Meeting Topics

• Welcome
• Subcommittee Update
• Town Hall & Public Engagement
• Preliminary Report - due July 9, 2023
• Next Steps
Cross Cutting Issues Identified

- Workforce shortage
- Social isolation
- Diversity, Equity and Inclusion
- Disability access
- Payer-mix for services
- Technology opportunity and equity in access
- Person-centered experience
- Access to education and overall communication
- Volunteerism and civil engagement
- Surprise medical bills
- Long term care payment structure
Town Halls & Future Public Engagement

**Tomorrow:** June 7th Town Hall at Hunter College School of Social Work campus in East Harlem, 10 am -12pm

Targeting specific locations, reaching out to hard to serve communities as well as minority groups
- Albany/Capital Region
- NYC
- Plattsburgh
- Syracuse
- Rochester
- Buffalo

Public survey draft received, please provide us with your feedback
Master Plan for Aging Preliminary Report
The services and supports that exist for older adults in New York span at least 16 different offices, agencies and departments, with additional relevant functions and programs operating across the entirety of state government.

We have documented the range of operations that target or that disproportionately affect older adults.

These operations include programs, services and regulatory functions that address medical needs, economic security, and other social determinants of health.
The Problem

• Existing systems are confusing

• Programs overlap without clear differentiation of benefits or requirements

• Resources are siloed inefficiently

• There is often a lack of clear accountability for an issue

• Gaps between programs leave target populations without intended services
Managed care is an example of where state programs with overlapping missions and overlapping benefits create confusion for their intended beneficiaries.

Accessing comprehensive information about available plans is challenging.

The differences across the range of benefits made available by the different types of managed care plans is difficult to understand.

The intended populations for the different types of plans is often not explicit or obvious.

Entire programs exist just to educate older adults about their available options, but those programs have not yet been scaled across the state (e.g. HIICAP).
- Anti-fraud and financial abuse programs are spread across at least six different programs administered by three different agencies.

- While there are many points of entry into the system, there is no single office or program that is accountable for efforts to fight elder fraud and financial abuse; the multiple points of entry do not lead to a single responsible program or party.

- The authority and intended purpose of each program overlaps with others, but no program performs all functions.

- The programs are not coordinated with each other.
NYS Master Plan for Aging: Creation & Structure
On November 4, 2022, Governor Hochul signed Executive Order No. 23 creating a State Master Plan for Aging to…

- Create a **blueprint of strategies** for government, the private sector, and the non-profit sector to support older New Yorkers
- **Address challenges** related to communication, coordination, caregiving, long-term financing, and innovative care
- **Coordinate all State policy** and programs

With the goal of having all older New Yorkers "live **fulfilling lives**, in **good health**, with **freedom, dignity and independence** to age in place for as long as possible."
NYS Governor Kathy Hochul

Department of Health State Office for Aging

Stakeholder Advisory Committee

State Agency Council

Long Term Service and Supports

Home and Community Based Services

Caregivers

Health and Wellbeing

Housing & Community Development, & Transportation

Economic Security

Safety, Security, Technology

Work Groups

Work Groups

Work Groups

Work Groups

Work Groups

Work Groups

Work Groups

Work Groups

Work Groups

Town Hall Listening Sessions

Public Outreach Surveys

Public Newsletter and Website
Master Plan Structure

- 8 Subcommittees
- 3 - 7 Workgroups for each Subcommittee
- Association Resource Group
- Regional Economic Development Councils (REDC)
- Roundtables: Hospitals, Healthcare Payors, Technology, Transportation
Master Plan Structure (cont’d)

- Long Term Services and Supports
- Home and Community Based Services
- Formal Caregivers
- Informal Caregivers
- Health & Wellness
- Safety, Security & Technology
- Economic Security
- Housing, Community Development and Transportation
Master Plan for Aging Agenda for the Next Year
Formal Caregivers

- Recruitment and Training
  - Fair pay
  - Workforce investment: training, career ladders and technology
  - Adequacy of existing training programs
  - Rural transportation
  - Stackable Credentials
  - Specialized training
- Retention, Compensation and Benefits
  - Compensation
  - Case mix
  - Mentoring
  - Childcare
  - Regionality
Workgroups

Formal Caregivers
- Scope of Practice and Job Structure
  - Career paths
  - Specialized training
  - Database of available positions
  - Case mix

Informal Caregivers
- Kinship Caregiving
  - Focused on supports for older adults filling the caregiving role
- Caregiver Supports
  - Focused on services that assist caregivers with their responsibilities and their mental health
  - DEI issues
  - Mental health supports
  - Complexity of support systems
  - Social Security issues
Informal Caregivers

- Kinship Caregiving
  - Focused on supports for older adults filling the caregiving role
- Funding
- Legal issues
- Communications
  - Targeting informal caregivers to help them self-identify and to publicize available resources
- Finances
  - Engaged with the challenges of caregiving to the caregivers and to employers
  - Evaluate market sizing
  - Look at regulatory/tax/funding supports for employers of informal caregivers
1. Workforce crisis
2. Assuring access to affordable, secure housing
3. Poverty among older adults
4. Lack of access to services in communities of color
5. Lack of access to services in rural communities
6. Slow/absent technological development addressing challenges related to care for the aging
7. Elder abuse (financial and physical)
8. Social isolation
9. Financially unsustainable healthcare facilities
Pillar #1

Challenge: Workforce crisis

Who is affected
Seniors and others with disabling conditions who cannot find and obtain the services licensed home care aides; providers unable to recruit and retain qualified staff; willing workers who are unable to obtain the compensation, benefits and employment conditions necessary to meet their needs.

Goals
Availability of skilled care workers at for all care settings, employment opportunities that meet the needs and expectations of willing workers.

Keys to Resolution
More flexible licensing, expanded scope of practice, readily available training for licensure, improved compensation and conditions of employment, opportunities for advancement.
Solution: Optimize current workforce with technology while making jobs more attractive to increase supply

- Allow more mutual recognition of different licensing classifications, e.g. CHHA and LHCSA aides, to facilitate more labor market flexibility
- State assumption of responsibility of training for direct care worker licensure.
- Establish dedicated home care aide training for asylum seekers.
- Develop and maintain a State registry of all licensed direct care workers and their employment status.
- Empower informal caregivers through public campaign around self-identification and education about existing supports.
1. Tax relief for older adults who move to a smaller home
2. Stackable credentials for formal caregivers
3. Publicity campaigns to help informal caregivers self-identify
4. Public-private partnerships with companies that intentionally employ older adults
5. Use VBP social determinants of health requirements to drive investment in underserved communities
6. Reduce and reform regulations around telehealth to increase available services in rural areas
Preliminary Proposals

7. Support guardianship and assisted decision-making programs
8. Work with community organizations to develop targeted programs to combat social isolation
9. Lower regulatory barriers that inhibit connecting nursing homes and assisted living facilities, or that make it difficult to transition from one to the other
10. Work with utilities to expand broadband networks and electric vehicle charging stations
11. Use tax credits and direct sponsorship to establish training pipelines for caregivers
12. Establish training programs for asylum seekers
13. Extend zoning relief for the development of senior housing
14. Develop retirement financial planning curriculum and best practices
Pillar #2

Challenge: Assuring access to affordable Secure Housing

Who is affected
Seniors with limited mobility and/or other disabling conditions; seniors with low to moderate income; families of seniors needing housing assistance

Goals
A sufficient supply of affordable and middle-income housing in all NYS communities, financial assistance necessary to enable low- and moderate-income individuals to access available housing and a process to connect seniors to their housing opportunities.

Keys to Resolution
Accessible inventory of affordable, available housing by community, targeted housing assistance to communities with inadequate housing supply, SSP rate increases necessary to enable access to available, appropriate housing.
Pillar #3

Challenge: Poverty among older New Yorkers

Who is affected
Seniors who cannot afford the basic requirements of daily life

Goals
Enhanced employment opportunities for older New Yorkers having the ability and desire to continue to earn and save enough to achieve economic security, financial assistance for seniors unable to afford the expenses of meeting their essential needs for housing, health care requirements of daily living

Keys to Resolution
Training opportunities, employment assistance, retirement planning education, improving benefit programs,
Pillar # 4

Challenge: Lack of access to services in communities of color

Who is affected

Older and disabled New Yorkers of color, low-income seniors, family of seniors in affected communities, care workers in affected communities without local employment options

Goals

Increased availability and accessibility of services in historically disadvantaged communities

Keys to Resolution

Funding, financing, zoning, staffing, transportation, overcoming historical inequities
Pillar #5

Challenge: Lack of access to services in rural communities

Who is affected

Older individuals and others with disabilities in rural New Yorker, families of seniors in affected communities, care workers in affected communities, service providers who must absorb added costs

Goals

Payment rate enhancements to promote geographically flexible rural-area service providers, expanded Family Care as a rural residential option, robust transportation systems

Keys to Resolution

Broadband distribution, fuel and transportation infrastructure cost, consolidations and alliances to achieve scale. Incentives for rural area workforce
Pillar #6

Challenge: Slow/absent technological development addressing challenges related to care for the aging

Who is affected:
Service recipients without options for more advanced assistance and care, payor systems supporting inefficient service delivery and unnecessary acute care use, workers doing difficult and unpleasant tasks.

Goals:
Technological solutions resolving care work inefficiencies and challenges, at scale.

Keys to Resolution:
Funding for development, technology industry attention, State supported technical assistance for rural households.
Challenge: Elder abuse (financial & physical)

Who is affected:
Older New Yorkers, families of the victims, law enforcement, financial institutions

Goals:
Care management for all, staffed abuse hotline, and multiple points of access for help

Keys to Resolution:
Public awareness, education, robust reporting mechanisms, in-home monitoring
Pillar #8

Challenge: Social isolation

Who is affected: Older New Yorkers, their families, their communities, support systems burdened by preventable crises

Goals: Institutional and community support systems providing support and giving purpose to older New Yorkers’ lives

Keys to Resolution: Highlighting the dimensions and character of the problem, educating caregivers and providers as to symptoms and consequences, accessible transportation, social day care
Pillar #9

Challenge: Financially unsustainable healthcare facilities

Who is affected
- Financially unsustainable healthcare facilities

Goals
- Matching facility type and capacity to local need to maximize efficiency while retaining adequate system capacity

Keys to Resolution
- Enhanced community service obligations for all Medicaid funded providers, improved monitoring and technical assistance for health care providers, capital assistance for advanced technology, value-based payments, regulatory relief
• **Solving the workforce crisis** will address many other issues, including facility operating costs and rural and minority community service access

• **Lowering regulatory barriers to changing services**, whether for workers or for facilities, will make them more flexible to respond to community needs and financial conditions

• **Targeted zoning and licensing relief for more gradations of independent/supported living** can solve issues of housing affordability, workforce efficiency, cost efficiency, service coordination, and social isolation

• **Enhanced funding is required** for care and services provided in high needs communities

• **Offer preferential approval for licensure, on-going funding and periodic grants for community based providers and MCO’s** as opposed to for profit providers that must compensate outside investors
In advance of next Committee meeting:

Consider the following:

- Provide public survey feedback
- How you can help with engaging public to participate in the town halls and public survey
- Town hall spaces available

The next meeting of the Stakeholder Advisory Committee will be held:

- Date: Tuesday August 8th, 10am – 12pm
- Location: Empire State Plaza and remote option