

**Testimony of
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**Assembly Standing Committee on Aging
On the
Expanded In-Home Services for the Elderly Program (EISEP)
Thursday, October 18, 2024
250 Broadway, 19th Floor
New York City**

Good morning Chairman Kim and distinguished members of the New York State Assembly. I am Greg Olsen, Director of the New York State Office for the Aging (NYSOFA), and I'm honored to testify today on a highly impactful program that assists older adults in maintaining their independence, NYSOFA's in-home service program that includes the Expanded In-Home Services for the Elderly Program (EISEP).

EISEP was passed and implemented in 1987 and has been an important community-based service targeting those who are at risk of Medicaid spend-down and nursing home placement. I started my career in aging as an EISEP Case Manager in 1991 and know first hand the value of this service to individuals, their caregivers and their families.

First, I will describe what EISEP is and how one becomes eligible for the program. EISEP is the only program administered by NYSOFA that is means tested and based on income. A comprehensive assessment is required to determine the strengths of the individual applying and what needs or assistance they may need to assist in maintaining their independence.

EISEP is a case managed community-based long term care program designed to serve functionally impaired older people ***who are not Medicaid eligible*** and need assistance in order to remain safely in the community with an acceptable quality of life.

EISEP is not an entitlement program; rather the program receives an appropriation in the state budget each year and is available in all of the counties in NYS. Each AAA must provide a 25% local match. In-home services that EISEP provides are also funded by Federal Title III B, III E and state funding including Community Services for the Elderly (CSE) and unmet need. I will talk about our in-home program broadly as it encompasses several funding streams. EISEP accounts for 50% of the funding for Personal Care Levels I and II and 45% of case management.

Eligibility criteria for EISEP include the following:

- Must be at least 60 years old;
- Must need assistance with at least 1 ADL or 2 IADLs;
- Cannot be eligible to receive similar services under other government programs – Title XVIII, XIX; and
- Can be maintained safely in the community.

Services

Four different types of services are funded under EISEP – case management, in-home services, non-institutional respite and ancillary services.

1. Case Management Services

Case management is a required service for anyone receiving EISEP funded service.

2. In-Home Services:

Personal Care Level I: A service that includes some or total assistance with the following tasks on behalf of or to assist a person commensurate with the person's limitations in IADLs:

- Making and changing beds
- Dusting and vacuuming the rooms which the person uses

- Light cleaning of the kitchen, bedroom and bathroom
- Dishwashing
- Listing needed supplies
- Shopping for the person
- The person's laundering, including necessary ironing and mending
- Preparing meals, including simple modified diets
- Paying bills and other essential errands

Under EISEP, this service also includes escorting the person to appointments and community activities

Personal Care Level II: A service that includes assistance with the following tasks on behalf of or to assist a client commensurate with the person's limitations in ADLs or limitations in both ADLs and IADLs. PC Level II encompasses the assistance provided under PC I and the assistance listed below, as appropriate:

Some or total assistance with:

- All the tasks listed under Personal Care Level I
- Bathing of the person in the bed, tub or shower
- Dressing
- Grooming, including care of hair, shaving and ordinary care of nails, teeth and mouth

Some assistance with:

- Toileting, including assisting the person on and off the bedpan, commode or toilet
- Walking, beyond that provided by durable medical equipment, within the home and outside the home
- Transferring from bed to chair or wheelchair
- Preparation of meals in accordance with modified diets, including low sugar, low fat, low salt and low residue diet
- Feeding
- Administration of medication by the client, including prompting the client of time, identifying the medication for the client, bringing the medication and any necessary supplies or equipment to the client, opening the container for the client, positioning the client for the medication and administration, disposing of used supplies and materials and storing the medication properly
- Providing routine skin care
- Using medical supplies and equipment such as walkers and wheelchairs
- Changing simple dressings

3. Non-institutional Respite

AAAs may choose to provide social adult day services and/or client supervision as non-institutional respite under EISEP. For this service to be provided, the client must have a caregiver who regularly provides assistance who is in need of a break in their caregiving responsibilities. Caregivers are not required to live with the care receiver, nor must they be providing a set amount, level or type of assistance. The type, amount or duration of respite that is provided is determined by the AAA based on the needs of the caregiver and the services it has available.

4. Ancillary Services

Ancillary services is a flexible service category designed to address the unique and specific needs of a client for which there is no other funding source available. In 2010, the regulations were revised to provide additional flexibility by expanding the types of services, goods/items and other supports that can be provided. This added flexibility is expected to enhance cost effectiveness, increase consumer choice and promote independence.

The allowable services, items/goods and other supports that can be provided under ancillary services include the following:

- Those that maintain or promote the individual's independence, including such things as – purchasing/renting of equipment or assistive devices; purchasing/renting, maintaining and repair of appliances; personal and household items; social adult day services (provided not as a non-institutional respite service); transportation to needed medical appointments, community services and activities;
- Those that maintain, repair or modify the individual's home so that it is a safe and adequate living environment, including such things as – home maintenance and chores; heavy house cleaning; removal of physical barriers; and
- Those that address everyday tasks, including such things as – house cleaning; laundry; grocery shopping; bill paying and other essential activities; providing meals; escort to appointments and community services and activities.

The provision of any services, goods/items or supports under ancillary services must be related to a need identified during the assessment and included in the care plan.

Program Income – Client Contributions and Client Cost Sharing

Clients who meet the requirements for cost sharing (those whose income exceed 150% of the federal poverty level with an adjustment for high housing costs are required to cost share). For individuals at or below 150% of poverty, there is no cost share requirement. For those at 150% - 250%, there is a sliding scale cost share and for those at or above 250% of poverty, they are required to pay the full cost. Of the more than \$75 million spent on this program from all sources, only \$820,000 was collected through cost share demonstrating that the program is targeting exactly who it was designed for, individuals just above Medicaid who need help maintaining their independence.

Clients whose income is above 150% of poverty (with an adjustment for high housing costs) are required to share in the cost of the in-home, non-institutional respite and ancillary services (not provided on-loan) they receive. The income in the amount of 150% of poverty adjusted for high housing costs is considered the income threshold and is protected income not used for calculating cost sharing. Cost sharing is applied to that income that is above this amount.

In almost all instances, AAAs contract with community-based providers. Most are licensed home care services agencies (LHCSA). However, over the past few years, due to the home care shortage, 14 AAAs have either hired personal care aides directly to serve their non-Medicaid clients or they have developed an exclusive relationship with a LHCSA to have aides assigned exclusively to the AAA. This has resulted in reduced/elimination of waiting lists and has several other benefits such as being a full-time county employee, making a livable wage, receiving benefits and being in the state retirement system, access to county transportation and most importantly, being an integral part of the care team.

In 2011, EISEP was amended to provide opportunities for increased consumer control over in-home services by providing for Consumer Directed In home Services (CDIS). CDIS under EISEP is a person-centered planning approach that empowers the older adult by enabling him/her (or his/her representative) to hire, train and oversee their own care. There are currently almost 1,000 individuals in 42 counties opting for the consumer directed option, working with 45 Fiscal Intermediaries

Fiscal intermediaries work on behalf of older adults, individuals with disabilities, and caregivers to handle the administrative functions of consumer-directed service delivery models. These complex tasks, such as payroll management, taxation, and benefits, are often overwhelming for vulnerable populations. However, a trusted and reliable fiscal intermediary alleviates this burden and allows individuals to focus on care needs, health, well-being, and independence.

EISEP is one of the services that requires an assessment by a trained and state certified case manager. What is gathered through the assessment helps to develop a plan of care with the older individual. The assessment includes information on:

- Personal information
- Living arrangement
- Elder/abuse/neglect
- Frail/disabled status
- Caregiving status
- Housing status
- Home safety check list
- Social interaction/isolation
- Neighborhood safety
- Pets in the home
- Self-evacuation ability
- Health status and insurance coverage
- Chronic illness or disability
- Use of assistive devices
- Health care visits – i.e. primary care visit, dentist, hospitalizations, etc.
- PRI score/UAS assessment for Medicaid eligibility
- Legal information – health care proxy, advance directives, etc.
- Nutrition status including body mass index
- Psychosocial status and screen for depression, anxiety, alcohol use, social isolation
- Technology check
- Medications taking
- ADL and IADL history
- Services receiving
- Informal support status
- Income
- Veteran status, and
- What benefits receiving

NYSOFA, through the AAAs and their partners, are serving 10,585 individuals through PCI and PCII (all sources). EISEP accounts for 50% of the spending. EISEP also spent \$30 million in 23-24 for Case Management, representing 45% of total spending.

The average client demographics for **Personal Care Level I** include:

- Average Age – 82
- 75% female
- 20% live alone
- 25% served are people of color
- 50% are low-income
- 25% live in rural areas
- 34% report significant loneliness
- 26% have 4-5 chronic conditions with 53% having 6 or more chronic conditions

The average client demographics for **Personal Care Level II** include:

- Average Age – 83
- 79% female
- 65% live alone
- 28% served are people of color
- 53% are low-income
- 17% live in rural areas
- 30% report significant loneliness
- 28% have 4-5 chronic conditions with 50% having 6 or more chronic conditions

I appreciate the opportunity to testify about this program and our entire in-home program that has served hundreds of thousands of at-risk older adults since its inception in 1987. I am happy to answer any questions that you may have.