



A Master Plan for Aging for New York

Stakeholder Advisory Committee Meeting #4

JUNE 6, 2023

Meeting Topics

- Welcome
- Subcommittee Update
- Town Hall & Public Engagement
- Preliminary Report - due July 9, 2023
- Next Steps

Subcommittee & Workgroup Progress

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

Existing Systems

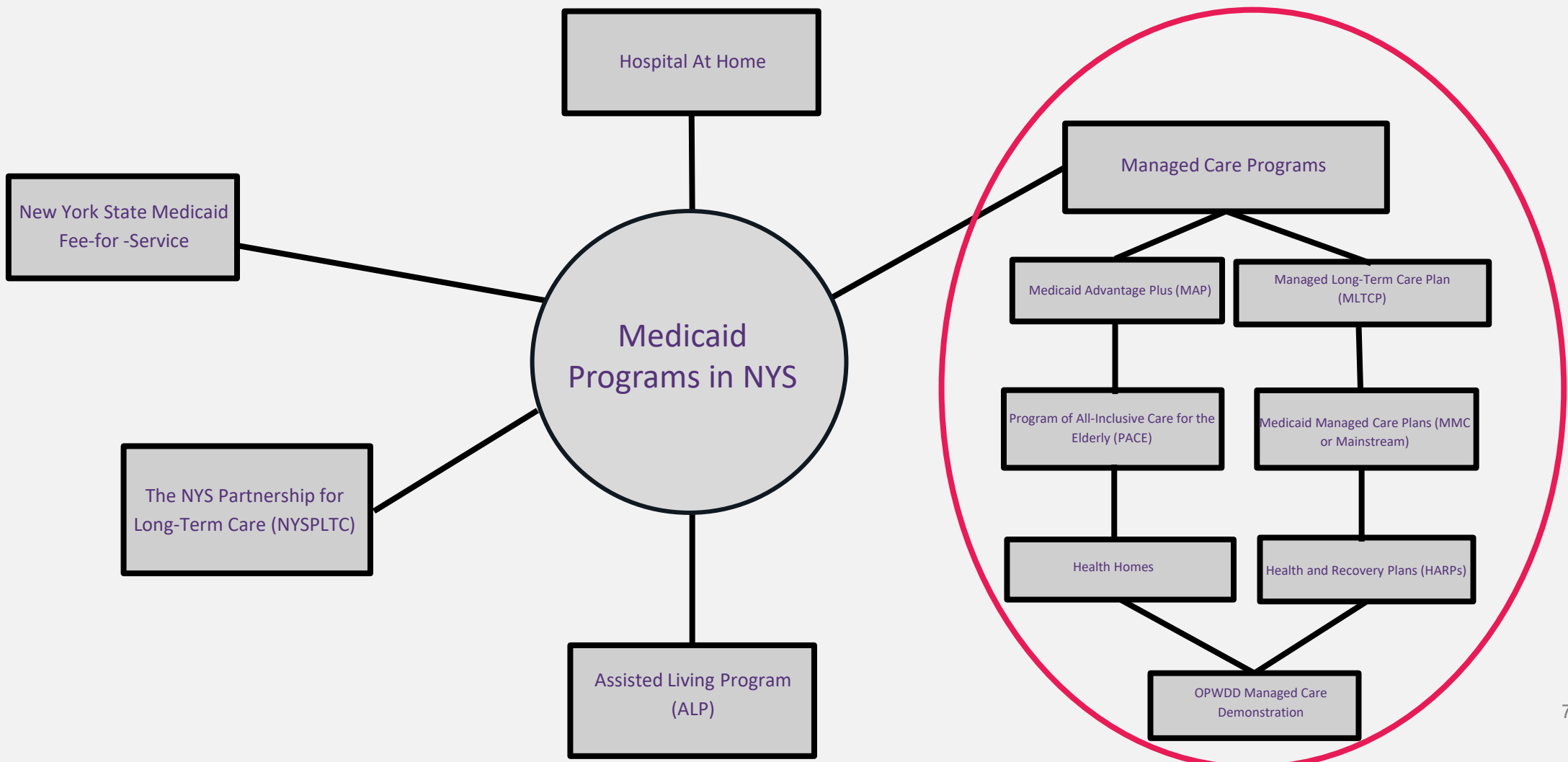
- The services and supports that exist for older adults in New York span at least 16 different offices, agencies and departments, with additional relevant functions and programs operating across the entirety of state government
- We have documented the range of operations that target or that disproportionately 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

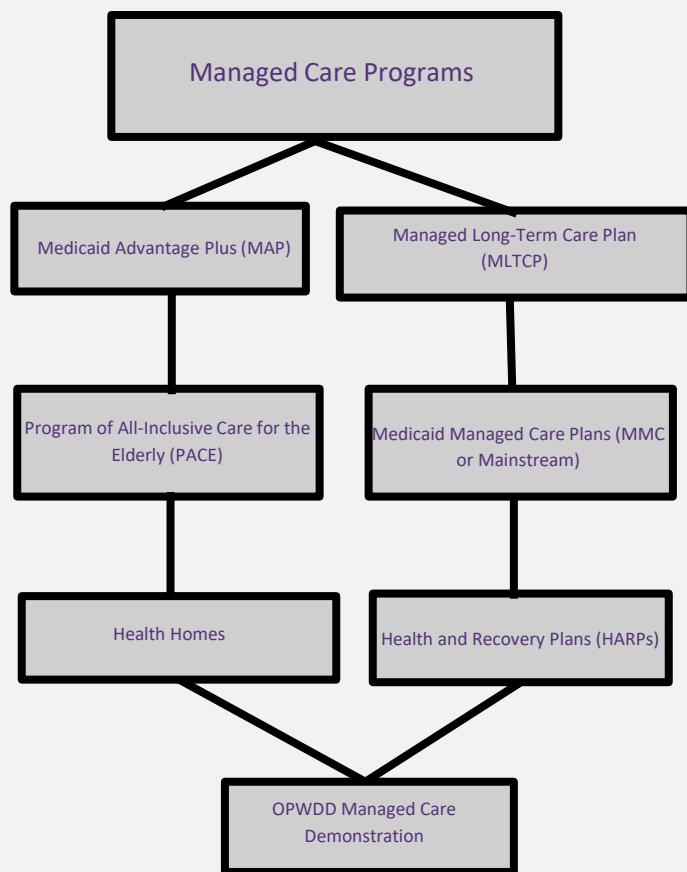
New York State Master Plan for Aging

Medicaid Programs



New York State Master Plan for Aging

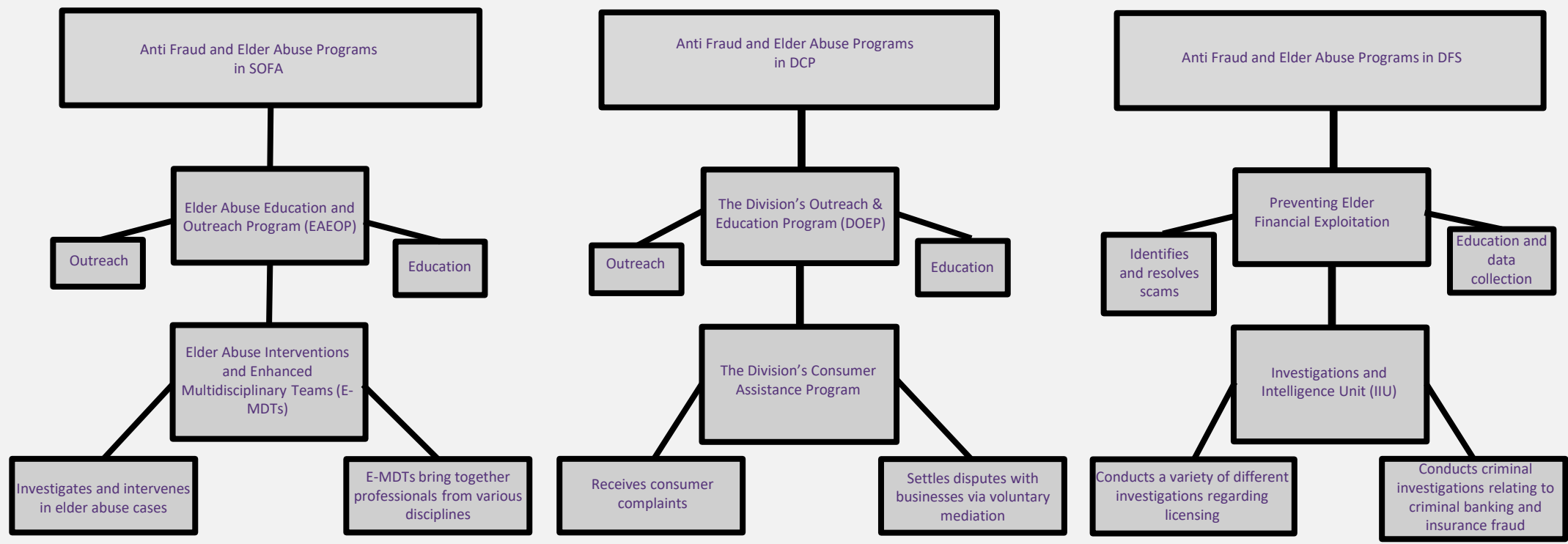
Medicaid Programs



- 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)

New York State Master Plan for Aging

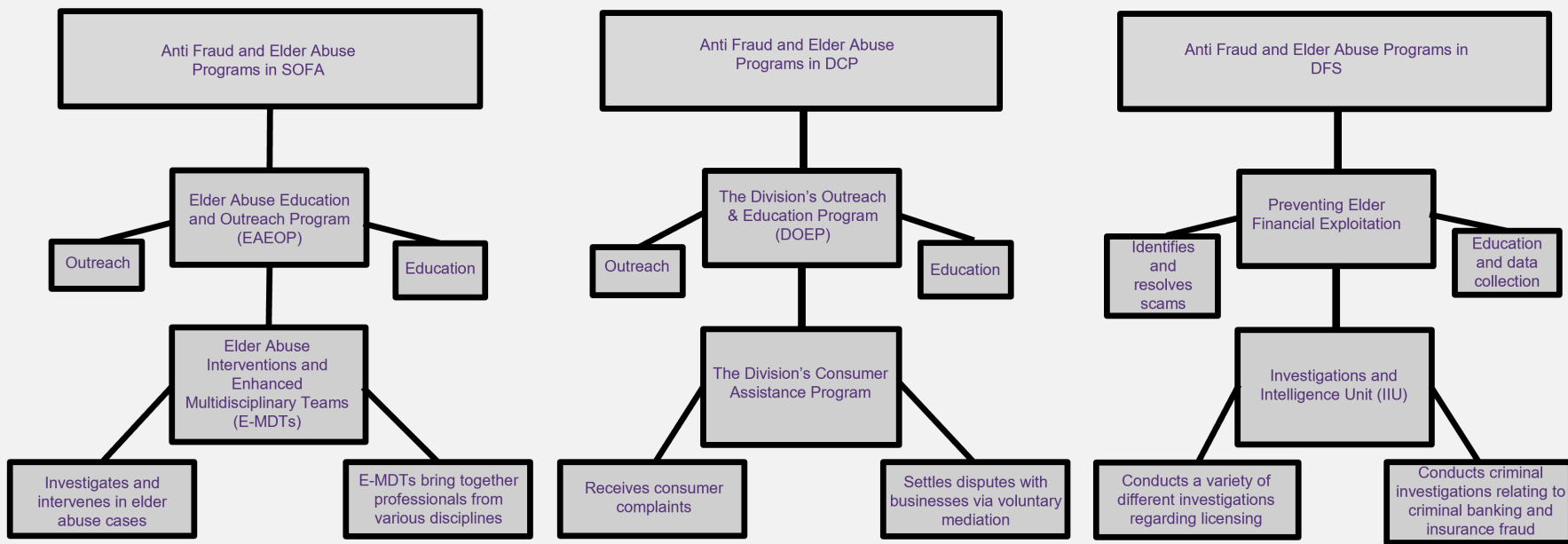
Medicaid Programs



New York State Master Plan for Aging

Medicaid Programs

- 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



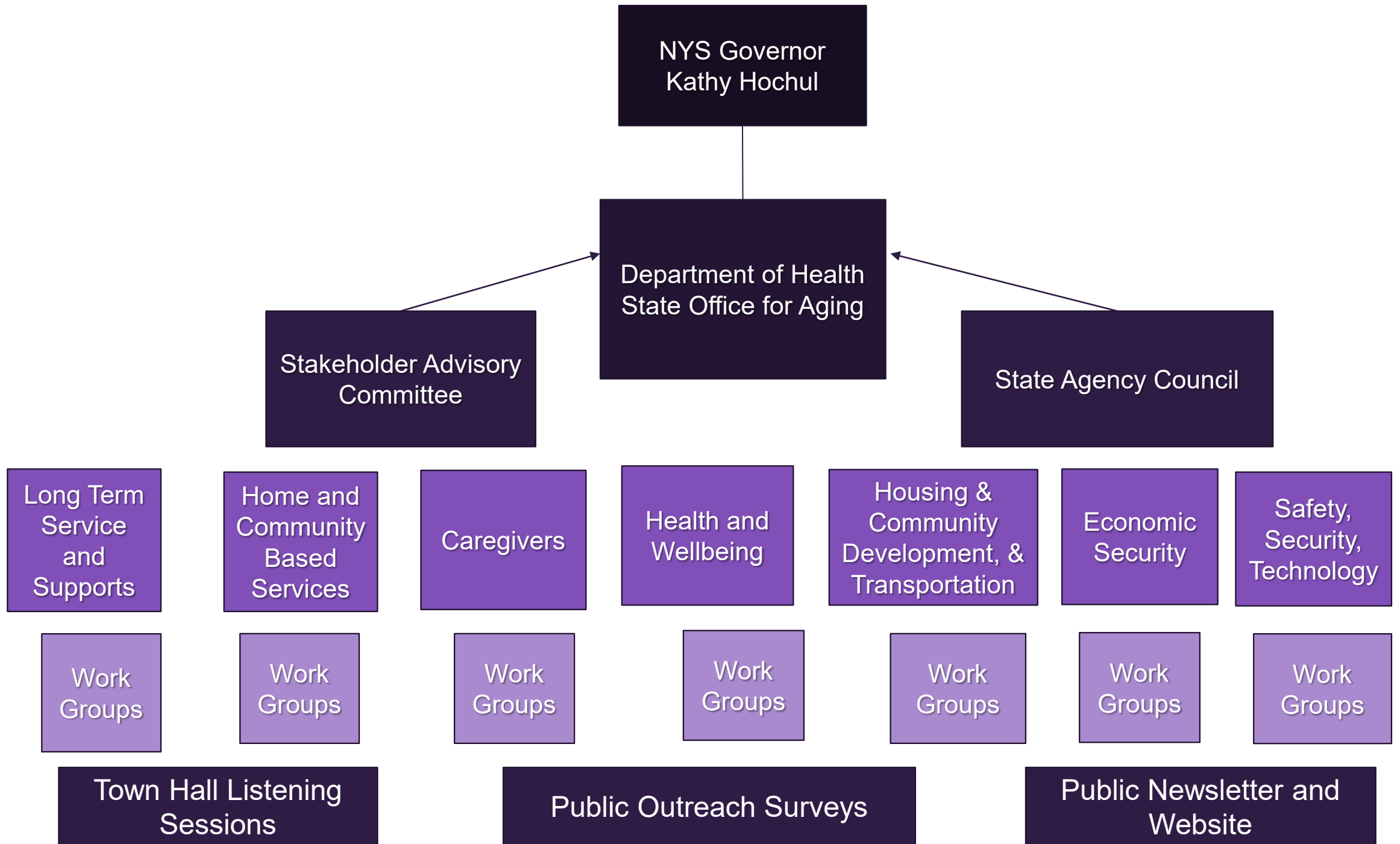
Address challenges related to communication, coordination, caregiving, long-term financing, and innovative care



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.**"



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

Workgroups

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

Workgroups

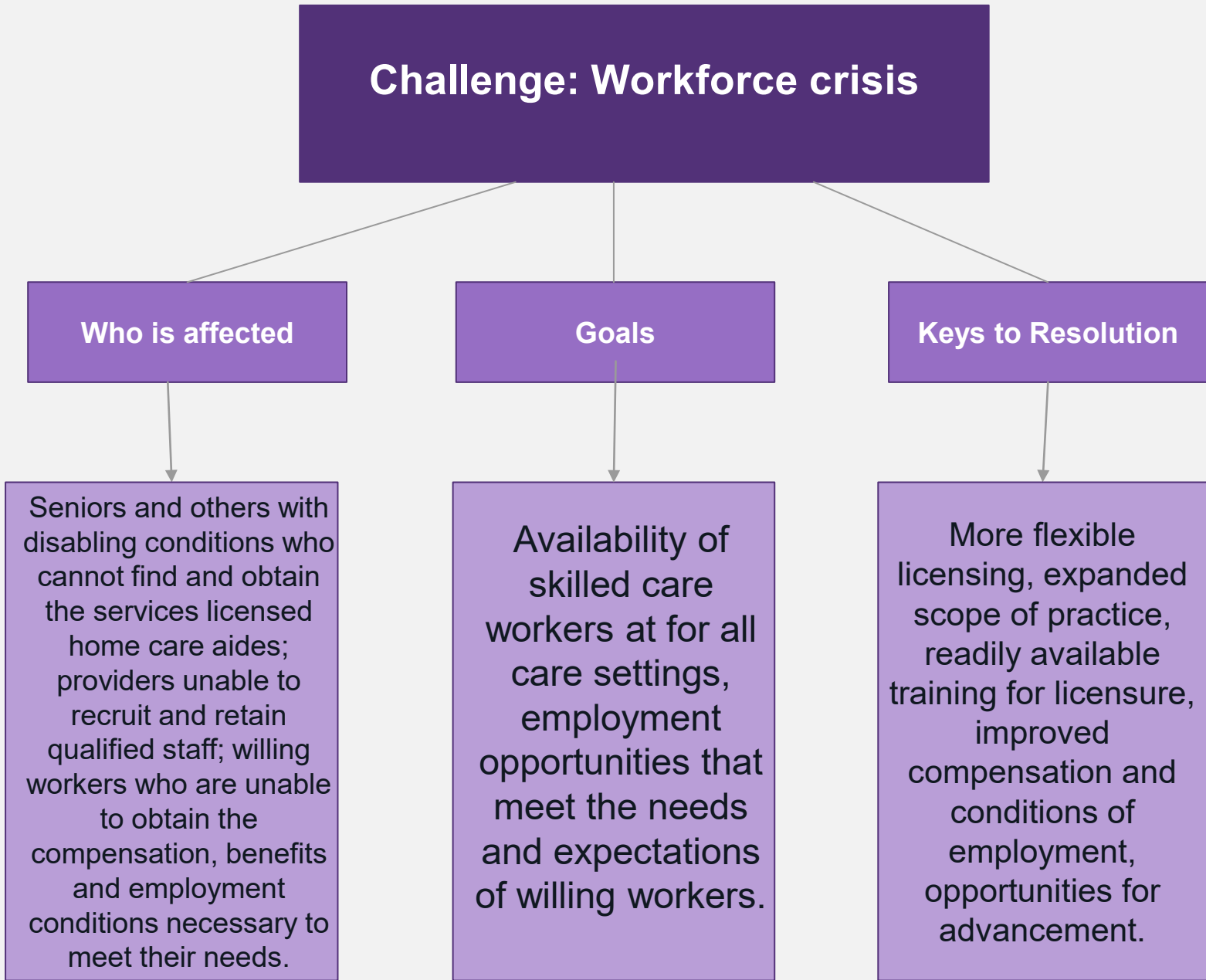
Informal Caregivers

- 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

Pillars

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



Pillar #1 (Cont'd)

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.

Preliminary Proposals

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

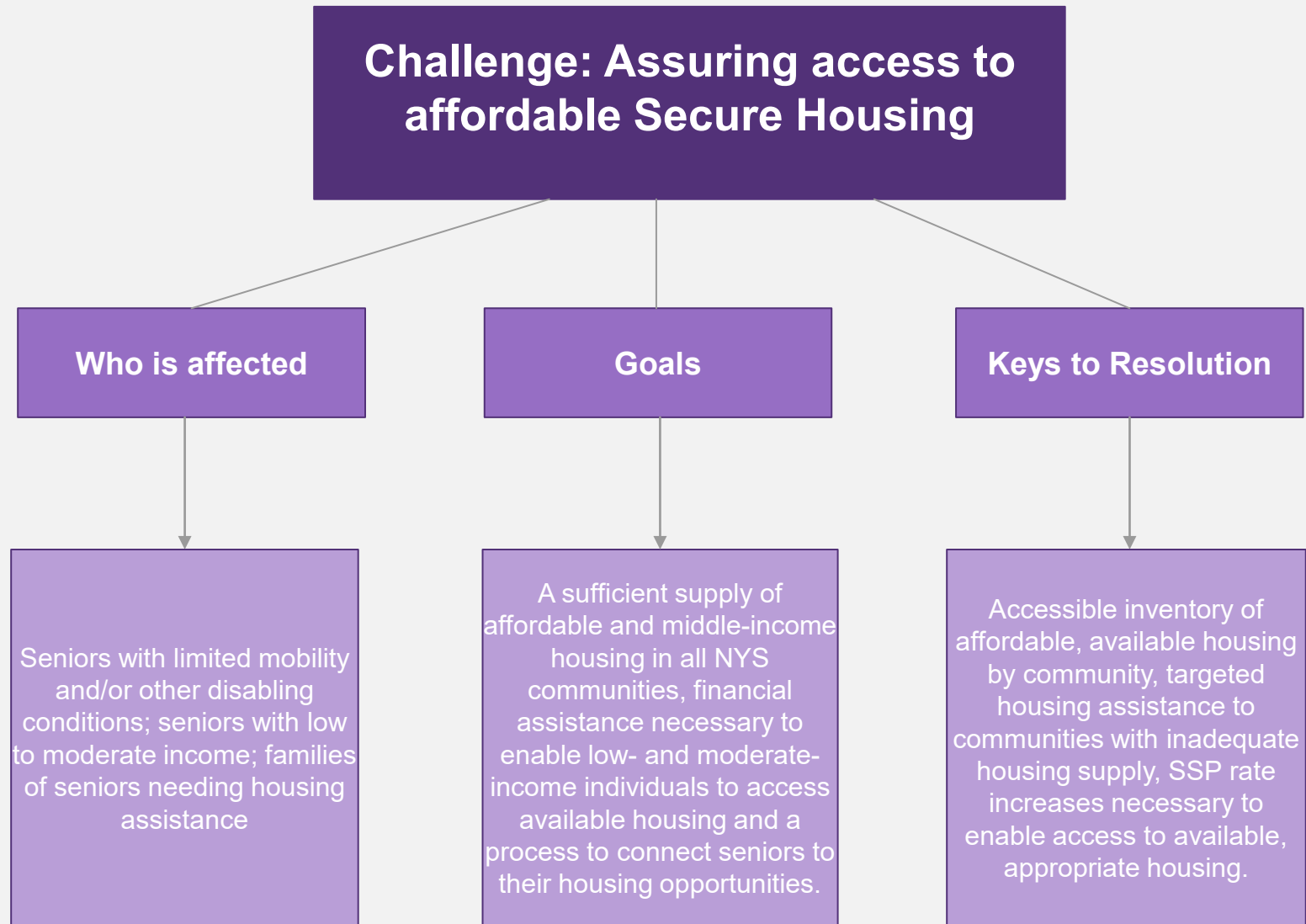
Preliminary Proposals

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

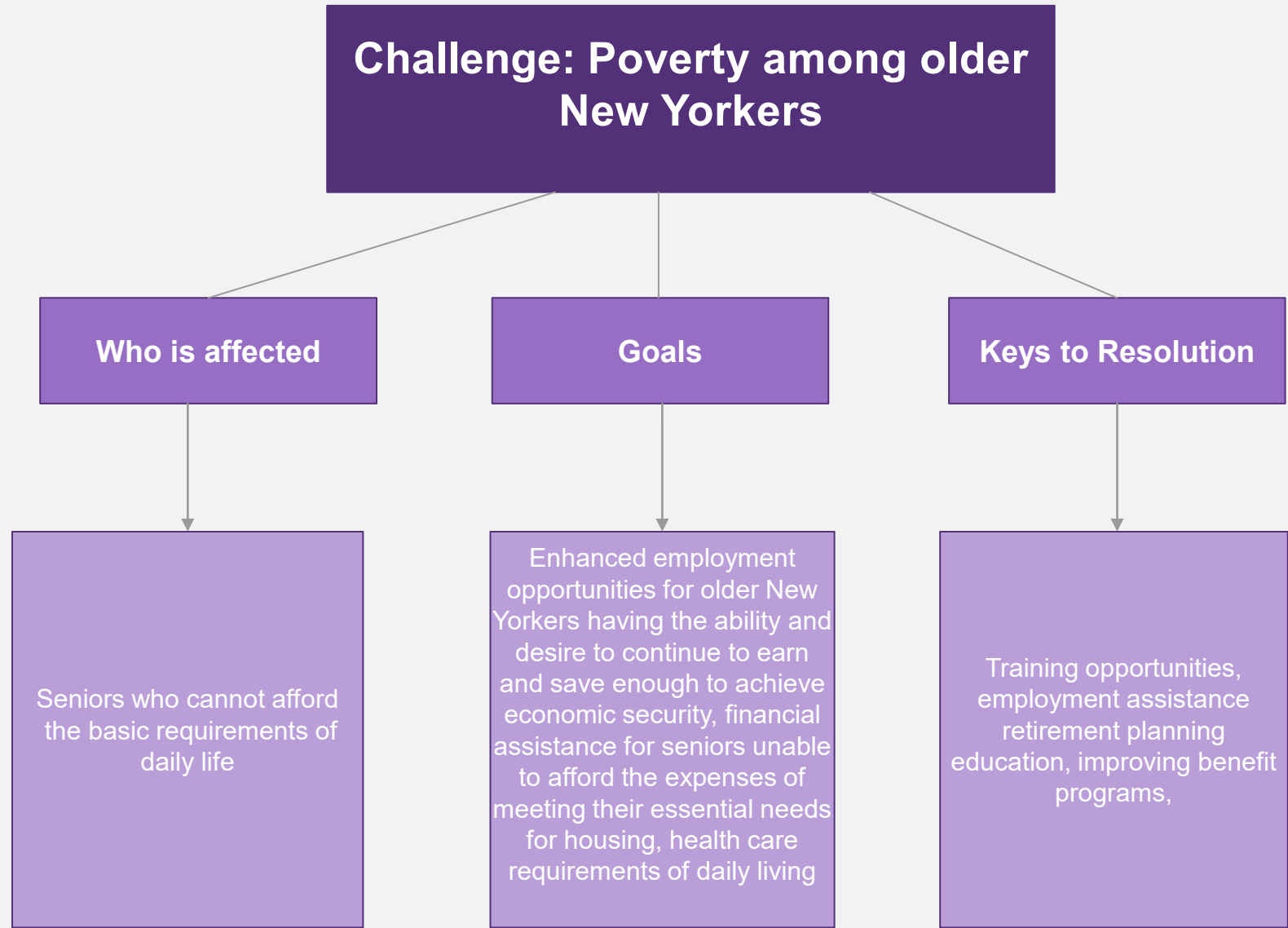
Preliminary Proposals

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

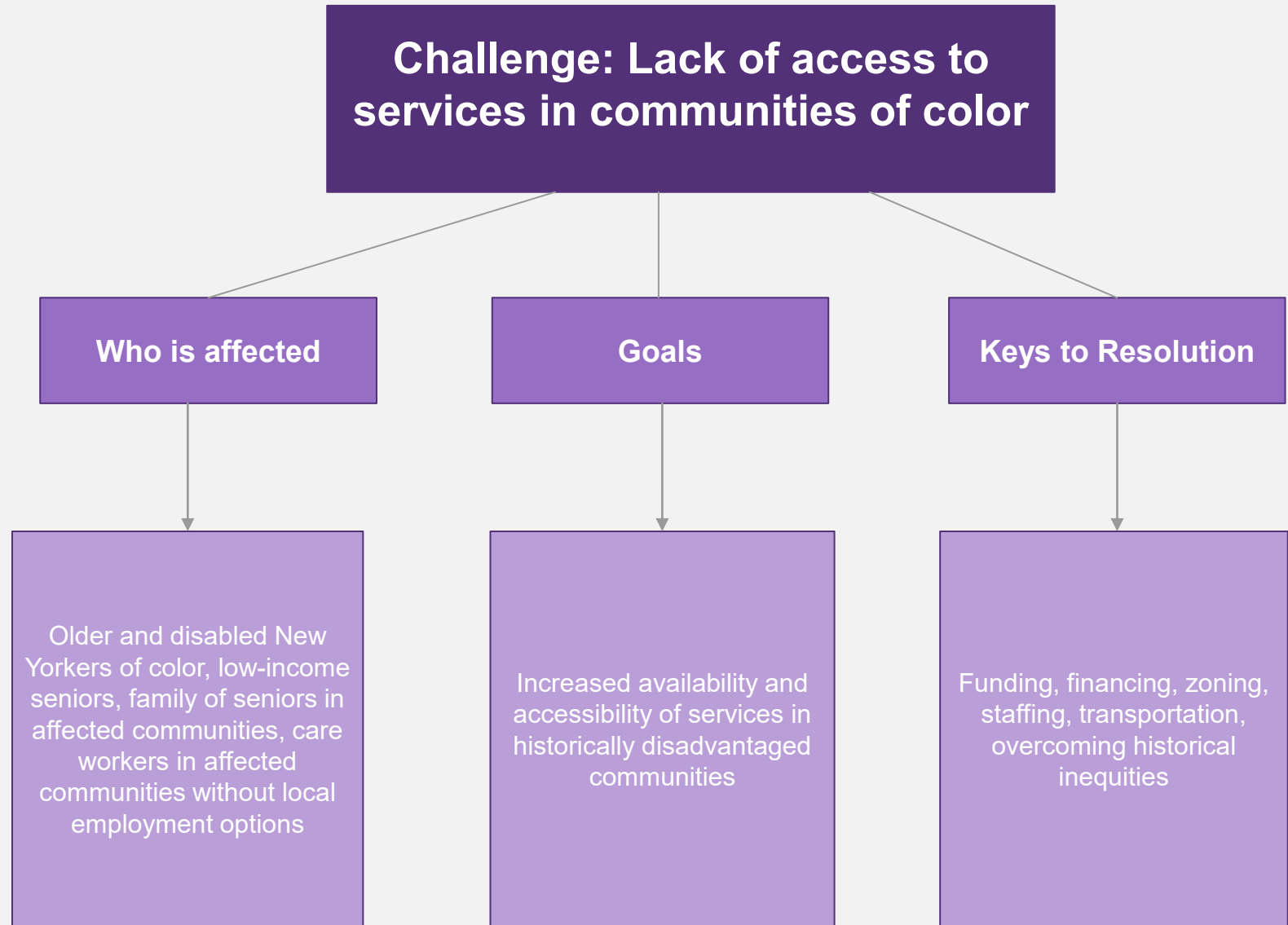
Pillar #2



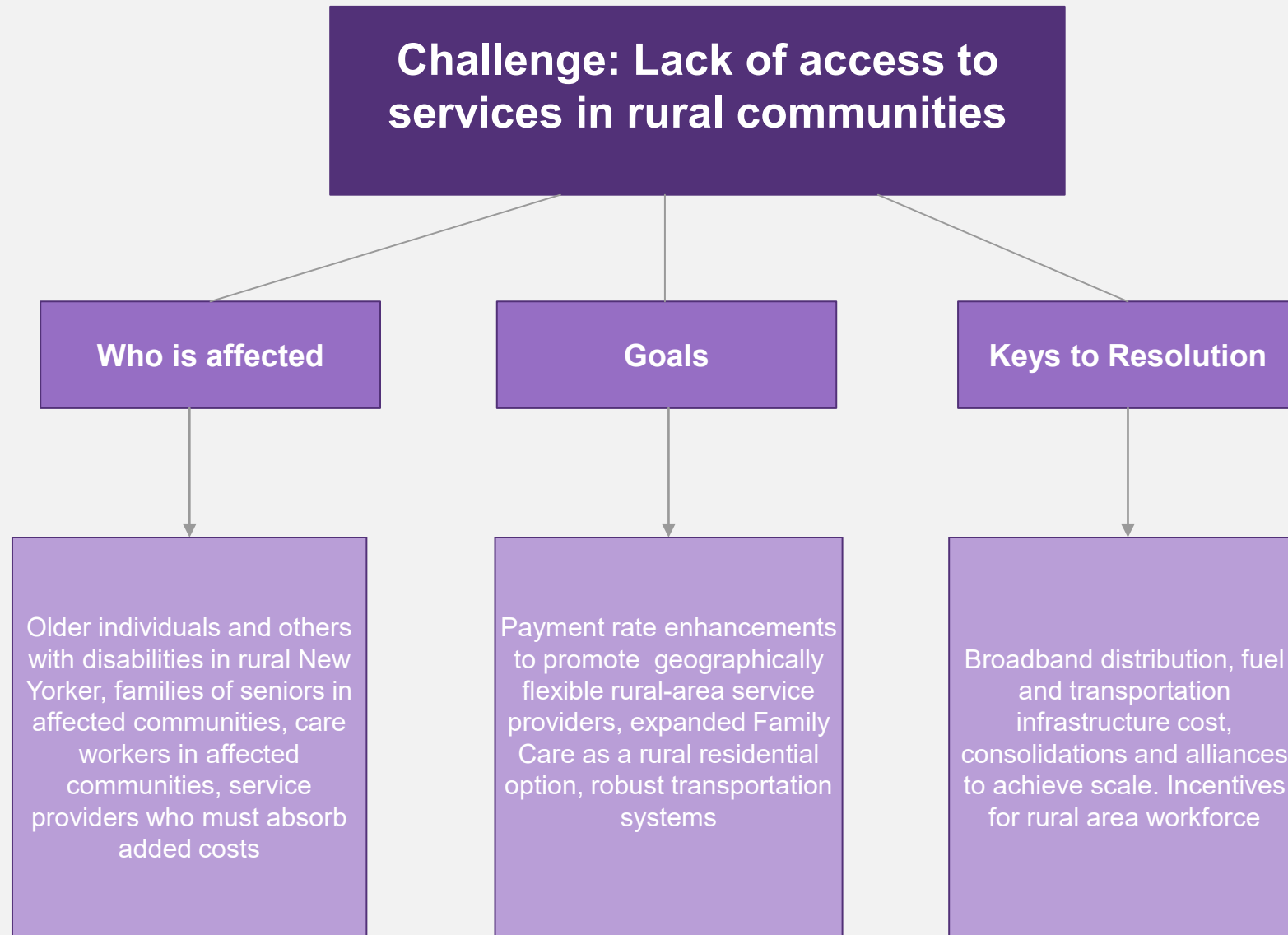
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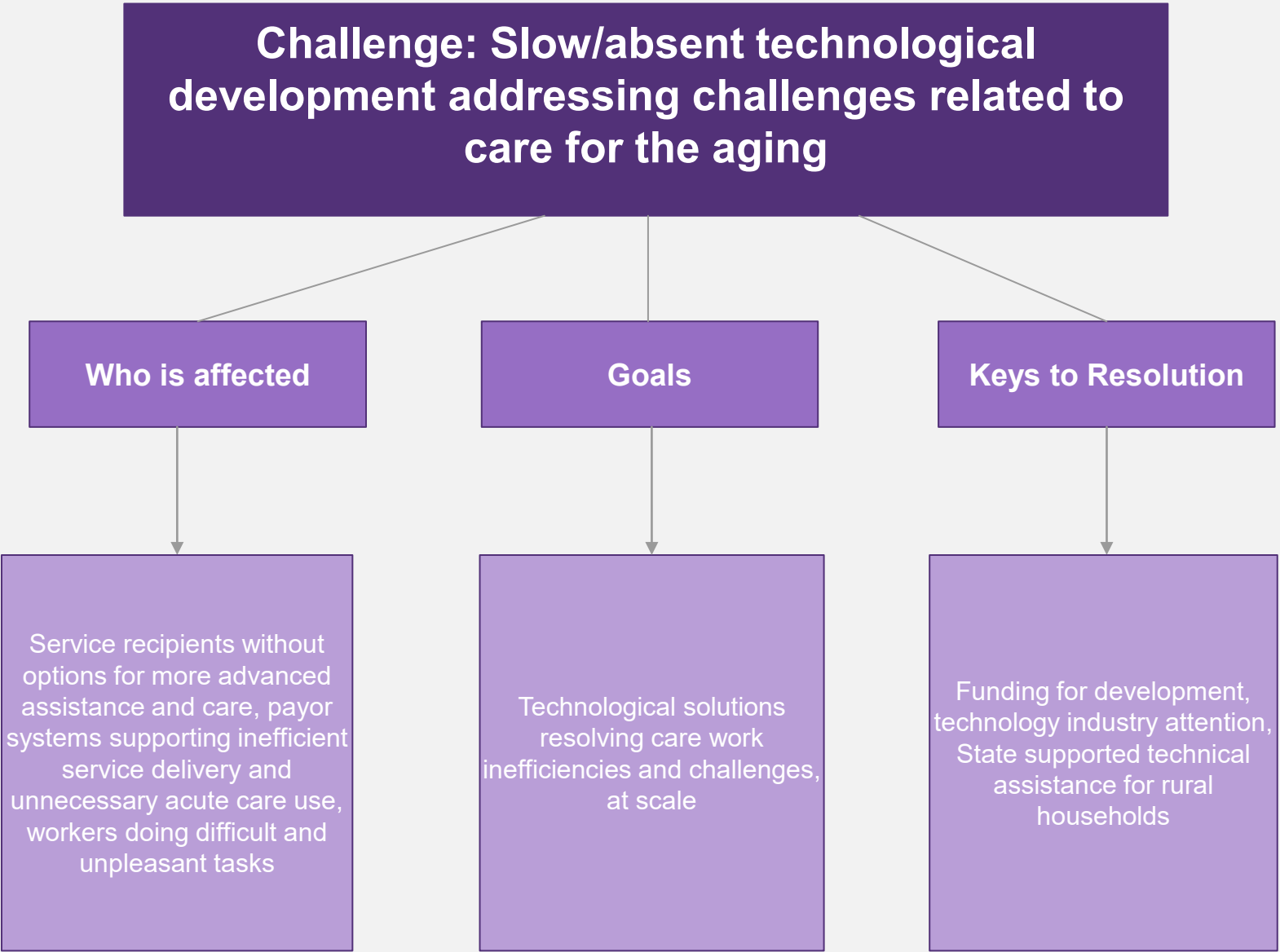
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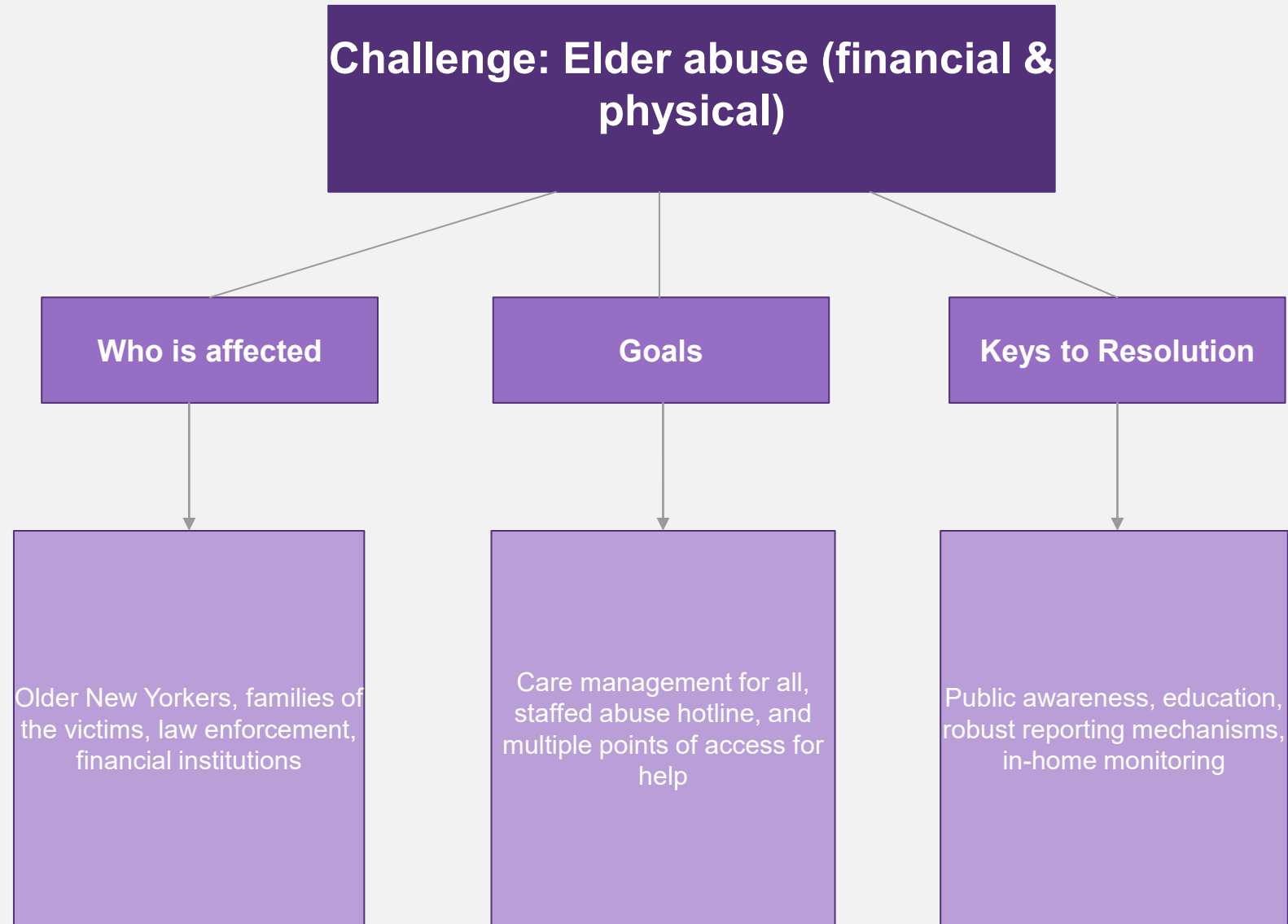
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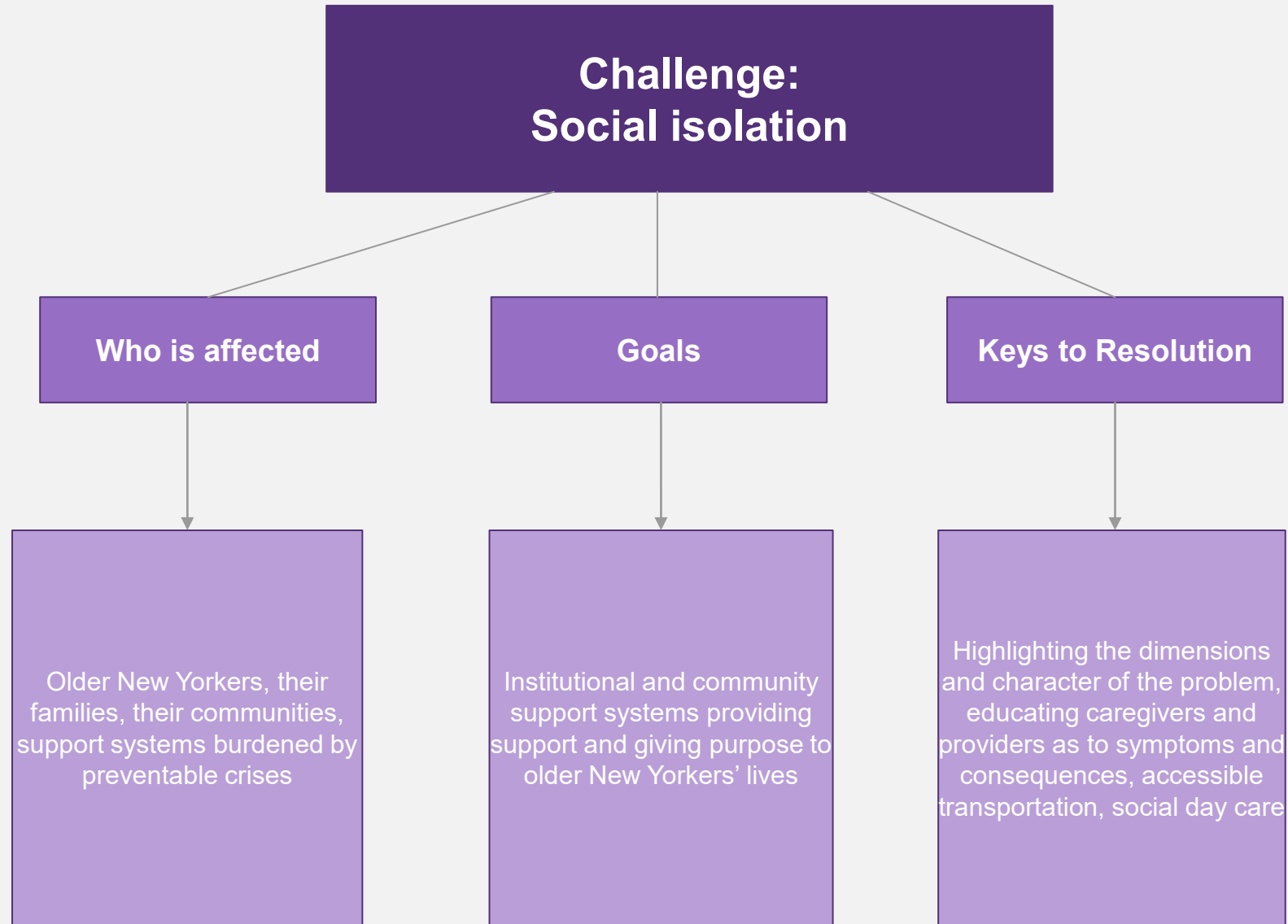
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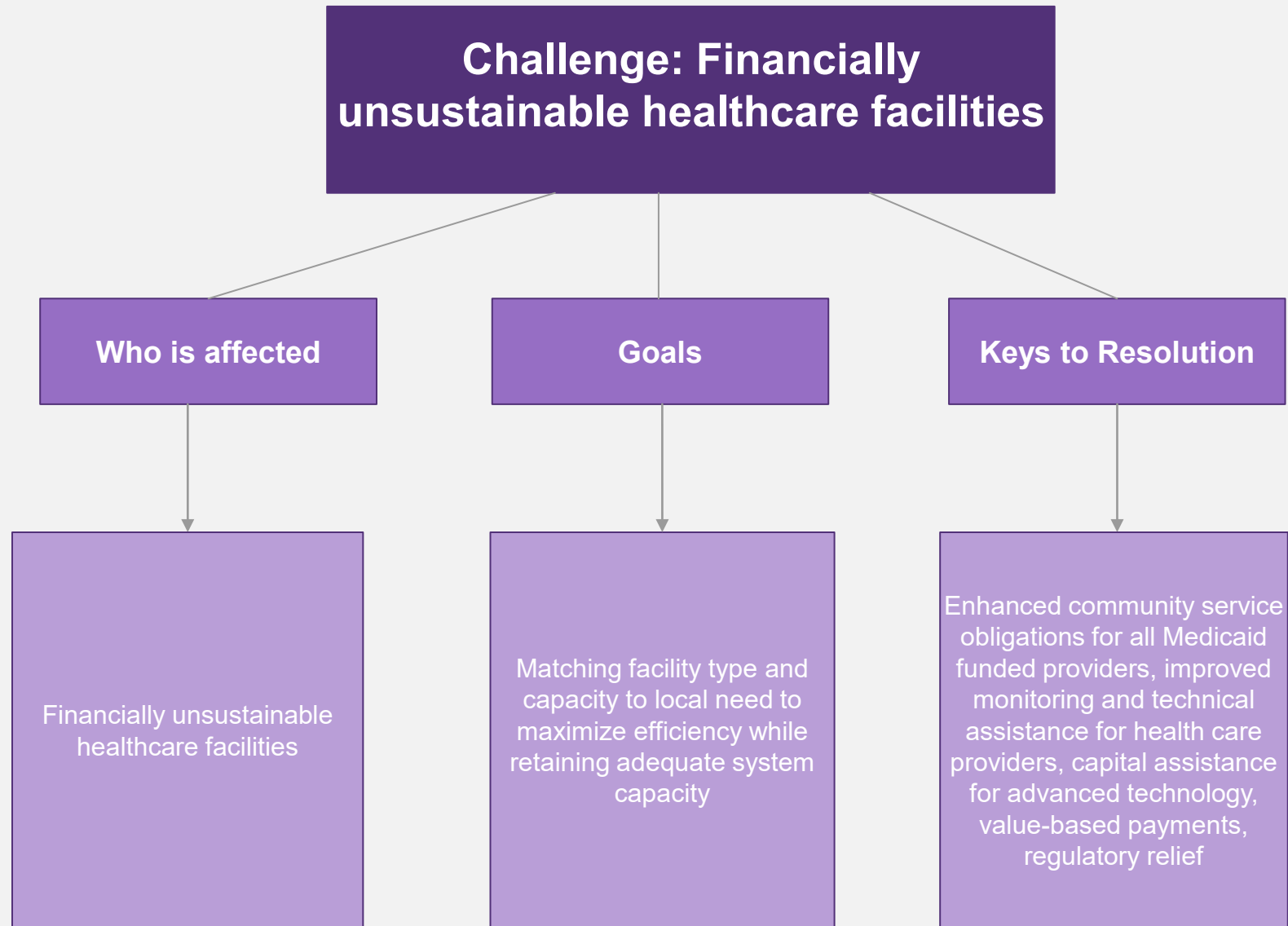
Pillar #7



Pillar #8



Pillar #9



Connecting Themes

- **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

Next Steps for the Stakeholder Advisory Committee

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