who rely on person-centered services even during times of disaster and emergencies. The ability to maintain these services, outreach to vulnerable older adults and participate in other disaster-related activities is central to the overall mission of aging services. NYSOFA reviews and approves each AAA's Area Plan which includes a required disaster response element. The AAA must advise on the role that they will play during an emergency or disaster; describe their relationship with the local Emergency Operations Center (EOC) and provide any other disaster response-related activity that they may conduct or in which they are involved.

NYSOFA monitors AAA compliance with state and federal laws via their annual evaluation and progress report (Annual Report). This includes monitoring compliance with disaster preparedness on a rotating basis. As part of the annual evaluation, NYSOFA conducts on-site monitoring visits of each AAA and reviews the AAA's progress on their state plan goals. Progress is measured and verified through collection of documentation, reporting review, and discussions with key AAA staff. During the on-site monitoring visit, AAAs are required to provide information on how the agency coordinates and develops long-range emergency preparedness plans with local and state emergency response agencies, other relief organizations, local and state governments, and other institutions that have responsibility for disaster relief service delivery within their planning and service areas. Additionally, AAAs must identify the procedures in place for meeting the needs of older adults with access and functional needs during and emergency or disaster, including meeting the needs of individuals with disabilities and those with Alzheimer's Disease and other related dementias. AAAs must also maintain a registry of individuals 60 years of age and older with access and functional needs, including individuals with disabilities and those with Alzheimer's Disease and other related dementias. The AAA uses this registry to contact these individuals during an emergency or disaster.

As a member agency of the New York State Disaster Preparedness Commission, NYSOFA collaborates with multiple public and private partners at the federal, state, and local levels toward the goal that emergency planning needs of older New Yorkers are addressed and met. Partners include ACL at the federal level, DHSES and DOH the state level, AAAs at the local level, and a number of human service and other agencies, including the Red Cross and Salvation Army. The coordinated involvement of NYSOFA with these various entities is necessary to ensure that planning for, preventing, and responding to emergencies and disasters, declared or otherwise, is done in the most efficient manner possible. NYSOFA coordinates with DHSES to ensure that all levels of governments, voluntary organizations, and the private sector, identify areas of vulnerability that can be address and mitigated.

At the state level, NYSOFA coordinates with DHSES and is a member of ESF Six (Mass Care, Emergency Assistance, Housing, and Human Services), which will activate in situations where a state level multiagency response is needed to support and facilitate coordination of functions in the event of an emergency or disaster.

During times of activation, NYSOFA reports to the state EOC and works with the multitude of participating agencies. The OEM operates the state's Watch Center, which operates a continuous alert and warning system that is designed to provide local, state, and federal agencies with notification and support in responding to incidents. NYSOFA assists OEM in the dissemination of public health and safety information during a disaster in coordination with DOH. At the local level, in times of emergency, NYSOFA coordinates and supports the relief efforts provided by AAAs, which play a critical role in identifying and planning for the provision of

services to older adults during a crisis. NYSOFA's operations during these activations are governed by its Emergency Management Operations Protocol. Outside of an activation, NYSOFA maintains a document that describes the circumstances when NYSOFA would need to notify the state Watch Center of an event that has the possibility of causing a disruption in services.

In the event of emergency that has a direct impact on NYSOFA, which causes a disruption in agency function, NYSOFA maintains a COOP which was activated in March of 2020 as a result of the pandemic. As a result of lessons learned during the pandemic, an appendix was added to the COOP, addressing state disasters involving a communicable disease, which is in essence best practices for pandemic response in an agency COOP environment.

### **Section 307(a)(2)**

The plan shall provide that the State agency will (C) *specify a minimum proportion* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

### **Response:**

AAAs are required to provide a minimum proportion of funding to core services. NYSOFA, through its IFF, specifies the minimum proportion of the funds received by each AAA that will be used to carry out part B requirements, including access, in-home, and legal assistance. Oversight for this is provided by NYSOFA's ASRs and Fiscal monitoring staff.

The minimum proportion of the funds received by each AAA to carry out part B are as follows:

- Access: 20.0%
- In-Home: 2.5%
- Legal Assistance: 7.0%

### **Section 307(a)(3)**

The plan shall— (B) with respect to services for older individuals residing in rural areas—

- (i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
- (ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*
- (iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

### **Response:**

NYSOFA assures that it and AAAs will not spend less for each fiscal year of the plan than the amount expended for such services for fiscal year 2000. According to the allocation methodology utilized by NYSOFA and approved by the Administration on Aging, the population of the AAA's planning and service area, as noted by the latest approved census, is a weighted factor in calculating the Block Grant allocation for NYSOFA. This calculation can and often is overridden by state practice to hold harmless each AAA, so that they receive no less funding than they received in the prior fiscal year.

NYSOFA continues to prioritize services to those living in rural areas. AAAs offer home delivered meals to older adults residing in remote areas who may have limited access to food. AAAs also offer transportation in many instances to rural residents who need assistance to attend medical appointments, go grocery shopping, participate in social opportunities, etc. NYSOFA has partnered with organizations such as GoGoGrandparent and Get Set Up. GoGoGrandparent is a specialized ride share service for older adults and they use trained drivers who understand the challenges that older adults face. Get Set Up to provide services virtually to those with limited access and unable to participate in in-person activities. Get Set Up offers thousands of classes virtually including health and fitness classes and social gathering opportunities.

**Section 307(a)(10)**

The plan shall provide assurance that the special needs of older individuals residing in rural are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

**Response:**

NYSOFA assures that the special needs of older individuals residing in rural areas are taken into consideration we continue to prioritize services for those living in rural areas. and According to the allocation methodology utilized by NYSOFA and approved by Administration on Aging, the population of the AAA's planning and service area, as noted by the latest approved census, is a weighted factor in calculating the Block Grant allocation for NYSOFA.

NYSOFA has allocated funds for many virtual offerings through the Get Set Up platform. NYSOFA has also sought to increase transportation services in all communities, including building capacity in rural communities through a partnership with GoGoGrandparent, a specialized ride-share service for older adults. GoGoGrandparent uses trained drivers who understand the challenges older adults face.

**Section 307(a)(14)**

The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

- (A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*
- (B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

**Response:**

According to the US Census Bureau, of the 1,317,170 minority individuals aged 60 and over in New York State, 448,120 are low income. Additionally, of the 1,317,170 minority individuals aged 60 and over in New York State, 214,050 were low income and spoke English less than “very well.” This data comes from the American Community Survey 2013-2017 Five-year Estimates, Public Use Microdata Sample. Individuals who are low income are those whose income is 150% of the federal poverty level and less.

NYSOFA's demographer provides NYSOFA and the AAAs with census information on the number of individuals within each targeted population in each AAAs planning and service area. This includes the number of individuals who are low-income minorities, those with limited

English proficiency, and other targeted groups such as rural residents. Each AAA receives this data and sets a goal for the number of individuals to be served in each group. For example, if low-income minorities constitute 1 percent of the overall 60+ population in a AAAs planning and service area, they should constitute a minimum of 1 percent of those the AAA serves.

NYSOFA monitors AAAs progress on an annual basis and provides technical assistance as needed to assist AAAs in reaching their goal. NYSOFA also provides all of its vital documents in the top 12 languages of New York State. NYSOFA is committed to assuring equal access for all individuals and translates all vital documents into the top 12 languages in New York State (Spanish, Chinese, Korean, Haitian Creole, Yiddish, Russian, Polish, Italian, Arabic, French, Urdu, and Bengali), and requires a minimum standard of all AAAs having access to telephonic on demand interpretation services to ensure effective communication with individuals with limited English proficiency.

**Section 307(a)(21)The plan shall —**

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, *and specify the ways in which the State agency intends to implement the activities*

**Response:**

New York State has a statewide, integrated, coordinated network of 59 local AAAs, which includes two AAAs who represent Indian Nations - the St. Regis Mohawk Tribe and the Seneca Nation of Indians. NYSOFA also has as one of the identified target populations for each AAA's planning and service area, the number of Native Americans residing within that catchment area. If 2% of an AAAs overall 60+ population is Native American (per Census data), then a minimum of 2% of those served by the AAA should be Native American. AAAs with significant numbers of Indians residing within the catchment area often collaborate with local organizations dedicated to serving that population. NYSOFA works with the counties that have a federally recognized Indian tribe within their catchment area and requires that they include efforts to coordinate with the tribes to in their AAA Area Plan to ensure access to services. NYSOFA targets the following counties: Cayuga, Suffolk, Oneida, Onondaga, and Niagara for inclusion of their efforts in their AAA Area Plan.

**Section 307(a)(27)**

The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(A) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency; an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iii) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

**Response:**

Please refer to Attachment H – Aging in New York State, section titled “Growth in the Older Population” for New York State’s current assessment concerning anticipated changes in the number of older individuals during the period following the fiscal year for which the plan is submitted.

**Section 307(a)(28)**

*The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.*

**Response:**

Please refer to Section B - COVID-19 Recovery, section titled “Approach to Emergency Preparedness” for a summary of New York State’s plan to collaborate with multiple public and private partners at the federal, state, and local level to ensure that the emergency planning needs of older New Yorkers are addressed and met.

**Section 307(a)(29)**

*The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.*

**Response:**

In the event of emergency that has a direct impact on NYSOFA, which causes a disruption in agency function, NYSOFA maintains a COOP. The COOP was activated in March of 2020 as a result of the pandemic. As a result of lessons learned during the pandemic, an appendix was added to the COOP, addressing state disasters involving a communicable disease, which is in essence best practices for pandemic response in an agency COOP environment. The COOP ensures that that NYSOFA personnel and resources are utilized in the most efficient and effective way in the event of an emergency or disaster. NYSOFA provides policies for the safety of agency staff in the administration of their duties—and for the continuation of essential services to older adults continue as soon as practical during times of emergencies and disasters. To that end, this COOP will serve to direct agency personnel in the performance of key operational activities should the need arise to activate the plan.

Acting Director Greg Olsen and the Executive Management Team (EMT) have been designated Continuity Plan Managers and responsible for activating this plan and formally directing response activities during times of disaster and emergencies.

**Section 705(a) ELIGIBILITY —**

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State Plan submitted under section 307—* . . .

*(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).*

*(Note: Paragraphs (1) of through (6) of this section are listed below)*

*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—*

*(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*

*(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*

*(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*

*(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*

*(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*

*(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—*

*(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-*

*(i) public education to identify and prevent elder abuse;*

*(ii) receipt of reports of elder abuse;*

*(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*

*(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*

*(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*

*(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—*

*(i) if all parties to such complaint consent in writing to the release of such information;*

*(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman*

*program, or protection or advocacy system; or*  
*(iii) upon court order.*

**Response:**

The State of New York assures its commitment to carrying out the requirements of Title VII. Please refer to Elder Justice found in Section A. Older Americans Act Core Programs and the related goals and initiatives found in Section F of this Plan.

## **Attachment C: Intrastate Funding Formula (IFF)**

New York State's IFF targets older adults with greatest economic and social needs and older, with particular attention to low-income individuals and those living in rural areas. The purpose of New York State's IFF is to allocate funds in accordance with the proportion of potential individuals living in each planning and service Area. Special emphasis is given to individuals 60+ with the greatest economic or social needs that are identified by the best demographic data available

The primary mechanism used by NYSOFA is the IFF which targets OAA dollars to those in greatest economic and social need. NYSOFA's ASR's and Fiscal monitoring staff oversee AAAs to continuously monitor their implementation. In addition, NYSOFA's Advocacy Specialist advises and makes recommendations to AAAs regarding equal access to services, including service delivery for individuals in marginalized and underserved areas, as well as those with limited English proficiency. The Advocacy Specialist also reviews each AAA's plan for reaching target populations and conducts compliance reviews of AAAs targeting efforts in concert with ASRs.

### **Population, Economic, and Social Data Used**

As required by law, the state will use the best available statistics on the geographical distribution of older adults aged 60 and over in the New York State. As of June 30, 2023, the best available data include official 2010 Census counts covering individuals aged 60+, minorities aged 60+, marginal income (150% of FPL) minority aged 60+, low-income aged 60+, marginal income aged 60+, and impairment rates developed US Census American Community Survey.

In using 2010 Census data, NYSOFA considers the IFF to represent a methodology that is fair to all AAAs and most appropriately exemplifies the older adult demographics of New York State. NYSOFA considers the current IFF to be a sound illustration of the OAA mandate to target funding and services to individuals aged 60 and over with preference in service delivery to older adults in greatest social or economic need, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older adults living in rural areas.

### **Formula Application**

The formula process is applied to the remaining Title III funds once the allocations for Legal Services, Ombudsman Program, AAA Administration, and State Agency Administration are assigned from Title III B, III C, and III E funds within the established regulations of the OAA.

### **Rural Cost**

The geographic majority of New York State is rural, and its rural status is addressed in New York State's IFF.

### **NSIP Allotments**

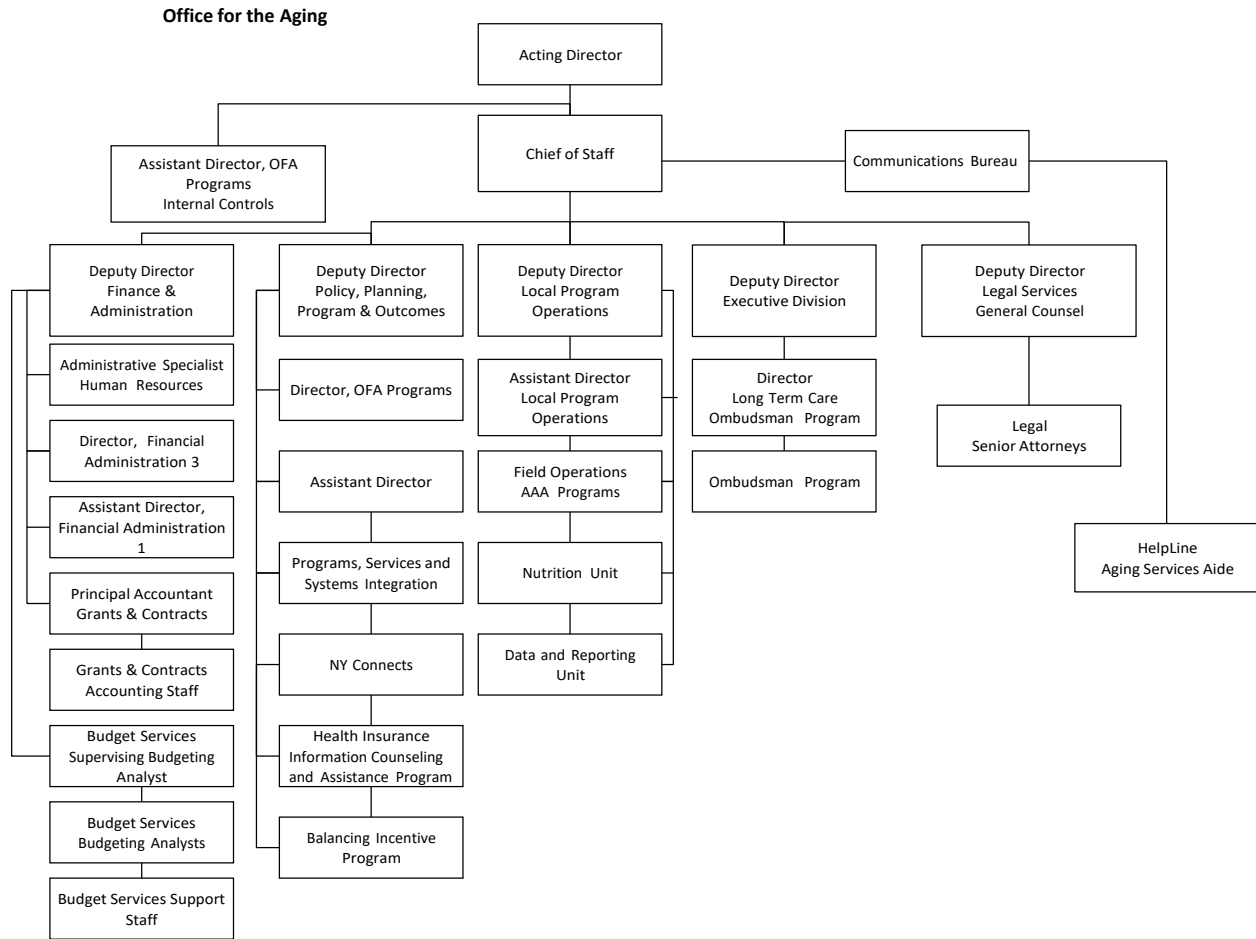
New York's AAAs will receive a portion of the NSIP allotment to the state based on the proportion that an area's eligible meals bear to the total of NSIP eligible meals for all AAAs.

\* County is designated as urban but contains rural towns  
 \*\* County is designated rural with population of less than 250,000

## Attachment D: 2022 Rural AAA Title III Allocations

Planning & Service Area	Title III-B	Title III- C-1	Title III-C-2	Title III-D	Title III-E	Total
Albany *	\$276,255	\$389,210	\$216,242	\$19,683	\$163,182	\$1,064,572
Allegany **	50,627	71,327	39,629	3,603	28,892	194,078
Broome *	211,078	297,383	165,224	15,039	126,519	815,243
Cattaraugus **	77,534	109,237	60,691	5,525	43,233	296,220
Cayuga **	80,326	113,168	62,875	5,725	45,669	307,763
Chautauqua **	151,482	213,420	118,574	10,796	84,876	579,148
Chemung **	99,119	130,299	72,392	6,592	54,147	362,549
Chenango **	58,798	82,841	46,025	3,175	32,107	222,946
Clinton **	75,940	106,990	59,443	3,175	41,326	286,874
Columbia **	68,766	96,882	53,826	4,898	40,265	264,637
Cortland **	45,246	67,288	35,416	3,342	28,892	180,184
Delaware **	59,796	84,244	46,805	4,256	33,696	228,797
Dutchess *	252,537	355,794	197,676	18,002	148,347	972,356
Erie *	961,514	1,354,653	752,632	68,525	556,936	3,694,260
Essex **	43,058	60,095	33,789	3,342	28,892	169,176
Franklin **	48,832	68,800	38,225	3,342	28,892	188,091
Fulton **	58,599	82,560	45,870	4,177	33,272	224,478
Genesee **	60,394	85,087	47,273	3,175	35,179	231,108
Greene **	56,407	79,471	44,153	4,031	29,882	213,944
Herkimer **	73,947	104,183	57,883	5,271	41,218	282,502
Jefferson **	91,687	129,175	71,768	6,539	49,696	348,865
Lewis **	43,058	54,935	33,789	3,342	28,892	164,016
Livingston **	58,400	82,279	45,714	4,163	32,848	223,404
Madison **	65,975	92,949	51,642	3,175	36,239	249,980
Monroe *	683,863	963,477	535,299	48,734	394,497	2,625,870
Montgomery **	59,865	83,121	46,181	3,342	34,438	226,947
Nassau	1,168,607	1,646,421	914,735	83,283	780,941	4,593,987
Niagara *	234,199	329,957	183,321	16,694	132,452	896,623
Oneida *	258,118	363,656	202,043	18,403	149,618	991,838
Onondaga *	430,729	606,842	337,155	30,693	250,177	1,655,596
Ontario **	103,846	146,305	81,285	7,393	59,657	398,486
Orange *	285,026	401,566	223,106	20,310	156,401	1,086,409
Orleans **	43,058	57,287	33,789	3,342	28,892	166,368
Oswego **	103,247	145,463	80,818	7,354	56,160	393,042
Otsego **	65,376	92,108	51,174	4,657	37,405	250,720
Putnam **	73,947	104,183	57,883	3,175	41,008	280,196
Rensselaer **	135,337	190,673	105,936	9,648	80,214	521,808
Rockland	260,710	367,307	204,072	18,575	153,645	1,004,309
St. Lawrence	112,416	158,380	87,994	8,020	60,928	427,738
Saratoga *	183,971	259,192	144,005	4,991	102,571	694,730
Schenectady **	147,298	207,523	115,298	10,502	89,326	569,947
Schoharie **	43,058	54,935	33,789	3,175	28,892	163,849
Schuyler **	43,058	54,935	33,789	3,342	28,892	164,016
Seneca **	43,058	54,935	33,789	3,342	-	135,124
Steuben **	105,640	148,832	82,690	7,526	59,126	403,814
Suffolk	1,195,914	1,684,892	936,109	32,707	725,840	4,575,462
Sullivan **	83,713	117,942	65,528	5,966	42,492	315,641
Tioga **	51,823	73,012	40,565	3,175	28,892	197,467
Tompkins **	70,360	99,128	55,074	5,018	40,159	269,739
Ulster **	184,769	260,316	144,629	13,171	102,995	705,880
Warren/Hamilton **	86,115	109,871	67,578	6,685	57,784	328,033
Washington **	62,188	87,615	48,677	4,431	35,284	238,195
Wayne **	88,299	124,401	69,116	3,342	49,272	334,430
Westchester	875,808	1,233,903	685,545	62,413	529,916	3,387,585
Wyoming **	43,058	54,935	33,789	3,342	28,892	164,016
Yates **	43,058	54,935	33,789	3,175	28,892	163,849
New York City	9,569,697	13,482,511	7,490,755	681,987	4,496,068	35,721,018
Seneca Indian Res	43,058	54,935	33,789	3,342	28,892	164,016
St. Regis Mohawk	43,058	54,935	33,789	3,342	28,892	164,016
<b>TOTAL</b>	<b>\$20,094,720</b>	<b>\$28,242,699</b>	<b>\$15,724,439</b>	<b>\$1,361,490</b>	<b>\$10,722,607</b>	<b>\$76,145,955</b>

# Attachment E: NYSOFA Organizational Structure



## **Attachment F: AAA Directory**

Albany County Department for Aging  
Ms. Deborah Riitano, Commissioner  
162 Washington Avenue, 6th Floor  
Albany, NY 12210-2304  
Phone: (518) 447-7177 Fax: (518) 447-7188

Allegany County Office for the Aging  
Ms. Anita Mattison, Director  
6085 Route 19 N  
Belmont, NY 14813  
Phone: (585) 268-9390 Fax: (585) 268-9657

Broome County Office for the Aging  
Ms. Mary Whitcombe, Director  
Broome Co. Office Bldg.  
60 Hawley Street, 4th Floor  
PO Box 1766  
Binghamton, NY 13902-1766  
Phone: (607) 778-2411 Fax: (607) 778-2316

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

Cayuga County Office for the Aging  
Ms. Brenda Wiemann, Director  
160 Genesee Street  
Auburn, NY 13021-3483  
Phone: (315) 253-1226 Fax: (315) 253-1151

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

Chemung County Dept. of Aging & Long-Term Care  
Ms. Beth Stranges, Director  
P.O. Box 588  
425 Pennsylvania Avenue  
Elmira, NY 14902-0588  
Phone: (607) 737-5520 Fax: (607) 737-5521

Chenango County Area Agency on Aging  
Ms. Heather Felter, Acting Director  
County Office Building  
5 Court Street  
Norwich, NY 13815-1794  
Phone: (607) 337-1770 Fax: (607) 337-1749

Clinton County Office for the Aging  
Ms. Darleen Collins, Director  
135 Margaret Street, Suite 105  
Plattsburgh, NY 12901-2966  
Phone: (518) 565-4620 Fax: (518) 565-4812

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

Cortland County Area Agency on Aging  
Ms. Pearl Reed-Klein, Director  
County Office Building  
60 Central Avenue  
Cortland, NY 13045-2746  
Phone: (607) 753-5060 Fax: (607) 758-5528

Delaware County Office for the Aging  
Mr. Wayne Shepard, Director  
6 Court Street  
Delhi, NY 13753-1066  
Phone: (607) 746-6333 Fax: (607) 746-6227

Dutchess County Office for the Aging  
Mr. Todd Tancredi, Director  
27 High Street  
Poughkeepsie, NY 12601-1962  
Phone: (845) 486-2555 Fax: (845) 486-2571

Erie County Department of Senior Services  
Ms. Angela Marinucci, Commissioner  
95 Franklin Street, Rm 1329  
Buffalo, NY 14202-3985  
Phone: (716) 858-8526 Fax: (716) 858-7259

Essex County Office for the Aging  
Ms. Krissy Leerkes, Director  
P.O. Box 217, 100 Court Street  
Elizabethtown, NY 12932-0217  
Phone: (518) 873-3695 Fax: (518) 873-3784

Franklin County Office for the Aging  
Ms. Michelle Breen, Director  
355 West Main Street Suite 447  
Malone, NY 12953-1826  
Phone: (518) 481-1526 Fax: (518) 481-1635

Fulton County Office for Aging and Youth  
Ms. Andrea Fettinger, Director  
19 North William Street  
Johnstown, NY 12095-2534  
Phone: (518) 736-5650 Fax: (518) 762-0698

Genesee County Office for the Aging  
Ms. Diana Fox, Director  
Batavia-Genesee Senior Center  
2 Bank Street  
Batavia, NY 14020-2299  
Phone: (585) 343-1611 Fax: (585) 344-8559

Greene County Department for the Aging  
Ms. Tami Bone, Director  
411 Main Street  
Catskill, NY 12414-1365  
Phone: (518) 719-3555 Fax: (518) 719-3798

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

Jefferson County Office for the Aging  
Ms. Bethany Munn, Acting Director  
175 Arsenal Street  
Watertown, NY 13601  
Phone: (315) 785-3191 Fax: (315) 785-5095

Lewis County Office for the Aging  
Ms. Carla Hellinger, Director  
7660 State Street  
Lowville, NY 13367-0408  
Phone: (315) 376-5313 Fax: (315) 376-5105

Livingston County Office for the Aging  
Ms. Sue Carlock, Director  
3 Murray Hill Drive  
Mt Morris, NY 14510-1601  
Phone: (585) 243-7520 Fax: (585) 243-7516

Madison County Office for the Aging, Inc.  
Ms. Julie Harney, Executive Director  
138 Dominick Bruno Blvd.  
Canastota, NY 13032  
Phone: (315) 697-5700 Fax: (315) 697-5777

Monroe County Office for the Aging  
Mr. Steve Newcomb, Director  
435 E Henrietta Rd, Rm 3rd Fl  
Rochester, NY 14620  
Phone: (585) 753-6280 Fax: (585) 753-6281

Montgomery County Office for the Aging, Inc.  
Mr. David Jordan, Director  
135 Guy Park Avenue  
Amsterdam, NY 12010  
Phone: (518) 843-2300 Fax: (518) 843-7478

Nassau County Department of Human Services Office for the Aging  
Ms. Deb Pugliese, Deputy Commissioner  
60 Charles Lindbergh Blvd., Suite #260  
Uniondale, NY 11553-3691  
Phone: (516) 227-8900 Fax: (516) 227-8972

New York City Department for the Aging  
Ms. Lorraine Cortés-Vázquez, Commissioner  
2 Lafayette Street  
New York, NY 10007-1392  
Phone: (212) 442-1100 Fax: (212) 442-1095

Niagara County Office for the Aging  
Ms. Darlene DiCarlo, Director  
111 Main Street, Suite 101  
Lockport, NY 14094-3718  
Phone: (716) 438-4020 Fax: (716) 438-4029

Oneida County Office for the Aging/Continuing Care  
Mr. Michael J. Romano, Director  
120 Airline Street - Suite 201  
Oriskany, NY 13424  
Phone: (315) 798 - 5456 Fax: (315) 768 - 3658

Onondaga County Office for the Aging/Continuing Care  
Ms. Joanne Decker, Director  
421 Montgomery Street Civic Center 10th Floor  
Syracuse, NY 13202  
Phone: (315) 435-2362 Fax: (315) 435-3129

Ontario County Office for the Aging  
Ms. Tracijean Jones, Director  
3010 County Complex Drive  
Canandaigua, NY 14424-9502  
Phone: (585) 396-4040 Fax: (585) 396-7490

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

Orleans County Office for the Aging  
Ms. Melissa Blamar, Director  
County Administration Building  
14016 Route 31 West  
Albion, NY 14411-9382  
Phone: (585) 589-3191 Fax: (585) 589-3193

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

Otsego County Office for the Aging  
Ms. Tamie MacDonald, Director  
Meadows Office Complex - Suite 5  
140 Co Hwy 33W  
Cooperstown, NY 13326-4955  
Phone: (607) 547-4232 Fax: (607) 547-6492

Putnam County Office for Senior Resources  
Mr. Michael Cunningham, Director  
110 Old Route 6, Building 1  
Carmel, NY 10512-2196  
Phone: (845) 808-1700 Fax: (845) 225-1915

Rensselaer County Unified Family Service Department for the Aging  
Ms. Carol Rosbozom, Commissioner  
1600 Seventh Avenue  
Troy, NY 12180-3798  
Phone: (518) 270-2730 Fax: (518) 270-2737

Rockland County Office for the Aging  
Ms. Tina Cardoza-Izquierdo, Director  
Robert L. Yeager Health Center  
50 Sanatorium Road, Bldg. B  
Pomona, NY 10970-0350  
Phone: (845) 364-2110 Fax: (845) 364-2348

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

Schenectady County Dept. of Senior & Long-Term Care Services  
Ms. Adrienne Silva, Manager  
107 Nott Terrace  
Schaffer Heights, Suite 305 Schenectady, NY 12308-3170  
Phone: (518) 382-8481 Fax: (518) 382-0194

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

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

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

Seneca Nation of Indians Office for the Aging  
Ms. Lenith K Waterman, Director  
28 Thomas Indian School Drive  
Irving, NY 14081-9300  
Phone: (716) 532-5778 Fax: (716) 532-5077

St. Lawrence County Office for the Aging  
Ms. Andrea Montgomery, Director  
80 State Highway 310, Suite 7  
Canton, NY 13617-1497  
Phone: (315) 386-4730 Fax: (315) 386-8636

St. Regis-Mohawk Office for the Aging  
Ms. Lora Lee La France, Director  
29 Business Park Road  
Hogansburg, NY 13655  
Phone: (518) 358-2963 Fax: (518) 358-3071

Steuben County Office for the Aging  
Ms. Patty Baroody, Director  
3 East Pulteney Square  
Bath, NY 14810-1510  
Phone: (607) 664-2298 Fax: (607) 664-2371

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

Sullivan County Office for the Aging  
Ms. Lise-Anne Deoul, Director  
Sullivan County Government Center  
100 North Street, P.O. Box 5012  
Monticello, NY 12701-5012  
Phone: (845) 807-0241 Fax: (845) 807-0260

Tioga Opportunities Inc. Department of Aging Services  
Ms. Christine Shaver, Director  
Countryside Comm Ctr  
9 Sheldon Guile Blvd  
Owego, NY 13827-1062  
Phone: (607) 687-4120 Fax: (607) 687-4147

Tompkins County Office for the Aging  
Ms. Lisa Monroe, Director  
214 West Martin Luther King Jr./State St  
Ithaca, NY 14850  
Phone: (607) 274-5482 Fax: (607) 274-5495

Ulster County Office for the Aging  
Ms. Susan Koppenhaver, Director  
1003 Development Court  
Kingston, NY 12401-1959  
Phone: (845) 340-3456 Fax: (845) 340-3583

Warren/Hamilton Counties Office for the Aging  
Ms. Deanna Park, Director  
Human Services Building  
1340 State Route 9  
Lake George, NY 12845  
Phone: (518) 761-6347 Fax: (518) 745-7643

Washington County Office for Aging and Disability Resource Center  
Ms. Gina Cantanucci-Mitchell, Director  
383 Broadway  
Fort Edward, NY 12828-1015  
Phone: (518) 746-2420 Fax: (518) 746-2418

Wayne County Department of Aging and Youth  
Ms. Amy Haskins, Director of Aging & Youth  
1519 Nye Road, Suite 300  
Lyons, NY 14489-9133  
Phone: (315) 946-5624 Fax: (315) 946-5649

Westchester County Dept. of Senior Programs & Services  
Ms. Mae Carpenter, Commissioner  
9 South First Avenue 10th Floor  
Mt. Vernon, NY 10550-3414  
Phone: (914) 813-6400 Fax: (914) 813-6399

Wyoming County Office for Aging and Youth  
Ms. Andrea Aldinger, Director  
8 Perry Avenue  
Warsaw, NY 14569  
Phone: (585) 786-8833 Fax: (585) 786-8832

Yates County Area Agency on Aging  
Mr. Zachary Housworth, Director  
417 Liberty Street, Suite 1116  
Penn Yan, NY 14527-1100  
Phone: (315) 536-5515 Fax: (315) 536-5514

## Attachment G: Aging in New York State

### Growth in the Older Population

New York State's demographic structure reflects some of the same major demographic forces that have shaped the nation's population, including an increase in minority older adults. For example, New York State's baby boom cohort will swell the ranks of the state's older population in the coming decades and according to AARP, over the past decade New York's older population grew by 880,000 while the younger population fell by over 400,000.

The impact of the aging baby boom population is seen clearly in the chart below, which depicts the projected increase in the older population for the state's 62 counties by the year 2030. In 2021, only two counties had populations where older adults (aged 60 and over) made up less than 20 percent of the total population. By 2030, the number of counties with less than 20 percent of the population aged 60 and over will have dwindled to zero, with three boroughs in New York City and Jefferson County, home of Fort Drum, being the only counties with less than 21 percent older adults. Overall, population in New York State is projected to be made up of more than 25 percent older adults, which is comparable to the national projection.

New York State - 62 Counties					
Change in Population Aged 60 and Over					
Proportion of County Population 60+	Number of Counties with 60+ Population				
	Year:	2021	2023	2025	2030
Source:	*	**	**	**	**
Less than 20%	3	2	1	0	0
20% to 24%	19	11	9	10	10
25% to 29%	33	38	34	23	16
30% and over	7	11	18	29	36
<b>Source:</b>					
* U.S. Census Bureau American Community Survey 2021 (includes 2017-2021 data)					
** Woods & Poole Economics, Inc., 2022 State Profile					

The state's population characteristics also are unique in many ways. New York State's population size, distribution, and composition have been driven by 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 State's population and will continue to do so in the future.

New York State's total population for 2023 is currently projected to be approximately 20 million individuals (which is expected to remain constant through 2030). With 4.84 million individuals aged 60 and older (Woods & Poole 2022 estimates), New York State ranks fourth in the nation in the number of older adults, behind California, Florida, and Texas, based on the latest data available in the 2021 American Community Survey. Rich in ethnic, racial, religious/spiritual, cultural, and life-style diversity, New York State is known for its status as a finance, transportation, and manufacturing center, as well as for its history as a gateway for immigration

to the United States. According to the 2021 American Community Survey, 22 percent of the state's total population is foreign-born, with 28 percent of the older adult population being foreign born.

### **Economics of Aging**

New York State has the fourth largest population of older adults in the nation. There are 4.84 million New Yorkers over the age of 60 and 3.7 million are between the ages of 45 and 59. This is expected to grow significantly from now until 2050. For many years, the aging population has been portrayed as one that contributes less and takes more. However, we now know that older adults are increasingly important to New York State's economy, businesses, not for profits, and the community at large. Older New Yorkers and baby boomers make up 65 percent (\$481.6 billion) of all household income generated in New York State. The social, economic, and intellectual capital that they contribute to their communities and to our state, is unmistakable.

According to AARP, individuals 50+ in New York State:

- Make up 36 percent of the population
- Contributed 43 percent (\$719 billion) – GDP
  - \$2.2 trillion by 2050 (43 percent)
- Supported 5.9 million jobs
  - 6.6 million jobs by 2050 (47 percent)
- Generated \$482 billion in wages and salary
  - \$1.46 trillion by 2050 (50 percent)
- Contributed \$72 billion in state and local taxes (39 percent of total)
  - Will triple to \$255 billion by 2050 (43 percent)
- 80 percent of New York State Retirement System payouts stay in New York State – valued at \$10.8 billion annually
- Almost 1 million older individuals volunteer 495 million hours of service in their communities at an economic value of \$13.8 billion.
- 80% of NYS Retirement System Payouts Stay in New York State – \$10.6 billion annually
- Social Security – \$47 billion annually paid to older adults in New York State
- 935,000 individuals age 60+ contribute 495 million hours of service at economic value of \$13.8 billion
- 64% of individuals age 60+ own their own homes and have no mortgage and are supporting schools, Medicaid, local businesses and the local and state tax base.
- 4.1 million caregivers providing economic value of \$39 billion (average age is 64)

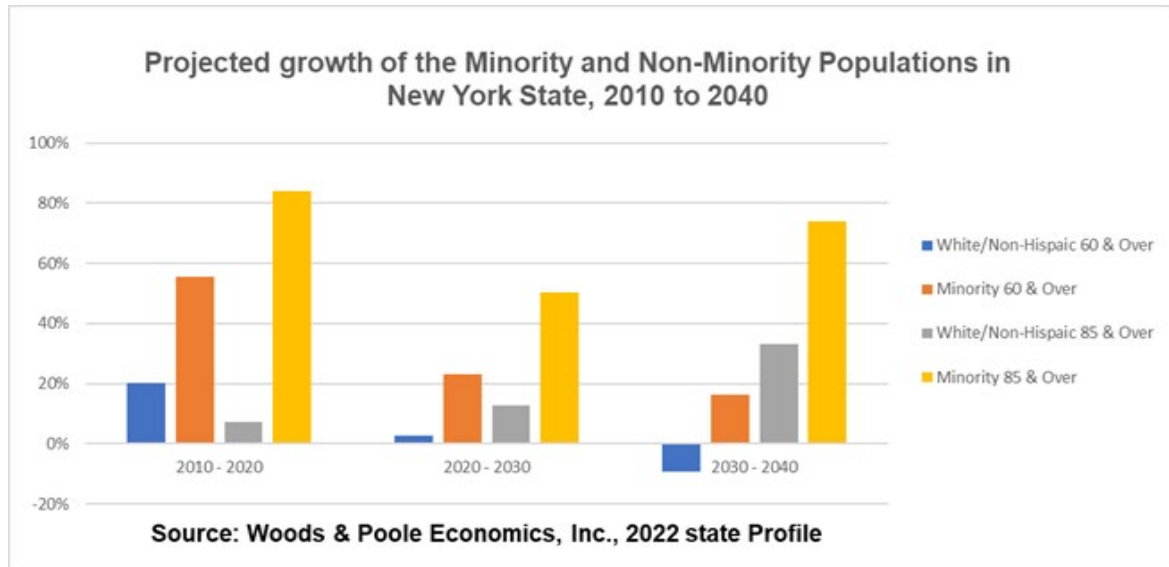
Individuals 50+ account for the majority of:

- Volunteers
- Philanthropic contributions
- Entrepreneurs
- Tourists

### **Racial/Ethnic Diversity and Foreign Immigration**

Based on the Woods & Poole 2022 population estimates, between 2010 and 2020, the minority population aged 60 and older grew by 50 percent, compared to 20 percent for the non-minority population. This high growth rate will continue over the next three decades:

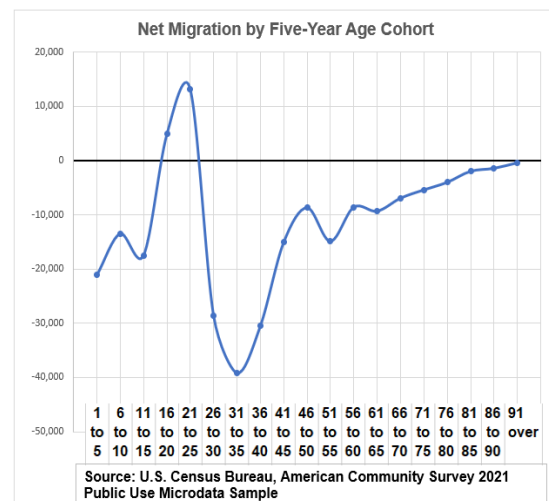
- Since 2010, the minority population has increased by 50 percent, as the last of the baby boom population enters the 60 and older age group.
- Between 2020 and 2030, the projected growth rate is 23 percent for the minority population groups and three percent for the non-minority population groups.
- Between 2030 and 2040, the non-minority population is projected to decline by nine percent while the minority population will increase by 16 percent.
- By 2040, the 60 and older minority population is projected to increase to 45 percent.



### Migration Patterns

New York State'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 adults who live in a different state than they did five years prior, has remained remarkably steady over the last 40 years. Approximately four percent of older adults (aged 55-74) make an

interstate move during a five-year period after turning 55, compared to ten percent of younger individuals. The likelihood of undertaking an interstate move has changed little and is still substantially smaller for older adults than for younger individuals.



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

Another of the state's trends is the out-migration of early retirees and "young-elderly" (aged 55-74, typically healthy and financially stable couples), who move for a variety of reasons, primarily to southern and western states. For New York State, this trend represents a decrease in retirement income, pensions and savings, home equity and other assets that support the state's tax base and local economies: this is an especially troubling pattern as it represents a loss of earnings that were generated in New York State and that are then transferred to other states. Further, this generates a loss of social and intellectual capital as the pool of skilled and experienced community volunteers and workers and community-based caregivers is decreased.

Overall, the state continues to experience an in-migration trend among the oldest population (aged 80 and over, typically frail, widowed, and poor), who are moving back to New York State to live near family/support systems. The frailty characteristics of these returning older residents have an impact on both the costs and structure of the state's health and long-term care systems.

### **Income and Poverty**

According to most accounts, the past decades have brought tremendous gains in reducing poverty among older adults. Although the official poverty rate for children continues to be near 20 percent, the official poverty rate among older adults is nine percent nationally and 11 percent in New York State. The impact of COVID and inflation has made economic security for older adults more challenging. Pockets of poverty do remain, for example, among older women living alone for those who are cultural and ethnic minorities, but the overall picture is one of progress. However, many New Yorkers live just above poverty: per capita, according to the 2015-2019 American Community Survey (Special Tabulation on Aging), while nearly 60 percent of older adults are in the 300 percent and over poverty level, fully one quarter are in the 100 percent to 250 percent poverty range, where any disruption to their incomes would likely plunge them into poverty.

In many ways, New York State is a study in contrasts. In terms of income, the 2021 American Community Survey reports the state's median household income as \$ 73,314, yet 12 percent of the population was living in poverty. While economic security is a reality today for more older adults than perhaps ever before thanks to Social Security and other benefits, the older adult population remains vulnerable to a range of economic security problems as they age. Poverty and low incomes, prescription drug and other out-of-pocket health care and long-term care costs, local property and other taxes and household and housing expenses remain vital concerns of older New Yorkers, particularly with advancing age and among minorities or older individuals with impairments.

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

Household costs also disproportionately impact older adults. New York State's property tax initiatives have helped to ease the burden on older homeowners. Still, older homeowners face increasing costs for property and other local taxes, home fuel, maintenance, and operations including electrical and other day-to-day expenses.

## **Gender**

The experience of women as they age typically are often influenced by the roles they assume and the resources available to them. Older women typically spent less time in the workforce than their male counterparts. This translates into lower pay wages, lower personal earnings and lower retirement income compared with men. Also, the greater longevity among women compared to men tends to translate into women spending more time living alone as they age. Women are more likely to be the primary caregiver to a spouse and more likely to need LTSS. Therefore, they often rely on Medicaid to finance the support of their care, especially if the family savings was consumed by paying for their spouse's long-term care services. These situations leave women especially, financially vulnerable. Approximately 10 percent of women aged 15 to 64 live alone. This more than triples among women aged 60 and older (30 percent) and 55 percent of women ages 85 and older.

More women than men assume caregiving responsibilities for older family members, however this is changing. The average caregiver surveyed in the New York State Caregiver Support Program is a 64-year-old female. However, NYSOFA's working caregiver project, which surveyed public and private businesses found caregivers across the ages who are providing care to someone else. Forty-six percent reported a total household income between \$20,000 and \$50,000 and 19 percent reported a total household income of less than \$20,000.

## **Health and Impairment of Older Adults**

According to the American Community Survey 2010 and 2020 estimates, the number of individuals aged 60 and older with functional impairments grew by 17 percent, an annual rate of 2.2 percent. This should continue, comparable to the rate of the overall population growth, with 81 percent living in the community, and 19 percent living in nursing homes or other group care facilities. Chronic conditions are singled out as the major cause of illness, disability, and death in the United States. It is estimated that the cost of chronic conditions will reach \$864 billion by 2040, with chronic conditions among older adults being more costly, disabling, and difficult to treat, and also the most preventable.

In addition, the Centers for Disease Control and Prevention's (CDC) Office of Minority Health and Health Disparities states that "compelling evidence indicates that race and ethnicity correlate with persistent, and often increasing, health disparities among the U.S. populations." In addition to race and ethnicity, the CDC found that health disparities also occur among various segments of the population by gender, education or income, disability, geographic location, or sexual orientation. Older adults who have health problems, chronic diseases, and also 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 LTSS and the state's ability to deliver and pay for those services. Recent survey findings of individuals aged 50 years and over indicate that approximately one in four older adults (27 percent of individuals aged 50 and over) have sufficient resources to pay for long-term care expenses totaling \$150,000 over the course of a three-year period, leaving almost three out of four unable to afford these expenses and 4.75 million people at risk of impoverishment. The financial burden of health care services is complicated further by the fact that many of New York's older residents live in rural areas where health and long-term care services, and other community-based services are less accessible, may not exist, are more costly to provide, and where availability of specialized services is less likely.

### **Growth in Long-Term Care Needs**

According to the 2021 American Community Survey, three percent (134,000 individuals) of the state's aged 60 and over population live in group-quarter facilities. Eighty percent of that number (104,000 individuals) live in institutional facilities and nursing homes. Historically, individuals aged 65 and older living at home in the community:

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

Among individuals aged 75 and older living at home, historically, these prevalence rates have increased to 15 percent and 30 percent respectively. The severity of functional impairments related to disabling health conditions varies considerably. Two frequently used classifications of functional impairments are IADLs, where help is needed for outside mobility, meal preparation, grocery shopping, money management, housework and laundry or taking medications; and ADLs, where help is needed for bathing, transferring, dressing, toileting or eating.

While 2.3 percent (104,385 persons) of the aged 60 and over population live in nursing homes and another 29,000 in other group care facilities, NYSOFA estimates that approximately 30 percent of the 4,381,355 individuals aged 60 and older in New York State were functionally impaired by chronic health conditions. This includes 8 percent with ADL limitations living at home in the community and 16 percent with IADL limitations living at home in the community.

Home and community-based services are critical to support those with chronic conditions and functional limitations particularly given the effort to ensure that individuals live in the most-integrated setting supported by legal precedent (*Olmstead v. L.C.*) and community services that prevent ED, hospitalizations, and nursing home placements. 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. As the population grows older, the need for community-services will grow.

### **Nutritional Needs**

It is well known that food is medicine. Older adults can face barriers to obtaining and preparing healthy foods including cost and the reality that communities have food deserts. The 2020-2025 Dietary Guidelines for Americans notes that older adults eat less than the recommended amount of vegetables, fruit, whole grains, dairy, and protein foods. Functionally impaired older adults, those discharged from an acute care setting, older adults with advanced age (85+), older women, older minorities and those with low income are most at risk for not meeting their nutritional needs. Malnutrition is a factor in half of all hospital admissions and readmissions of older people, leading to increased costs and an increased burden on the health care system. (Centers for Disease Control and Prevention's Division of Nutrition, Physical Activity and Obesity)

People with healthy eating patterns live longer and are at lower risk for serious health problems such as heart disease, Type 2 Diabetes, and obesity. For people with chronic diseases, healthy

eating can help manage these conditions and prevent complications, according to the Centers for Disease Control and Prevention's Division of Nutrition, Physical Activity and Obesity (2019). Currently, Fewer than 1 in 10 Americans eat the recommended daily amount of vegetables, and fewer than 1 in 7 adults eat enough fruit. Among the known facts about the nutritional needs of older adults are the following:

- Chronic Disease - Older adults are more likely to be diagnosed with a chronic disease than younger individuals. Chronic diseases that affect older individuals can mean that they need to follow a prescribed, therapeutic diet.
- Medications - Side effects and drug-nutrient interactions associated with some medications may cause malabsorption of nutrients, weight loss, anemia, dehydration, low or high blood sugar, fatigue, and depression. These conditions can increase risk for malnutrition.
- 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. In 2020, approximately 5.2 million Americans faced food insecurity, and it is estimated that approximately 50% of older adults are malnourished.
- Social Activities - Social interaction positively affects an individual's food intake. Conversely, social isolation can lead to loneliness which can negatively affect dietary adequacy increasing an individual's risk for malnutrition.

Increased access to high quality, nutritionally complete foods can support healthy aging. Increasing older adults' access to healthy foods can mean fewer health care costs, and more older adults avoiding costly acute care and long-term care placements.

### **Community Involvement**

Older adults are heavily invested in their communities in several ways. According to AARP, 83 percent of U.S. household wealth is held by individuals aged 50 and older. Older adults contribute \$1.8 trillion in federal, state, and local taxes, supporting 43 percent of federal tax revenue and 37 percent of state and local tax revenue.

The 50+ population spends \$5.6 trillion annually on consumer goods and services, exceeding the under 50 population. Additionally, the 50+ population 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 the 50+ population supported more than 89.4 million jobs, over \$4.7 trillion in labor income, and 61 percent of all U.S. jobs. Forty-three percent of labor income was related to spending by the 50+ cohort.

According to data compiled by NYSOFA, the 45+ population accounts for 65 percent of all household income in New York State, or \$546 billion annually. Further, almost 1 million individuals aged 55+ contribute 549 million hours of volunteer service at an economic value of \$13.8 billion annually.

In New York State, older adults overwhelmingly own their own homes and most have no mortgages which supports the local economy without placing additional demands on school districts because their children are grown up. It is the intent of this Plan, coupled with the Master Plan for Aging and the Governor's leadership in making New York State the healthiest, most

age friendly state in the nation, to continue to find meaningful ways to engage older adults through volunteer opportunities and other civic engagements to ensure that they remain active participants in their communities and the workforce.

Providing increased opportunities to socialize, be civically engaged, to work, and to combat isolation and loneliness is a priority for NYSOFA and the network that will improve overall health and wellness and strengthen the community.

## **Attachment H: Statewide Needs Assessment Survey**

NYSOFA recently conducted its first statewide Community Assessment Survey for Older Adults, a statistically valid survey assessing the strengths and needs of older adults, as reported by older adults themselves, anonymously. The issuance of this survey and incredible response rate of nearly 27,000 responses, was achieved through a partnership with Aging NY and Polco, the research firm that administered the survey. NYSOFA will use the data points collected from the survey to inform state priorities, service delivery, and policy development; educate providers and the community; and work in concert with the AAAs to develop local and state solutions to address identified areas of concern.

The survey was conducted from February 2023 through May 2023. Over 100,000 randomly selected New Yorkers over the age of 60 received a postcard with a link to a digital survey or a printed survey was mailed to their home. The survey was available in six languages, with 55% of respondents being female and predominantly white (72%), with responses from those identifying as African American (14%), Hispanic, Latino (11%), Asian (6%), American Indian/Alaska Native (3%), and Native Hawaiian/Pacific Islander (1%). Broad data is available based on the survey response, and a deeper analysis is currently being conducted by Polco. This analysis will focus on county specific responses and responses based on income, minority status, and other characteristics.

NYSOFA is proud to share the following results of this survey which measured individuals' attitudes towards their community and its livability, and covers a wide array of topics, including employment status, expected retirement age, and overall physical and mental/emotional well-being. The survey did a deeper dive in the areas of housing and housing affordability, community and community design, ease of travel, employment and work, engagement and recreation, ability to complete daily activities, availability of community resources, knowledge of service availability, mental wellness, personal safety, social engagement, and civic engagement.

### **Overall Health**

- 72% of older adults considered their overall health to be “excellent or good.”
- 82% considered their overall mental health/emotional well-being to be “excellent or good.”

### **Overall Community**

- 78% of older adults called their community an “excellent or good” place to live.
- 52% of older adults called their community an “excellent or good” place to retire.
- 71% of older adults said they are very “likely/somewhat likely” to remain in their community throughout retirement.
- Nearly 70% of older adults have lived in their community for 20 years or more.

## **Housing**

- Housing was identified as a priority area of need.
- 39% of older adults indicated some problem finding housing that “suits their needs.”
- 76% of older adults indicated housing variety was fair/poor.
- 79% of older adults indicated that the availability of affordable quality housing was fair/poor.

## **Transportation and Ease of Travel**

- There were mixed results on ease of travel, depending on the mode (e.g., public transportation, car, walkability, etc.).
- In general, 73% of respondents rated their community as “excellent or good” related to being able to get to places they like to visit, easily.
- Regarding the “ability to drive,” 76% said it was “not a problem,” 7% said it was a “minor problem,” and 37% said it was a “moderate or major problem.”

## **Economic opportunity**

- 31% of older adults felt they had “excellent or good” opportunities to build work skills (69% said these opportunities were “fair/poor”).
- 19% of older adults felt they had an “excellent or good” variety of employment opportunities (81% said these opportunities were “fair/poor”).
- 52% of older adults indicated they did not intend to retire until at least the age of 70.

## **Engagement and Recreation**

- Older adults were split in their assessment about engagement and recreation opportunities.
- 50% of older adults said recreation opportunities were “excellent or good.”
- 44% said opportunities to participate in community matters were “excellent or good,” and 33% said that opportunities to enroll in skill building or personal enrichment classes were “excellent or good.”

## **Concerns about daily activities**

- 34% of older adults said, doing heavy or intense housework was “not a problem”, with 37% saying it was a “moderate or major problem”.
- When it comes to maintaining their home, 41% of older adults said this activity was “not a problem,” with 31% saying it was a “moderate or major problem.”

## **Availability of resources**

- Depending on the specific question, between 72% and 76% of respondents had concerns about the availability of resources like financial/legal planning, day care for older adults, and availability of quality mental health, ranking these as “fair or poor.”
- 31% of older adults indicated that having enough money to pay property taxes was a “moderate to major” problem.

## **Services and Care**

- Older adults identified some problems with falling or injury in the home, getting needed services, and affording medications.
- 39% of older adults indicated that finding affordable health insurance was a problem.
- 38% of older adults indicated getting needed health care was a problem.
- 56% of older adults indicated the availability of preventive health services (e.g., health screens, flu shots, and educational workshops) was “excellent/good.”

### **Social isolation**

- 61% of older adults said feeling lonely or isolated was “not a problem” (and 23% shared it was a “minor problem”), with similar results for feelings of depression, boredom, or having friends/family to rely upon.
- 48% of older adults indicated opportunities to volunteer were “fair/poor.”
- 56% of older adults indicated opportunities to participate in the community matter were “fair/poor.”

### **Crime and Social Inclusion**

- 18% of older adults said that being a victim of crime is a “minor” or “moderate/major” problem and
- 27% of older adults had concerns about being a victim of fraud/scams.
- 26% of older adults had concerns about being discriminated against due to age.
- 46% of older adults felt like their voice was not heard in the community.

### **Caregiving**

- 33% of older adults are providing some uncompensated care to someone aged 55 or older
  - 15% are providing care for 1-3 hours per week
  - 9% are providing care for 4-10 hours per week
  - 2% are providing care for 11 to 19 hours per week
  - 7% are providing care for 20 or more hours per week
- Between 23% and 27% of older adults felt physically, emotionally, or financially burdened by the role of uncompensated caregiving.

### **Hospitalizations and Long-Term Care**

- 80% of older adults had not been hospitalized in the past 12 months.
- 97% had not needed long-term care in a facility during the last 12 months (e.g., nursing home or rehab).
- 68% did not have injuries from falls in the last 12 months, with 28% experiencing some injury 1 to 2 times, and 4% experiencing some injury 3 or more times.

The purpose of this survey was to gather valuable data on the existing service needs of older adults in New York State, as well as unmet needs, and barriers that may prevent access to available services. The information obtained from this survey supports the notion that older adults are a vital part of New York State’s success. Older New Yorkers have committed over 495 million hours of community service each year at an economic value of \$13.8 billion. This information is invaluable in determining the incredible contributions that older New Yorkers make to our state’s social and economic environment. This report signals the need for a commitment to services and supports and will enhance NYSOFA’s efforts in supporting healthy living, active engagement, and a sense of community for all older New Yorkers. Additionally, the results of this survey will further strengthen the aging network’s ability to provide services and build efficiencies that meet the needs of a growing and diversifying aging population in New York State.