

New York State Association of Area Agencies On Aging

The New York State Association of Area Agencies on Aging has targeted the following initiatives for the 2003 Legislative Session:

- ▶ Restore \$3.5 million funding for the existing CSE/EISEP programs cut by the Governor's Executive Budget
- ▶ Maintain state-local funding match at 75%-25%
- ▶ Incorporate 100% state-funded Planning & Implementation funds.
- ▶ Establish a "Community Options for Long Term Care" Program

2003 STATE LEGISLATIVE PLATFORM

New York is now facing tremendous challenges which create opportunities to form sound state policy regarding the fastest growing population in New York. The boomers are aging and the 85+ population is on the increase. The framework put into place now will guide us into the future.



Top Priority: Creation of a “Community Options for Long Term Care” Program

The New York State Association of Area Agencies on Aging (NYSAAAA) recommends the creation of a new ***Community Options for Long Term Care*** program that combines the existing CSE & EISEP statutory language (Executive Law, Section 541) and emphasizes the ability of AAAs to cost-effectively package services to keep seniors at home and independent in their community as long as possible. The EISEP program is an integral component of the long term care continuum. We oppose elimination of the EISEP statutory language (as proposed in the Governor’s Executive Budget) and recommend an alternative program adaptable to community needs, with the following parameters:

Funding Priorities

1. Restorations to the \$3.5 million funding reduction in the Governor’s Budget (existing CSE & EISEP programs).
2. Maintain state-local funding match at 75%-25% (as opposed to the Executive Budget’s recommendation for 70%-30%). This cost shift to the counties, coupled with an 8.3% funding reduction, will severely curtail community-based services that serve as an alternative to more medically intensive and costly health care services. In the absence of these services, seniors are more likely to spend down their economic resources to become Medicaid eligible, driving up expenditures at the state and local government levels.
3. Incorporate a 75+ factor into the funding distribution formula (currently a single factor of 60+ population), on the condition that funding losses to individual AAAs will be limited to a few percentage points relative to the overall program funding reductions. Although NYSAAAA embraces the concept of a 75+ factor, we believe that immediate implementation would exacerbate funding disparities during a very difficult fiscal climate. Full implementation should occur when the program funding expands above the SFY 2002-03 funding level of \$42 million.
4. Incorporate 100% state-funded Planning & Implementation funds. Requiring a local match for these dollars is another cost-shift to counties.

Program Guidelines

- ◆ **Continue** a focus on in-home services and the long term care continuum while incorporating flexibility for local service delivery.
- ◆ **Services** under this program would provide the full spectrum of community-based services for older New Yorkers, including but not limited to: health promotion, information and assistance, legal assistance, nutrition education and counseling, congregate meals, home-delivered meals, adult day services, transportation, caregiver supports and assistance, non-medical in-home supportive services, non-institutional respite services, case management services, and ancillary services.
- ◆ **Maintain** the planning and coordination role of Area Agencies on Aging, including a local plan for community services and reporting mechanisms to the New York State Office for the Aging (NYSOFA).
- ◆ **Incorporate** cost sharing at local option, where allowable by law and approved by NYSOFA.
- ◆ **Embody** the principles of Olmstead. In July 1999, the Supreme Court issued the *Olmstead v. L. C.* decision. The Court's decision in that case challenges Federal, state, and local governments to develop more opportunities for individuals with disabilities through more accessible systems of cost-effective community-based services. The Community Options program would enable seniors to live in their community in the least restrictive setting.

Some Facts About New York's Seniors

- ◆ As of the 2000 Census, 16.5 percent of New York State's population is 60 years of age or older, and 12.9 percent is 65 years of age or older.
- ◆ The ages 85-plus population grew at an average rate of 25.5 percent between the 1990 and 2000 Census reports.
- ◆ Older people comprise a much larger proportion of New Yorkers who live alone than of the overall household population. Of people living alone 20.9 percent—one in five—are 75 years of age or older.
- ◆ The older (aged 60+) minority population of New York State grew rapidly during the 1990s, increasing by 35.6 percent, according to the 2000 Census. Close to one-fourth (23.6%) of all older New Yorkers are of racial or Hispanic/Latino minority heritage, as compared to 17.5 percent in 1990.

Source: NYSOFA Information Memorandum No. 2, January 2002

Community-Based Aging Programs

The Governor's Executive Budget proposes to eliminate 4 aging programs: Naturally Occurring Retirement Communities (NORCs) at \$1.2 million; Retired Senior Volunteer Program (RSVP) at \$500,000; Community Services Initiative (CSI) at \$680,000; and Foster Grandparent Program at \$300,000, totaling \$2.98 million in losses. Two additional programs were retained, but reduced: Respite and Social Adult Day Services. Although most of these programs are not statewide and serve specific regions of the state, these reductions negatively impact the provision of community-based services, and we support restorations.

Elderly Pharmaceutical Insurance Coverage Program (EPIC)

EPIC, the NYS-funded prescription drug program, helps over 300,000 seniors save an average of \$1,786 annually. We support reauthorization of the EPIC program (currently part of the Health Care Reform Act) before the end of this year in order to continue to provide assistance to current and future enrollees. We are concerned that the Governor's proposal to cut EPIC by \$28 million by raising fees for seniors and reducing reimbursements to pharmacies will adversely affect the program. Rather than restrict the benefits of this highly successful and critical program for seniors, we urge our elected officials to find more creative ways to reduce the skyrocketing costs of prescription drugs, such as utilizing our state's purchasing power to obtain more affordable prices for drugs. For example, discount prices currently available to the Veterans Administration and for Medicaid recipients should be available to EPIC recipients.

If a federal prescription drug coverage program is created under Medicare, we believe that federal money for a prescription drug program could be used to reduce a portion of the New York's costs to fund EPIC. This would result in huge savings for the State and a portion of these savings could be a source of revenue to help support the growing need for home and community-based services without increasing taxes.

Assisted Living Legislation

We support legislation to establish a clear definition of assisted living that also includes consumer protections and regulatory oversight of assisted living programs. Assisted Living facilities continue to develop at a rapid pace across the state and are an important component of the long term care service delivery system. Consumers deserve a clear definition of assisted living coupled with consumer protections and the regulatory oversight of program operators.

SSI Cost of Living Adjustment

The Governor has proposed to reduce the state's share of the SSI supplement by the \$13/month federal COLA, an action which appears unduly harsh and burdensome to those who struggle to subsist at the poverty level. We also support restoration of the cost of living adjustment for aged, blind, and disabled SSI recipients.

Family Caregivers

An existing labor shortage in long-term care coupled with the rising costs of home-health care, requires government and private insurers to explore creative ways to address this problem. Paying a family member to provide care for aged parents and grandparents is a serious option to explore and may be a cost effective route to quality care. Several state Medicaid programs now allow elders on the brink of nursing home admission to employ family caregivers. New York should be more aggressive in exploring these and other alternative methods of caregiving that more effectively utilize the waiver process for providing services to Medicaid recipients to address their long term care needs.

For more information please contact:

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