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 31, 2024

Meeting Agenda

- Welcoming remarks from Dr. Eugene Heslin, Greg Olsen, Paul Beyer, Andrew Lebwohl
- Discussion – Proposals and Scores
  - Technology Access and Development
  - Affordability of Basic Necessities
- Break
- Discussion – Proposals and Scores
  - Combating Elder Abuse, Ageism, and Ableism
  - Future Process, Structure, and Milestones
- Closing

Stakeholder Advisory Committee Meetings

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

- Pillar(s):
  - Affordability of Basic Necessities
  - Technology Access and Development
  - Combating Elder Abuse, Ageism, and Ableism

November 5, 2024 – Virtual, 10:00 am - 4:00 pm

- Pillar(s):
  - Housing Access and Community Development
  - Prevention, Wellness Promotion, and Access
  - Future Process, Structure and Milestones

November 15, 2024- Virtual, 10:00 am – 4:00 pm

- Advisory Report Review

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)

Technology Access and Development

Technology Access and Development: Involving the User in the Design and Development of Technology

Title: Involving the User in the Design and Development of Technology

Reference Number: MPA2024R87

Summary: Develop policies that encourage the technology sector to involve end-users in the design and development of such technology products, trainings, and support services, including incentives for companies that include end-user in design and development, establishing formalized standards for procurements, involvement of end-users in policy development, and implementation of end-user feedback.

Justification: Technology is most effective when the intended users are involved in the design and development of the products, trainings, and support services, particularly for older adults, individuals with disabilities, and caregivers. By doing so, the users' desire to engage with the product increases as well as the efficacy of the technology. Implementation of these actions will improve health outcomes, such as with easier utilization of telehealth services, as well as increasing independence through means of empowerment for the individual.

Technology Access and Development: Statewide Uniform Care Platform

Title: Statewide Uniform Care Platform

Reference Number: MPA2024R75

Summary: Develop, launch, and maintain a statewide, uniform HIPAA compliant care platform aiming to empower users to proactively help clients receive the care and services, allowing for benefits and services enrollment based on data analysis, trends, and recommendations generated by the platform. The platform would replace the current use of individual assessment tools and data sheets by various programs and allow users to seamlessly coordinate services and benefits across multiple agencies and programs.

Justification: The establishment of a statewide uniform care platform allows providers to seamlessly assist older adults in receiving care they require. The platform promotes aging in place and accessible, coordinated benefits and services. Timely and efficient enrollments ensure that older adults and people with disabilities can receive necessary services and supports.

Technology Access and Development: Improve Cognitive Health Data Accessibility

Title: Improve Cognitive Health Data Accessibility

Reference Number: MPA2024R27

Summary: Establish a central repository of HIPAA-compliant cognitive health data to inform policymaking and resource prioritization in support of optimizing value, equity, inclusion and effectiveness of cognitive health promotion and care in NYS. The proposal includes an evaluation of existing data sets and of use cases for the repository.

Justification: Existing data sets about cognitive health are not easily accessible or structured to best support cognitive health promotion and disease prevention across the lifespan. The scope, accuracy, and comprehensiveness of the data sets are limited as they do not provide the necessary information for addressing cognitive health, thereby limiting their usefulness for decision-making, policy planning and development, and care provision. Having a full range of accurate data will support the understanding of the costs, benefits, and effectiveness of existing cognitive health services.

Technology Access and Development: Integrate Data and Case Management Across Care Settings

Title: Integrate Data and Case Management Across Care Settings

Reference Number: MPA2024R26

Summary: Leverage the Statewide Health Information Network for New York (SHINNY) in a series of three pilots to integrate information from medical, behavioral, and mixed payer client data systems to connect to Qualified Entities such as HIXNY or Healthix to facilitate use of electronic information from local provider systems. The pilots would prioritize data sharing to facilitate better transitions across care settings.

Justification: The New York State health care system lacks efficient communication, access to holistic care coordination, knowledge about navigating a fragmented long-term services and supports system, and reimbursable or affordable evidence-based care transition programs. This lack of effective care transition service results in avoidable hospitalizations, rehospitalizations, ER use post discharge, increased medical errors, increased healthcare spending, and adverse health outcomes. The creation of a pilot which will leverage the SHINNY to integrate critical information from client data systems and facilitate meaningful use of electronic health information in a real-time data exchange using evidence-based care transition models, could contribute to a reduction in avoidable hospital and ER use, avoidable healthcare spending, and avoidable adverse health outcomes.

Technology Access and Development: Meaningful Access to Technology

Title: Meaningful Access to Technology

Reference Number: MPA2024R76

Summary: Increase efforts to ensure meaningful access to technology for all populations, including access to the hardware, software, and other equipment necessary to meet needs; an internet connection with sufficient bandwidth; and the training, support, and skills necessary to use them delivered in an engaging and culturally component way.

Justification: In the digital age it is now more important than ever to ensure all New Yorkers have the access and technological knowledge needed to use online services and supports. Better understanding challenges to access and providing comprehensive training will allow older New Yorkers to gain the knowledge and resources necessary to obtain the hardware, software and sufficient broadband that support basic needs and social connectedness.

Technology Access and Development: AgeTech and Assistive Technology Incubator

Title: AgeTech and Assistive Technology Incubator

Reference Number: MPA2024R25

Summary: Establish a State-sponsored technology incubator focused on "AgeTech" and assistive technology. The incubator would be a public-private partnership leveraging State opportunities to encourage development of needed technologies.

Justification: AgeTech enhances autonomy and empowers older individuals through assistive technology. This technology, such as voice-activated devices and automated systems, improves the nuances of daily life, including safety and culinary self-sufficiency. It also improves quality of life by supporting health-promoting activities like walking and social interactions. Overall, independence and self-reliance via technology will help older adults live in their own homes, where their sense of well-being is able to flourish.

Affordability of Basic Necessities

Affordability of Basic Necessities: Establish a Lifetime Financial Planning Program

Title: Establish a Lifetime Financial Planning Program

Reference Number: MPA2024R23

Summary: Create a Lifetime Financial Planning Program which would be responsible for assisting New Yorkers in planning their finances throughout their lifetime, including budgeting, financial literacy, planning for life's milestones (including retirement), dealing with debt and referrals to career counseling.

Justification: New Yorkers are not proactively supported to prepare for retirement, in part due to a lack of financial literacy and education. The concept of retirement planning hits too late leading many people without sufficient resources set aside for retirement. There is a gap between Social Security benefits provided and what someone may need to live. The proposed Lifetime Financial Planning Program is needed to assist New Yorkers in planning their finances throughout their lifetimes: including budgeting, financial literacy, planning for life's milestones (including retirement), dealing with debt and referrals to career counseling.

Affordability of Basic Necessities: Establishing the Office of Benefits Coordination

Title: Establishing the Office of Benefits Coordination

Reference Number: MPA2024R1

Summary: Establish a Benefits Coordination Office to streamline existing benefits programs across the New York State government. The office would document existing benefits and provider resources, develop a single portal website for benefit identification, and operate a universal benefits application for streamlined application processes.

Justification: Inefficient and inadequate coordination of benefits and services for older adults' limits access and leads to poorer health outcomes. The Office of Benefits Coordination aims to streamline the application process for benefits available to New Yorkers through improved collaboration and coordination efforts between state agencies and local social services offices.

Affordability of Basic Necessities: Benefits Program Expansion

Title: Benefits Program Expansion

Reference Number: MPA2024R47

Summary: Increase and expand a variety of existing benefit programs. The proposal recommends updates to regulatory and programmatic requirements and metrics to increase the number of enrollees and improve the access and availability of critical health programs.

Justification: Medicare and Medicaid beneficiaries experience challenges in accessing available benefits which provide for prevention-related health activities. A proposal which increases or expands a variety of existing benefit programs that help older adults maintain good health such as vision, hearing and dental services and suggests a reassessment of Medicaid benefit eligibility may improve access to necessary health services. Improved preventive health provides further opportunities for return on investment, reducing the potential for heightened healthcare costs.

Affordability of Basic Necessities: Increase Utilization of the Elderly Pharmaceutical Insurance Coverage Program (EPIC)

Title: Increase Utilization of the Elderly Pharmaceutical Insurance Coverage Program (EPIC)

Reference Number: MPA2024R68

Summary: Increase utilization of EPIC program by addressing stubborn barriers to enrollment, access and retention through program oversight and transparency, simplify program administration, address stigma, improve a lack of adequate outreach and education, as well as culturally and linguistically competent education and outreach to support application assistance.

Justification: The Elderly Prescription Insurance Coverage (EPIC) program provides seniors with co-payment assistance for Medicare Part D covered prescription drugs after any Part D deductible is met. EPIC can help older adults achieve better health outcomes through prescription drug savings and build economic security. Unfortunately, stubborn barriers to enrollment, access, and retention persist. Accessibility, stigma, lack of adequate outreach, education, and application assistance, all impact EPIC enrollment and retention. By improving program oversight and transparency, simplifying program administration, and increasing outreach to increase program utilization, older adults will have better access to necessary medications.

Affordability of Basic Necessities: LTSS Finance Reform

Title: LTSS Finance Reform

Reference Number: MPA2024R69

Summary: Consider a new financing regime to pay for LTSS in the State, focusing on a long-term care social insurance model. This new program would supplement the existing Medicaid, EISEP, and private long-term care insurance markets after conducting an actuarial study on LTSS financing model feasibility, which would consider the types of benefits, who should qualify, how it should be funded and other variables and concurrent study of LTSS benefit design which includes cash-only, services-only, and an option between the two and covers all LTSS services, including examination of anticipated costs for funding of public education and workforce investments.

Justification: Existing long-term care financing options are insufficient and don't work for many New Yorkers. Many people must spend down their life savings to pay for long term care. Nationally, there are major problems in the long term care insurance market due to historic mispricing causing insurers to leave the market and premium rates to become unaffordable. Inability to pay for home care and long-term care has disproportionate effects on under resourced communities and SDOH. Washington State has instituted a long term care social insurance program and several states have conducted or in the process of conducting actuarial studies in consideration of implementation of a similar program that will directly address these issues.

Affordability of Basic Necessities: Improving Use of Medicare Savings Program

Title: Improving Use of Medicare Savings Program

Reference Number: MPA2024R72

Summary: Undertake regulatory, budgetary, outreach and education and programmatic actions that aim to increase, streamline, and simplify enrollment into the Medicare Savings Program.

Justification: The Medicare Savings Program (MSP) can help older adults build health and economic security. However, stubborn barriers to enrollment, access, and retention persist. Accessibility, stigma, lack of adequate outreach, education, and application assistance, all impact MSP enrollment and retention. The elements of this proposal would update and align benefit criteria, streamline application processes, increase outreach and awareness, update technology infrastructure, and maximize benefit enrollment using data matching which may automate enrollments across multiple benefit programs.

Affordability of Basic Necessities: Expand STAR Benefits

Title: Expand STAR Benefits

Reference Number: MPA2024R101

Summary: Expand the School Tax Relief (STAR) program benefits to help provide eligible aging homeowners with some financial relief by providing upfront savings off their tax bills.

Justification: Due to inflation, there has been a steady increase in NYS taxes over the past three years. These increases can put a financial strain on homeowners, especially those aging and on a fixed income. This tax credit relief could potentially offer homeowners hundreds, or thousands of dollars, in savings a year.

Affordability of Basic Necessities: Fund the Office for Older Workers & Expand Workforce Development Initiative

Title: Fund the Office for Older Workers & Expand Workforce Development Initiative

Reference Number: MPA2024R24

Summary: Consider budgetary and regulatory actions that would expand workforce development services and job training for older adults through the Department of Labor's Workforce Development Initiative to better maintain and find employment and/or start encore careers.

Justification: Older adults have a specific pattern of disconnection from the workforce that needs to be addressed. Older workers are overrepresented amongst discouraged workers and workers over 50 who become unemployed are more likely to be long term unemployed. Many older New Yorkers need or want to remain in the workforce and in areas in the state with fewer younger workers, retaining older adults in the workforce is essential in maintaining services and infrastructure. DOL is already creating an office for older adults within DOL. It needs to be funded to add staff and develop and promote programming.

Social Engagement of Older Adults

Social Engagement of Older Adults: Supporting Social Connection with the US Surgeon General's Recommendation

Title: Supporting Social Connection with the US Surgeon General's Recommendations

Reference Number: MPA2024R70

Summary: Support social connection through the implementation of the U.S. Surgeon General's ten recommendations for government. Those recommendations generally propose regulations, government leadership positions and roles, and collaborative governance across federal, state and local functions, to prioritize social connection, which would be connected by newly standardized metrics.

Justification: Socially isolated older adults face negative health consequences and poorer quality of life. Support for social connection via the Surgeon General's ten recommendations will align New York State with federal priorities related to social isolation and loneliness, prioritize connection throughout state policy, and implement best practices to limit loneliness.

Social Engagement of Older Adults: Reduction in Social Isolation Through Peer Model Programming Engagement and Expansion

Title: Reduction in Social Isolation Through Peer Model Programming Engagement and Expansion

Reference Number: MPA2024R66

Summary: Conduct public education campaign on peer-to-peer models and connections available, benefits thereof, and enrollment support combined with establishment of a wellness screening website that includes a social connections component to provide information on the value of social connections, strategies to strengthen healthy social connections such as accessing outreach volunteers, peer services, and other resources. State agencies explore current programs utilizing peer-to-peer models and how to expand access and utilization and consideration of creation of state-level position to implement actions and to target older adults not currently accessing aging services.

Justification: Social isolation and loneliness are key risk factors for the development of mental health and/or substance use disorders and worsening health conditions. Peer model programming and public health education which de-stigmatizes mental health and promotes engagement with peer-to-peer programming and volunteering can reduce ageism and stigma. It can improve disparities in equity and access to services, supports, housing, and transportation, and provide a return on investment due to reduced medical spending for worsening health conditions and unnecessary medical spending.

Social Engagement of Older Adults: Social Isolation and Loneliness in State Policy

Title: Social Isolation and Loneliness in State Policy

Reference Number: MPA2024R77

Summary: Require a social connections component embedded across all state policies and programs, including: the design and implementation of a standardized data set and monitoring system for evaluations of social connection interventions statewide; the building of age-friendly social infrastructure within the community that values the assets of older adults and enables opportunities for paid work and volunteering; a focus on the built environment to provide spaces and opportunities to access social engagement; a focus on the community-based programming designed to create social connection, meaning, and purpose; and the creation of a one-stop-shopping opportunity for people to obtain a listing of the wide range of opportunities to be engaged with.

Justification: Improving the health of New York requires that social isolation and loneliness be addressed in state policy and programming across all sectors, including the built environment, community programming, the medical environment, crafting a social infrastructure in which older adults are considered and their strengths are valued. Implementing multi-sectoral policy changes to reduce social isolation and loneliness can improve the health of New Yorkers at all ages.

Social Engagement of Older Adults: Co-Location of Childcare Services

Title: Co-Location of Childcare Services

Reference Number: MPA2024R34

Summary: Co-locate childcare services in facility-based long-term care settings. Establish programs to encourage interaction between children and appropriately screened and supervised residents.

Justification: Nursing homes are often challenged in attracting and maintaining sufficient direct care staff to meet patient care needs and state and federal staffing requirements. Lack of child care is often a barrier that prevents workforce participation by trained caregivers. The colocation of child care centers at nursing homes will benefit employees who need child care to be able to work and help reduce nursing home staffing shortages. Colocation of child care at nursing homes has the additional benefit of promoting intergenerational connections and reducing social isolation.

Next Steps

- Next Meeting: November 5, 2024, 10:00am- 4:00pm - Virtual
- Questions can be sent to MPA@health.ny.gov