NEW YORK STATE | Department of Health

NEW YORK STATE OF OPPORTUNITY. | Office for the Aging

A Master Plan for Aging for New York

Stakeholder Advisory Committee Meeting

OCTOBER 8, 2024

Meeting Agenda

- Introductions and Welcoming remarks from Dr. Eugene Heslin, Greg Olsen, Paul Beyer, Andrew Lebwohl
- Review of Proposal Materials
  - Proposals by Pillar
  - Dashboard and Scoring
- Discussion – Proposals and Scores
  - Modernization and Financial Sustainability of Healthcare and Residential Facilities
- Break
- Continuation of Discussion
  - Introduction of Prevention, Wellness Promotion and Access (as time allows)
- Closing

Stakeholder Advisory Committee Meetings

October 8, 2024 – In-Person and Virtual, 10:00 am - 3:00 pm

- Pillar(s)
  - Modernization and Financial Sustainability of Healthcare and Residential Facilities
  - Introduction to Prevention, Wellness Promotion and Access (as time allows)

October 15, 2024 – Virtual, 10:00 am - 3:00 pm

- Pillar(s)
  - Prevention, Wellness Promotion, and Access
  - Informal Caregiver and Workforce Support and Modernization of Community-Based Aging Network Service Providers

October 21, 2024 – Virtual, 10:00 am - 4:00 pm

- Pillar(s):
  - Access to Services in and Engagement with Historically Underserved Communities
  - Social Engagement of Older Adults
  - Technology Access and Development

October 31, 2024 – Virtual, 10:00 am- 4:00 pm

- Pillar(s):
  - Combating Elder Abuse, Ageism, and Ableism
  - Housing Access and Community Development
  - Future Process, Structure and Milestones

November 5, 2024 – Virtual, 10:00 am- 1:00 pm

- Advisory Report Review

Proposal Materials

Title: Strengthen Home Modification Programs

Reference Number: MPA2024R19

Summary: Review, consolidate and direct policy and budgetary actions to implement improvements to current programs that maintain or modify homes to be accessible for older adults and people with disabilities.

Justification: Home modification programs are needed to ensure older adults and people with disabilities can age in place successfully. However, older adults have difficulty navigating through the maze of programs. Reviewing the existing programs that allow older people to maintain or modify their homes to keep them well maintained, safe, accessible, and energy efficient or climate resilient for efficiency, will ensure older adults can age in their homes and avoid unnecessary institutionalization.

Full Proposal:

Review and direct improvements or expansion as necessary for programs that maintain or modify homes to be accessible for older adults and people with disabilities:

1. Enable the state Chief Customer Experience Officer, along with state agencies administering programs that help older people maintain or modify their homes for maintenance, safety, accessibility, and climate resilience, to review existing programs for efficiency, effectiveness, and overlap. The results of the review could be released in a report.
2. Make grants available for the programs that build ramps for renters and homeowners and ensure funding for home repairs.
3. Provide older adults in need of urgent home access for hospital discharge with temporary ramps to help them avoid unnecessary institutionalization.

Notes: N/A

Source Recommendation Tools: MPA2024T33

Dashboard/Scoring

2024 Master Plan for Aging Stakeholder Advisory Committee

Find the relevant pillar and provide your scores for each of the proposals within that pillar in advance of the meeting to discuss that pillar. You can click the link for each proposal to review a summary of the proposal. There are five areas for you to enter information in response to the criteria: Urgency, Budget, Return on Investment, Consensus Support, and Execution Complexity. There are an additional sixth and seventh area for you to note if you believe the proposal is an infrastructure investment to start now, a long-term plan to initiate in the future, or a change to an in-process initiative or ongoing policy.

Pillars	Proposal	Proposal Unique Identifier	**Urgency** *Rate the urgency of this proposal on a scale from 1-5, 1=long-term, 5=needed immediately.*	**Budget** *Rate how much investment this proposal will require on a scale from 1-5, 1=no investment required, 5=major budget item.*	**Return on Investment** *Rate the potential savings on a scale from 1-5, 1=no savings or impact, 5=disproportionate savings or society-changing impact.*	**Consensus Support** *Rate the level of support from multiple constituencies for this proposal on a scale from 1-5, 1=niche interest, 5=statewide support from multiple major groups.*	**Execution Complexity** *Rate the execution complexity of this proposal on a scale of 1-5, 1=minor change of existing policy, 5=requires revision to federal law or establishment of new statewide infrastructure.*	**Category** *Please note if you think this proposal is an infrastracture investment to start now, a long-term plan to initiate in the future, or a change to an in-process program or policy.*	**Optional 2nd Category** *Please note if you believe this proposal contains component that would fit into a different category from your answer in t previous box.*
Modernization and Financial Stability of Healthcare, Residential Facilities and Community-Based Aging Network Service Providers	Nursing Home Capital Assistance	MPA2024R6							
	Facilitating Nursing Home Reform Efforts	MPA2024R11							
	Fund Aging Services	MPA2024R50							
	Reactivate and Modify the Voluntary Residential Health Care Facility Rightsizing Demonstration Program	MPA2024R12							
	Adult Care Facility Voucher Demonstration	MPA2024R21							
	Diversifying LTC Facility Services	MPA2024R7							
	Improve Nursing Home Quality Incentive Pool	MPA2024R51							
	Interagency Integration of Social and Healthcare Services	MPA2024R57							
	Expanding Flexibility for Long-Term Care Facilities	MPA2024R8							
	Hospice and Palliative Care Support and Reform	MPA2024R10							
	Continuing Care Retirement Communities Oversight Reform	MPA2024R60							
	Review and update ADL Requirements for Medicaid in-home services	MPA2024R64							
	Elevate Integrated Care Programs	MPA2024R86							
	Waiver	MPA2024R13							
	Support PACE Expansion and Enrollment	MPA2024R59							
	Medicaid Rate Reform	MPA2024R49							
	Adult Day Health Care Family Caregiver Program	MPA2024R41							
	Coordination of Homecare and Aging Services at OMH Housing Through 1115 Waiver	MPA2024R85							
	Assisted Living Reform	MPA2024R9							
Affordability of Basic Necessities	Establish a Lifetime Financial Planning Program	MPA2024R23							
	Establishing the Office of Benefits Coordination	MPA2024R1							
	Benefits Program Expansion	MPA2024R47							
	Increase Utilization of the Elderly Pharmaceutical Insurance Coverage Program (EPIC)	MPA2024R68							
	LTSS Finance Reform	MPA2024R69							
	Improving Use of Medicare Savings Program	MPA2024R72							
	Expand STAR Benefits	MPA2024R101							
Informal Caregiver and Workforce Support and Modernization of Community-Based Aging Network	Peer-to-Peer Legacy of Care Mentorship Program	MPA2024R31							
	Require Alzheimer's Disease and Dementia Care Training	MPA2024R29							

Dashboard/Scoring

Scoring Criteria (out of 5):

1. Urgency – How important is it for aging New Yorkers, relative to other priorities, that this be initiated within the next year? (1= long-term, 5= needed immediately)

2. Return on Investment – Is there a potential savings, and what is the relationship between cost and impact? (1= No savings or major impact, 5= disproportionate savings or society-changing impact)

3. Budget – How much investment will this require? (1= no investment required, 5= major budget item)

4. Consensus Support – Is there broad support from multiple constituencies for the proposal? (1= niche interest, 5= statewide support from multiple major groups)

5. Execution Complexity – Is the proposal a simple change to an existing regulation or policy, or would it involve establishing new offices or programs, a procurement process, or changing physical or regulatory infrastructure? (1= minor change of existing policy, 5= requires revision to federal law or establishment of new statewide infrastructure)

Modernization and Financial Stability of Healthcare, Residential Facilities and Community-Based Aging Network Service Providers

Modernization and Financial Sustainability of Healthcare: Nursing Home Capital Assistance

Title: Nursing Home Capital Assistance

Reference Number: MPA2024R6

Summary: Recommendations to provide a flexible approach to nursing home capital improvements by a combination of updates to existing regulatory requirements and metrics. The proposal also includes an evaluation of industry interest in developing specialty care units, and a statement of principle regarding grant program utilization.

Justification: Nursing homes, ACFs, and ALFs are heavily reliant on Medicaid and congregate level 3 SSI/SSP reimbursement to sustain operations and maintain physical plants, and existing capital reimbursements may be difficult to access and include limits. Facilities face inadequate financial support for necessary renovations to improve the quality of life and care for residents. Approval of updated reimbursement costs, a reduction in equity contribution from facilities, and the creation of a new reimbursement methodology would make long-term care facility capital improvements more flexible and would improve reimbursement for cost of care.

Modernization and Financial Sustainability of Healthcare: Nursing Home Reform Efforts

Title: Facilitating Nursing Home Reform Efforts

Reference Number: MPA2024R11

Summary: Create a more home-like environment through the development of the Green House or other small house-type facilities and the renovation of other facilities to facilitate the creation of a home-like environment. The proposal also includes recommendations to update regulatory requirements in order to facilitate complementary transformations to the nursing home industry.

Justification: Most nursing home buildings are old, built several decades ago, are institutional in nature and don't fit the population's needs or wants. Nursing Home reforms provide modifications such as in-unit dining, additional communal and activity space, environmental and life safety codes, and update equity contributions. Creating a set of actions to support the development of a facility-based LTC setting, such as the Green House model or other small house-type facilities will create a more home-like environment, improving the quality of life for older adults in residential care.

Modernization and Financial Sustainability of Healthcare: Fund Aging Services

Title: Fund Aging Services

Reference Number: MPA2024R50

Summary: Establish budget parity for aging services by increasing access to capital programs and resources for community-based services including statewide funding opportunities, expansion of Medicaid provider licensure to the network of community-based services providers, and innovative financing programs (i.e., social impact bonds) to ensure that all New Yorkers can age in their community of choice.

Justification: New York State's community-services are underfunded, hindering their ability to meet the existing and emerging needs of older adults. The State could save up to $500 million by expanding home care services based on the cost differential between nursing homes and home care. Expanding home care would result in a 0.8% decline in the number of individuals receiving nursing care. With approximately 113,000 people in nursing homes in New York, about 6% of those individuals are considered "low-care," indicating that there is potential for significant savings.

Modernization and Financial Sustainability of Healthcare: Reactivate and Modify the Voluntary Residential Health Center Facility Rightsizing Demonstration Program

Title: Reactivate and Modify the Voluntary Residential Health Care Facility Rightsizing Demonstration Program

Reference Number: MPA2024R12

Summary: Modify and reactivate the Voluntary Residential Health Care Facility Rightsizing Demonstration Program to incentivize facilities to voluntarily give up unneeded beds and ensure appropriate placement through further expansion of alternate levels of service and save Medicaid funds. Proposed modifications would include loosening regulations around reactivation, providing a financial incentive for decertification, and expanding the program.

Justification: Statewide nursing home occupancy has been trending at less than 90% as a result of staffing shortages, availability of alternate care settings, among other factors. Due to the current Medicaid pricing system, facility operators are incentivized to operate a larger number of beds and maintain high occupancy rates. Facilities are reluctant to decertify beds and relinquish the associated economic value. Voluntary rightsizing would incentivize facilities to give up unneeded beds, ensure appropriate placement through further expansion of alternate levels of services and save Medicaid dollars.

Modernization and Financial Sustainability of Healthcare: Adult Care Facility (ACF) Voucher Demonstration

Title: Adult Care Facility (ACF) Voucher Demonstration

Reference Number: MPA2024R21

Summary: Create a limited demonstration program modeled on the successful Special Needs Assisted Living Voucher Demonstration Program for persons with dementia aimed at preventing or delaying the need for more costly, higher-level care. The program would provide a sliding-scale subsidy for ACF residents who are at risk of nursing home care due to depleted resources and to individuals not eligible for Medicaid or SSI but in need of Adult Day Health Care services.

Justification: The "forgotten middle" are individuals who are not eligible for Medicaid or SSI but do not have a large disposable income, are in need of Adult Day Health services and do not have access to the services and programs they need which accurately reflect their preferred location of residence or the acuity of care their condition requires. Middle income populations have limited access to assisted living residence services or memory care, resulting in a decreased quality of care and life. Inclusion of urban, rural, and suburban counties will ensure diversification of the population receiving services.

Modernization and Financial Sustainability of Healthcare: Diversifying Long-Term Care (LTC) Facility Services

Title: Diversifying Long-Term Care (LTC) Facility Services

Reference Number: MPA2024R7

Summary: Diversify long-term care facility services to encourage high quality and person-centered specialized clinical services. This includes expansion of Adult Care Facilities/Assisted Living and Adult Day Health Care access, expansion of access to and improved clinical expertise in psychiatric, mental health, and behavioral health services for long-term services and supports providers, and the elimination of regulations which complicate compliance with staffing mandates.

Justification: Regulatory and programmatic barriers impede access to appropriate providers and person-centeredness in facility-based long-term services and support settings. This limits options for individuals needing LTSS and hinders their ability to optimize their quality of life as their needs change with age. The development of specific mechanisms, such as reviewing operating and payment regulations, expansion of the ECHO model, and expansion of availability of specialized workforce training could improve high quality and person-centered specialized clinical services.

Modernization and Financial Sustainability of Healthcare: Improve Nursing Home Quality Incentive Pool

Title: Improve Nursing Home Quality Incentive Pool

Reference Number: MPA2024R51

Summary: Create a robust Nursing Home Quality Incentive Pool through reallocation of funding from the Vital Access Provider pool to offset changes to nursing home quality incentive pool. Recommendations for increased investment in improved nursing home quality include collective stakeholder input, additional metrics for staff, and investments in workforce training.

Justification: Not-for-profit and other quality-driven nursing home organizations are unable to financially sustain operational efficiencies in the current healthcare landscape, however, they would significantly benefit from an improved incentive pool that rewards nursing homes for investment in workforce training and decreased turnover rates, among other quality-based metrics. This would force all nursing home providers to invest in these areas.

Modernization and Financial Sustainability of Healthcare: Interagency Integration of Social and Healthcare Services

Title: Interagency Integration of Social and Healthcare Services

Reference Number: MPA2024R57

Summary: Establish an interagency office to develop a plan to fully integrate social and healthcare services for New Yorkers of all ages based on research and available data on positive outcomes. In cross-sector partnerships, state agency members will develop shared goals to assess the effects of ageism and foster sustainable health and social care alignment.

Justification: A focus on "whole person" health has been increasing over the past decade. Recognizing that health outcomes are dependent on both medical and non-medicalized care, major national and international organizations have devoted years of research into the benefits and challenges of aligning public health, social services, and health care to address social determinants of health and to reduce health inequities. The importance of better aligned care for the older population has been recognized by the World Health Organization (WHO). An interagency integration of social and healthcare services will lead to health care savings and have positive impacts on the lives of older adults and people with disabilities. Cultivated partnerships, integrated healthcare, and collaboration of government, community and business communities would establish cross-sector alliances that effectively address issues of ageism, health and social care.

Modernization and Financial Sustainability of Healthcare: Expanding Flexibility for Long-Term Care Facilities

Title: Expanding Flexibility for Long-Term Care Facilities

Reference Number: MPA2024R8

Summary: Reduce regulatory and programmatic barriers through creating a sustainable, person and quality centric Assisted Living Model for the future, developing one uniform licensure category for assisted living, and increasing financial support for transitioning nursing homes to other care models. Allow Adult Care Facilities to add Assisted Living Program (ALP) beds.

Justification: Regulatory and programmatic barriers, compounded with financial hindrances, generate gaps in the availability of facility-based LTSS for those who desperately need it. Additionally, individuals who need facility-based LTSS face scarce resources and limited accessibility to other options. Expanding flexibility for facilities will aid in optimizing health at the appropriate level of care and reducing accelerated access of costlier higher care levels.

Modernization and Financial Sustainability of Healthcare: Expanding Flexibility for Long-Term Care Facilities: Hospice and Palliative Care Support and Reform

Title: Hospice and Palliative Care Support and Reform

Reference Number: MPA2024R10

Summary: Improve and preserve the quality and availability of hospice and palliative care. Recommendations include reestablishment of the Hospice and Palliative Care Education and Training Council, development of a Regulatory and Certificate of Need Task Force, funding for a stakeholder statewide coalition, offering an interdisciplinary palliative care benefit for qualifying Medicaid recipients regardless of location, and recognizing Physician Assistants as Hospice Attendings.

Justification: Preserving the quality and availability of hospice and palliative care services requires changes to service delivery, regulation interpretation, and increased knowledge about quality end of life services. In improving awareness of culturally and linguistically competent end of life care, improving certificate of need methodology, ensuring appropriate access to services, standardization, oversight, and funding, and ensuring alignment in regulatory and legislative interpretation, New York State can better protect the dignity of its residents and improve access to care quality end of life care.

Modernization and Financial Sustainability of Healthcare: Continuing Care Retirement Communities Oversight Reform

Title: Continuing Care Retirement Communities Oversight Reform

Reference Number: MPA2024R60

Summary: Encourage the growth of Continuing Care Retirement Communities by consolidating oversight to the Department of Health, updating the priority reservation fee deposit, and reallocate state resources to the DOH to support expanded oversight. This proposal includes alternative opportunities to reduce barriers to growth, all of which align with the recommendations to reduce oversight and improve CRCCs ability to effectively serve their populations.

Justification: Development of continuing care retirement communities, a senior housing model which incentivizes the use of retirement funds to pay for care rather than incurring spend-down or estate planning for Medicaid, is hindered by significant barriers. To encourage growth of CRCCs and reduce potential for Medicaid spending, New York should consolidate oversight of CRCCs and eliminate other important barriers to growth.

Modernization and Financial Sustainability of Healthcare: Adult Day Health Care Family Caregiver Program

Title: Adult Day Health Care Family Caregiver Program

Reference Number: MPA2024R41

Summary: Increase and incentivize Adult Day Health Care programs through regulatory reforms that address reimbursement and financing, expanded staffing, innovative partnerships with other service providers including with transportation providers, and encourage pilot programs that integrate adult day services.

Justification: For older adults who require supervision during the day or those who would benefit from more social interactions outside of their homes, adult day health care facilities and programs offer a safe and secure environment. Local and regional collaborations with key organizations will help ensure that programs are accessible and inclusive for older adults with disabilities or with unique needs who are often left unaccommodated and unaccounted. Incentivizing the participating Adult Day Health Care programs with a program that directly reimburses the facility with up to 50% of the Medicaid rate will ensure these critical services will be sustainable for community members who greatly need them.

Modernization and Financial Sustainability of Healthcare: Review and update ADL Requirements for Medicaid in-home services

Title: Review and update ADL Requirements for Medicaid in-home services

Reference Number: MPA2024R64

Summary: Consider regulatory reforms related to current ADL requirements for in-home services covered by Medicaid and develop a universal eligibility tool to ensure accurate, timely, and quality assessment of eligibility of needed in-home services to ensure coverage regardless of payor source.

Justification: Current ADL (Activities of Daily Living) criteria limits accessibility to necessary home care services. Striking and updating current ADL requirements would allow more people to be eligible for home care, age in place, and ultimately maintain health for longer. In turn, those needing a higher level of care would be minimized.

Modernization and Financial Sustainability of Healthcare: Elevate Integrated Care Programs

Title: Elevate Integrated Care Programs

Reference Number: MPA2024R86

Summary: Create ways to upscale service delivery to the most integrated settings possible by incorporating enrollees who receive services through provider programs without coordination and aging individuals receiving OPWDD services into more comprehensive programs such as PACE without disenrollment or automatic exclusion from their current program, their care can be more holistically coordinated.

Justification: New York State policy supports enrollment of dually eligible individuals into fully aligned Medicare-Medicaid arrangements such as PACE. However, in practice, New York's delivery system has a path of least resistance to less integrated care options and several barriers exist in enrolling dually eligible individuals into integrated care. These barriers include the current exclusion from PACE of those enrollees receiving services through the Medicaid Assisted Living Program (ALP) or OWPDD, consumer protections that prohibit automatic enrollment of newly Medicare eligibles into PACE, poor representation of PACE in plan to plan transfers and OPWDD I/DD and OALTC LTC regulations that inhibit the I/DD providers from caring for individuals with I/DD as they age and become more frail.

Modernization and Financial Sustainability of Healthcare: Cross System Care Coordination Through the 1115 Medicaid Waiver

Title: Cross System Care Coordination Through the 1115 Medicaid Waiver

Reference Number: MPA2024R13

Summary: Look for flexibilities in 1115 Waiver to incorporate a focus on care transition and navigation needs of the aging population in the procurement process, including Health Equity Regional Organizations (HEROs) and Social Determinants of Health Networks (SDHNs), consider reimbursement strategies for community based organizations as well as support the growth of Community Benefit Organizations (CBOs) and full integration of social and medical care throughout the State.

Justification: There is limited access to effective and evidence-based care transition models that successfully incorporate cross-service system care coordination that provide meaningful, holistic navigation for older adults, individuals with disabilities, and their caregivers. Utilizing the 1115 Waiver to reimburse community-based organizations for health promotion through education and class offerings will mitigate adverse health outcomes and decrease the demand for services in the long term.

Modernization and Financial Sustainability of Healthcare: Support PACE Expansion and Enrollment

Title: Support PACE Expansion and Enrollment

Reference Number: MPA2024R59

Summary: Consider regulatory, budget and programmatic actions to implement that would increase Program of All-inclusive Care for the Elderly (PACE) enrollment by increasing accessibility and awareness of PACE.

Justification: PACE is a proven model for the provision of care and services to dually eligible older adults in the setting of their choice, ensuring improved equity to services without the need for long-term care facility placement. Implementing opportunities for PACE enrollment and program expansion may provide more older adults with the care they need without facility placement and it's base capitation rates may provide the state with a Medicaid Return on Investment.

Modernization and Financial Sustainability of Healthcare: Medicaid Rate Reform

Title: Medicaid Rate Reform

Reference Number: MPA2024R49

Summary: Consider reforms to Medicaid reimbursement across long term service and support providers, including facility-and-home-based providers, through examination and adjustments to SSI/SSP, rate methodology, and episodic payment system policies.

Justification: Current Medicaid rates are inadequate and outdated. They do not cover the cost of care, nor do they align with the desired outcomes, but there is a heavy reliance on scarce Medicaid resources as a result of existing state policy. Accessing capital for renovation and construction is difficult, but the renovations are necessary to support and improve quality of life for the residents.

Modernization and Financial Sustainability of Healthcare: Coordination of Homecare and Aging Services at OMH Housing Through 1115 Waiver

Title: Coordination of Homecare and Aging Services at OMH Housing Through 1115 Waiver

Reference Number: MPA2024R85

Summary: Create a demonstration program for individuals being discharged from hospitals participating in the evidence based care transition demonstration. The demonstration would coordinate home care and aging services for individuals with co-occurring LTC and mental health and/or substance use needs who are transitioning back to or newly being transitioned to community-based OMH housing.

Justification: Individuals with co-occurring LTC and mental health and/or substance use needs who are transitioning to community-based OMH housing need immediate access to home care and aging network services. Implementation of a parallel demonstration project that coordinates home care and aging services for individuals being discharged from hospitals participating in the evidence base care transition demonstration will allow for a more seamless transition and better care coordination for this vulnerable population.

Modernization and Financial Sustainability of Healthcare: Assisted Living Reform

Title: Assisted Living Reform

Reference Number: MPA2024R9

Summary: Combine accreditation programs and regulatory reforms to drive higher quality care and improved access to specialized services at assisted living residences. Encourage integration, including digital systems, into larger network of care providers.

Justification: Accreditation of assisted living facilities through tested and comprehensive quality metrics and the establishment of enhanced case management programs for assisted living residences to improve coordination of care will bolster consumer trust. This will also reduce the risk to ALR operators. Overall, this set of actions will result in improved clinical and social health outcomes.

Prevention, Wellness Promotion, and Access

Prevention, Wellness Promotion, and Access: Evaluate Payor Support for Preventative Services and Supports

Title: Evaluate Payor Support for Preventive Services and Supports

Reference Number: MPA2024R65

Summary: Consider regulatory and programmatic actions to, on an annual basis, analyze policy decisions that affect the delivery of Medicaid Long Term Services and Supports (LTSS) for Medicaid Managed Care, Managed Long Term Care and Fee for Service (FFS) for consideration of support for LTSS that defer, delay and eliminate the need for Medicaid long-term care with an annual report that recommends methods for greater integration of services and payors across the DOH and SOFA landscape.

Justification: Spending on long-term care services and supports at all levels and in all setting does not provide equity, efficiency, or financial stability. To develop and promote systems and services at scale, New York should annually analyze policy decisions which affect the delivery of long-term services and supports.

Prevention, Wellness Promotion, and Access: Prevention and Geriatrics Continuing Medical Education (CME)

Title: Prevention and Geriatrics Continuing Medical Education (CME)

Reference Number: MPA2024R3

Summary: Establish a blue-ribbon commission to develop Continuing Medical Education content on prevention and geriatric medicine to increase provider awareness of contemporary best practices. The proposal additionally provides details on the membership of the commission, the target audience for the content, and content distribution.

Justification: Geriatric education ensures that medical professionals are ready to care for and advocate for an increasingly diverse and vulnerable population of older adults. The creation of a blue-ribbon commission on Continuing Medical Education with a focus on primary, secondary, and tertiary care for older adults strives to eliminate the gap in prover awareness of best practices with older adults.

Prevention, Wellness Promotion, and Access: Food as Medicine promotion

Title: Food As Medicine promotion

Reference Number: MPA2024R73

Summary: Build an integrated social care delivery system through resource allocation, regulatory and statutory actions with a focus on health equity to enable aging service providers, the existing AAA network, and local health departments to provide Food As Medicine interventions tailored to each community to be scaled statewide over a decade.

Justification: Older adults and individuals with disabilities experience food insecurity, difficulty accessing nutrition benefits, and difficulties accessing healthy food options which contributes to increased healthcare costs due to poor nutritional diet and worsened medical conditions and strain on the aging services infrastructure, which provides home-delivered meals to older adults regularly. An integrated social care delivery system with Food as Medicine interventions would improve health equity, reduce healthcare spending, and enable the AAAs to provide nutrition-based interventions to reduce the trend of malnutrition.

Prevention, Wellness Promotion, and Access: Review and Update of the Patient Review Instrument (PRI)

Title: Review and Update of the Patient Review Instrument (PRI)

Reference Number: MPA2024R74

Summary: Review and engage in an update of the PRI Screening Tool in consultation with appropriate partner agencies and stakeholders with the goal of reflecting the current acuity-based Medicaid reimbursement system and an evolving health information technology landscape, increase efficiencies and better integrate into the State HIT and exchange framework the aging and LTC services providers.

Justification: The PRI medical evaluation tool meant to assist older adult in their transition between care settings, lacks practicality and consistency, does not align with the current Medicaid reimbursement system, and causes delays in long-term care facility admissions and access to necessary services. Updating the PRI may better reflect the current reimbursement system and improve access to and quality of care for older adults.

Prevention, Wellness Promotion, and Access: Promotion of the Annual Wellness Visit

Title: Promotion of the Annual Wellness Visit

Reference Number: MPA2024R80

Summary: Undertake programmatic and educational efforts and consideration of innovative partnerships between community-based and health service providers to provide better awareness and utilization of Annual Wellness Visits with primary care providers to create or update a personalized prevention plan.

Justification: The Medicare Annual Wellness Visit is a yearly appointment with a primary care provider to create a personalized health, prevention, and health monitoring plan, however older adults and physicians lack awareness of the benefit and its usefulness. This benefit improves health care quality and lowers healthcare costs. New York state should explore ways and opportunities to promote this benefit for the improvement of the health, prevention engagement, and reduction in healthcare spending.

Prevention, Wellness Promotion, and Access: Public Education and Awareness

Title: Public Education and Awareness

Reference Title: MPA2024R4

Summary: Establish public awareness campaigns regarding best practices for addressing the following health issues or needs: Falls, Diabetes, Hypertension, the importance of physical activity, Nutrition benefits (including SNAP, the Elderly Simplified Application Process, and the Restaurant Meals Program), Malnutrition Prevention and Awareness, Advance care planning (particularly end-of-life), Caregiver education, Brain health, Adult Abuse and Scams, and Generalized prevention.

Justification: Risk factors for worsened health and increased healthcare costs include hypertension, diabetes, and falls, though education and management strategies for these conditions are not widely practiced. Additionally, Advanced Care Planning, the benefits of utilizing SNAP, the identification of a caregivers, and the importance of brain health are issues which may require improved understanding. Education and awareness of these topics may improve health outcomes.

Prevention, Wellness Promotion, and Access: Ecosystem Demonstration Plot

Title: Ecosystem Demonstration Pilot

Reference Number: MPA2024R81

Summary: Establishes a partnership among NYSOFA, DOH and the Department of State to create local teams to facilitate better coordination across health systems, local health departments, primary and specialty providers, and Area Agencies on Aging. Includes a requirement that initial demonstrations be located in counties that have at least one health system certified as an Age-Friendly Health System.

Justification: A healthy aging approach seeks to address these factors in a collaborative way across government in order to improve long-term health and wellness outcomes and thus, improve the aging experience. To achieve this, New York has taken the foundational steps, but much work remains to integrate medical, public health and community-based care. The Ecosystem Demonstration Pilot is needed to both address health service referral and delivery and chronic condition management to establish better coordination of care and referral networks across health systems, local health department, primary and specialty providers, and Area Agencies on Aging, to promote holistic prevention and healthy aging across the lifespan.

Prevention, Wellness Promotion, and Access: Support Services for Older New Americans

Title: Support Services for Older New Americans

Reference Number: MPA2024R82

Summary: Support older new Americans by funding trusted community benefit organizations in the Older New Americans network. Target organizations would provide case management support, referrals, and information and translation services in a way that overcomes existing linguistic and cultural barriers.

Justification: Older new Americans face significant challenges and restricted access to resources leading to negative health outcomes. Instilling support services to address the specific needs of this rapidly growing population would allow for more coordinated assistance between organizations, increased access to resources, and necessary services that bolster the health and wellbeing of older new Americans.

Prevention, Wellness Promotion, and Access: Firearm Retirement Plan

Title: Firearm Retirement Plan

Reference Number: MPA2024R83

Summary: Provide education and active engagement of older adults to facilitate better firearm safety. Include mental health and suicide prevention in a program of engagement for firearm owners.

Justification: Firearm injury is a major source of preventable injury and death amongst older adults as they are at an elevated risk of cognitive impairment, serious illness and depression which can cause suicidality. Nationally, those over the age of 50 account for 33% of firearm associated deaths. About 84% of those are suicides (https://ihpi.umich.edu/news/how-can-we-reduce-firearm-death-toll-older-adults). In New York, white (non-Hispanic) males over the age of 75 are at the highest risk for firearm suicide (https://efsgv.org/state/new-york/). Many older gunowners have not planned for the future in regards to their firearms. The Firearm Retirement plan will initiate conversations that actively address firearm location and safety concerns.

Prevention, Wellness Promotion, and Access: Support Older Adults Aging in Place in OMH Licensed and Permanent Housing

Title: Support Older Adults Aging in Place in OMH Licensed and Permanent Housing

Reference Number: MPA2024R84

Summary: Proposes a formal collaboration among DOH, the Homecare Association of NYS, OMH Housing Providers and Advocacy groups to address challenges for accessing needed services in OMH housing.

Justification: As older adults with mental illness age in OMH housing programs, it is apparent that the home care workforce is unequipped to effectively provide services to this population. Knowledge about eligibility and disconnection from family and informal caregivers creates challenges for those living in these housing programs. Cross-agency collaborations will allow a comprehensive understanding of the existing challenges and opportunities in these settings and address the needs of older adults with mental illness.

Prevention, Wellness Promotion, and Access: Community Immunization Program

Title: Community Immunization Program

Reference Number: MPA2024R2

Summary: Support increasing vaccination rates. The proposal includes a combination of partnerships and studying the most effective ways to encourage vaccination.

Justification: Vaccination is an effective and cost-effective modality of prevention and public health which has a major effect on mortality reduction and population growth. However, vaccination rates among older adults, specifically those in underserved and historically marginalized communities, are low. With a focus on health equity and through partnerships with local health departments, senior centers, pharmacies, and other entities, a Community Immunization Program and a study to learn more about vaccination rates in New York could improve prevention efforts.

Prevention, Wellness Promotion, and Access: Prevention Curriculum

Title: Prevention Curriculum

Reference Number: MPA2024R5

Summary: There is a need for prevention concepts to drive decision-making earlier in life to enable older adults to reap the benefits of early investments in health, finances, and relationships. In partnership with OPH and SED, DOH will engage in curriculum development and school outreach with a coordination effort and commitment to prevention education.

Justification: There is a need for prevention concepts to drive decision-making earlier in life to enable older adults to reap the benefits of early investments in health, finances, and relationships. In partnership with OPH and SED, DOH will engage in curriculum development and school outreach with a coordination effort and commitment to prevention education.

Prevention, Wellness Promotion, and Access: Care Integration Through Plans

Title: More Effective Care Integration Through Plans

Reference Number: MPA2024R14

Summary: Introduce a care mandate that incorporates mental, behavioral and physical health for managed care plans. The proposal includes a plan to work with CMS for the needed program changes.

Justification: Mental, behavioral, and physical health need to be better incorporated into managed care plane via a care mandate to ensure members are monitored for social isolation, cognitive impairment, and other conditions that are a threat to their health. Social workers play a crucial role in enhancing health systems, particularly in Medicaid Managed Long-Term Care, by promoting population health and reducing health inequities, especially for individuals experiencing loneliness, substance abuse, and dementia.

Prevention, Wellness Promotion, and Access: Employment Supports for Menopause

Title: Employment Supports for Menopause

Reference Number: MPA2024R89

Summary: Provide employment supports and benefits for the workforce who experience menopause. Create a public awareness campaign to support improved understanding of menopause including workplace guidance for employers and employees.

Justification: The symptoms of menopause can result in missed work and daily disturbances for the female population of the workforce. Public awareness campaigns, improved guidance, and workplace benefits can better support an aging New York workforce.

Prevention, Wellness Promotion, and Access: Paid Time Off for Preventative Healthcare Visits

Title: Paid Time Off for Preventative Healthcare Visits

Reference Number: MPA2024R92

Summary: Require all New York State employers to provide sufficient annual time off to engage in an annual preventative healthcare visit and colon cancer screening.

Justification: About a third of American adults see a healthcare provider for an annual physical, an appointment meant to engage in preventative healthcare. However, physicals can include costly examinations and tests and medical professionals argue that a visit with a focus on establishing relationships, medical history, social situations, and health risk assessments may provide improved engagement with preventative healthcare. Existing Civil Service Law provides time for cancer screening to prevent cancer. All New York State employees should receive sufficient paid time off to engage in annual preventative and colon cancer prevention healthcare.

Prevention, Wellness Promotion, and Access: Training on the needs of Older Adults with Substance Use Disorders

Title: Training on the needs of Older Adults with Substance Use Disorders

Reference Number: MPA2024R107

Summary: To better serve older adults with substance use disorders, education, training, and awareness on their specific needs and the impact of stigma and ageism should be improved for NYS OASAS-certified providers. Developing a specialized training curriculum and expanding it to behavioral and physical health providers would enhance care and reduce social stigma.

Justification: Implementing targeted training would equip providers with the skills to address the unique challenges older adults face in substance use disorder treatment, leading to better recovery outcomes. Expanding this curriculum across healthcare systems would promote comprehensive, stigma-free care and improve collaboration between providers.

Prevention, Wellness Promotion, and Access: Expand the Wellness Initiative for Senior Education and Screening Brief Intervention Referral to Treatment (WISE-SBIRT) Model

Title: Expand the Wellness Initiative for Senior Education and Screening Brief Intervention Referral to Treatment (WISE-SBIRT) Model

Reference Number: MPA2024R108

Summary: Expand the WISE-SBIRT model to the 10 economic development zones (EDZ) across the state to improve reporting accuracy, increase quality of health information, develop safe spaces for substance use concerns, and provide interventions and referrals.

Justification: Support for older adults experiencing health concerns from substance use and addiction will experience improved health outcomes and quality of life from identification and intervention services and supports.

Next Steps

- Next Meeting: October 15, 2024, 10:00am- 3:00pm - Virtual
- Questions can be sent to MPA@health.ny.gov