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- Your Mics Are Muted
- Materials can be viewed at the Elder Law Forum Event Page:
 - https://www.pierrolaw.com/28ELF
- Virtual Attendees: Type questions for speakers into Q&A section at the bottom of your screen
- Fill out the Survey following the program
- Social Workers: be present for the entire program to receive CE Credits
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Forum Agenda



SEE YOUR PROGRAM BOOK

8:35	NYS Legislators: Policies, Funding That Meet the Need			
9:25	Executive Branch: NY Master Plan for Aging and More			
10:00	Medicaid Update: New York's New Home Care Rules			
10:15	Remarks from our Breakfast Sponsor			
10:20	Coffee, Networking & Exhibitors – Qualify for Raffle			
10:40	New York Medicaid Home Care Update			
11:30	Case Study Panel: Reality of Qualifying & Obtaining Medicaid Home Care			
12:25	Remarks from Daniel McCoy, Albany County Executive			
12:30	Lunch, Networking & Exhibitors – Qualify for Raffle			
1:15	Panel: Ongoing Struggles Providing, Paying for Care			
2:15	Panel: Overcoming a Lack of Funding through Innovation			
3:15	Closing Remarks and iPad Raffle			

OUR SPONSORS: THANK YOU!



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Data: The Age Wave is Coming to New York

- Over 4.6 million New Yorkers will be over age 65 by 2035 — an increase of 29% in the next decade
- Nearly 1 million New Yorkers will require home care by 2035

Workforce Report:
Labor Shortage Mitigation in New York's Home Care Sector
Fiscal Policy Institute. March 2023*



Data: Home Care Workers

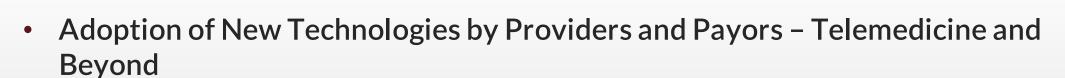
- With no wage increase, the home care worker shortage will hit 1.47 million workers by 2035
- Home care workers make approximately 40% less than workers in nursing care facilities





A Sea Change in Care?

- Value Based Payments vs. Fee-for-Service
- CMS Expanding Home and Community Based Services (HCBS)
- Medicare and Medicare Advantage Expansion into Long-Term Care
- New 1115 Waiver to Expand Funding of Community Based Care







Master Plans and Budgets

- Governor Hochul announced a Master Plan on Aging for NYS
- Sen. Gillibrand has a Master Plan on Aging for America
- President Biden signed Executive Orders to promote care in the home

As Rod Tidwell said in Jerry Maguire ... Show Me The Money!





Dan Bazile

News Anchor



Policies and Funding That Meet the Need of New Yorkers

A Discussion with State Lawmakers



Assemblymember John McDonald III



Senator Jacob Ashby



Assemblymember Ron Kim





Spectrum News Dan Bazile



Assemblymember John McDonald III



Senator Jacob Ashby



Assemblymember Ron Kim



View From the Executive Branch: New York's Master Plan for Aging, and More.





Greg OlsenNYS Office for the Aging



Adam Herbst NYS Dept. of Health



Adam Herbst

Deputy Commissioner for Aging and LTC, New York State Department of Health



SFY 2023-2024 Budget Overview

NYS Budget Overview: Hospitals Nursing Homes Assisted Living Programs

- Hospitals Medicaid rate increases
 - > 7.5% increase for inpatient rates
 - ➤ 6.5% increase for outpatient rates
 - > 5% increase for 340b carve out losses
 - > \$500m support for distressed and safety net hospitals
- > Nursing Facilities Medicaid rate increases
 - ➤ 6.5% increase, with potential 1% addition, subject to FFP
- > Assisted Living Program
 - > 6.5% increase (\$9 million)

Statewide Health Care Facility Transformation

> Statewide Transformation IV

- > \$658 million in awards (127 projects funded)
- > \$50 million for residential and community-based alternatives to the traditional nursing home model
- > Statewide Transformation V \$990 million
 - ➤ \$490 million grants for capital, debt retirement, working capital, quality, financial stability
 - ➤ \$500 million technological and telehealth, cybersecurity

LTC Workforce Investments

- Wage increases for Home Care Aides and Personal Assistants
- Temporary Staffing Agency Requirements
- Training in Healthcare Facilities
- Cost of Living Adjustment for Human Service Workers
- Doctors and Nurses Across NY
- Home Care Workforce \$39 million for Direct Caregiver Flexibility
- Expansion of Direct Support Professionals through career and technology program, SUNY partnership
- Mental Health workforce recruitment and retention \$21 million

Home Care Worker Wages

	2023	2024	2025	2026
Downstate	\$17.00 Base Wage \$ 4.09 Wage parity \$21.09	\$18.55 Base Wage \$ 2.54 Wage parity \$21.09	\$19.10 Base Wage \$ 2.54 Wage parity \$21.64	\$19.65 Base \$ 2.54 Wage parity \$22.19
Nassau/Suffolk Westchester	\$17.00 \$ 3.22 \$20.22	\$18.00 \$ 1.67 \$20.22	\$19.10 \$ 1.67 \$20.77	\$19.65 \$ 1.67 \$21.32
Rest of State	\$16.20	\$17.55	\$18.10	\$18.65
NYS Minimum Wage - Downstate	\$15.00	\$16.00	\$16.50	\$17.00
NYS Minimum Wage - Upstate	\$14.20	\$15.00	\$15.50	\$16.00

Other Provisions Related to LTC

- ➤ Income threshold for private pay reduced from 400% to 250% for greater participation
- Expansion of Medicaid buy-in for working people with disabilities
- Supportive Housing (\$15m FY24, \$30m FY25)
- Material transactions transparency
- > MLTC Performance Measures
- > QIVAPP funding for MLTC (\$70.6m FY24 \$87.4m FY 25)
- Possible penalties for failure to provide worker wage information requested of providers and insurers

Office of Aging and Long Term Care

OALTC Vision and Mission statements



Vision

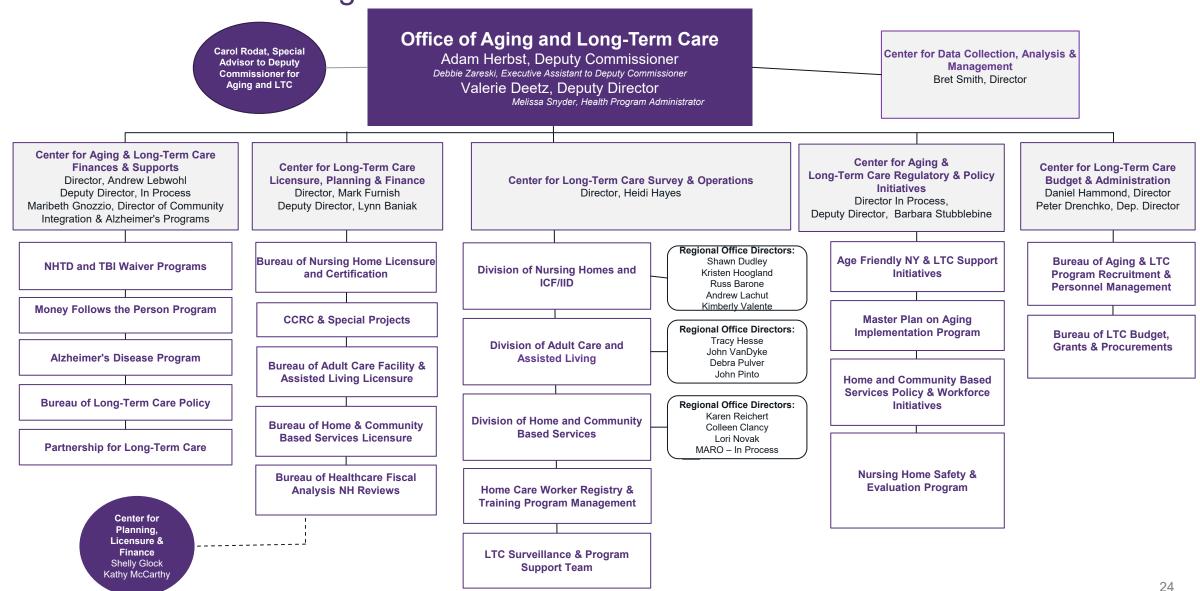
A state where all New Yorkers have the opportunity to **age in place** for as long as possible with **access to quality services** that **promote dignity, independence**, and **health**



Mission

Create and implement policy, programs, services, and regulations to meet the health and long-term care needs of all New Yorkers and promote aging in place with dignity and independence

OALTC future state organizational chart



Master Plan for Aging

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

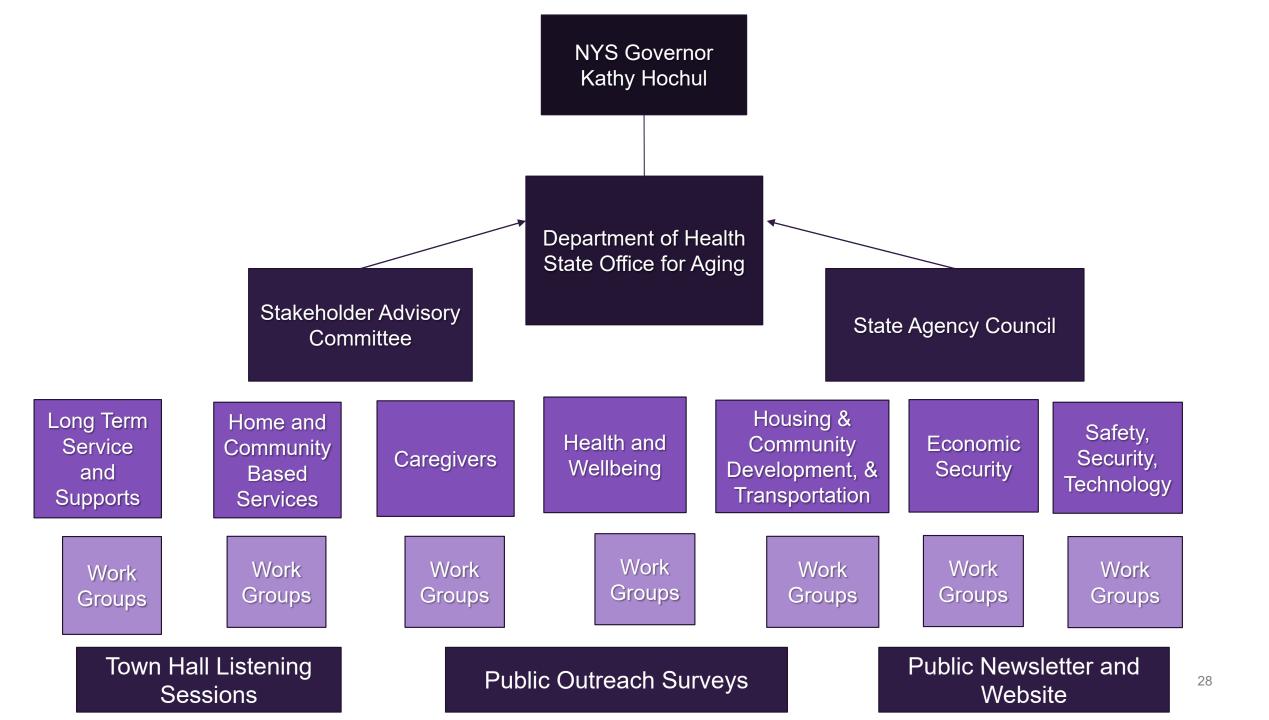


Coordinate all State policy and programs

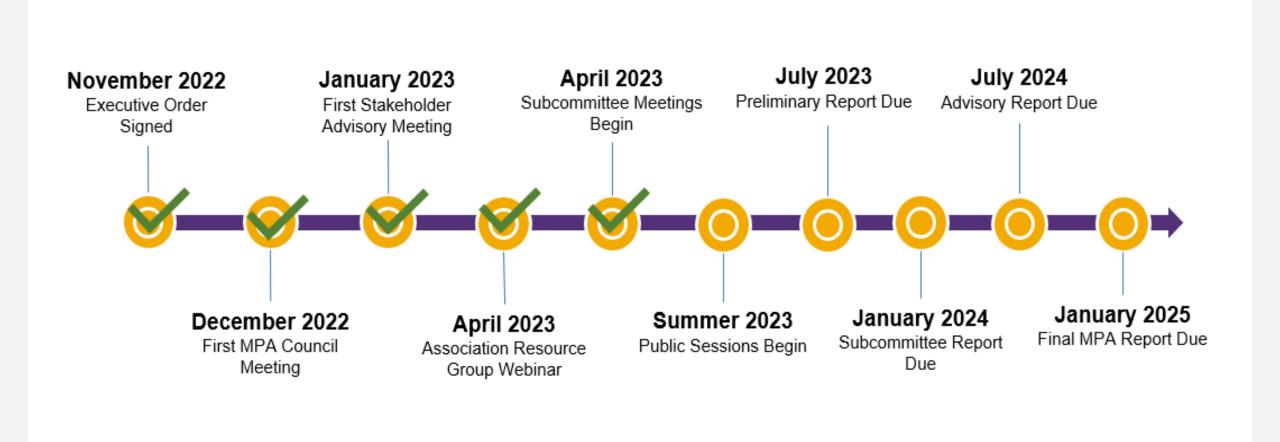
With the goal of having all older New Yorkers "live fulfilling lives, in good health, with freedom, dignity and independence to age in place for as long as possible."

Why does New York need a Master Plan for Aging?

- In 51 counties across the State the over 60 population will be more than 25 percent of the population by 2030
- 5.3 million New Yorkers will be over 60 by 2030
- Older Adults are a significant source of economic, social, and intellectual capital
- Most New Yorkers over the age of 65 will at some point need some form of long-term care
- To develop strategies to address the growth of New York's older adult population, which is incredibly diverse



Timeline



Subcommittees

The following subcommittees have been created:

- 1. Long-Term Services and Supports
- 2. Home and Community-Based Services
- 3. Caregivers Informal
- 4. Caregivers Formal
- 5. Health and Wellness, including Mental Health
- 6. Housing, Community Development and Transportation
- 7. Safety, Security and Technology
- 8. Economic Security

Emerging and Cross-Cutting Themes

- Diversity, equity and inclusion
- Age-friendly initiatives
- Sexual orientation and gender identity
- Geography
- > Transportation
- > Technology
- Workforce
- > Training and education

Connect with Us

- To share ideas, concerns, recommendations, please contact us at MPA@health.ny.gov
- To stay up to date: www.ny.gov/mpa



Greg Olsen

Director, New York State Office for the Aging





28th Annual Elder Law Forum

What Characterizes Older Adults

- A growing population with increased and unprecedented longevity: Older adults
 are living longer and healthier lives, and their numbers are growing.
- Highly heterogeneous: There is enormous variation in health, functional ability and financial status. Disparities exist along the dimensions of income, gender, race/ethnicity and education.
- Social and economic impact: Older adults hold a disproportionately large share of our country's wealth, represent a enormous source of consumer spending and economic productivity, and contribute in myriad ways (e.g., support to grandchildren, child care) to family and community life.

Source: http://www.frameworksinstitute.org/aging.html



What is Aging

- Normative and lifelong: Aging is a normative process that extends across the lifespan.
- Cumulative: Educational, financial and social experiences and contexts of childhood and middle age predict well-being in older adulthood.
- Distinct from disease and decline: While physical and cognitive changes are a normative part of growing older, aging does not necessarily mean disability

Source: http://www.frameworksinstitute.org/aging.html



Level Set: Older New Yorkers in NYS A Wholistic Picture

50+ Longevity Economy - National

83 percent of US household wealth is held by people over 50.

 Access to credit and assets allows the group to spend more on goods, services and investments than their younger counterparts.

- When summed together, approximately \$1.8 trillion in federal, state and local taxes were attributable to the Longevity Economy in 2018. Will quadruple by 2050.
 - About 43% percent of federal tax revenue (\$1.4 trillion)
 - and 37% percent of state and local tax revenue collected in the US (\$650 billion).



50+ Longevity Economy - National

50-plus cohort

- Spends more overall than their under-50 counterparts
- Accounts for a majority of the spending in several categories of goods and services, including:
 - Healthcare;
 - Nondurable goods;
 - Durable goods, utilities;
 - Motor vehicles and parts;
 - Financial services; and
 - Household goods.

Overall contribution – economic and unpaid activities - \$9 trillion in 2018.

50+ also account for the majority of:

- Volunteering;
- Philanthropy;
- Entrepreneurs, and
- Donation activities in the US.
- Large tourism block



50+ Longevity Economy - National

- Spending by people aged 50 and over in the US in 2018 supported:
 - More than 88.6 million jobs (44% of total employment)
 - Over \$4.7 trillion in labor income
 - 61 percent of all US jobs and 43 percent of labor income was related to spending by the 50-plus cohort



50+ Longevity – New York

- 36% of Population in NY 50+
- Contributed 43% \$719 billion GDP
 - \$2.2 trillion by 2050 (43%)
- Support 5.9 million jobs
 - 6.6 million by 2050 (47%)
- Generated \$482 billion in wages and salary
 - \$1.46 trillion by 2050 (50%)
- Contribute \$72 billion in state and local taxes (39% of total)
 - Will triple to \$255 billion by 2050 (43%)



Combating Ageism and Stereotypes Social, Economic & Intellectual Capital of Older Population

New York's total population is over 19 million individuals, and the State **ranks fourth** in the nation in the number of adults age 60 and over – 4.6 million.

- 3.7 million between 45-59
- 80% of NYS Retirement System Payouts Stay in NY \$10.6 billion annually
- Social Security \$47 billion annually paid to NYS older adults
- 935,000 individuals age 60+ contribute 495 million hours of service at economic value of \$13.8 billion
- 64% of individuals age 60+ who own their own homes and have no mortgage
- 4.1 million caregivers at any time in a year economic value if paid for at market rate is \$39 billion, average age is 64

What Makes Up Good Health?





the Aging

Core Home and Community Based Services Provided by the Network of Aging Professionals

Coordinated with Local Network of Partners

- Home delivered meals (HDM)
- Congregate meals
- Nutrition counseling & education
- Senior center programming
- Health promotion and wellness
- Evidence Based Interventions CDSMEs, fall prevention, etc.
- Volunteer opportunities
- Respite and caregiver supports
- Legal Services
- Home modifications, repairs
- Elder abuse prevention and mitigation

- NY Connects (ADRC) LTSS I&A/R, options counseling, benefits and application assistance
- Health Insurance Information, Counseling and Assistance (HIICAP)
- Personal Care Level I and II (non-Medicaid)
- Case management
- Ancillary services such as PERS and assistive devices
- Minor home repair/modifications
- Social adult day services
- Transportation to needed medical appointments, community services and activities
 NEWYORK Office for
- Long Term Care Ombudsman
- Combat Social Isolation

COMPASS Comprehensive Assessment=Plan of Care

Info gathered during Assessment

- Personal Information
- Living Arrangement
- Elder Abuse/Neglect
- Frail/Disabled
- Caregiving Status
- Housing Status
- Home Safety Checklist
- Energy Checklist
- Social Interaction/Isolation
- Neighborhood Safety
- Pets
- Self Evacuation ability
- Medical Treatment Emergency Accommodation
- Health Status, Medical Insurance
- Chronic Illness and or Disability

Info gathered during Assessment

- Assistive Devices
- Health care visits PCP, Dentist, Hospitalization, ER, Eye,
 Hearting
- PRI Score, UAS Assessment
- Legal Information i.e. proxy, advance directives, MOLST
- Nutrition/NSI/BMI
- Psycho-Social Status PHQ9, GAD7, CAGE-AID
- Loneliness/Isolation Scale
- Tech check
- Medication List
- Fall Risk Factors
- ADL/IADL History
- Services Receiving
- Informal Supports Status
- Income
- Veteran Status
- Benefits/Entitlements



Background – NYS Age Friendly

- 2006 2 Statutory Changes to Powers and Duties of NYSOFA Director
 - Develop model zoning and planning guidelines with DOS to embed livability/smartgrowth principles into zoning and planning
 - Identify barriers and ways to overcome barriers for successful community living with Homes and Community Renewal
- 2007 2009 Community Empowerment Grants Planning or Implementation Grants
- 2010 Community Empowerment Conferences
- 2010 Livable NY Resource Directory <u>Livable New York: Resource Manual | Office for the Aging (ny.gov)</u>
 - Planning and zoning, housing, design, transportation, community organizing and coalition building



Background - 1st Age Friendly State - 2017

In 2017, New York State was designated the first age-friendly state in the nation by the World Health Organization (WHO) and AARP.

This achievement was a result of the Governor's directive to include healthy aging in state agency policymaking, an effort that will result in more livable communities for people of all ages and enable more New Yorkers to age comfortably in their homes.

32 Age Friendly Communities across NYS which includes counties, towns, cities.

Albany County: Joined 2016, Allegany County: Joined 2020, Big Flats: Joined 2014, Brookhaven: Joined 2013, Broome County: Joined 2018, Buffalo: Joined 2018, Champlain: Joined 2022, Chemung County: Joined 2012, Elmira (City): Joined 2013, Elmira (City): Joined 2013, Elmira (Town): Joined 2013, Erie County: Joined 2015, Glen Cove: Joined 2018, Great Neck Plaza: Joined 2013, Herkimer County: Joined 2021, Ithaca: Joined 2015, Keene: Joined 2021, Monroe County: Joined 2019, Nassau County: Joined 2019

New York: Joined 2012, North Hempstead: Joined 2014, Oneida County: Joined 2016, Onondaga County: Joined 2019, Oswego County: Joined 2019, Rockland County: Joined 2019, Saratoga County: Joined 2019, Schenectady County: Joined 2020, Schuylerville: Joined 2022, Southport: Joined 2015, Suffolk County: Joined 2013, Tompkins County: Joined 2015, Westchester County: Joined 2012



NYS Support for Age Friendly

- RFA Issued 2019 10 more counties/communities to:
 - Sign on to be designated as age friendly
 - Replicate Executive Order #190 at the county level
 - Both #1 and #2, and
 - creation of five Age Friendly Regional Technical Centers of Excellence.
 - Funded a learning collaborative

• Broome	Ontario
• Erie	Orange
Herkimer	Oswego
• Monroe	Rockland
• Nassau	Schenectady
Oneida	Schoharie
Onondaga	Tompkins



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Program/Intervention - Examples

- 1. Complete Streets Act in 2011
- **2. Downtown Revitalization Initiative**, New York State has awarded six rounds of \$10 million to 10 downtown areas per round, prioritizing awards to municipalities that have age-friendly policies in place.
- 3. NY Forward NYS 22 Enacted Budget includes similar program for smaller municipalities and rural areas and major investments across all agencies
- **4.** Housing 5 year \$25 billion plan
- 5. Ten regional Sustainable Development and Collaborative Governance conferences were held in 2017 to discuss the benefits of sustainable community planning and certification as an age-friendly community.

- 7. Age Friendly Executive Order 190 build elements of age friendly/smartgrowth into sate plans and procurement
- 8. Age Friendly Health Systems
- 9. Age Friendly Court System
- 10. Dementia Friends
- 11. Certified Aging in Place Specialist (CAPS)Training



NYSOFA - New/Expanded Initiatives

Ageless Innovation/Joy For All - NYSOFA's award-winning animatronic pet project, which has proven to reduce isolation, loneliness and pain. This program has been replicated across the country – 30+ states.

- Distributed 17,000 pets
- Testing efficacy of walker squawker in NH to reduce/prevent fall risk and fall related injuries
- Utilized by other systems and payors

<u>GetSetUp</u> – bringing 900 courses and classes into the homes of older adults and providing an economic opportunity for older adults to teach classes on the platform and supplement their income by getting paid for their skill. – more than 200,000 users in 18 months
• FREE FOR ANYONE OVER 50

- New York State Office for the Aging · GetSetUp

TCARE - Evidence-based Solutions for Preventing Caregiver Burnout + Population Health SDOH Analytics Platform

GoGoGrandparent - specialized ride-share service for older adults using trained drivers who understand the challenges older adults face. This partnership will also provide an opportunity for older adults (and those of all ages) to enter the gig economy by becoming a driver while expanding transportation options in New York State.



Office for

<u>Arch Angels</u> - Caregiver Intensity Index. which helps caregivers identify with and feel honored in their role, gives them an Intensity Score, and navigates them to free resources for their unique needs. Finding out your score and the best free resources for you is available as part of Any Care Counts-NY, sponsored in part by the State Office for the Aging in partnership with ARCHANGELS.

- https://archangelscii.me/3EwYLBz

<u>Trualta</u> - for all caregivers in NYS – evidence-based training and support platform

- This is free for you and anyone who provides care to a loved one
- NYSOFA, AgingNY and Trualta Provide Free Web-Based Support Platform for All Family Caregivers in NYS | Office for the Aging

<u>Virtual Senior Center</u> - 19 counties in New York currently involved to bring virtual programming into the homes of older adults.

Intuition Robotics - Al Platform – ElliQ

- designed to foster independence and provide support for older adults through daily check-ins, assistance with wellness goals and physical activities, and more using voice commands and/or on-screen instructions.
- 900 units distributed statewide August present

<u>Pets Together -</u> combats isolation by connecting individuals to volunteers using the power of pet therapy to combat loneliness and isolation.

- Free for you
- Pets Together Virtual Video Chats with Pets!

New/Expanded Initiatives

BellAge – Adult Wellbeing Check-Up Platform

will enable the aging network to measure what really matters to older adults: holistic health and wellbeing. Costeffective way to help address key social and behavioral determinants of health and to promote better integration
of health and social services.

Blooming Health – SMS, voice, email

- Mass and individual outreach
- Surveys and check ins
- Service and reminders

Bill Paying/Financial Exploitation - in 10 counties to deter or address financial exploitation

- FraudFindr forensic accounting software
- Eversafe guards against fraud, identity theft, and age-related issues.
 - A "second set of eyes," the first financial wellness tool for older adults and caregivers.
 - Keep track of your family's finances, credit, bills, and even real estate. We analyze activity across accounts and institutions because that's how scammers operate.

Integrated care models – health care, AAA services and technology to serve older adults holistically measure office for results

New/Expanded Initiatives

- Video Tutorials Federal, State and Local Benefits
 - Video Tutorials All in One Place: Help Older Adults in Your Community Apply for Benefits | Office for the Aging

Promising Tech Being Considered

<u>IGuard –</u> Kitchen sensor to reduce fire and fire damage

<u>Advocord</u> – advanced software/platform to train guardians and provide one place for all documents and reports as required by court system

Relish-Life - Products designed specifically for individuals with dementia - music, puzzles, arts and crafts, games, etc.

GoodTrust – all in one unlimited wills, trusts and directives – valid 50 states – estate planning made easy and affordable

<u>LifeBio and MyHello – self or caregiver documentation of life story/experiences and what matters.</u>

MyHello – social isolation – connect with real person 30 minutes per week for up to 13 weeks and match to others
with similar interest

Hank – helps older adults connect to others who live near by to meet in person and develop friendships



New York's First Ever Statewide Needs Assessment Survey

POLCO Community Assessment Survey for Older Adults (CASOA) 2023

Preliminary Results (Updated May 3, 2023)





ABOUT

- First survey of its kind ever conducted in New York State.
- 26,464 responses from New Yorkers 60+.
- A partnership with the Association on Aging in New York (AgingNY) and the research firm Polco.
- Postcards and printed surveys were mailed to a randomly selected sample of residents 60+.
- Respondents statewide also had a digital option for answering the survey.
- Survey period: first quarter 2023.
- Survey was available in six languages.



Survey Respondents – 26,464

- Women 55%
- Men 45%

Race

- American Indian/Alaska Native 3%
- Asian 6%
- African American 14%
- Native Hawaiian/Pacific Islander 1%
- White 72%
- Hispanic, Latino 11%

Household Income

- Less than \$25,000 20%
- \$25 -\$49,999 24%
- \$50 \$74,999 18%
- \$100 \$149,999 13%

Employment Status

- Fully Retired 67%
- Working FT − 19%
- Working PT − 11%
- Unemployed looking
 - for work -3%

Expectation of Retirement Age

- 60 64
- **9%**

• 65-69

– 39%

• 70 or older

- 52%

Overall Physical Health

- Excellent/good 72%
- Fair/poor 29%

Overall Physical Health

- Not a problem 41%
- Minor problem 32%
- Moderate/major problem 27%

Overall Mental Health/Emotional Wellbeing

- Excellent/good 82%
- Fair/poor 18%



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Housing Status

•	Own with mortgage	– 24%
•	Own without mortgage	- 42%
•	Rent	- 34%
•	Single family home	- 46%
•	Townhouse/duplex	- 5%
•	Condo/apartment	- 39%
•	Mobile home	- 3%

Monthly Housing Costs

•	Less than \$300	-4%
•	\$300 - \$599	- 12%
•	\$600 - \$999	- 22%
•	\$1,000 - \$1,499	- 8%
•	\$1,500 - \$2,499	- 33%
•	\$2,500 - \$3,999	- 13%
•	\$4,000 +	- 8%

•	Live alone	- 40%
•	2 person household	- 44%
•	3 +	- 16%

HH age 60 and older

1 person	– 57%
2 person	-41%
• 3+	- 2%

Housing that suits your needs

•	Not a problem	- 61%
•	Minor problem	-16%
•	Moderate/major	
	problem	– 23 %

How Long Lived in Community

•	Less than 2 years	- 3%
•	2-5 years	- 7%
•	6-10 years	-8%
•	11-20 years	- 14%
•	20+ vears	- 68%

Having Enough Money to Pay Property Taxes

•	Not a problem	– 54%
•	Minor problem	- 15%
•	Moderate/major	
	problem	-31%



Community

Community as Place to Live

- Excellent/good 78%
- Fair/poor 22%

Neighborhood as Place to Live

- Excellent/good 78%
- Fair/poor 22%

Community as Place to Retire

- Excellent/good 52%
- Fair/poor 49%

Feeling of Safety in Community

- Excellent/good 65%
- Fair/poor 35%

Residents connection and engagement with their community

- Excellent/good 45%
- Fair/poor 56%

Quality of Life in Community

- Excellent/good 68%
- Fair/poor 32%

Economic Health of Community

- Excellent/good 58%
- Fair/poor 42%

Overall Design or Layout of Community's Residential and Commercial Areas

- Excellent/good 63%
- Fair/poor 37%

Overall Quality of Transportation Systems (auto, bike, foot, bus)

- Excellent/good 60%
- Fair/poor 40%

Quality of Natural Environment

- Excellent/good 65%
- Fair/poor 35%

Quality of Parks and Recreation Opportunities

- Excellent/good 65%
- Fair/poor 35%

Health and Wellness Opportunities in Community

- Excellent/good 59%
- Fair/poor 41%

Opportunities for Arts, Culture, Education

- Excellent/good 46%
- Fair/poor 44%



Community

Rate Overall Services Provided to Older Adults in Community

• Excellent/good – 46%

• Fair/poor – 53%

Recommend Living in Your Community

Very/somewhat likely – 63%

• Somewhat/very unlikely - 36%

Remain in Community throughout retirement

Very/somewhat likely – 71%

Somewhat/very unlikely – 29%

How Informed/Uninformed do you Feel About Services and Activities Available to Older Adults

Very/somewhat informed – 56%

Somewhat/very uninformed – 43%

Overall Quality of Life

Excellent/good – 78%

• Fair/poor – 22%



Ease of Travel

Ease of Travel by Public Transportation

Excellent/good – 46%

Fair/poor – 54%

Ease of Travel by Car

Excellent/good – 77%

• Fair/poor – 23%

Ease of Walking in Community

• Excellent/good – 64%

• Fair/poor — 36%

Ease of Bicycling in Community

Excellent/good – 54%

• Fair/poor — 46%

Ease of Getting to Places You Like to Visit

Excellent/good – 73%

• Fair/poor – 27%



May 11, 2023

Employment/Work

Opportunities to Build Work Skills

Excellent/good - 31%
Fair/poor - 69%

Quality of Employment Opportunities for Older Adults

Excellent/good - 19%
Fair/poor - 81%

<u>Variety of Employment Opportunities for Older</u> Adults

Excellent/good - 17%
Fair/poor - 83%

Finding Work in Retirement

Not a problem - 54%
 Minor problem - 13%
 Moderate/major problem - 34%

Opportunities to Build Work Skills

Excellent/good - 31%
Fair/poor - 69%

Quality of Employment Opportunities for Older Adults

Excellent/good – 19%
Fair/poor – 81%

Building Skills for Paid/Unpaid Work

Not a problem - 50%
Minor problem - 15%
Moderate/major problem - 35%



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Affordability and Housing

Cost of Living in Community

Excellent/good – 18%
Fair/poor – 82%

Availability of Affordable Quality Food

Excellent/good - 43%
Fair/poor - 57%

Availability of Affordable Quality Housing

Excellent/good - 21%
Fair/poor - 79%

<u>Public Places Where People Want to Spend</u> Time

Excellent/good - 40%
Fair/poor - 60%

Variety of Housing

Excellent/good - 23%Fair/poor - 76%

Availability of Accessible Housing (single floor, wide hallways/doors, no steps)

Excellent/good - 22%
Fair/poor - 78%

Availability of Mixed-Use Neighborhoods

Excellent/good - 40%
Fair/poor - 60%

Have Enough Money to Meet Daily Expenses

Not a problem - 46%
 Minor problem - 18%
 Moderate/major problem - 36%

NEW YORK STATE OF OPPORTUNITY. Office for the Aging

Engagement/Recreation

Recreation Opportunities (games, arts, libraries)

• Excellent/good – 50%

• Fair/poor – 50%

Fitness Opportunities

• Excellent/good – 49%

• Fair/poor – 51%

Opportunities to Participate in Community Matters

• Excellent/good – 44%

• Fair/poor – 56%

Opportunities to Attend Religious or Spiritual Activities

• Excellent/good – 69%

• Fair/poor – 31%

Opportunities to volunteer

Excellent/good - 52%Fair/poor - 48%

Opportunities to enroll in skill building or personal enrichment classes

Excellent/good - 33%
Fair/poor - 67%

Opportunities to attend social events/activities

Excellent/good - 42%
Fair/poor - 58%

Openness and acceptance of the community towards older adults of diverse background

Excellent/good - 49%
Fair/poor - 51%

Valuing older adults in your community

Excellent/good - 42%
Fair/poor - 58%

- 58%
NEW YORK
STATE OF
OPPORTUNITY.

Office for the Aging

May 11, 2023

Daily Activities

Doing Heavy or Intense Housework

•	Not a problem	- 34%
•	Minor problem	- 29%

Moderate/major problem – 37%

Maintaining Home

•	Not a problem	- 41%

- Minor problem 27%
- Moderate/major problem 31%

Maintaining Yard

- Not a problem 47%
- Minor problem 25%
- Moderate/major problem 28%

No Longer Able to Drive

•	Not a problem	– 76%
•	Minor problem	-7%

Moderate/major problem – 17%

Safe/Affordable Transportation Available

•	Not a problem	– 57%
•	Minor problem	- 18%

Moderate/major problem – 25%

Performing Regular Daily Activities (walking, eating, preparing meals)

• N	ot a problem	– 71%
-----	--------------	--------------

• Minor problem – 17%

Moderate/major problem – 12%



Resource Availability

Availability of Information About Resources for Older Adults

Excellent/good – 29%
Fair/poor – 71%

Availability of Financial/Legal Planning Services

Excellent/good – 28%
 Fair/poor – 72%

Availability of LTC Options

Excellent/good - 26%
Fair/poor - 74%

Having Adequate Information on Dealing with Public Programs (Social Security, Medicare, Medicaid)

Not a problem - 49%
 Minor problem - 24%
 Moderate/major problem - 31%

Availability of Daytime Care Options for Older Adults

Excellent/good - 23%Fair/poor - 76%

Availability of Affordable Quality Physical Health Care

Excellent/good - 41%
Fair/poor - 59%

Availability of Affordable Quality Mental Health

Excellent/good - 29%Fair/poor - 71%

Availability of Preventive Health Services (health screen, flu shot, educational workshops)

Excellent/good - 56%Fair/poor - 44%



May 11, 2023 67

Services and Care

Not Knowing What Services are Available

- Not a problem 27%
- Minor problem 28%
- Moderate/major problem 46%

Falling or Injury in Home

- Not a problem 67%
- Minor problem 20%
- Moderate/major problem 13%

Finding Affordable Health Insurance

- Not a problem 61%
- Minor problem 17%
- Moderate/major problem 22%

Getting Health Care You Need

- Not a problem 63%
- Minor problem 20%
- Moderate/major problem 18%

Getting Oral Health Care You Need

- Not a problem 59%
- Minor problem 18%
- Moderate/major problem 24%

Getting Vision Care You Need

- Not a problem 65%
- Minor problem 18%
- Moderate/major problem 18%

Maintaining Healthy Diet

- Not a problem 52%
- Minor problem − 27%
- Moderate/major problem 20%

Having Enough Food to Eat

- Not a problem 77%
- Minor problem 13%
- Moderate/major problem 10%

<u>Affording Medications You Need</u>

- Not a problem 62%
- Minor problem 19%
- Moderate/major problem 19%



May 11, 2023

Mental Wellness

Experiencing Confusion/Forgetfulness

•	Not a problem	– 66%
•	Minor problem	- 23%
•	Moderate/major problem	– 11%

Feeling Depressed

•	Not a problem	- 59%
•	Minor problem	- 25%
•	Moderate/major problem	- 16%

Feeling Bored

•	Not a problem	– 55%
•	Minor problem	- 29%
•	Moderate/major problem	– 16%

Having Friends/Family to Rely On

•	Not a problem	– 66%
•	Minor problem	– 18%
•	Moderate/major problem	- 16%

Feeling Lonely or Isolated

•	Not a problem	- 61%
•	Minor problem	- 23%
•	Moderate/major problem	– 15%

<u>Dealing With Loss – Close</u>

Family/Friend

•	Not a problem	– 55%
•	Minor problem	_23%
	Marala (1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944	NEWYORK

Moderate/major problem — 23%

Office for the Aging

May 11, 2023

Personal Safety

Being a Victim of Crime

• Not a problem – 83%

Minor problem – 9%

Moderate/major problem – 9%

Being a Victim of Fraud/Scams

Not a problem - 73%

Minor problem — 14%

Moderate/major problem – 13%

Being Physically/Emotionally Abused

Not a problem – 89%

• Minor problem – 6%

• Moderate/major problem − 5%

Being Discriminated Against Due to Age

Not a problem - 74%

• Minor problem – 15%

Moderate/major problem - 11%

Feeling Like You Don't Belong

Not a problem – 69%

Minor problem – 19%

Moderate/major problem - 12%

Feeling Like Your Voice is Not Heard in Community

Not a problem – 54%

Minor problem

Moderate/major problem



Community-Social Engagement

Finding Meaningful Volunteer Work

• Not a problem -65%

• Minor problem -17%

• Moderate/major problem − 18%

Finding Productive and Meaningful Activities to Do

Not a problem – 60%

• Minor problem – 22%

Moderate/major problem – 18%

Having Interesting Recreational/Cultural Activities to Attend

Not a problem - 53%

Minor problem – 24%

• Moderate/major problem − 22%

Having Interesting Social Events/Activities to Attend

Not a problem - 51%

Minor problem – 25%

Moderate/major problem – 24%

Finding Productive and Meaningful Activities to Do

Not a problem – 60%

Minor problem – 22%

Moderate/major problem - 18%

Having Interesting Recreational/Cultural Activities to

Attend

• Not a problem – 51%

• Minor problem – 25%

Moderate/major problem – 24%



Civic Engagement – Past 12 Months

Attended Local Public Meeting

Yes

- 18%

No

-82%

Watched Public Meeting – Online/TV

Yes

-30%

No

-70%

Voted in Most Recent Election

Yes

– 84%

No

- 12%

Participated in Civic Group

Yes

- 12%

No

-88%

Used a Senior Center in Community

Yes

- 16%

No

-84%

Used Public Library

• Yes

- 48%

No

- 52%

Used a Recreation Center in Community

Yes

- 21%

• No

– 79%

<u>Participated in Religious/Spiritual</u> Activity

Yes

-44%

• No

- 56%

Participated in a Club (book, dance, game)

• Yes

– 27%

No

-73%

Participated in Recreation Program or Group Activity

Yes

– 26%

No

- 74%









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Peter J. Strauss

Senior Partner, Pierro, Connor & Strauss





"NEW RULES. ROCKY ROLLOUT.
NEW YORK MEDICAID HOME
CARE UPDATE"

Valerie Bogart

Director,

Evelyn Frank Legal Resources Program, New York Legal Assistance Group (NYLAG)



2023 NYS Medicaid & Home Care Updates

2023 ELDER LAW FORUM

Valerie Bogart, Director

Evelyn Frank Legal Resources Program

May 2023 eflrp@nylag.org





ABOUT NYLAG

The New York Legal Assistance Group (NYLAG) is a leading non-profit that provides free civil legal services, financial counseling, and engages in policy advocacy efforts to help people experiencing poverty.



About the Evelyn Frank Legal Resources Program

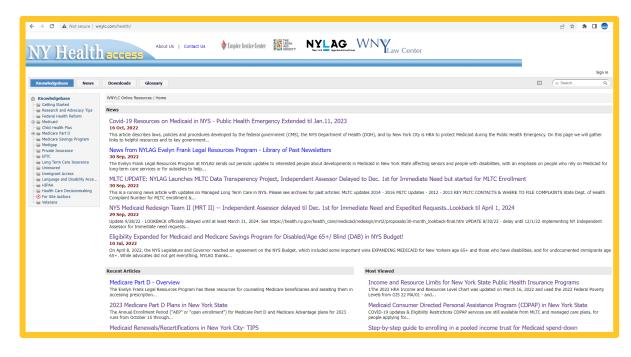
Focuses on fighting for seniors and people with disabilities, ensuring that they have access to health care and home care services they need to age safely in their home and communities. Services include:

- Counseling client on Medicaid, Medicare and home care eligibility and services
- Training legal, social services and health care professionals about changes in Health Care programs and how to best serve the health and long-term care needs of seniors
- Representing clients in denials and reduction of Medicaid,
 Medicare Savings Program and Medicaid Home Care
- Assisting clients with accessing Medicaid home care through Managed Long Term Care plans.



EFLRP Services (continued)

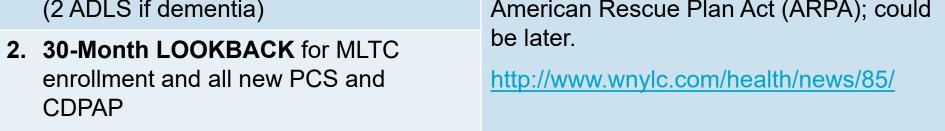
 Educating the public through the website <u>www.nyhealthaccess.org</u> or http://health.wnylc.com/health/



- Policy Updates
- Consumer
 Materials
- Expansive resources on coverage criteria and eligibility



AGENDA	Important dates							
End of the moratorium on closing Medicaid cases during the Covid Emergency	Ends July 1, 2023 - first Medicaid discontinuances start, if determined ineligible based on renewals due on or after May 10, 2023 in NYC/HRA							
2. New Income & Resource Limits	Started January 1, 2023							
 3. Independent Assessor for Personal Care services (PCS) & Consumer Directed Personal Assistance (CDPAP) & MLTC enrollment 	Phased in starting May 16, 2022, and more phased in Dec. 1, 2022.							
NOT DISCUSSED TODAY – POSTPONED TIL AT LEAST APRIL 2024								
 New minimum 3 ADLs required for eligibility for MLTC, PCS & CDPAP (2 ADLS if dementia) 	DELAYED: 4/1/2024 at the earliest due to Maintenance of Effort requirements under American Rescue Plan Act (ARPA); could be later							





MEDICAID "UNWIND" OF CONTINUOUS COVERAGE

Resumption of Medicaid Renewals Paused since March 2020 & End of application easements



Public Health Emergency (PHE) Maintenance of Effort (MOE) Rules Ending

Families First Coronovirus Response Act (FFCRA) signed March 18, 2020 banned Medicaid case closings and reductions through the end of the Public Health Emergency (PHE) unless consumer moves out of state, dies or voluntarily closes their case. GIS 20 MA 04. "Continuous Coverage Requirement is only re Medicaid eligibility – MLTC plans could still cut hours.

No Medicaid should have been discontinued – or spend-down increased – since March 18, 2020 – even if income or assets increased. No Medicaid renewals have been conducted for 3 years!!! Eligibility must be extended for 12 months for all authorizations ending **through May 31, 2023**. First discontinuances allowed July 1st after renewals processed.

Consolidated Appropriations Act (CAA) signed December 2022 delinks the continuous coverage requirement from the PHE. States can start terminating Medicaid but only AFTER renewal is processed. All renewals must be processed over 12 months starting March-April 2023.

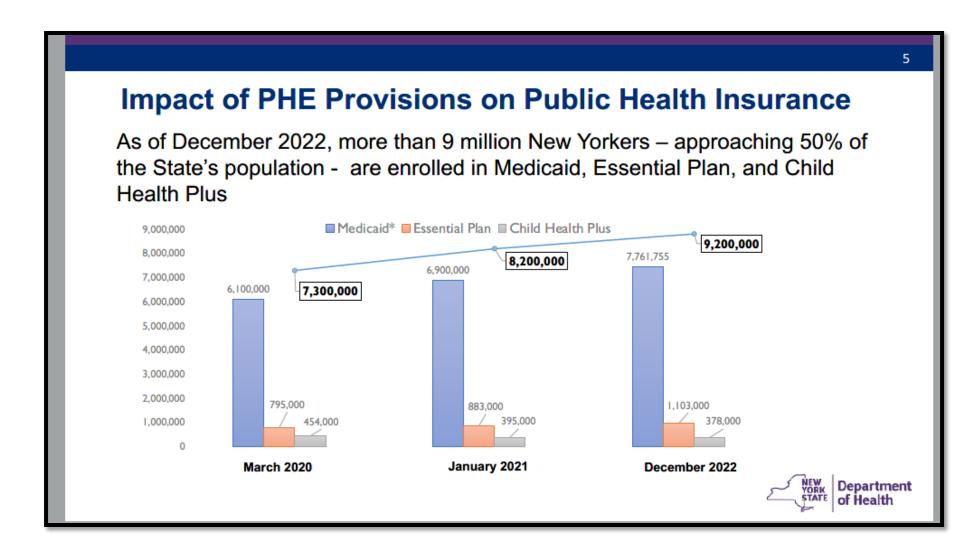


Starting July 1, 2023 -- New Applicants for Medicaid & MSP

- July 1, 2023 COVID Application "Easements" end
- Since March 2020, applicants have not been required to document income, assets, etc. – they could simply "attest."
 GIS 20 MA/04. Both Community and Nursing Home Medicaid.
- Those COVID rules are ending. <u>GIS 23 MA/03</u> The old documentation requirements re-start July 1, 2023 (copies of bank statements, life insurance cash value, IRA statements)
- But the good news 2023 Asset limits have increased to \$30,182 (single) + \$40,821 (couple) and INCOME limits increased. More on this below.
- Applicants must also meet other eligibility criteria such as enrolling in Medicare, applying for Social Security, taking IRA distributions, etc.

June 30, 2023 is the last date an application with attestation will be accepted.

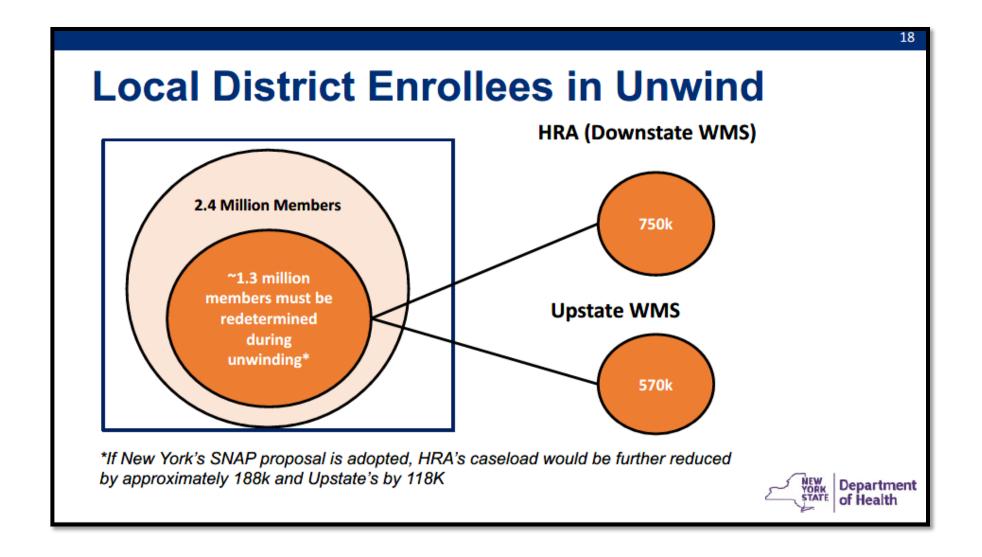




Slides available at:

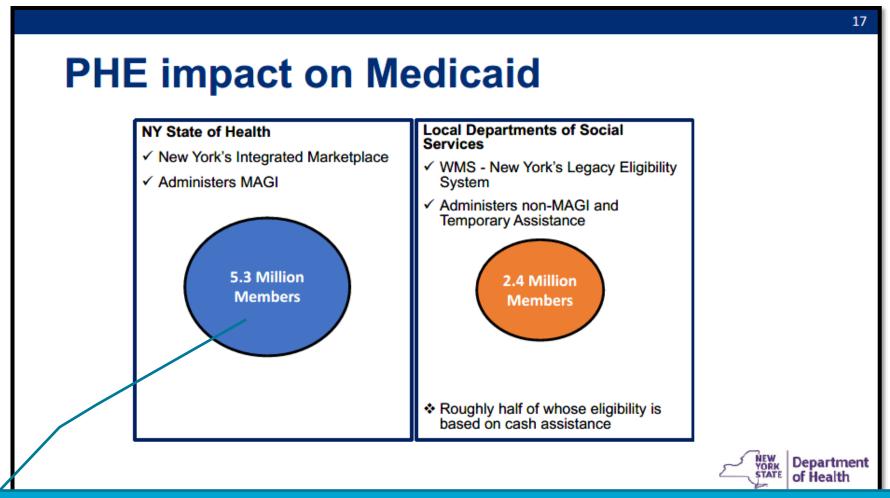
https://info.nystateofhealth.ny.gov/sites/default/files/NYSDOH%20Presentation%20-%20PHE%20and%20Continuous%20Coverage%20Unwind%20Plan.pdf





Local DSS Manage Medicaid Mainly for Aged 65+, Blind & Disabled (Non-MAGI)

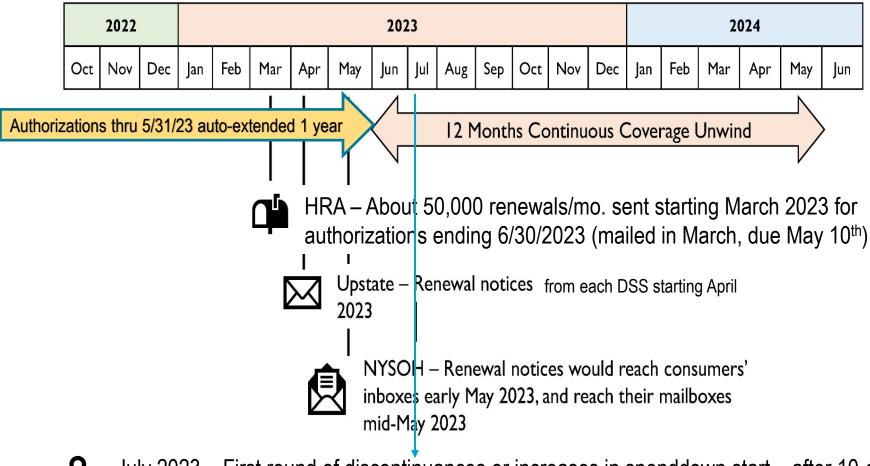




86,000 of these became enrolled in Medicare during the PHE. Their Medicaid remained on NYSoH, even though normally case would be transferred to LDSS and converted to non-MAGI. NOW -DOH will renew their Medicaid on NYSoH instead of referring them to LDSS UNLESS they are (1) mandatory for MLTC or (2) income is above the new limits – then referred to LDSS to determine spend-down or use special non-MAGI budgets. Since NYSoH can't assess assets, unwinding renewals WILL NOT ASSESS ASSETS!



Unwind Timeline for Eligibility Consumer Notices





July 2023 – First round of discontinuances or increases in spenddown start – after 10-day advance written notice with Fair Hearing Rights. More sent every month!



Special Changes in Unwinding Renewals

CMS has reportedly approved "E14 waivers" to help DOH process 9.2 million renewals during the unwind and to ensure eligible consumers don't lose Medicaid.

Waivers still not publicly released as of 5/3/2023 – here are some – all details not yet known!!!!

- 1. ASSETS will not be reviewed by NYSOH/LDSS in the unwinding renewals. Assets should still be reported on LDSS renewals, but eligibility won't be denied if excess assets. For unwinding renewals ONLY, not applicants.
- 2. Non-MAGI recipients with **Social Security income only-** auto-renewed using income verified thru data sources)
- 3. Returned mail. GIS 23 MA/03 requires extra steps to find consumer before closing case.



What if renewal or requested documents not returned? Auto-renewal of Medicaid for SNAP recipients

- If Non-MAGI Medicaid recipient* receives SNAP, their Medicaid will be auto-renewed without a paper renewal – but automation of this for LDSS is delayed until:
 - NYC Renewals for Oct. 31, 2023
 - Rest of State -- Renewals for Sept. 30, 2023
- Until then Before DSS can close a Medicaid case for failure to return renewal:
 - Outside NYC: For authorizations thru August 31 -- if renewal not returned, LDSS will manually review case to see if has SNAP. If so, Medicaid is auto-renewed. If not, Medicaid can be discontinued (with 10-day notice).
 - HRA: No capacity for manual SNAP review. If renewals due thru Aug. 10th not returned (for auth's thru 9/30/23), cases will be extended for an additional 4 months. During that time, HRA will auto-extend those with SNAP, and re-send renewals to the rest they get a 2nd chance to respond before case closed. Very few, if any, case closures until November.



^{*} As well as Essential Plan and Child Health Plus (CHP) recipients

Legal Assistance Group

More Special Changes in Unwinding Medicaid Fair Hearings

- During the PHE, CMS told States they did not have to hold and decide Fair Hearings in the 90-day limit set by federal regulations. 42 C.F.R. § 431.244(f).
- Now that the PHE is ending, CMS approved continued waiver of the 90-day time limit with 2 conditions:
- 1. AID CONTINUING MUST BE GRANTED as long as the Fair Hearing request is within the statute of limitations to appeal the notice. It does not need to be requested within 10 days of the notice. The time limit is:
 - 60 days for LDSS Medicaid eligibility/agency actions
 - 120 days for MLTC/ Managed Care actions
- 2. The state cannot seek to collect from the consumer for the cost of providing Aid Continuing should the consumer lose the fair hearing.

Get Ready for Renewals!!

Remind clients to check the mail!



REPORT CHANGE OF ADDRESS!

- If client moved since 2019, help them update address with HRA or local DSS so they'll receive the renewal in the mail.
 - In NYC use Form 751k
 (http://www.wnylc.com/health/download/638/)
 - Fax to 1-917-639-0837.
- Plans should report changes of address too! They know if consumer moved!

More Renewal Tips at http://health.wnylc.com/health/entry/227/



2023 LANDMARK MEDICAID INCREASES – INCOME & ASSET LEVELS



2022 NYS BUDGET: PASSED LANDMARK MEDICAID INCREASES

- 1. <u>RAISES the Medicaid income eligibility level</u> for people 65 and over and people with disabilities to 138% of the federal poverty level (FPL);
- 2. <u>INCREASES</u> the <u>Medicaid asset limit</u> for people 65 and over and people with disabilities; and
- 3. Raises the eligibility level for the Medicare
 Savings Program from 100% to 138% of the federal poverty level for QMB and to 186% FPL for QI-1.

These changes are effective January 1, 2023.



Non-MAGI Medicaid & Medicare Savings Program (MSP) Income & Resource Limits

	Monthly	Income Limit	Asset Limit			
FPL	Single	Couple	Single	Couple		
2022						
82% Medicaid	\$ 934	\$1,367	\$16,800	\$24,600		
100% QMB	\$1,133	\$1,526	NO L	IMIT		
120% SLIMB	\$1,359	\$1,831	NO L	IMIT		
135% QI-1	\$1,529	\$2,060	NO L	IMIT		
2023						
138% Medicaid	\$1,677	\$2,268	\$30,180	\$40,820		
138% QMB*	\$1,677	\$2,268	NO L	.IMIT		
186% QI-1*	\$2,260	\$3,057	NO L	.IMIT		

^{*} Both **QMB & QI-1 MSP** pay Part B premium \$164.90/mo 2023. QMB also pays Medicare cost-sharing. QI-1 is only for people who *don't have Medicaid*, unlike QMB. See Charts in Appendix pp. 3-7, 22-28



Background: Non-MAGI and MAGI

MAGI Medicaid

- WHO: Only < 65 who do not</p>

 WHO: Age 65+, Blind & have Medicare (or if caregiver of minor child)
- **WHAT**: Affordable Care Act (ACA) expanded eligibility-2014
- MAGI = Modified Adjusted Gross Income because uses tax rules for income.
- Income limit = 138% Federal Poverty Line (FPL)
- NO ASSET limit

NON-MAGI Medicaid

- Disabled < 65
- **WHAT:** ACA didn't include this category.
- **NON-MAGI** Eligibility based on old strict rules
- Income limit was 82% FPL NYS not based on FPL

Legal Assistance Group

Strict ASSET limit

Until 2023, Medicaid recipients "fell off the cliff" when they became enrolled in Medicare and lost MAGI budgeting -- incurring a spend-down or being thrown off because of the asset limit.

- A. Age 65+, Blind & Disabled are still Non-MAGI.
 - 1. Spousal refusal, spousal impoverishment budgeting rules continue.*
- Asset limits increase, but the budgeting rules don't change!
- 2. Rules for *source* of income continue (non-MAGI more favorable for *earned* income).
- 3. Non-MAGI still has asset limit, with exceptions (IRA, burial funds, home).
- 4. If income is above the new limits may still use Pooled Trust/SNT or "spend down" on medical expenses.
- Still apply & renew at local DSS not on NYSofHealth
- B. Nursing home budgeting won't change same calculation of Net Adjusted Monthly Income (NAMI) if permanent placement but with Community Budgeting can keep \$1677/mo

New York Legal Assistance Group

Medicare Savings Program Rocks!

Both MSP Programs (QMB & QI-1):

- Pay Part B premium \$164.90/mo 2023 or \$1,978.80/annually
- Get Extra Help with Part D saves \$5,000/yr. in prescription costs
- That's about \$7,000 a year in savings!
- Eliminates Late Enrollment Penalty for Medicare Part B or Part D (some restrictions)
- Special Enrollment Period for Medicare Part B and Part D
- No resource test (but if want QMB & Medicaid → asset test)
- One-page application if not also applying for Medicaid

QMB only – also covers Medicare cost-sharing with balance billing protections

QI-1 -Consumers cannot be enrolled in QI-1 and Medicaid at the same time. The consumer must make a choice between the two benefits. This affects those with net Medicaid income above 138% FPL and have a spend-down. If they use a pooled trust they can increase deposit by \$164.90 to get QMB AND have no spend-down. Part B premium will no longer be a deduction from income so spend-down goes up, but offset by additional SNT deposit of \$164.90.



Estimated 300,000 more New Yorkers are eligible to enroll in MSP!

- Screen clients for MSP!!! QI-1 income limit \$2,260 (single) \$3057(couple).
- MSP Budgeting rules have not changed.
- Income evaluated in the same manner as non-MAGI Medicaid.
- No asset test.
- Learn more about MSP here: http://www.wnylc.com/health/entry/99



MORE MEDICAID ADVOCACY IN 2023

- NYLAG, CSS & other advocates had asked NY to REPEAL the ASSET TEST for non-MAGI to be the same as MAGI.
- Why? The asset rules are biased against people of color who statistically are more likely to have savings in bank accounts than:
 - Homes exempt if equity under \$1,033,000 (2023)
 - IRAs and other retirement funds –exempt as long as taking distributions (RMDs) – which can be deposited in a pooled trust.
- Unfair that a tenant can't save \$50,000 in the bank but a homeowner can have home equity or an IRA of \$1+ million and access Medicaid.
- See coalition letters at http://www.wnylc.com/health/news/90/
- Coalition has asked to further increase asset limit in 2024 and
 eliminate it for MBI-WPD. See Nov. 2022 letter to Gov. Hochul
 (https://medicaidmattersny.org/advocates-call-on-governor-to-repeal-medicaid-asset-test/).

Legal Assistance Group

Current Recipients & the New Eligibility Limits

NYS Department of Health did NOT Conduct a Mass Rebudgeting of Medicaid or MSP Cases

A spend-down won't magically disappear even if income is now under the new increased limits!



Choice for Current Recipients of Medicaid or MSP

Option 1 – Wait for Renewal

- Starting in March & April 2023, all recipients will go through the mail renewal process over the following 12 months.
- Renewals will apply the new income limits.
 Spend-down may go down

 → can reduce deposit to
 Pooled Trust or may not
 even need to keep trust.

Option 2 – Ask for Rebudgeting Now

- May request rebudgeting from local Medicaid office (DSS) using the new limits sooner than the renewal.
- Good if renewal won't be until late in 12-month cycle or if spend-down causing a hardship

 using Pay-In, paying MLTC
 plan, submitting medical bills.
- If have -0- spend-down with pooled trust, can wait for renewal but meantime reduce trust deposits. See reference slides.

Budgets *under either option* should be retroactive to Jan. 1, 2023. GIS 23 MA/02. Link in Appendix.



Dec. 2022 Medicaid Mailing from Local DSS – re Option B

December 2022 – About 70,000 current Medicaid consumers who have excess income received this letter from their local department of social services (LDSS):

- informing them of the increased income limits
- telling them they can contact their LDSS to request a recalculation of their income before their next renewal.
- If they do not request that the LDSS recalculate their income, it will be recalculated at the next consumer contact or at renewal, whichever comes first.

NOTICE NUMBER : U000000000 Page: 1 **

COUNTY DSS COUNTY ADDRESS CITY, STATE ZIP

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA NOTIFICACION EN UN SOBRE APARTE

NOTICE N	UMBER: U000000000		DATE		ham 1 2022	CASE NUMBE	R: 300000
OFFICE OFC ID	UNIT ID	WORKER WKER II	UNIT OR WORKER NAME DEFAULT MA		A	TELEPHONE NO. ###-###-####	
_	AGENCY TELEPHONE NUMBERS GENERAL TELEPHONE NO.		CASE NAME / AND ADDRESS				
OR HELP		***-***- -##-##			OFC	/UNIT/WORKER	
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If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.

MEDICAL ASSISTANCE

Dear Medicaid Member,

This letter is being sent to you to let you know that as part of the New York State 2023 Budget, the Medically Needy Income level will increase beginning in January 2023, when it will be based on 138% of the Federal Poverty level. **This is good news!**

What does this change mean?

It means that Medicaid enrollees who have their Medicaid through their local social services district (including the Human Resources Administration (HRA) in New York City) and who have their monthly income compared to the Medically Needy income level may be able to keep more of their monthly income under this change beginning in 2023.

Why am I getting this letter?

If you or someone in your household has excess income under current Medicaid rules and lives in the community - for example, someone in your household living in the community has a "Spenddown" or a community-based income contribution called "Net

Letter is Attachment I to GIS 22 MA/11. DOH sent a similar notice to those with only MSP and not Medicaid, saying they can upgrade to Medicaid or QMB. Attachment to GIS 22 MA/10). Full Medicaid App & Supplement A required for Medicaid application. See Appendix pp. 8-17.



HRA sent 2nd Medicaid Rebudgeting Mailing

- HRA sent a letter with the MAP-3190, 2023 Budget Review Request form.
- Consumers can self-attest to income for 2023. Documentation is not required.
- Completed form must be returned in the business reply envelope that was sent with the Budget Review Request forms.
- 12/27/22 HRA Medicaid Alert* says how to submit MAP-3190 if envelope lost or misplaced.
- Consider MSP!
- Deductions list Medigap premiums, Pooled trust deposits

	Human Resources Administration Department of Sciences Services MAP-3190 (E) 01/10/2023
	CASE NUMBER:
	if you have any questions call: HRA Medicaid Helpi at 888-692-61
	2023 Budget Review Request Form
Current Mailing Address on I	ile
Address	
If your address has changed, p	rovide your updated information below. Only complete this section if address above.
Address	
evaluated.	ions and sign and date the form if you would like your budget to be re
evaluated. Current Gross Income (before Income may include security benefits, di compensation, chilc money from relative	
evaluated. Current Gross Income (before Income may include security benefits, di compensation, chilc money from relative	caxes and deductions) : wages, salaries, commissions, tips, overtime, self-employment, Social sability benefits, unemployment benefits, veterans benefits, workers support payments/alimony, pensions, annutities, trust income, rental incomes or friends to meet living expenses, Temporary cash assistance,
evaluated. Current Gross Income (before Income may include security benefits, discompensation, child money from relative Supplemental Security Supplemental Security Supplemental Security Supplemental Security Supplement	caxes and deductions) : wages, salaries, commissions, tips, overtime, self-employment, Social sability benefits, unemployment benefits, veterans benefits, workers support payments/alimony, pensions, annutities, trust income, rental income sor friends to meet living expenses, Temporary cash assistance, rity Income (SSI), student grants or loans.
evaluated. Current Gross Income (before Income may include security benefits, discompensation, child money from relative Supplemental Security Supplemental Security Supplemental Security Supplemental Security Supplement	caxes and deductions) : wages, salaries, commissions, tips, overtime, self-employment, Social sability benefits, unemployment benefits, veterans benefits, workers support payments/alimony, pensions, annutities, trust income, rental income sor friends to meet living expenses, Temporary cash assistance, rity Income (SSI), student grants or loans.
evaluated. Current Gross Income (before Income may include security benefits, discompensation, child money from relative Supplemental Security Supplemental Security Supplemental Security Supplemental Security Supplement	caxes and deductions) : wages, salaries, commissions, tips, overtime, self-employment, Social sability benefits, unemployment benefits, veterans benefits, workers support payments/alimony, pensions, annutities, trust income, rental income sor friends to meet living expenses, Temporary cash assistance, rity Income (SSI), student grants or loans.



^{*}Download at http://www.wnylc.com/health/download/825/ (form is an attachment to Medicaid Alert of 12/27/2022)(copy in Appendix pp. 20-21

Unwinding of Public Health Emergency + 2023 Eligibility Increases

NYS DOH & HRA Guidance & other Info

- GIS 23 MA/03 Unwind of the Medicaid Continuous Coverage Requirement Related to the COVID-19 Public Health Emergency (PHE) and Processing Cases Under Regular Rules
- NYS DOH FAQ on Unwinding of PHE <u>https://info.nystateofhealth.ny.gov/sites/default/files/PHE%20Tool%20Kit%20-</u> <u>%20FAQs%20for%20LDSS-HRA%20enrollees.pdf</u>
- NYS DOH GIS 23 MA/02 2023 Federal Poverty Levels and ATTACHMENT New York State Income and Resource Standards for Non-MAGI Population.
- GIS 22 MA/11 Increase of Medicaid Medically Needy Income Level to 138% FPL and Related Medically Needy and MBI-WPD Resource Level Changes
 - Attachment I (Form letter DOH sent to Spend-down Recipients in Dec. 2022 of Option to Request Rebudgeting)
- GIS 22 MA/10 Changes to Medicare Savings Program (MSP) Income Levels
 - Attachment I (Form letter DOH sent to MSP Beneficiaries in Dec. 2022 of Option to Apply for Full Medicaid)
- GIS 22 MA/14 2023 Medicaid Levels and Other Updates and Attachment 1 (Chart of Eligibility Levels)
- NYC Medicaid Alert, Dec. 12, 2022 -- <u>Increase in Medically Needy Income and Asset Levels in 2023 and Sample Form MAP-3190 2023 Budget Review Request Form.</u>

Posted at http://www.wnylc.com/health/news/90/ (Increases)



NEW YORK INDEPENDENT ASSESSOR (NYIA)



The New York Independent Assessor? (NYIA)

Rolled out in phases since May 2022, NYIA assesses Medicaid recipients over the age of 18+ seeking home care to determine:

- A. Eligibility to enroll in a Managed Long Term Care (MLTC) plan (this is same as with Conflict Free assessment), or
- B. NEW with NYIA Eligibility to receive Personal Care (PCS), Consumer-Directed Personal Assistance (CDPAP) from:
 - i. Local DSS (if exempt from MLTC) or for *Immediate Need*
 - ii. From **Mainstream Medicaid managed care plans** (for those who do not have Medicare or other Third Party Health Insurance) on a standard or expedited time frame.

NYIA is run by Maximus under a NYS DOH contract.

- 1. NYIA Website (Maximus): https://nyia.com/en (also Spanish)
- 2. NYS DOH NYIA website
 https://www.health.ny.gov/health_care/medicaid/redesign/nyia/
 Document Repository tab on site has links to NYIA Policies
- 3. NYLAG webpage on NYIA http://health.wnylc.com/health/news/85/#Independent%20Assessor%



How & Where do you access PCS/CDPAP?

Has Medicare?	How get PCS/CDPAP	Exempt	Exclusions	
YES (Dual Eligible)	Must join MLTC or Fully Capitated plan with Medicare (MAP or PACE plan) after NYIA assesses	 Age 18-21 or Immediate Need from local DSS (temporary) 	 In OPWDD, NHTD or TBI waiver In home hospice 	
NO	Must get services from Mainstream Medicaid managed care plan after NYIA assesses.	In OPWDD, NHTD or TBI waiver	 Has 3rd party Health Insurance Has a spend- down 	
If exempt or excluded from MLTC/ Mainstream managed care	Apply to local Medicaid office (DSS)(HRA Home Care Services Program) – they approve after NYIA assesses.	NOTE: Called "Fee for Service" (FFS) because home care provider bills Medicaid, not an MLTC or mainstream plan. But services must go through Prior Approval by DSS, which now includes NYIA assessments		



Alphabet Soup! Acronym Reference!

NYIA - New York Independent Assessor – replaces CFEEC (Conflict-Free Evaluation and Enrollment Center) – Does 2 or 3 assessments:

- 1. CHA or IA Community Health Assessment or Independent Assessment (Maximus Nurse assessment using the UAS-NY)
- 2. IPP Independent Practitioner Panel Maximus doctor, nurse practitioner, or physician assistant who will now schedule:
 - CA Clinical Appointment Examination by the IPP, which then prepares --
 - PO Practitioner's Order Replaces the M-11q or DOH-4359 Physician's Order.
 Will be signed by IPP.
- 3. IRP Independent Review Panel –New review required if plan or LDSS proposes hours more than 12 per day on average, for the first time

Acronyms used here that are NOT changing --

- PCS Personal care services
- CDPAP Consumer Directed Personal Assistance Program
- DSS or LDSS Local county Dept. of Social Services (HRA in NYC) --Medicaid agency that handles all applications for Medicaid and requests for PCS/CDPAP
 - (1) for people excluded or exempt from MLTC or mainstream managed care or
 - (2) applying based on Immediate Need for home care
- TBI and NHTDW Traumatic Brain Injury & Nursing Home Transition & Diversion Waiver
- MMC Mainstream Medicaid Managed Care mandatory plans for those without Medicare or other primary insurance, and who have no spenddown. Mostly under age 65, but also includes elderly or disabled SSI recipients who don't have Medicare, often because of immigration status. Members of these plans must request PCS or CDPAP from the plan and all other Medicaid services.



Legal Assistance Group

Complaints to the DOH about NYIA

Send to BOTH:

- 1. Independent.assessor@health.ny.gov (518) 474-5888
- 2. And appropriate DOH Complaint Unit either:
 - MLTC DOH Complaint Unit 1-866-712-7197 <u>mltctac@health.ny.gov</u>
 OR
 - MMC (Mainstream)- DOH Complaint Unit managedcarecomplaint@health.ny.gov 1–800–206–8125
 - DSS has no DOH complaint unit so just send to #1

What changed (and what didn't)

What changed

- Replaces Conflict-Free assessment (CFEEC) for MLTC enrollment
- Not just for MLTC also assesses for Personal Care & CDPAP from mainstream managed care plans (MMC) or local Dept. of Social Services (LDSS)
- WHO does the nurse assessments
 NYIA not Plan or Local DSS
- WHO does physician's orders for home care – NYIA - not consumer's physician
- WHEN physician's order now done by NYIA AFTER nurse assessment
- Independent review now required for > 12 hours/day

What didn't change

- Eligibility criteria for home care or MLTC enrollment (New 3-ADL thresholds still on pause)
- Assessment tool (UAS-NY)
 now called Community Health
 Assessment (CHA)
- Who develops the plan of care (number of hours of home care) – still plan or LDSS – NOT NYIA

What isn't changing yet

- Reassessments of home care by MLTC, MMC or DSS
- Plan to plan transfers
- Assessments for children < 18
- NO NYIA for PACE, Waiver enrollment or services (TBI, NHTD, OPWDD)



NYIA Conducts 2 Assessments (sometimes 3)

- 1. CHA or IA Community Health Assessment (Maximus Nurse assessment using the UAS-NY) —same as the old CFEEC.
- 2. CA -- Clinical Appointment Examination by the Independent Practitioner Panel (IPP)(doctor, nurse practitioner, or physician assistant), which then prepares the PO:
 - PO Practitioner's Order Replaces the M-11q or DOH-4359 Physician's Order. Signed by IPP. Decides if medical condition is stable as required for PCS/CDPAP plus whether needs help with ADLs 120+ days as needed to enroll in MLTC

NYIA sends *Outcome Notice* - says whether:

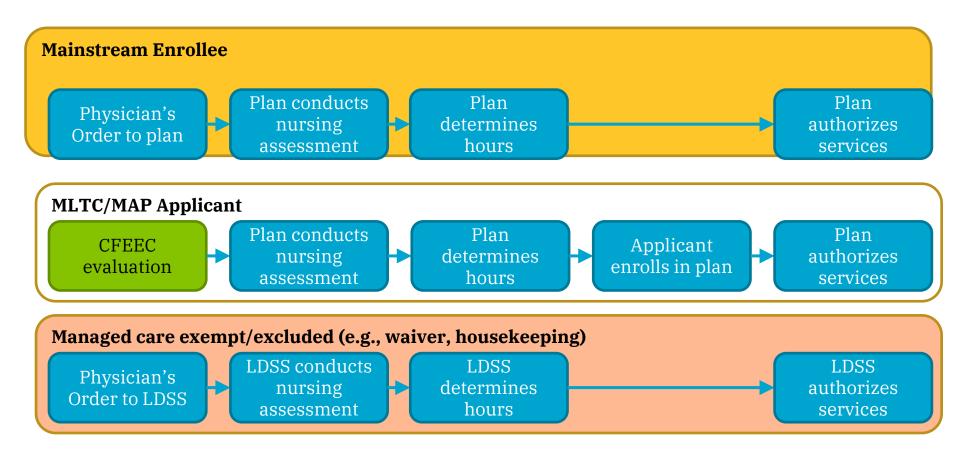
- may enroll in MLTC MLTC plan develops plan of care
- or whether condition is stable for PCS/CDPAP from mainstream plan or LDSS. If so -- go back to DSS or MMC plan, which use NYIA assessments to develop a Plan of Care.

If the plan of care is for > 12 hours/day then a third assessment is required.

3. IRP Independent Review Panel — New "high needs review" required if Plan or LDSS proposes hours more than 12 per day on average, for the first time. But may enroll in MLTC plan while IRP is review is pending.

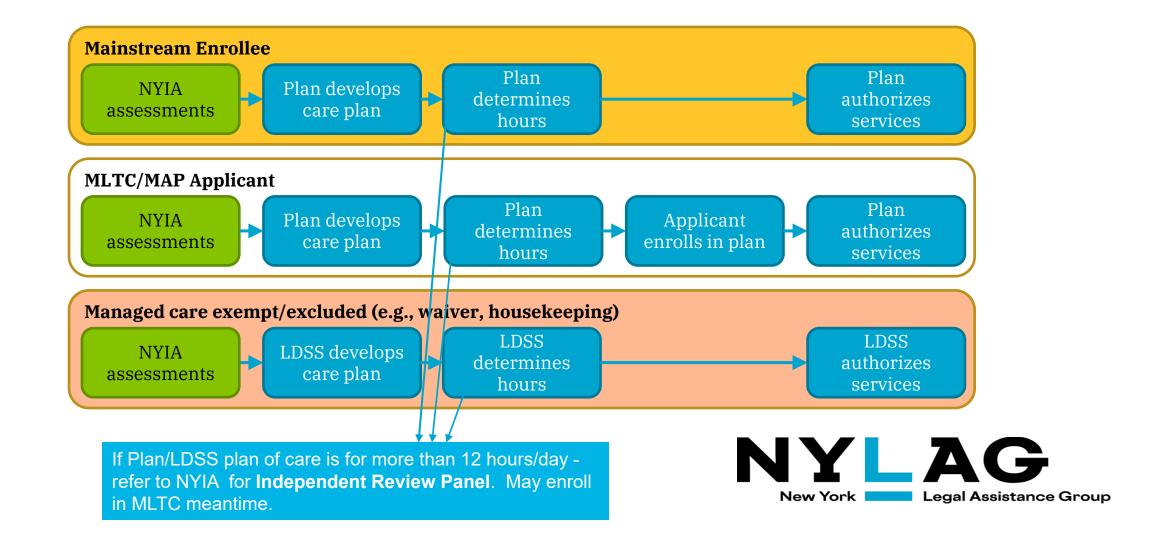


Old process – Before NYIA





New process with NYIA



PROBLEMS WITH NYIA

What are advocates seeing?



Problem 1: Calling NYIA to request assessments



- Same number as calling CFEEC:
 855-222-8350 M-F 8:30 am-8:00pm,
 Sat 10:00am-6:00pm
- Schedule 2 appt's: CHA and CA
- Unlike CFEEC, NYIA will not schedule assessments if Medicaid application pending. Medicaid must be active. DOH MLTC Policy 22-01 pp. 5-6.
- Pressure to schedule Telehealth, not In-Person, though consumer has right to have in-person – will be delayed.

If seeking Immediate Need PCS/CDPAP – Apply at LDSS, which will arrange NYIA assessments.

DO NOT CALL NYIA directly. See http://health.wnylc.com/health/entry/203/#Procedures



Problem 1 Con'd: Calling NYIA (Rep or Family)



*https://nyia.com/content/dam/d igital/united-states/new-york/nymc-ia/language-masters/en/pdf/MM-CF-0822.pdf; see https://nyia.com/en/can-i-choose-have-authorized-representative (Appendix p. 51)

If family, social worker, or authorized rep call NYIA to initiate process – since Feb. 2023:

- 1. Consumer must join 3-way call or
- Consumer must sign NYIA
 Authorized Rep Designation form*
 (Submit POA or Rep form by FAX: (917) 228-8601 or

MAIL: New York Medicaid Choice, POB 5009, NY NY 10274

 Family/rep have been asked for THEIR DOB, SSN – DOH has told advocates this is wrong but practice continues.

Legal Assistance Group

Problem 2: CHA/UAS Lowball ADL's

- Advocates suspect more people have been DENIED enrollment in MLTC or PCS/CDPAP from LLDSS or mainstream plan than before. DOH has released no data. Why might there be more denials?
- 3-day rule UAS/CHA instructions require assessor to record the person's actual level of involvement in self-care and the type and amount of support actually received during the last 3 days only.*
 - Assessor does NOT record what they think consumer SHOULD receive or what consumer COULD do for themselves.
 - Only a consumer who had help paid or by family during 1 or more of the 3 days before assessment is found to need ADL assistance!
 - At least one fair hearing rejected this standard (<u>FH 8477309M</u> ("any task that was completed ...without assistance in the 3 days prior to the assessment ... gets marked ...[as] independent..., regardless of how difficult, insufficient, time consuming, or dangerous the task was For example, ... labeled as "Independent" when bathing ...even if it was extremely difficult or dangerous for him to do by himself...").
- Verbal Cueing assistance mislabeled as "independent." E.g. Reminding to use walker, cueing on post-elimination hygiene after toileting, cueing/contact guarding on stairs
- Telehealth assessments inevitably miss nuances. Was validity of the UAS tested for telehealth use? We doubt it.

Problem 3: Consumer's Doctor No Input

- The "Clinical Assessment" [CA] is done by NYIA nurse practitioner, physician's assessment, or MD, likely by telehealth. They do not know the consumer.
- The CA "may [NOT MUST] review other medical records and consult with the individual's providers and others involved with the individual's care if available to and determined necessary by the medical professional."*
- DOH rep said consumer can hold a letter up to the phone in a telehealth visit for Nurse or NP to read!
- There is no procedure or portal for consumer to submit medical records, doctor's letter to be part of their record.



Problem 4: Outcome Notices Confusing and Lack Specific Findings



<Date; A-15>

<Barcode> <Letter Code>

<Name>

<In Care Of>

<Address>

<City>, <State>, <Zip>

Import otice About Your Assessmen

Dear < Member Name; B-3>

<CIN; B-16>

We are writing about your assessment and clinical exam with the New York Independent Assessor. Your assessment result was completed on <**Response**Date; A-16>.

- Section titled Your assessment showed.
 Informs the consumer of the outcome
- Multiple possible outcomes, depending upon the consumer's situation (MLTC/ Mainstream/Immediate Need) and NYIA's findings
 - "You may be eligible for CBLTSS"
 - "You may qualify to receive LTSS through a MLTC plan"
 - "...however your health condition is not stable enough to get...care at home"
- These notices are very confusing and don't say WHY condition not stable, WHY don't need CBLTSS for 120 days – the standard for MLTC.
- Sample in Appendixp. 160



Problem 5 – Mainstream members and LDSS applicants face extra barriers to getting care

- Dual Eligibles seeking MLTC system same as CFEEC. NYIA says "you are eligible for MLTC" & consumer contacts plans to enroll.
- But NYIA notices tell mainstream plan members or people who are exempt or excluded from MLTC (in home hospice, OPWDD) —"you MAY be eligible for PCS/CDPAP" and to call their plan/LDSS.
 - Notice doesn't give a number to call. Calling NYC HRA isn't easy!
 HRA says they need to see Outcome Notice to process the request.
 But consumer doesn't know that they need to submit it or how.
- Why can't NYIA transmit the Outcome notice directly to Plan/LDSS for follow-up?
- Mainstream members/LDSS applicants must apply twice for PCS/CDPAP (1) requesting NYIA (2) calling plan/LDSS → **DELAYS**
- One-half of all NYIA assessments are requested by Mainstream members! What is DOH doing to monitor whether members get through the gauntlet to obtain services? Mainstream plans also wrongly deny services – tell members they need to switch to MLTC, etc.



Problem 6 – Plan/LDSS but not Consumer can Request VARIANCE to RE-DO CHA/UAS

- DOH NYIA regulations allow plans or LDSS to request a Variance a re-do of the CHA/Nurse assessment if there's a factual or clinical error. Plans penalized if ask for too many variances.
- Consumers don't know to ask plan/LDSS to ask for Variance, and have no right to ask for it themselves!
- Consumer can't see the CHA/UAS until they get denied MLTC enrollment or are denied PCS/ CDPAP by Local DSS or mainstream plan – and appeal.* So they can't see if there are errors.
- If consumer calls NYIA to ask for a new assessment, often told must wait 60 days or more after 1st one. DOH has told advocates this isn't true – yet it happens.



Problem 7: MLTC Plan approves low hours, blaming NYIA

Fact: Plan -- not NYIA -- decides number of hours. MLTC Policy 22.01 pp. 4-6.

- Reality: MLTC Plan payments (capitation rates) are based partly on the aggregate ADL scores of their members in the CHA/UAS. So they discourage enrollment of consumers with low ADL scores.
- Strategy 1: Ask plan to request a VARIANCE from NYIA.* Ask plan to show you the ADL scores on NYIA CHA and point out the errors. Downsides - can cause a delay, and might not help! Also, plans get penalized for asking for too many assessments.
- **Strategy 2**: Enroll in plan, accept the low hours initially. Then request an increase in hours immediately, provide doctor's letter, night logs, etc. to demonstrate need.
 - Appeal the denial of the increase first in a Plan Appeal, then at a Fair Hearing and/or External Appeal.



Reference: Regulations, Guidance, Websites

- 1. Websites see earlier slide
- Regulations Amended Personal Care & CDPAP 18 NYCRR 505.14 & 505.28
- 3. **DSS** policies <u>22 OHIP/ADM-01</u> (4/20/22)
 - GIS 22 MA/09 (12/1/22) -- Immediate Need
- 4. MLTC MLTC Policy 22.01 (4/27/22)
- 5. Mainstream Managed Care <u>Guidance</u> 4/28/22 (mostly people without Medicare or other primary insurance)
 - https://www.health.ny.gov/health_care/managed_care/plans/mmc_guidance.htm (11/17/22) Expedited Mainstream Assessments
- NY Medicaid Choice website https://nymedicaidchoice.com/ask/do-i-qualify-managed-long-term-care
- NYLAG NYIA updates
 http://health.wnylc.com/health/news/85/#Independent%20Assessor%20NE
 W



NYLAG's Past Advocacy

Advocacy:

- 12/15/21 Letter to DOH from NYLAG & Medicaid Matters NY, with 1/6/22 update http://www.wnylc.com/health/download/801/
- 2/2/22 Letter http://www.wnylc.com/health/download/807/
- 3/25/22 Letter http://www.wnylc.com/health/download/812/
- 5/3/22 NYLAG questions about the new policies http://www.wnylc.com/health/download/814/
- NYLAG & NYSBA COMMENTS on proposed regs http://www.wnylc.com/health/download/771/ (3/13/21)
- See prior NYLAG comments from when regulations were proposed http://www.wnylc.com/health/news/85/#comments



How to Stay Up to Date

 Sign up for NYLAG EFLRP e-lerts with updates here http://eepurl.com/deQxtr - select TOPIC: Medicaid, long-term care

Look for updates at <u>www.NYHealthAccess.org</u>



THANK YOU

More information at nylag.org







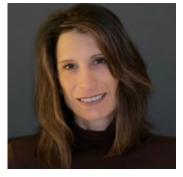




Case Study: The Reality of Qualifying and Obtaining Medicaid Home Care













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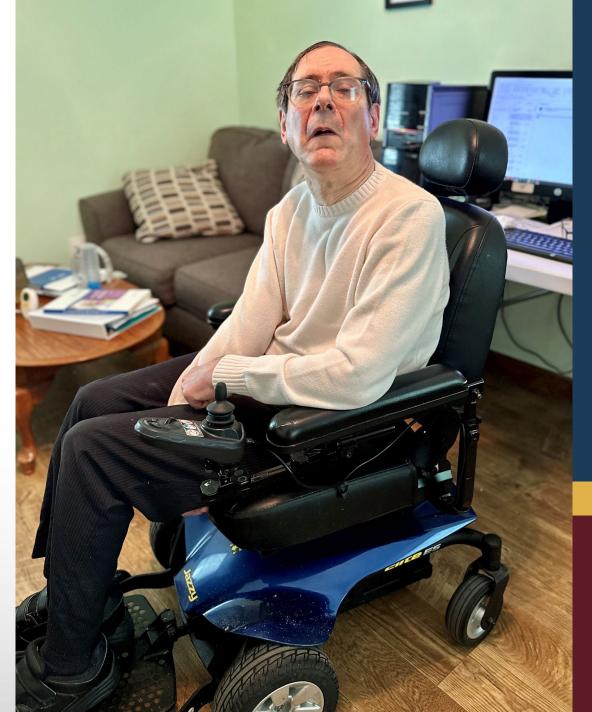


Case Study Overview:

- Meet Stanley, 66, Retired from NYS
- Living in Capital Region
- Receiving 16 hours home care/day
- Medicaid only pays for 6 hrs/day
- MAJOR GOAL:

Age in his own home!





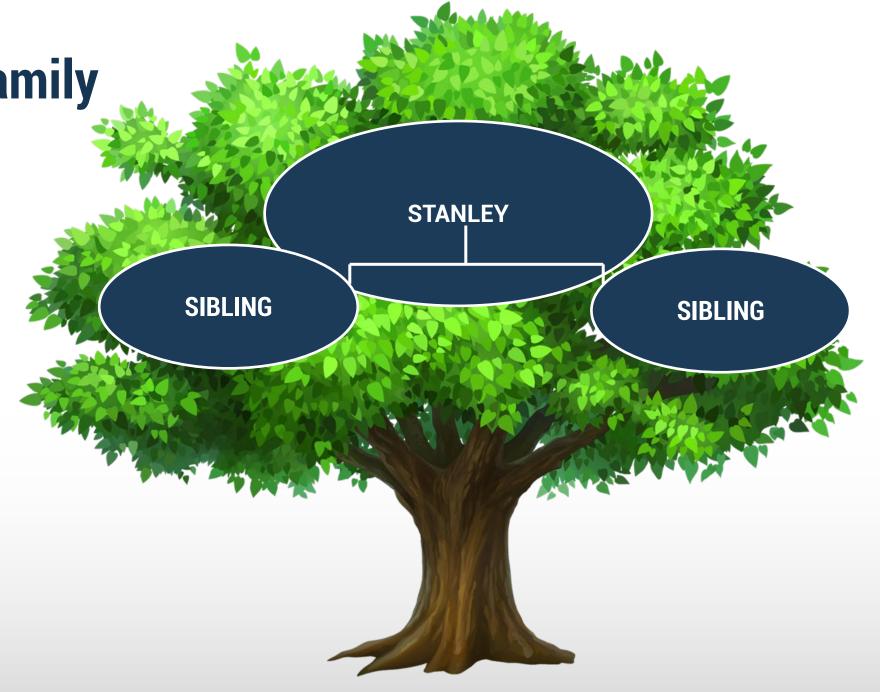
See Stan's Video to Learn More

Stanley's Family

Unmarried with no children.

Has several local siblings.

Stanley hires home aides through Consumer Directed Choices.





Stanley's Financials

Income	
Social Security	\$2,215.00
Pension 1	\$2,949.90
IRA RMD	\$ 333.33

TOTAL \$5,498.23

Nancy's Income	
Less Medicare Part B	\$ 164.90

Less Medicaid Allowance	\$ 1,697
Total income to Pooled Trust	\$ 3,636.33

Assets	
Home	\$150,000
IRA	\$100,000
Cash	\$ 30,000
TOTAL NON- EXEMPT ASSETS	\$180,000

Countable Assets for Medicaid	30,000
Allowance	\$30,182



Legal Documents

Will YES

Power of Attorney YES

Health Care Proxy YES

Irrevocable Trust YES









Frank E. Hemming III, Esq.

Senior Associate Attorney, Pierro, Connor & Strauss, LLC.



Medicaid Eligibility 2023

Landmark Medicaid Increases Passed in NYS Budget: Same income limit will be used for younger people under Affordable Care Act and for Age 65+, blind & disabled

YEAR	SINGLES	COUPLES	SINGLES	COUPLES
2023	\$1,677 + \$20	\$2,268 + \$20	\$30,182	\$40,821
Difference over 2022	+\$743	+\$901	+\$13,382	+\$16,221

I-The first \$20 of monthly income per household will not be counted when determining the eligibility of those Medicaid applicants who are aged, blind, or disabled.



Income includes monies coming in each month such as Social Security, pension, rent payments, and disability payments 2 - If Community Spouse makes less than \$3,435 of their own income, they will receive a portion of their spouse's to reach \$3,435

Exempt Assets

Some assets that are exempt:

- \$30,183
- Pre-paid burial
- Income producing property business assets
- Life insurance face value less than \$1,500!
- IRA in "Periodic Payment Status" major exception
- One Car

NON-EXEMPT ASSETS = EVERYTHING ELSE!



Stanley's Home: Major Asset

- Exempt since Stanley resides in the home, <u>but</u>, it has been passed down within his family, and its status would change if Stanley was not living within the home.
- Wanted to protect it from liens and/or estate recovery.

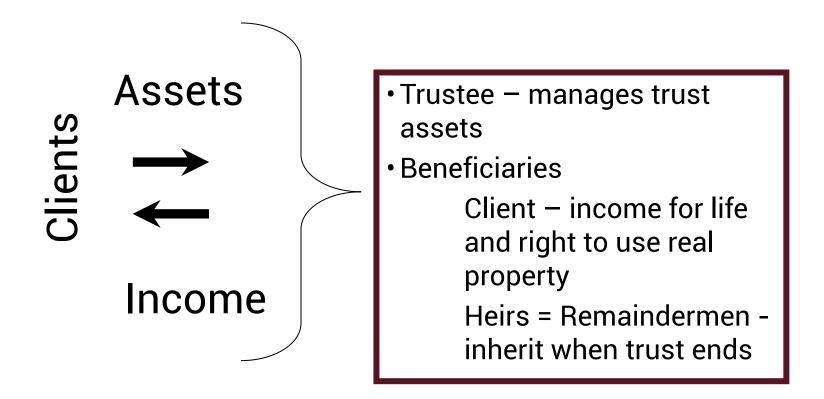




Legal and Financial Planning for Community Medicaid Eligibility

- Create and Fund Medicaid Asset Protection Trust (MAPT)
- Create and fund Pooled Income Trust for excess monthly income – which Sarah will cover







Home
Bank Accounts
Stocks & Bonds
Annuities
Life Insurance
Business
Real Estate

MEDICAID ASSET PROTECTION TRUST

- Income is yours if you want it.
- > Principal can NOT be given back to you directly.



Security Features

- Choose initial Trustee, and change at any time
- Choose initial beneficiaries, and change at any time
- With the consent of all beneficiaries, in some jurisdictions the trust can be "amended or revoked"

KEEP OUT

Cash Bank Acct. IRA, 401(k)



Advantages:

- Probate avoidance
- Ability to distribute assets outright or in further trust
- Ability to hire and fire trustees
- Access to income and assets within the trust, just has to be done properly
- Ability to revoke an irrevocable trust with consent of beneficiaries
- Ability to qualify for Community Medicaid immediately, for now.



New Rules Expected to Take Effect April 2024

- Law which was passed in 2020 was supposed to impose a 2.5 year lookback for Community Medicaid, but due to COVID and the Public Health Emergency, that law has still not been implemented.
- When in effect, there will be a 30-month lookback done for every community application (audit of all financial activity from October 1, 2021 through April 1, 2024)
 - If transfers/gifts are found within the lookback period, penalties will be assessed and the applicant will not be eligible for Medicaid for a period of time.

This is the system currently used for nursing home applications, except the lookback period is 60 months (5 years)



2023 Regional Rates

Region	Counties	2023	2022	2021
New York City	Bronx, Kings (Brooklyn), NY (Manhattan), Queens, Richmond (Staten Island)	\$14,142	\$10,857	\$13,307
Long Island	Nassau, Suffolk	\$14,146	\$14,012	\$13,834
Northern Metropolitan	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	\$13,906	\$13,389	\$13,206
Western (Buffalo)	Alleghany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	\$12,130	\$11,884	\$11,054
Northeastern (Albany)	Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	\$12,744	\$12,560	\$11,689
Rochester	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates	\$13,421	\$13,376	\$12,020
Central (Syracuse/Utica)	Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	\$11,726	\$11,328	\$10,857



Medicaid Home Care Options - Once Approved for Medicaid Services

There are different kinds of Medicaid programs one can choose from, including:

- Managed Long-Term Care (MLTC)
 - a Personal Care Services Program (PCSP) Agency model
 - **b.** Consumer Directed Personal Assistance Program (CDPAP)
- Nursing Home Transition and Diversion Medicaid Waiver Program (NHTD)
- Traumatic Brain Injury Waiver (TBI)
- Program for All-Inclusive Care for the Elderly (PACE)



Key is to work with a qualified team of professionals to help select the best fit for all involved

NEXT STEP: NY INDEPENDENT ASSESSOR

As of May 16, 2022, Managed Long Term Care Enrollment, Personal Care Services Program and CDPAP requires: Independent Assessment by NYIA (community health assessment) Independent Physician Assessment by NYIA Independent Review Panel if > 12 hours of care needed MLTC determination of need for hours

RESULT: Delays in processing, disappointing results ie: lack of sufficient hours to provide appropriate level of care.

Assessments initial enrollment for NHTD or other Medicaid Waivers still to be done by Regional Resource Development Center



NYIA - Step 1 - Community Health Assessment

- NYIA will conduct one Community Health Assessment (CHA) which will be used to develop a plan of care for each Medicaid enrollee.
 - Most often done virtually by health professional who is not familiar with Medicaid applicant
 - Assesses applicant's ability to perform Activities of Daily Living (ADLs)
 - Walking, Feeding, Dressing, Toileting, Bathing, Transferring





NYIA - Step 2 - Medical Exam and Practitioner's Order and Plan of Care

- Applicant's doctor is <u>not</u> used to order or authorize personal care or Consumer Directed Personal Assistance Services
- Services to be ordered by a qualified, independent practitioner
 (Medical Doctors, Doctors of Osteopathy, Nurse Practitioners and Physician's Assistants) selected by NYIA
- Panel will determine if the individual is self-directing or has an appropriate self-directing other, and if the individual can safely receive PCS/CDPAS at home based on their medical stability
- Following the medical exam MLTC or DSS office will determine plan of care, including number of hours awarded

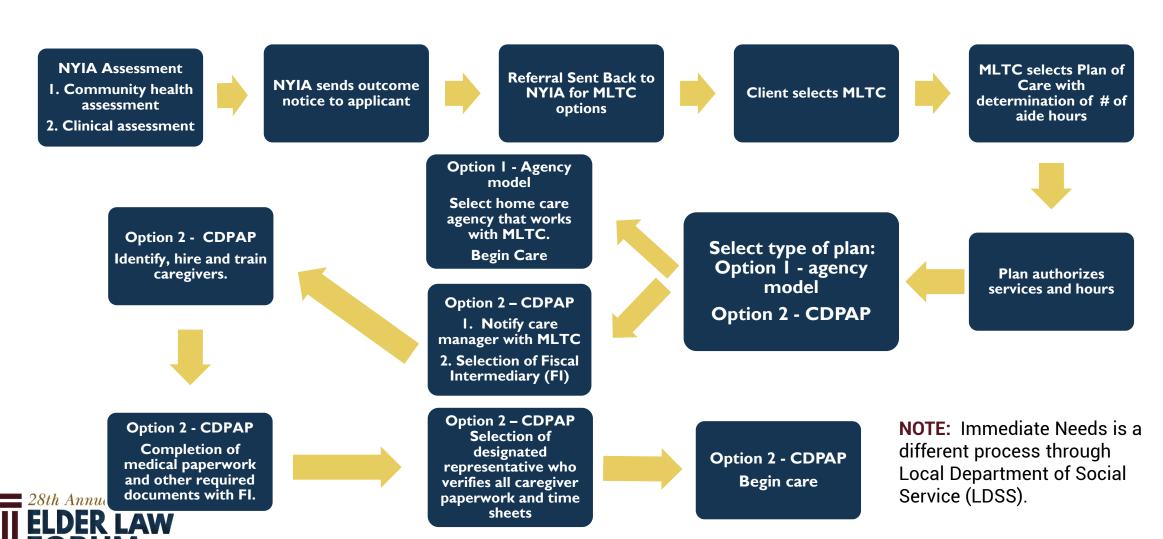


NYIA – Step 3 – Independent Review Panel (If Necessary)

- An additional medical review will be required the first time an authorization for PCS/CDPAS services exceeds 12 hours per day, on average
- The medical review will be conducted by an "Independent Review Panel" (IRP)
 established by the NY Independent Assessor (NYIA). The Panel will review the
 individual's community health assessment, their Practitioner's Order and their
 Plan of Care
- IRP will determine if the plan of care is reasonable and appropriate to maintain the person's health and safety at home
- IRP can recommend changes in scope, type, amount or duration of services but <u>cannot</u> specify a recommended number of hours



The Process...



Stanley: The Current Reality

- Private paying for 16 hrs/day
- But approved by MLTC for 5 hr/day
- Care Manager filed grievance; bumped up to 6 hrs/day
- PCP documented that "he needs at least 16 hrs. of home care support daily. The current coverage of 6 hrs. a day does not take into consideration the level of his needs and leaves him predisposed to more pressure ulcers, fractures, infections and malnutrition.

PCS / EverHome are appealing. Awaiting Fair Hearing Decision

10 months and counting – <u>unresolved!</u>



The Experience...in Stanley's Words

"I've been forced to accept less care than is required or that I deserve..."

"Having worked 30 years for NYS for 2 large departments — Education 3-1/2 years and Tax and Finance for 26-1/2 years as an income tax auditor one thing is consistent in NYS. That is:

"NYS Reform Standard: Any time the Governor and the Legislature do a 'reform to improve services and efficiencies' it's ALWAYS a disaster and an epic failure which resembles a bad rendition of 'Who's on First'. The Cuomo Medicaid reforms hold true to this NYS reform standard."

- Stan



If Your Client Has "Immediate Needs"

If immediate help is needed, Immediate Needs Medicaid Application be filed with local Medicaid office

Requires Complete Medicaid application, Attestation of Immediate Need and signed Physician's Order for the in-home services

 Result – Medicaid to be authorized within 12 calendar days following submission of application

As of December 1, 2022, NYIA to complete the Community Health Assessment and Clinical Assessment

Analysis: New Rules Have Expanded Use Of Immediate Needs Applications





Sarah Grimes

Director of Outreach & Community Relations, NYSARC Trust Services



Medicaid Income & Asset Limits Increased In 2023

Landmark Medicaid Increases Passed in NYS Budget: Same income limit will be used for younger people under Affordable Care Act and for Age 65+, blind & disabled

INCOME / MTH

ASSET LIMIT

YEAR	SINGLES	COUPLES	SINGLES	COUPLES
2023	\$1,677 + \$20	\$2,268 + \$20	\$30,182	\$40,821
Difference over 2022	+\$743	+\$901	+\$13,382	+\$16,221

Institutionalized Individual Income Allowance remains the same: \$50





Stanley's Income

Stanley's Monthly Income =

\$5,498.23

\$2,215 Social Security check

\$2,949 Pension check

\$333.33 IRA distributions

\$5,498.23 per month total income

- \$164.90 Less Medicare Part B

- \$1,697 Less 2023 Medicaid Allowance

Stanley's Monthly Spenddown =

\$3,636.33/mth

Stanley is allowed to have \$1,697 of monthly income, and the remaining amount is contributed to a **pooled income trust**.

Stanley Deposits: \$3,636.33 electronically on the 4th of each month





What is a Pooled Trust?



- A pooled trust is a special type of irrevocable supplemental needs trust (d4C)
- Preserve all of Stanley's hard-earned income minus nominal administrative cost
- Pay monthly living expenses and supplement care
- A lifeline for qualifying adults to get home care
- Non-profit manages funds for trust beneficiary
- Must have a qualifying disability under SSA definition

GOAL: Allow Stanley to live independently and comfortably at home for as long as possible.





How a Pooled Trust Works

Primary Benefit Rule

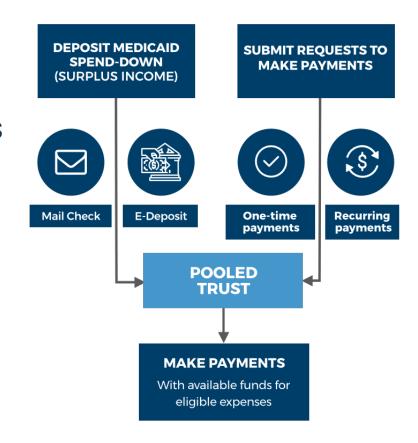
Items and services to supplement benefits

Requests require documentation

Trust pays third parties

No cash or payments to beneficiary

Medicaid payback provision at death







Impact of 2023 Rules

- Reduced spenddowns
- Higher income limits affecting other subsidized benefits
- Increased requests to supplement care
- Informal care arrangements
- Current rules still allow Stanley to roll-over trust deposits





What Can Stanley's Trust Pay For?

Stanley's Excess Income = \$3,636.33/mth

- \$243.27 approx. monthly cost of pooled trust

Available Balance* = \$3,393/mth

- \$300 electric bill**
- \$200 cable/cell phone
- \$500 food and other basic expenses
- Home expenses taxes, improvements, maintenance, appliances, etc.
- Private pay for Additional Care to fill service gaps



**Requests that are the same amount each month may be eligible for automatic payment.



Funding Sources to Supplement Care:

How will Stanley pay his bills AND cover the remaining 10 hrs/day?

\$1,697/mth in checking account

\$3,393/mth in pooled trust

Up to \$30,182 in assets liquid assets









Melissa Groves

Compliance Manager, **Consumer Directed Choices**



Empowering Independence

Elder Law Forum

Consumer Directed Personal Assistance







7 Washington Square Albany, NY 12205

T: 518.464.0810

F: 518.690.7153

www.cdchoices.org



What is Consumer Directed Personal Assistance (CDPA)?

Medicaid funded home care program administered and prior authorized by county Local Districts of Social Services and health care plans:

"Intended to permit chronically ill or physically disabled individuals receiving home care services under the medical assistance program (Medicaid) greater flexibility and freedom of choice in obtaining such services" - NYCRR 505.28 and SSL 365-f



CDPA Key Terms

Consumer	The recipient who is determined eligible to participate in a self-direction program and who is receiving care.	
Self-Directing Consumer	A consumer who is capable of making choices regarding their care (type, quality, and management), understands the impact of these choices, and assumes responsibility for the results of these choices.	
Designated Representative (DR)	An adult whom a self-directed consumer has delegated authority to instruct, supervise, and direct the personal assistant worker, and to perform the consumer's responsibilities.	
	For non-self-directing consumers, a DR is the consumer's parent, legal guardian, or a responsible adult surrogate who is willing and able to perform CDPA responsibilities on the consumer's behalf.	
	DR cannot be the PA or a Fiscal Intermediary employee, representative, or affiliated person.	
Personal Assistant (PA)	An adult who provides services to a consumer under the consumers, or their designated representative's, instruction, supervision, and direction.	
	A PA cannot be the consumer's spouse, parent of a child under age 21, or designated representative.	
Fiscal Intermediary (FI)	An entity that contracts with the funding agency (e.g., LDSS, MCO) to provide wage and benefits processing for PAs, along with other FI responsibilities; acts as the employer of record on behalf of the consumer.	



Consumer or Designated Representative Responsibilities

Manage Personnel	Managing the plan of care including recruiting and hiring a sufficient number of PAs; training, supervising, and scheduling each PA.	
Notify LDSS or MCO of Changes	Timely notifying the local LDSS or MCO of any changes in the consumer's medical condition or social circumstances including, but not limited to, any hospitalization of the consumer or change in the consumer's address, telephone number, or employment.	
Notify FI of Changes	Timely notifying the FI of any changes in the employment status of each PA.	
Time Records Attestation	Attesting to the accuracy of each PA's timesheets or EVV; transmitting the PA's timesheets to the FI according to its procedures.	
Paycheck Distribution	Timely distributing each PA's paycheck, if needed.	
Sufficient Personnel Backups	Arranging and scheduling substitute coverage when a PA is temporarily unavailable for any reason.	

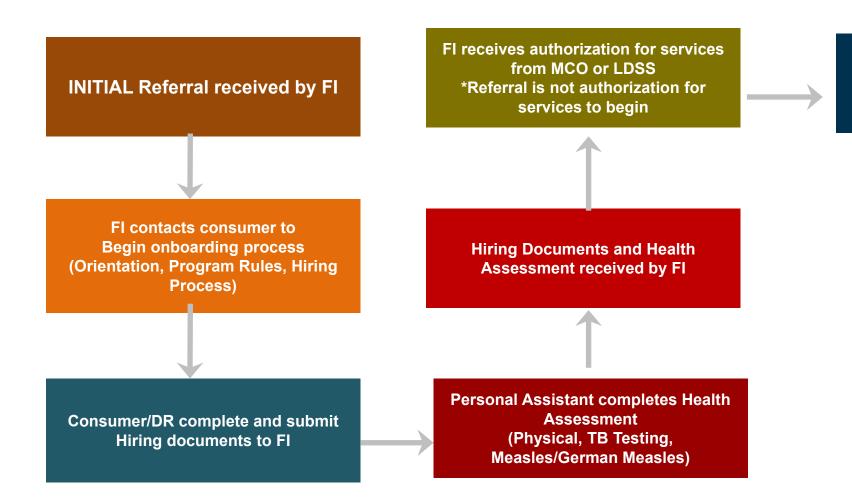


Fiscal Intermediary Responsibilities

Wage and Benefits	Processing each PA's wages and benefits including establishing the amount of each PA's wages; processing all income tax and other required wage withholdings; and complying with worker's compensation, disability, and unemployment insurance requirements.
Health Assessments	Ensuring that the health status of each PA is assessed prior to service delivery and annually.
Personal Assistant Records	Maintaining personnel records for each PA, including timesheets and other documentation needed for wages and benefits processing and a copy of the medical documentation.
Consumer Records	Maintaining records for each consumer including copies of the funding agency's authorization or reauthorization.
Monitor Responsibilities	Monitoring the consumer's or, if applicable, the consumer's designated representative's continuing ability to fulfill the consumer's responsibilities under the program.
Contracting	Entering into contracts with funding agencies (e.g., LDSS, MCO) for the provision of FI services.



Consumer Is Approved What Happens Next?



Consumer and PA fully onboarded Services can begin!



Customer Service: Ongoing Support Is Important

How does CDChoices help our customers (consumers, DR's PA's, caseworkers)?

- Thorough and timely orientations onboarding and reviewing program requirements.
 Initial contact within 24 hours of receiving referral
- Employer support: lending library, safety resources,
- Peer Mentoring: A person the consumer/DR can speak with for helpful hints
- Workforce Recruitment Portal web portal designed to assist in finding personal assistants
- Troubleshooting EVV, hiring PAs, timesheet questions
- EVV Training
- Ongoing communication
- Consumer Orientation Surveys







Suzanne Paolucci

Owner and Operator, NY Care Consultants





Valerie Bogart

Director,

Evelyn Frank Legal Resources Program, New York Legal Assistance Group (NYLAG)

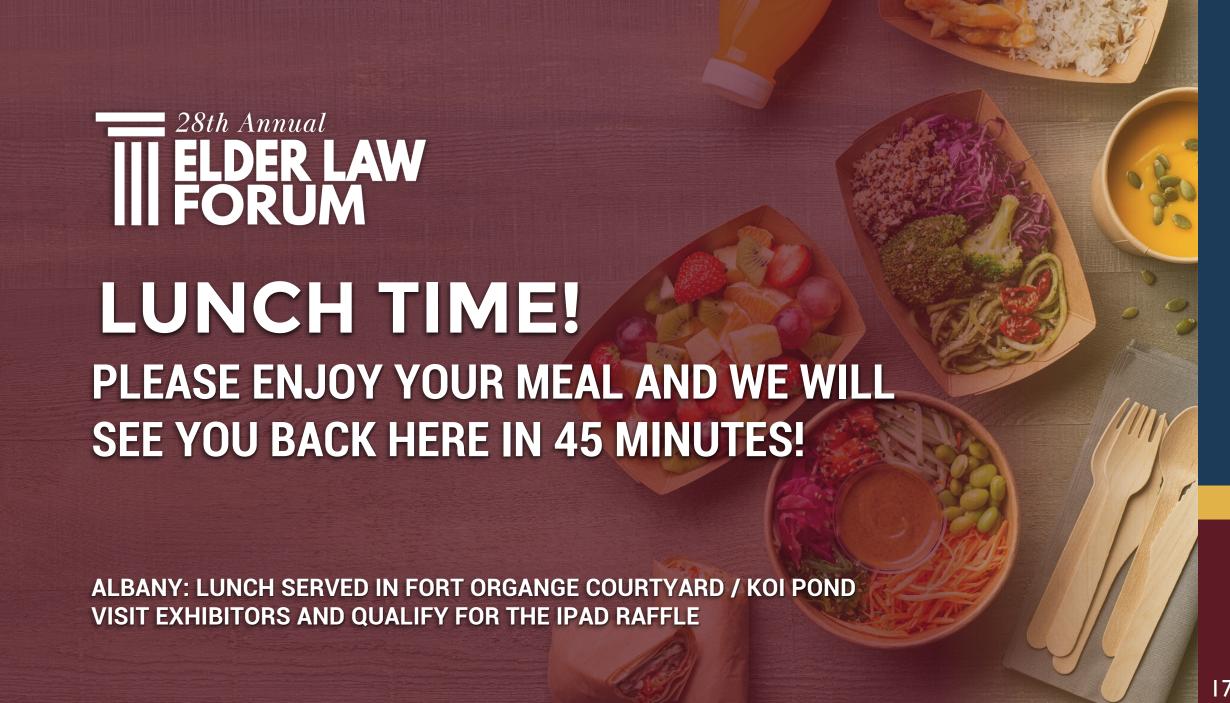


REMARKS FROM:



Daniel McCoyAlbany County Executive





New York's Ongoing Struggle to Provide and Pay for Care



Moderator: Beth Finkel
State Director,
AARP New York



Michelle Mazzacco
Executive Vice President,
SPHP Continuing Care
Network



Larry Slatky
Executive Director,
Shaker Place Rehabilitation
& Nursing Center



Jeff Collins
Vice President,
Government Programs,
MVP Health Care



Matthew Miles Chief Medical Officer, VivaLynx





Beth Finkel

State Director, AARP New York



Keeping Pace with an Aging New York State

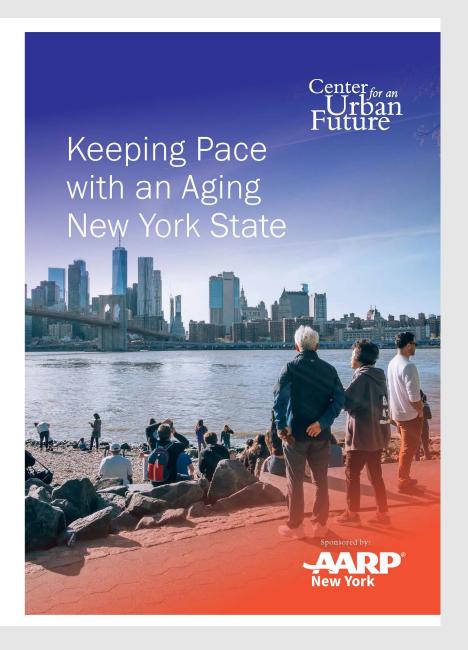
Beth Finkel, State Director, AARP New York

@BethNY @aarpny

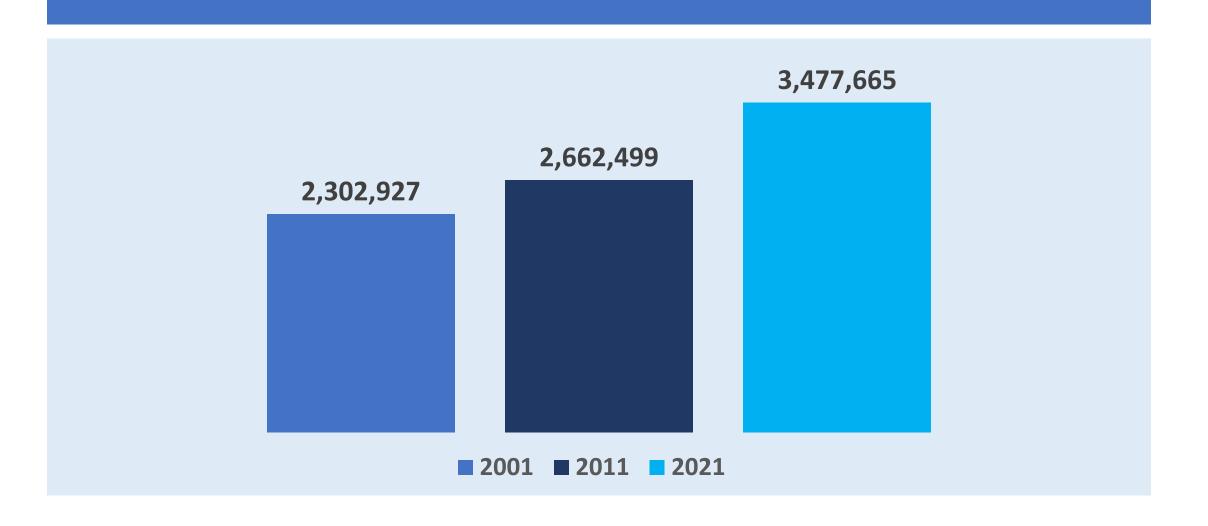
Jonathan Bowles, Center for an Urban Future @jbowlesnyc @nycfuture

Center for an Urban Future





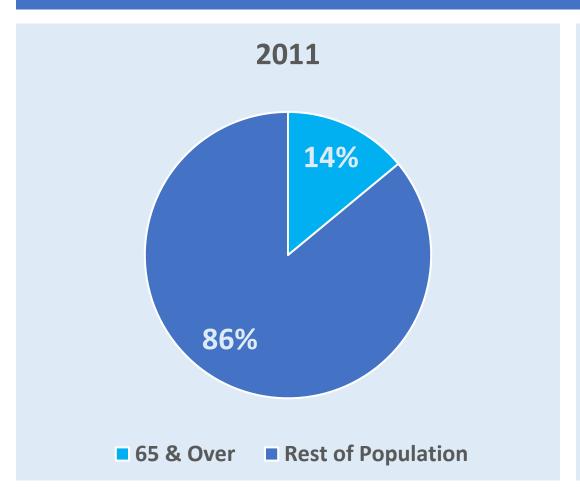
65 and Over Population in NY State

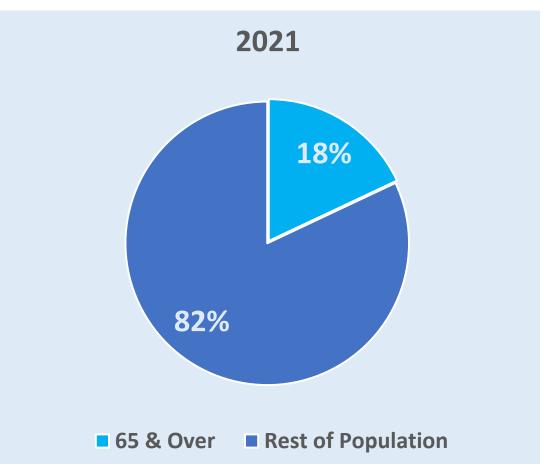


10-Year NYS Population Change



65 & Over Share of NYS Population

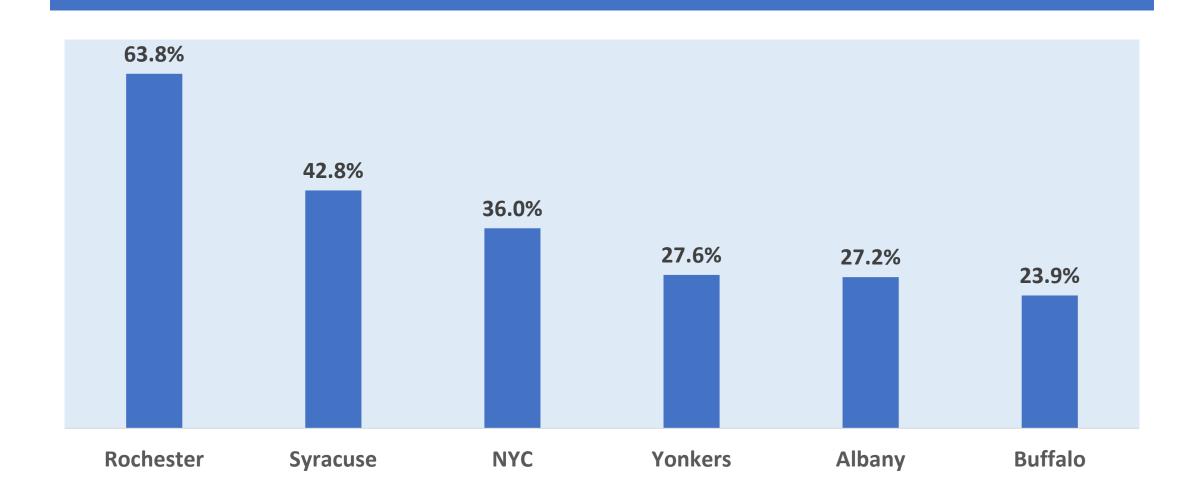




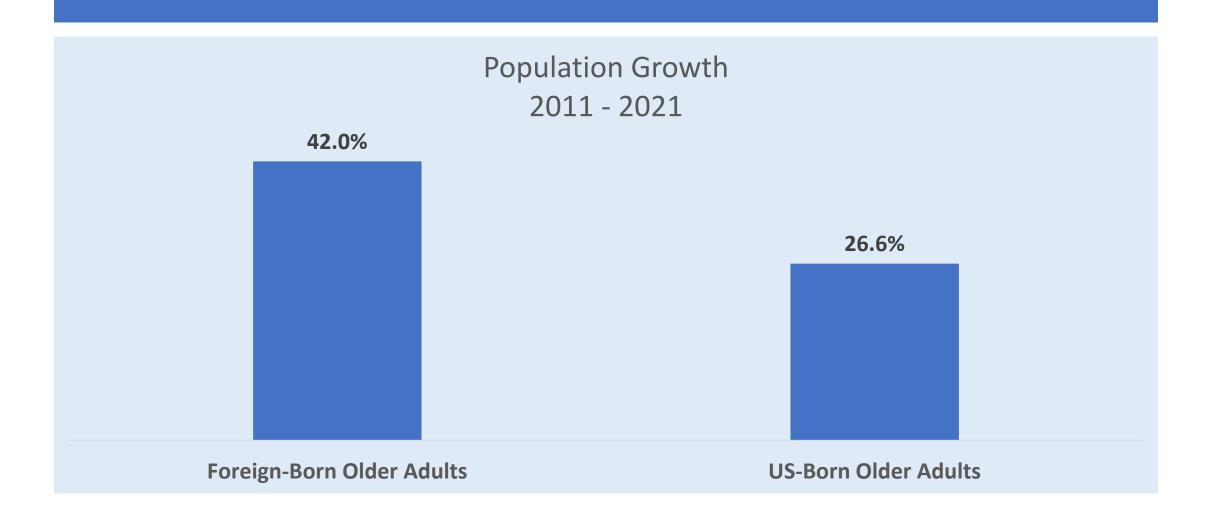
Growth in 65 & Over Population, 2011 - 2021



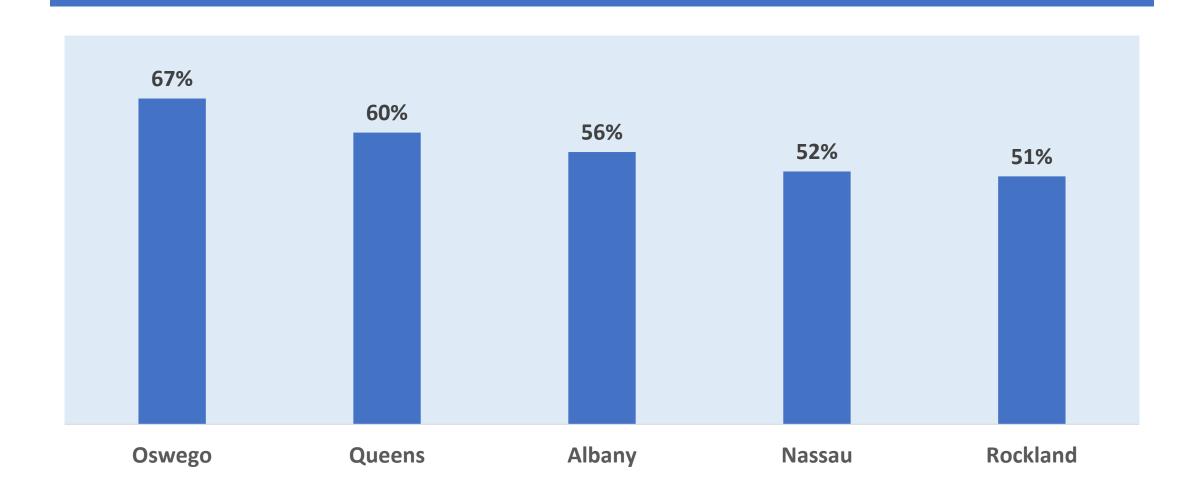
Growth in 65 & Over Population, 2011 - 2021



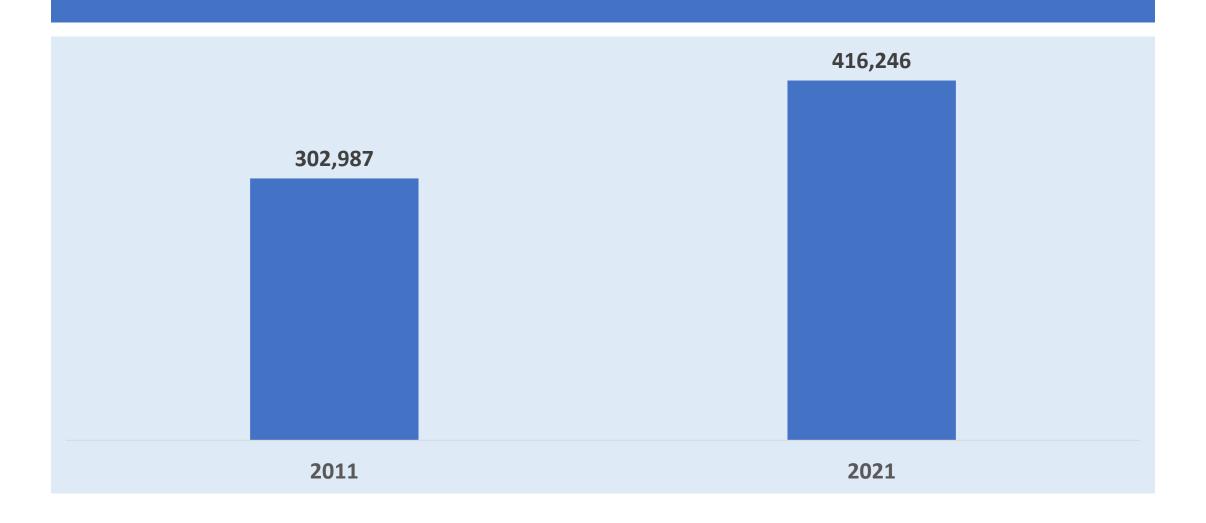
NY's Fast-Growing Older Immigrant Population



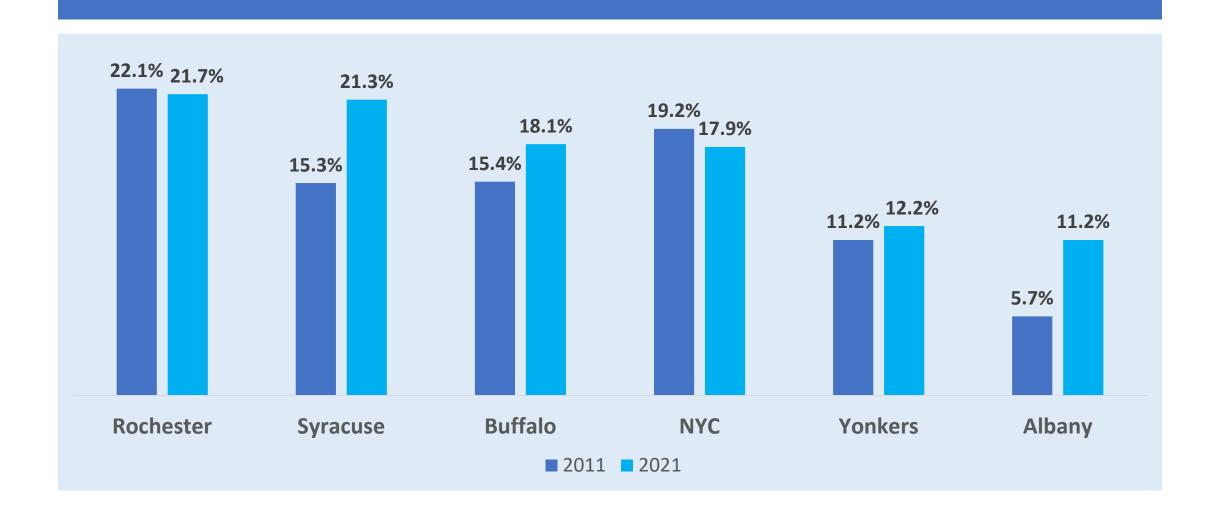
Growth in Older Immigrants, 2011 to 2021



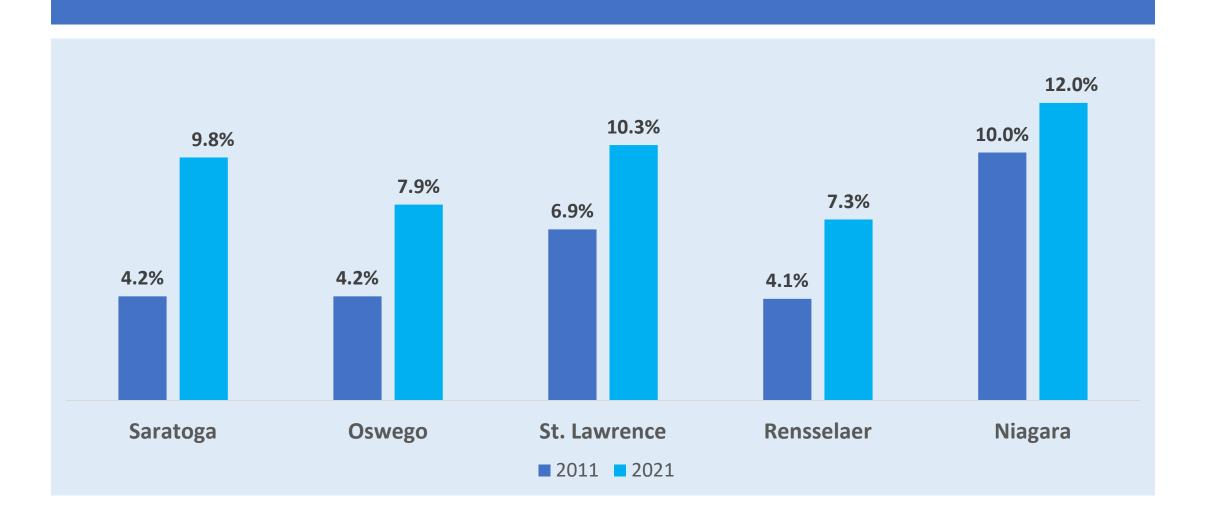
Older Adults in NYS Living Below Poverty Line



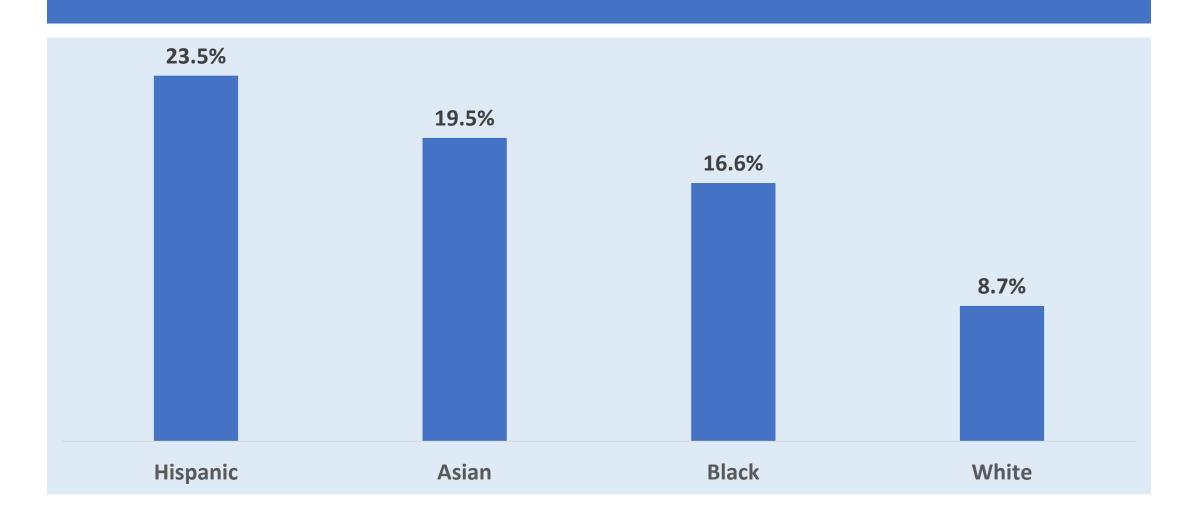
Poverty Rate for Older Adults



Poverty Rate for Older Adults



Poverty Rate for Older Adults by Race/Ethnicity



Center for an Urban Future







Larry Slatky

Executive Director,
Shaker Place Rehabilitation & Nursing
Center





Michelle Mazzacco

Executive Vice President, St. Peter's Health Partners Continuing Care Network



St. Peter's Health Partners

Non-profit
Integrated Healthcare System
Capital Region, NY



St. Peter's Health Partners

- St. Peter's Hospital, Albany (tertiary care)
- Samaritan Hospital, Troy (community hospital)
- Sunnyview Rehab Hospital, Schenectady (PM&R)
- St. Peter's Health Partners Medical Associates
 - (900 providers, 100 practice locations, 20 specialties)
- The Eddy Continuing Care Network
 - Community Services
 - Senior Living

194

Skilled Nursing Facilities



Services Provided in Your Home

Certified Home Health

Licensed Home Health

PACE

Home Based Primary Care

Infusion Pharmacy & Nursing



Medical Equipment

Community Based Palliative Care

Hospice

Eddy Alzheimer's Services

Care Transitions Coach

Remote Patient Monitoring

Personal Emergency Response Service & Monitored Medication Dispensers



Services Provided in our Home

Independent Living Retirement Communities



Skilled Nursing Facilities:

- Short Term Rehab
- Respite
- Long Term Care
 - Memory Care Units
 - Green House Model

Adult Homes

- Enhanced Care
- Special Needs/Memory Care



SPHP Integrated Delivery System

Pre COVID	Post COVID
Despite workforce shortages, volumes were strong across all services	Nearly every service line is struggling financially (not unique to SPHP)
With a small margin, we were able to: - cross subsidize programs operating at a loss - fund mission programs without reimbursement - invest in innovations / startups - fund further growth – services to the community	Unable to do what we did before: - which service lines do we need to shrink? - which mission programs will we have to close? - significantly less investments in innovation



Service Line	Key Challenges – Workforce is universal!
PACE	Lack of knowledge of the program – individuals and professionals
Hospice	NYS ranked 50% in use of hospice Late referrals; caregivers & patients left without support or receive support for a few days Medicare Wage Index is LOW; no Medicaid adjustment
Senior Housing - independent living - adult homes/memory	Older and sicker on application Requires Enhanced Licensure or Special Needs Licensure
Certified Home Health	Hardest hit by workforce – (30% fewer served across NYS) Medicare Wage Index is LOW; no Medicaid adjustment
Licensed Home Health	Hardest hit by workforce – closing ours
Skilled Nursing Facilities - short term rehab - respite - long term care	 □ Hardest hit by workforce – high premium pay and contract labor □ Significant increases in operating expenses (food, utilities, etc.) □ Older and more complex residents □ Residents arrive with less resources – lower private pay percentage □ Loss of MLTC – had ability to negotiate rates above Medicaid □ Needed at least 20% Medicaid rate adjustment – received 6.5% or 7.5% □ Unable to staff all beds – some beds remain closed



Solutions

Within Our Control	Where We Need the Help of Others
Improving Retention	Medicare wage index adjustment - must be same across all service lines!
Improving Recruitment	NYS Medicaid rate adjustments - must be adequate and across all service lines!
Lowering costs and finding efficiencies	Managed Care Organizations - 24/7 authorizations - value based provider agreements
Shrink services temporarily	Decrease regulations
Close services temporarily	Increase the workforce "pipeline" – paraprofessional/ ancillary and clinical (including immigration, etc.)
	Incent appropriate use of/referrals to PACE and Hospice



Thank you!

Michelle Mazzacco

Executive Vice President, Continuing Care Network/The Eddy

St. Peter's Health Partners

Michelle.Mazzacco@sphp.com





Dr. Matthew Miles

Chief Medical Advisor, VivaLynx





Jeffery Collins

Vice President, Government Programs, MVP Health Care



Doing More With Less: Overcoming a Lack of Funding through Innovations



Becky Preve
Executive Director,
Association on Aging in
New York



Al Cardillo
President,
Home Care Association of
New York State



Vice President, Client Services, EverHome Care Advisors



Alicia Kelley
Vice President,
Government Programs,
CDPHP



John Breitenbach
Director of Community
Living,
Living Resources





Al Cardillo

President, Home Care Association of New York State





Alicia Kelley

Vice President, Government Programs CDPHP





CDPHP: Doing More with Less

Alicia Kelley

VP, Government Programs

CDPHP®

What is the CDPHP difference?



- As the cost of living increases, we are finding innovative ways for our members to stretch their fixed incomes while also finding ways to remain in their homes
- Health insurance is evolving from traditional, medical-based coverage only, to now including expansive supplemental benefits that can address social barriers that prevent individuals from living their healthiest life
- These supplemental benefits cover many areas of need, including:
 - In-home and in-hospital support
 - Telehealth
 - Meals benefits

- Fitness programs
 - Weight loss support
 - Over-the-counter

Landmark Health

- Provides 24/7 in-home services to frail members with six or more chronic conditions at no out-of-pocket cost
- Reduces unnecessary hospital admissions/readmissions, and manages prescription medications





"You sat with my dad and our family for hours on end, never leaving us until you knew he was OK.

Words cannot express what you have done for Dad, and for us, in our time of need."

JOHNA PALMER, RAVENA

CDPHP Hospital to Home



Working hand in hand with hospital staff to coordinate care and provide personalized support

- Support team includes nurses, case managers, behavioral health, pharmacy, member services
- Meeting patients and families at bedside to help with:
 - Follow-up doctor's appointments
 - Medication assistance
 - Transportation needs
 - Meal planning
 - Ongoing support

Ellis Hospital Albany Medical Center St. Peter's Hospital Saratoga Hospital Columbia Memorial
Glens Falls Hospital
Nathan Littauer Hospital





www.cdphp.com/hospitaltohome

Nutrition, Fitness, and Wellness Resources



At-home Meal Delivery

 14 meals delivered to members' homes at no cost after an inpatient stay at a hospital, skilled nursing, or rehab facility

CDPHP Senior Fit®

- SilverSneakers online fitness options for members to enjoy at home and/or no-cost access to a national network of 15,000+ gyms
- CDPHP Fitness ConnectSM at the Cicotti Center gives members access to a fitness center, group classes, 25-lap pool, and more

Weight Management Reimbursement

 Members can get reimbursed up to \$100 for participating in a qualified weight loss program like Noom, Jenny Craig, or WW

Over-the-Counter (OTC) Benefit



- CDPHP HMO members receive up to \$75/quarter to spend on OTC supplies
 - Can be used at select retail locations, online, or over the phone for items such as:
 - First aid and medical supplies
 - Pain relievers and sleep aides
 - Cough, cold, and allergy medicines
 - Vitamins and supplements
 - Eye, ear, and dental care, and more



Doctor On Demand



- ✓ Easy access: Available 24/7/365 in all 50 states
- ✓ No cost-share for Medicare Advantage members
- ✓ Convenient: Meet from the comfort of home
- ✓ On demand: Average wait time of three minutes
- ✓ High-quality doctors: Board-certified, U.S. based, average of 15 years of experience, trained extensively in video medicine



A convenient alternative to urgent care.



John Breitenbach

Director of Community Living Living Resources





Since 1974 Living Resources has been supporting and empowering individuals with disabilities or other life challenging conditions to live with dignity, independence, and happiness.

Let's talk numbers

861

Dedicated and compassionate staff members

1,550

Supported individuals and family members throughout 14 counties (North to Warren, South to Westchester

29,946

Hours of services provided each week for an annual total of over 1.55 million!

13

Supportive programs offered at Living Resources



Innovation at Living Resources

Self-Direction/Fiscal Intermediary Services

Housing/Technology Innovation

Advanced Behavioral Support Approaches

What is Self-Direction?

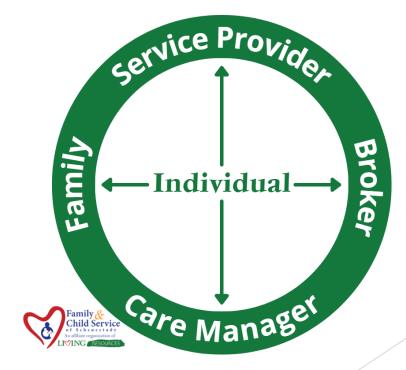
▶ OPWDD Definition: Self-Direction is the practice of empowering people with developmental disabilities to manage the supports and services they receive, determine who provides the supports, and how and where they are provided. The person chooses the mix of supports and services that work best for them, how and when they are provided, and the staff and/or organizations that provide them.

Changing the Status Quo

Status Quo



Self-Direction



Housing, Technology & Cultural Shifts

Working to shift our culture from a primarily "care-focused approach" to "citizenship" approach

Workforce/Practice

- o Independence Ambassadors Workgroup pursuing changes to our training, practice, policies
- Pursuing Tech First Certifications

Housing Initiatives

- Partnering with local mental health provider to develop non-certified housing for individuals with both I/DD & mental illness
- Awarded Supportive Housing Transformational grant from NYS OPWDD
- Partnering with local affordable housing developer for 6 affordable housing units in Schenectady for individuals with I/DD
- Exploring other potential initiatives to increase non-certified housing

Enabling Technology

- Housing initiatives will incorporate enabling technology
- Planning stages of a pilot program with EverHome Care Advisors to use various enabling & support technologies in both certified & non-certified settings



State-of-the-Art Behavior Support Approaches

- Only OPWDD provider offering Dialectical Behavioral Therapy
 - Based on cognitive behavioral therapy
 - Rather than just learned positive behavior via reward systems, DBT helps individuals understand/accept difficult feelings and how to manage them better
 - Approx. 60 individuals in one-on-one therapy throughout the year; another 50-60 received group therapy
- Only OPWDD provider offering Virtual Reality Exposure Therapy
 - Treats conditions like anxiety through controlled, gradually immersive exposure to situations and environments that trigger the anxiety or other negative responses
 - Many individuals receiving DBT also receive virtual exposure therapy with success
- Next innovation: Cognitive Analytic Therapy
 - Based on cognitive behavior therapy
 - Differs from DBT in that it helps the individuals to understand the root causes of their difficult emotions and has a focus on relationships



Thank you!

John Breitenbach-Director of Community Living Living Resources Corporation

www.livingresources.org



Diane Mickle Gotebiowski

Vice President, Client Services EverHome Care Advisors





Innovative
Solutions in
Home Care: Why
Tech Enabled
Care Management
is the Future.

DIANE MICKLE GOTEBIOWSKI, PT, DPT: VICE PRESIDENT CLIENT SERVICES







Ever Home Care Advisors, LLC

Life Care Coordinators Care Management Technology, Education & Monitoring



VivaLynx, LLC

Proprietary App Home Care technology White labeled product



EverHome Columbia Inc Non-Profit Pilot for Columbia & **Greene Counties** 501 c3 Advisory Board

Home for Aged Funding Subsidized Payments

The VivaLynx Care Coordination Eco-system

Human Care Coordination:

- Health & Wellness Screening
- Customized Plan of Care
- Social Determinants of Health
- Medication Management
- 24/7 Intervention
- Scheduling & Task Management

Integrated Care Coordination Technologies:

- Fall Detection
- 2-Way Video Chat
- Monitoring & Sensors
- Native Mobile App
- HIPAA & HL7 Compliant
- Real-time Data Collection & Sharing





The Problem cannot be solved with people alone,

or technology alone.



Tools and Resources to Facilitate

Healthy, Safe, Secure & Independent Living

"Blending technology with the caregivers needs...







...If you wait until you need it, it's too late." - Susan C

The VivaLynx System - In Home Technology

THE MOBILE HUB

For the Caregiver on the Go



MENU OF OPTIONS

- Wellcam: 2-Way Conversations
- Wearables: Fall Detection/Prevention
- Chair Sensor: Sedentary lifestyle
- Bed Sensor: Nighttime event monitoring
- RPM: BP, temp, weight and glucose
- Motion: Detect daytime fall or event
- Telemedicine: 24x7 Access to ER Physicians
- Touchscreen Panel: Settings & configuration

LCC Assesses Needs and Customizes Solutions for Each Care Recipient

WELLNESS CENTER

For the Caregiver in the Home







The VivaLynx System – In Home Technology

Customized 17-inch Touchscreen for Daily In-Home Care Tracking

One-Touch Video Chat

Vital Signs

Pain Level

Critical Behaviors

Medication Adherence



Mental Health

Physical Health

Significant Events

Scheduling & Task Mgmt.





Thank you -for your attention and interest!

- Resource and reference materials are available at our exhibit table or by request.
- Visit our websites at:
 - www.vivalynx.com
 - www.everhomecareadvisors.com
 - www.everhomecolumbia.org



THANK YOU FOR ATTENDING

PLEASE JOIN US MAY 9, 2024 FOR THE **29th ANNUAL ELDER LAW FORUM**