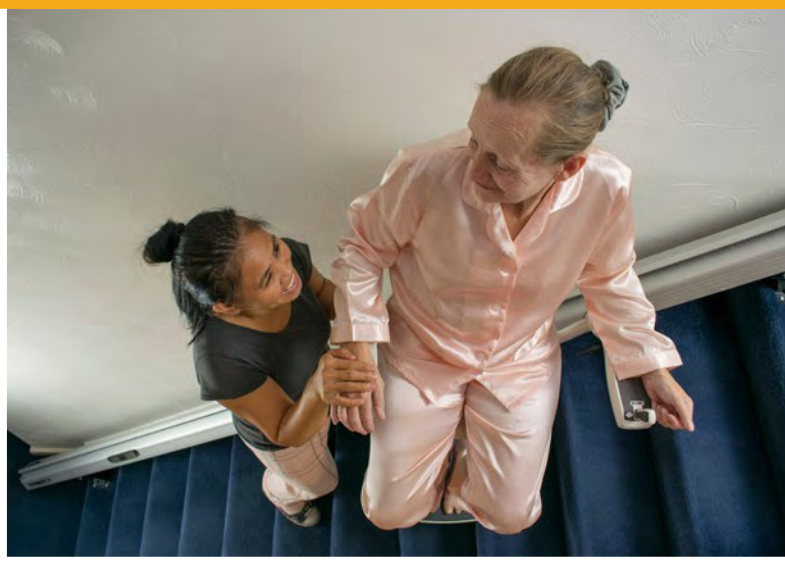
New York State's Program to Address Unmet Need in Aging Services



Prepared by the New York State Office for the Aging (NYSOFA) 2024

NEW YORK STATE | Office for the Aging

Introduction

> *It is the mission of the New York State Office for the Aging to help all older New Yorkers to be as independent as possible for as long as possible, with an emphasis on hard-to-serve and diverse populations. NYSOFA fulfills this mission through advocacy, development, and delivery of person-centered, consumer-oriented, and cost-effective policies, programs, and services that support and empower older adults and their families, in partnership with a network of public and private state and community organizations.*

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

NYSOFA partners with 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. This requires strong state and local partnerships across a variety of systems and shared response.

NYSOFA's mission, carried out via the 59 AAAs and a network of aging service professionals, helps older New Yorkers prevent and delay emergency department visits and hospitalizations, and serve as a community-support system when older adults are discharged from a hospital or rehabilitation or acute care setting. Aging network services are pre-Medicaid and non-clinical and are critical in supporting the health and long-term care systems, reducing costs, and improving health outcomes, all of which are a priority of Governor Hochul.

There are challenges related to the growth of the older population; however, there are many strengths as well. For far too long, this population has been identified as not contributing to their communities, to the economy or to the state as a whole. Data dispels this myth and shows how vitally important the older population is. There are tremendous opportunities to utilize the social, intellectual, and economic capital of older adults to address social problems and further pursue policies that Governor Hochul has already begun to implement for providing services differently across state agencies to improve health and save money, while also improving communities and supporting families, which is recognized as good economic development.

NYSOFA's role in the delivery and administration of services has changed since the pandemic. The demand to provide services in new and more innovative ways continues to grow. Under the Governor's leadership, the state's Master Plan for Aging, Prevention

Agenda, Health Across all Policies approach, and Age-Friendly state certification, further the coordination of services and supports across state agencies with particular attention on the community and the built environment, which all data suggest are the key to addressing social determinants of health and improving outcomes and the quality of life of all New Yorkers.

NYSOFA's priorities include:

- Implementing, in partnership with the New York State Department of Health (DOH), a Master Plan for Aging which sets out to create a future course of actionable items that can assist all older New Yorkers regardless of specific needs.
- Continuing to implement the Governor's Prevention Agenda, Health Across All Policies approach, and supporting Age-Friendly state and community initiatives that help individuals of all ages successfully grow up and grow old through smart growth and livability principles.
- Continuing to strengthen NY Connects: No Wrong Door System, the state's federal Aging and Disability Resource Center (ADRC).

NYSOFA works towards these priorities by:

- Providing one-on-one assistance to individuals, to help them understand and navigate the complexities of Medicare and other health insurance and working to increase participation in federal and state means-based programs to reduce older adults' out-of-pocket expenses. In 2023, more than $100 million was saved by older New Yorkers.
- Assisting individuals in understanding, applying for, and receiving for which they are eligible. Older New Yorker's are not accessing more than $66 billion in benefits they are eligible for.
- Investing in and expanding solutions for social connections for older adults to prevent social isolation and loneliness.
- Investing in and expanding solutions for mitigating elder abuse, preventing social isolation and loneliness through increased social connections, expanding transportation options, providing nutritious meals, and other initiatives, in partnerships with public and private sector entities and core services provided by the AAAs and their partners.
- Continuing to expand a statewide Enhanced Multidisciplinary Team (E-MDT) approach to intervene on, prevent, and mitigate all forms of elder abuse and testing technological supports to identify financial fraud and exploitation.
- Teaching older adults how to manage complex chronic conditions through evidence-based programs and working to expand such programs to other populations.
- Continuing flexibility in the use of state, federal, and local dollars to meet the unique challenges faced by the older population as determined by the AAA's.
- Supporting caregivers of all ages so that they may continue in their caregiving role.
- Working on a more coordinated emergency preparedness response.

- Instituting measurements and metrics to determine the efficacy of programs and services to determine areas for improvement.
- Connecting individuals to professionals who can conduct early screenings for cognitive and other impairments and develop a path for early treatment.

Current Status of the Network of Aging Services Professionals

Successful aging has three critical components:

1. Absence or avoidance of disease and the risk factors associated with disease.
2. Maintenance of physical and cognitive function.
3. Active engagement with life.

The OAA and New York State Elder Law allow for flexibility in how AAAs meet locally determined needs; however, those methods remain rooted in the components of successful aging.

The OAA was founded on the principle of, and requires, maximizing service delivery and reach, building local partnerships, and leveraging additional public and private resources from these partnerships to maintain and improve health and linking to active life engagement. While the OAA pays primarily for care and services for those over the age of 60, over time the network's portfolio has expanded to assist other populations. For example, the Health Insurance Information and Counseling Assistance Program (HIICAP) may be accessed by all Medicare beneficiaries. NY Connects: No Wrong Door System (New York State's ADRC) is available to provide information and assistance to individuals of all ages in need of long-term services and supports (LTSS). The Long-Term Care Ombudsman Program (LTCOP) may be accessed by any resident in facilities covered under its jurisdiction. NYSOFA's caregiver and respite supports and services may be accessed by caregivers of all ages.

The network of aging service professionals provides the following core services statewide:

- Home delivered meals (HDM).
- Congregate meals.
- Nutrition counseling and education.
- Senior center programming.
- Services and supports to combat social isolation and loneliness.
- Health promotion and wellness.
- Evidence-based interventions.
- Volunteer opportunities.
- Caregiver and respite supports and services.
- Legal services.
- Minor home modifications, repairs.
- Elder abuse intervention, prevention, and mitigation.
- HIICAP.
- Personal care levels I and II (non-Medicaid).
- Case management.
- Ancillary services such as personal emergency response services (PERS) and

assistive devices.
- Consumer-directed services.
- Social adult day services (SADS).
- Transportation to and from needed medical appointments, community services, and activities.
- LTCOP.
- NY Connects: No Wrong Door offering:
    - Consistent information, assistance, and referrals for individuals in need of LTSS across age and disability groups, regardless of payer source, provided by phone, in-person (office, other community locations, in the home), online/virtually.
    - Seamless linkages to available programs, services, and supports.
    - No Wrong Door Screening.
    - Person-Centered Options Counseling.
    - Follow-up to ensure connection to services.

Due to the flexibility in federal funding (Title IIIB) and state funding (Community Services for the Elderly and Unmet Need), AAAs offer more services that respond to identified, locally-based needs. The strength of the network is due to its statutorily required relationships and resourcefulness. These two factors contribute to a significant expansion of services by connecting to other services and systems and working together to meet the needs of older adults, families, and caregivers holistically, rather than through a siloed approach.

The strengths of the network include:

- An established infrastructure and network with experience serving vulnerable populations for 50+ years.
- Extensive knowledge of community-based provider networks and how to access them.
- Experience with hospital transitions and evidence-based programs.
- Knowledge of and established relationships within the communities they serve and their varied needs, including cultural and linguistic competence.
- Provide services and supports to individuals for years; they are not episode focused or limited by care setting.
- Accustomed to serving as the eyes and ears of medical professionals.
- Provide one door for many services and supports.
- Extensive benefits and application assistance and screening.
- Not insurance driven.
- Are mission driven, but data informed.

In the most recent state fiscal year, verified data reporting showed that the network served well over 1 million individuals with $646 million invested (all sources). This includes approximately:

- 222,000 individuals receiving information and assistance.
- 103,000 individuals receiving Medicare plan and prescription drug counseling and assistance.
- 322,000 contacts made to NY Connects: No Wrong Door System.

- 245,000 older New Yorkers receiving Registered Dietician certified meals.
- 54,000 individuals receiving nutrition counseling and education.
- 72,000 individuals receiving assistance to help them maintain their independence and navigate various health and social service systems.
- 40,000 older adults receiving transportation services to and from medical appointments, pharmacies, and other community outlets.
- 111,000 individuals receiving health promotion and disease prevention.
- 14,000 individuals receiving caregiver support and respite services.
- 11,000 individuals receiving legal assistance.
- 11,000 older New Yorkers receiving personal care services in their homes.

Additionally, in 2023, NYSOFA's videos received nearly 3.5 million views on YouTube and had a reach of 1.4 million on Facebook.

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

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 State'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% of the total population. By 2030, the number of counties with less than 20% 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% older adults. Overall, population in New York State is projected to be made up of more than 25% older adults, which is comparable to the national projection.

New York State 62 Counties
Change in Population Aged 60 and Over 2020 to 2045

Proportion of County Aged 60+	**Number of Counties with Specified percent of 60+**					
Year:	**2020**	**2025**	**2030**	**2035**	**2040**	**2045**
Source:	*	**	**	**	**	**
less than 20%	1	0	0	2	2	2
20% to 24%	16	10	10	8	8	7
20% to 24%	37	23	16	17	19	20
30% and over	8	29	36	35	33	33
TOTAL	62	62	62	62	62	62

* U.S. Census Bureau, Decennial Census, Census 2020.

** Woods & Poole Economics, Inc., 2023 State Profile

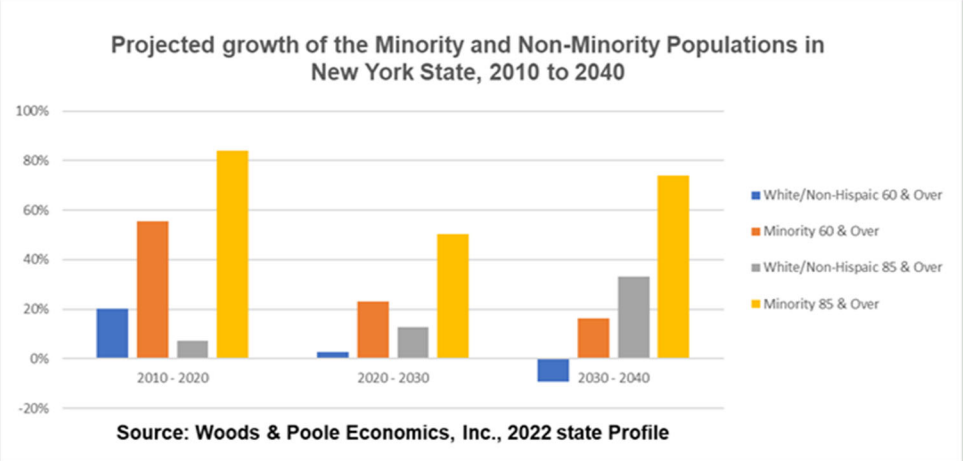
The state's population characteristics also are unique in many ways. New York State's population size, distribution, and composition have been driven by dynamic demographic events both internal and external to the state. Forces such as foreign immigration, high levels of domestic in- and out-migration, 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 (the 2021 American Community Survey, one-year estimates: 4.84 million New Yorkers aged 60 and older). 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 2017 American Community Survey, over 23% of the state's total population is foreign-born, with 27% of the older adult population being foreign born; in addition, 31% of the population speaking a language other than English at home.

Racial and Ethnic Diversity Patterns

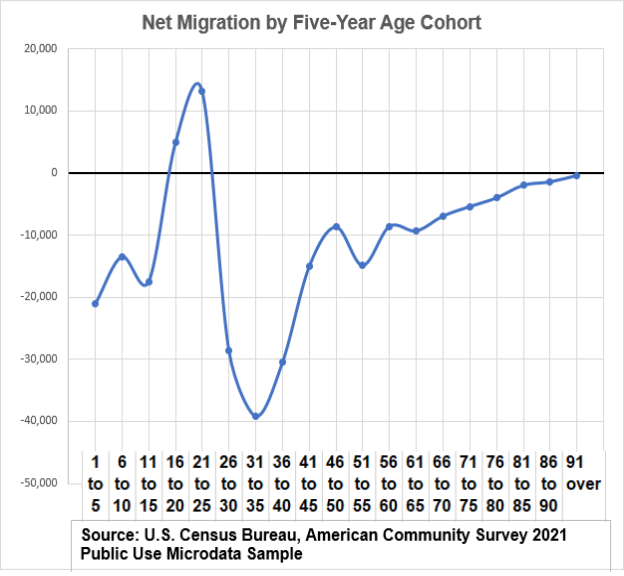
Between 2010 and 2020, based on Woods & Poole 2022 population estimates, the minority population aged 60 and older grew by 50%, compared to 20% for the non-minority population. This high growth rate will continue over the next three decades:

- Since 2010, the minority population has increased by 50%, as the last of the baby boom population enters the 60 and over age group.
- Between 2020 and 2030, the projected growth rate is 23% for the minority population groups, and 3% for non-minority population groups.
- Between 2030 and 2040, the non-minority population is projected to decline by 9% while the minority population group will increase by 16%.
- By 2040, the 60 and older minority population is projected to increase to 45%.



Foreign 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 4% of older adults (aged 55-74) make an interstate move during a five-year period after turning 55, compared to 10% of non-older individuals. The likelihood of undertaking an interstate move has changed little and is still substantially smaller for older adults than for younger individuals.



Net migration by age follows a distinct life-course pattern in New York State. The state has a high rate of net out-migration among young adults (aged 20-34), who often leave the state for the economic opportunities afforded them elsewhere. The impact of this trend for New York 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 trend in New York State 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%, the official poverty rate among older adults is 9% nationally and 11% in New York State. The impact of the pandemic and inflation has made economic security for older adults more challenging. Pockets of poverty do remain, for

example, among older women living alone and 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% of older adults are in the 300% and over poverty level, fully one quarter are in the 100% to 250% 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% 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 insulated against rising costs by insurance covering gaps in Medicare than were previously, policy changes to Medicare over the past decade have led to higher cost-sharing for older adults and a future that is uncertain in terms of how much of the risk the government will carry.

Household and housing costs also impact disproportionately on older adults. According to the 2015-2019 American Community Survey (Special Tabulation on Aging), while comprising 16% of the household population, individuals 65 and older comprise nearly 20% of all householders, owning or renting a disproportionate share of the state's occupied housing units—over 1.7 million of the state's 8.53 million homes.

Individuals aged 60 and over living alone comprise 44% of all householders in that age group, constitute over one million householders; individuals aged 65 or over are householders of over 30% of occupied housing units in the state. Approximately 21% of these householders are living in poverty on incomes under $12,490 (poverty level published in the 2016 Department of Health and Human Services Poverty Guideline).

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

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

Gender

The experience of women as they age typically are greatly influenced by the roles they assume and the resources available to them. Older women spent less time in the workforce than their male counterparts. This translates into lower pay wages, lower

personal earnings and lower retirement income compared with men. Also, the greater longevity among women compared to men tends to translate into women spending more time living alone as they age. Women are more likely to be the primary caregiver to a spouse and more likely to be in need of 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% of women aged 15 to 64 live alone. This more than triples among women aged 60 and older (30%) and 55% of women ages 85 and older.

More women than men assume caregiving responsibilities for older family members. According to the National Alliance for Caregiving, 70% of primary caregivers are women; the average caregiver is a 48-year-old married woman who is working outside the home with a median annual income of $57,200. The average caregiver surveyed in the New York State Caregiver Support Program is a 64-year-old female. However, NYSOFA's Working Caregiver Initiative, which surveyed public and private businesses, found caregivers of all ages who are providing care to someone else. Approximately 46% reported a total household income between $20,000 and $50,000 and 19% reported a total household income of less than $20,000. Women who assume elder care responsibilities early in life are at a higher risk of poverty later because of foregoing promotions, reducing their working hours, or quitting their jobs altogether to someone. Couple that with the number of years lost in the workforce due to childbearing and women are financially disadvantaged later in life.

Family Characteristics

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

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

Health and Impairment of Older Adults

According to the American Community Survey 2010 and 2020 estimates, the number of individuals aged 60 and older with functional impairments grew by 17%, an annual rate of 2.2%. This should continue, comparable to the rate of the overall population growth, with 81% living in the community, and 19% (based on New York State's current long-term care structure) 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

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

United States. In addition, the Centers for Disease Control and Prevention's (CDC) Office of Minority Health and Health Disparities states that "compelling evidence indicates that race and ethnicity correlate with persistent, and often increasing, health disparities among the U.S. populations." In addition to race and ethnicity, the CDC found that health disparities also occur among various segments of the population by gender, education or income, disability, geographic location, or sexual orientation. Older adults who have health problems and chronic diseases and have lower incomes, face very difficult choices in terms of affording their care and financing other important household-related expenses.

Growth in Long-Term Care Needs

According to the 2021 American Community Survey, 3% (133,790 individuals) of the state's aged 60 and over population live in group-quarter facilities. Approximately 80% of that number (104,385 individuals) live in institutional facilities and nursing homes. Historically, individuals aged 65 and older living at home in the community:

- 10% of the population have self-care limitations - that is, they 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% of the population have mobility limitations - that is, they 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 lasted six months or more.

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

While 2.3% (104,385 individuals) of the aged 60 and over population live in nursing homes and another 29,000 in other group care facilities, NYSOFA estimates (based on historical data) that approximately 30% of the 4.3 million individuals aged 60 and older in New York State (American Community Survey – Special Tabulation on Aging – 2019) were functionally impaired by chronic health conditions. This includes 8% with ADL limitations living at home in the community and 16% with IADL limitations living at home in the community.

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

The nutritional needs of older adults become more critical with advancing age, especially when recuperating from acute and chronic health problems. Preparing and eating meals and maintaining recommended diets are particularly problematic for functionally impaired older adults, older people following discharge from an acute-care setting, and those most disadvantaged and at-risk, the “older-old” (ages 85 and older), older women and older minorities. Older people most in need of sound daily diets are, in fact, those who are least able to maintain their nutritional well-being.
Poor diet and physical inactivity contribute to the leading causes of disability among Americans, and unhealthy eating and physical inactivity cause one-third of premature deaths, according to the U.S. Centers for Disease Control and Prevention’s Division of Nutrition, Physical Activity, and Obesity (2010).

Among the known facts about 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.

Malnutrition has been found to affect one out of four older Americans living in the community and is a factor in half of all hospital admissions and readmissions of older people. Individuals must consume and assimilate food to promote and replace worn or injured tissues. Without proper nutrition, water, exercise or oxygen, cells die, muscle

mass decreases, respiratory and other muscles weaken, the immune system becomes depressed, and illness, disease, or disability ensues.

Targeting and Equal Access

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

Targeting is a range of activities at system, program and client levels designed to identify individuals in a specified, defined population, called the target population, who need services. It is designed to increase services delivery to the target population by linking or providing them with appropriate services. NYSOFA has committed to providing AAAs with technical assistance on complying with targeting objectives, ensuring AAA plans reflect provision of equal access and diverse outreach to older adults and caregivers in greatest economic and social need as required by the Older Americans Act, and conducting training on a variety of topics (cultural competency, language access, successful targeting strategies, adherence to legal requirements as identified in the Older Americans Act as well as the Elder Law, etc.). NYSOFA also requires that all aging programs are compliant with Civil and Human Rights legislation, including the New York State Human Rights law, Title VI of the Civil Rights Act and the Americans with Disabilities Act, Federal Executive Order 13166, and Section 504 of the Rehabilitation Act of 1973.

Summary

While there are current and future challenges, there are also tremendous opportunities related to the growth of the older population. Future strategies must include early intervention and prevention strategies to stem the curve of decline absent these early interventions. Governor Hochul has made a commitment to New Yorkers to improve the overall health of the state and has directed the Executive Agencies to work together to achieve this goal. To continue New York State's goal to become the healthiest state for all ages, Governor Hochul has championed a Health Across All Policies approach and a Master Plan for Aging under the umbrella of the state's Prevention Agenda.

The dynamics of population change are vitally important to planning and preparing to create an efficient, successful system of services and supports for older New Yorkers; from healthy older adults to those most at risk. Population changes and change drivers provide opportunities to re-imagine systems and, using sound data, focus limited resources on those areas that have proven to be effective. Demographic change and the evolution in our population characteristics over time have important implications for

the state Master Plan on Aging as we prepare to effectively work with and serve older adults, particularly in the areas of long-term care, housing and health, nutrition and well-being, legal issues and employment, and the ability to utilize informal caregivers to help with ADLs and IADLs. Such changes need to be considered fully as New York State prepares to serve older New Yorkers and their caregivers into the future.

Funding

Approximately $676 million in local, state, and federal funding and customer voluntary contributions make up the entire network of non-clinical community based LTSS administered by NYSOFA and implemented locally.

NYSOFA's home and community-based programs serves four general groups of New Yorkers:

1. Healthy older adults who are seeking employment, volunteer opportunities, mentorship, connectivity to community resources, health and wellness programming, and information and assistance with benefits, health insurance or caregiving resources.

2. Older New Yorkers who have minor needs who may need short-term assistance understanding options, programs and services, benefits, health counseling, chronic disease management, etc.

3. Older New Yorkers with significant functional limitations and chronic conditions who are at risk of higher levels of care in the clinical space, Medicaid spend-down, and nursing home placement.

4. Caregivers of all ages who are supporting someone with daily tasks to that help them maintain their autonomy.

NYSOFA works with many other state agencies, serving on more than 30 task forces, councils, and interagency workgroups to improve policy and the provision of services to improve the health and autonomy of older New Yorkers and individuals of all ages by connecting and planning with other agencies that serve older adults. NYSOFA's programs are specifically designed to address social determinants of health and the network has been doing so for the past 50 years.

Age-Friendly State

Age-Friendly New York is not just about old age. It recognizes the collective value of people of all ages and abilities. It also recognizes that the AARP-defined 8 domains of livability improve the health and lives of all populations. This tenant is central to supporting the goal of making New York the healthiest state in the nation. It aims to design communities for everyone that strengthen people's connections to each other, improve health, increase physical activity, and support and advance the economic environment through proactive design and future-based planning. NYSOFA has streamlined and improved existing programs to make sure they reach New Yorkers of all ages and abilities in a more effective way.

The eight domains 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 service.

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 8 domains into all aspects of community development, with the overarching goal to make positive changes in communities that are attractive to all, regardless of age.

Economics of Aging

As in the rest of the nation, New York's population is growing older. New York has the fourth largest population of older adults in the nation: 4.84 million New Yorkers are 60 years of age or older, and 3.7 million are between the ages of 45 and 59. In 2015, 12 counties in New York State had more than 25% of their population over 60 years of age; by 2030, that will increase to 50 counties.

For far too long, the aging population has been portrayed as one that contributes less and takes more. Ageism has taught the public that older age is about frailty. While some older adults do have needs as their abilities decline, 72% of older adults consider themselves healthy and active and it is our role to not only serve those at risk, but to assist those who are active and healthy remain that way. Through data, we know that the social, economic, and intellectual capital that older adults contribute to their communities and to our state is unmistakable and substantial.

Fiscal Input

Nationally:

- 83% of US household wealth is held by people over 50.
- 64% of New Yorkers aged 60 and over own their own homes and have no mortgage.
- 61% of all US jobs and 43% of labor income were related to spending by the 50-plus cohort.

In New York State:

- Older New Yorkers and baby boomers make up 67% of all household income generated in New York State.
- According to the NYS Comptroller, 80% of retirement payments for older adults stay in New York State and are valued at $10.8 billion annually with an additional $30+ billion from other pension payments.

- Individuals 50+ in New York State
    - Make up 36% of the population.
    - Contributed 43% ($719 billion) of GDP
    - Support 5.9 million jobs
    - 6.6 million jobs by 2050 (47 percent)
    - Generated $482 billion in wages and salary
    - Contribute $72 billion in state and local taxes (39% of total)
    - Will triple to $255 billion by 2050 (43 percent)

The 50+ population also account for the majority of:

- Volunteering.
- Philanthropy.
- Entrepreneurs.
- Donation activities in the U.S.

NYSOFA Services

NYSOFA administers federal funding provided under the OAA. NYSOFA also administers state general fund dollars that wrap around and build upon OAA funding to create a statewide system of support for families. Further, state funds help to address needs of older New Yorkers that cannot be met with limited federal funds alone, consistent with the mission and goals of the OAA and state Elder Law, as well as Governor Hochul's priorities.

The chart below demonstrates the importance of state funding that strengthens and expands significantly OAA core programs while assuring they are integrated and coordinated, as demonstrated in the AAAs' four-year plans and annual updates.

Services Provided	Funding Streams to Support Services
Personal Care Levels I and II	IIIB, IIIE, EISEP, CSE, municipal funds, participant contributions and cost sharing, unmet need
Consumer Directed In-Home Services	EISEP, CSE, IIIE, municipal funds, participant contributions and cost sharing, unmet need
Case Management	IIIB, IIIE, EISEP, CSE, WIN, municipal funds, participant contributions and cost sharing, unmet need
Home Delivered Meals	IIIC-2, IIIE, EISEP, CSE, WIN, municipal funds, participant contributions, private fundraising, unmet need
Congregate Meals	IIIC-1, IIIE, EISEP, CSE, WIN, municipal funds, participant contributions, private fundraising, unmet need
Nutrition Counseling	IIIC-1, IIIC-2, IIIE, EISEP, CSE, CSI, WIN, municipal funds, participant contributions, private fundraising, unmet need
Nutrition Education	IIIC-1, IIIC-2, IIIE, CSE, CSI, WIN, municipal funds, participant contributions, private fundraising, unmet need

Escort	IIIB, IIIC-1, IIIE, CSE, CSI, WIN, municipal funds, participant contributions, private fundraising, unmet need
Transportation	IIIB, IIIC-1, IIIE, EISEP, CSE, CSI, WIN, municipal funds, participant contributions, private fundraising, unmet need
Legal Services	IIIB, IIIE, CSE, municipal funds, participant contributions, private fundraising, unmet need
Information and Assistance	IIIB, IIIC-1, IIIC-2, IIIE, CSE, CSI, WIN, municipal funds, private fundraising, unmet need
Outreach	IIIB, IIIC-1, IIIC-2, IIIE, CSE, CSI, WIN, municipal funds, private fundraising, unmet need
In-Home Contact and Support	IIIB, IIIC-1, IIIC-2, IIIE, EISEP, CSE, WIN, municipal funds, participant contributions, private fundraising, unmet need
Senior Center Programming	IIIB, IIIC-1, IIID, CSE, CSI, WIN, municipal funds, participant contributions, private fundraising, unmet need
Health Promotion/Disease Prevention	IIIB, IIID, IIIE, CSE, CSI, municipal funds, private fundraising, unmet need
PERS	IIIB, IIIE, EISEP, CSE, municipal funds, participant contributions, private fundraising, unmet need
Caregiver Services	IIIB, IIIE, CSE, municipal funds, participant contributions, private fundraising, unmet need
Adult Day Services	IIIB, IIIE, EISEP, CSE, municipal funds, participant contributions, private fundraising, unmet need
LTC Ombudsman	IIIB, Title VII, municipal funds, private fundraising
Technology Services and Supports	IIIB, CSE, municipal funding, Unmet Need

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

Unmet Need Funding

Unmet need for the purpose of this report is defined as individuals who are either waiting to be assessed for services or who have been assessed for services or indicated a need and are not able to receive due to funding limitations, personal care aide shortage or lack of capacity at the community level to deliver the service(s). It does not include individuals that have an immediate need and cannot wait to be placed on a list.

The SFY 19-20 Executive Budget proposed a recurring $15 million to address unmet need, with another $8 million in recurring aid added in the SFY 21-22 Executive Budget. Data regarding unmet needs is reported to NYSOFA each September and represents a snapshot in time of the demand locally. Not all counties collect unmet need data and some report no unmet needs.

It is important to point out that, due to the complexity and dynamic nature of older adults' needs, unmet need is changing regularly. The original data reported to NYSOFA – collected over a multi-month period in 2017-2018 – represented a snapshot in time.

Process to Distribute Funding

After the SFY 2019-20 budget was passed and signed into law, NYSOFA staff began the development of an application process so counties could access the funding. Counties, in their applications, described how they would spend their allocations based on what they reported, to help older adults remain in their homes and communities of choice. The funding provided them flexibility to meet locally determined needs as reflected in the communities they serve.

Unmet Need Spending in SFY 2021-22, SFY 2022-23, and SFY 2023-24

The original allocation of $15 million per budget year has been maintained. Budget negotiations in the three fiscal years cited above yielded an addition $8 million which has been baselined and annualized for a total of $23 million per year for each of the three years for a total of $69 million dedicated to this funding stream. There is no county match for these funds and the appropriation language allows NYSOFA to direct the funding to the counties based on their reported needs.

The following services were provided using unmet need funding:

Service Category	Unmet Need Funds Spent April 21 – March 22	Average Annual Cost Per Client	Individuals Served
Personal Care II	$3,555,317	$7,778	457
PCII Consumer Directed	$259,992	$7,723	34
Personal Care I	$1,214,253	$2,845	427
PCI Consumer Directed	$243,267	$4,232	57
Home Delivered Meals	$5,128,384	$1,057	4,852
Adult Day Services	$27,510	$4,081	7
Case Management	$7,448,903	$781	9,537
Congregate Meals	$675,657	$893	757
Nutrition Counseling	$20,805	$110	189
Escort Service	$132,171	$475	278
Transportation	$478,357	$816	586
Legal Services	$176,522	$465	380
Nutrition Education	$1,396	$27	52
Information and Assistance	$416,964	$196	2,127
Outreach	$50,252	$101	498
In-Home Contact and Support	$189,362	$206	919

Health Promotion	$41,484	$1,059	39
Personal Emergency Response System	$119,000	$186	640
Caregiver Services	$9,094	$875	10
Other Including Administrative	$1,569,347	N/A	N/A
Total	$21,244,778*		

*Due to fixed budget s that AAA's receive they have to forecast and budget for the entire year. Due to the at risk nature of the population served, clients move in and out of different setting that can impact total use of funds such as hospitalizations, rehabilitation, nursing home placement, ED visits, moving in with family and going to assisted living, which often suspends services while in these settings.

Service Category	Unmet Need Funds Spent April 22 – March 23	Average Annual Cost Per Client	Individuals Served
Personal Care II	$3,426,559	$8,094	457
PCII Consumer Directed	$738,967	$9,359	34
Personal Care I	$1,277,994	$1,936	427
PCI Consumer Directed	$361,495	$4,534	57
Home Delivered Meals	$3,199,891	$1,118	4,852
Adult Day Services	$46,768	$4,867	7
Case Management	$7,551,290	$776	9,537
Congregate Meals	$1,176,321	$805	757
Nutrition Counseling	$58,475	$141	189
Escort Service	$147,266	$541	278
Transportation	$684,428	$777	586
Legal Services	$141,347	$508	380
Nutrition Education	$6,468	$34	52
Information and Assistance	$366,747	$205	2,127
Outreach	$52,513	$308	498
In-Home Contact and Support	$227,254	$417	919
Senior Center Rec and Education	$147,266	$351	420
Health Promotion	$48,606	$481	39
Personal Emergency Response System	$150,919	$183	640
Other Including Administrative	$2,212,007	N/A	N/A
Total	$22,053,666*		

* Due to fixed budget s that AAA's receive they have to forecast and budget for the entire year. Due to the at risk nature of the population served, clients move in and out of different setting that can impact total use of funds such as hospitalizations, rehabilitation, nursing home placement, ED visits, moving in with family and going to assisted living, which often suspends services while in these settings.

Service Category	Unmet Need Funds Spent April 23 – March 24	Average Annual Cost Per Client	Individuals Served
Personal Care II	$3,754,133	$8,094	457
PCII Consumer Directed	$580,563	$9,359	34
Personal Care I	$1,703,142	$1,936	427
PCI Consumer Directed	$197,477	$4,534	57
Home Delivered Meals	$2,467,060	$1,118	4,852
Adult Day Services	$19,240	$4,867	7
Case Management	$7,876,434	$776	9,537
Congregate Meals	$364,038	$805	757
Nutrition Counseling	$2,432	$141	189
Escort Service	$95,444	$541	278
Transportation	$486,305	$777	586
Legal Services	$48,398	$508	380
Nutrition Education	0	0	0
Information and Assistance	$79,450	$205	2,127
Outreach	0	$308	498
In-Home Contact and Support	$289,675	$417	919
Senior Center Rec and Education	$258,789	$274	944
Health Promotion	$57,073	$481	39
Personal Emergency Response System	$142,781	$183	640
Other Including Administrative	$2,069,012	N/A	N/A
Total	$22,492,188*		

* Due to fixed budget s that AAA's receive they have to forecast and budget for the entire year. Due to the at risk nature of the population served, clients move in and out of different setting that can impact total use of funds such as hospitalizations, rehabilitation, nursing home placement, ED visits, moving in with family and going to assisted living, which often suspends services while in these settings.

Conclusion

Unmet need funding has been successful in targeting resources to where they are needed most, as this funding stream is flexible to meet locally determined needs. Tens of thousands of older adults have been served that otherwise would not have, preventing spend-down to Medicaid and placement in higher levels of care such as assisted living, adult homes, or skilled nursing facilities. Further, many services provided improve overall health and wellness to help individuals before getting to a point where they may be at risk of higher levels of care. Recurring funding allowed for services to be

initiated with no fear that funds would not be available the following years, which would have cut off services to those who need them the most.

It has been demonstrated that individuals with chronic diseases and functional limitations – those that the U.S. Centers for Medicare and Medicaid Services (CMS) deem as priority targets – can remain in their homes and communities for several years when provided with a comprehensive package of home and community-based services, cross systems advocacy, information and assistance, benefits and application assistance and more.

The partnership between the Governor's Office, NYSOFA, the New York State Legislature and county governments has created a unique model that exists nowhere else in the country and demonstrates the state and county commitment to older New Yorkers and our collective efforts to help them live with dignity and independence, in their homes and communities.

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