



HOUSEKEEPING:

 Materials can be viewed at the Elder Law Forum Event Page:

https://www.pierrolaw.com/events/29th-annual-elder-law-forum

- Virtual Attendees: Your Mics are Muted
- Interact on CHAT
- Pose Questions for Speakers in Q&A
- Fill out the Survey following the program
- Social Workers: be present for the entire program to receive CE Credits
- Share the Forum on Social: #ELF2024







LOUIS W. PIERRO, FOUNDING PARTNER
Pierro, Connor & Strauss, LLC



OUR TEAM OF ATTORNEYS







Aaron Connor



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Kimberly Gallo



Tommaso Marasco

Serving New York State Residents Through Offices in:

Albany, New York City, Ronkonkoma, Garden City, Hudson, Lake Placid, Utica Also licensed in New Jersey, Massachusetts and Florida

Forum Agenda

SEE YOUR PROGRAM BOOK

8:30	Live Interview with State Lawmakers
9:30	State Leaders: Update from the Executive Branch
10:20	Medicaid Home Care Update
11:00	Coffee, Networking & Exhibitors – Qualify for Raffle
11:20	Private Long-Term Care Insurance: Questions & Solutions
11:50	Panel: How to Find, Manage and Pay for Care
12:45	Keynote: Lt. Governor Antonio Delgado
1:15	Lunch, Networking & Exhibitors – Qualify for Raffle
2:00	Panel: Innovations Across the Continuum of Care
3:00	Panel: Disability Services: From Housing to Healthcare
3:50	Closing Remarks and Apple Watch Raffle

OUR SPONSORS: THANK YOU!

























































How We Got Here

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1995 1st Annual Elder Law Forum – 30 people
1996 Governor's Task Force on Long-Term Care Reform, Report
         LTC Insurance seen as vital
         Medicaid Reforms Proposed
         New "Defined Contribution" Plan Outlined
2005 The Compact for Long-Term Care Proposed
2012 Managed Long-Term Care (MLTC) Becomes Mandatory
2020 Covid Pandemic Strikes
         ELF Goes Virtual
2024 Hybrid Event with 1,150 registered
2025 30th Annual Elder Law Forum
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New York: A Rapidly Aging State

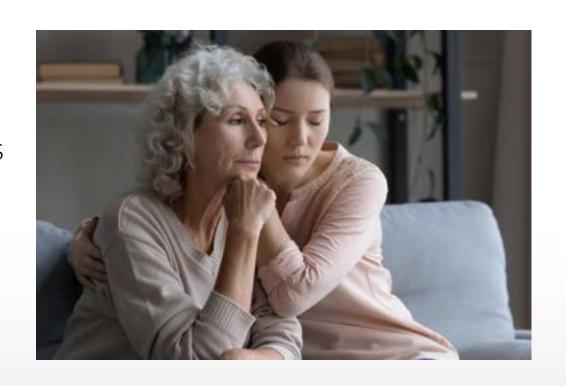
- Nearly 1 in 5 New Yorkers (3.5 million people) are 65 and older [~18%]
- 65+ population increased by 31% in the last decade
- Overall population grew by 3%
- NYS Older adult population = more than the entire population in 21 states





Data: Long-Term Care in New York

- Home care worker shortage =
 1.2 million workers
- Half of existing home care workers earn under \$30,000
- Medicaid costs are up 40% over three years





Senior Facilities Under Pressure

Rising Labor Costs amid Staff Shortages

Biden Administration Mandate:

Minimum Staffing Mandate at Nursing Homes

3.48 hrs. care / resident / day

How does this impact NYS providers?





Data: Population with Disability

1 in 4 New Yorkers (3 million+)

More likely to miss a healthcare visit due to cost 14.9% vs 7%

OPWDD Workforce – Non Profits Capital Region Direct Support Professionals:

Turnover 36.1%

Vacancies 19.22%



When Will the Sea Change in Care Come?

- Value Based Payments vs. Fee-for-Service
- CMS Expanding Home and Community Based Services (HCBS)
- CDPAP single fiscal intermediary coming
- Medicare and Medicare Advantage continue "expansion" into Long-Term Care
- New 1115 Waiver to expand funding of Community Based Care
- Adoption of New Technologies by Providers and Payors Telemedicine and Beyond – Will AI be the change agent?





Live Interview with State Law Makers

Dan Bazile

News Anchor



BALANCING BENEFITS AND BUDGETS



Senator Gustavo Rivera



Assemblymember John McDonald III



Senator Jacob Ashby



Assemblymember Amy Paulin



STATE LEADERS: New York's Master Plan for Aging and More





Greg OlsenNYS Office for the Aging



Carol Rodat NYS Dept. of Health



Carol Rodat

Special Advisor to the Office of Aging and Long Term Care





29th Annual Elder Law Forum

Carol A Rodat
Special Advisor to
Office of Aging and Long Term Care
New York State Department of Health

Why does New York need a Master Plan for Aging?

By 2030, 1 in 4 people in New York will be aged 60 years or over.

The Master Plan for Aging builds off our State's successes in healthy aging, emphasizing aging in place and improving the lived experience for all ages.





Executive Order 23 was signed on November 4, 2022, calling for the creation of a State Master Plan for Aging to...



Create a **blueprint of strategies** for government, the private sector, and 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"



New York is the First Age-Friendly State in the Nation

New York is the first 'Age-Friendly State' in the nation because of our:

- 1. Outdoor spaces and buildings
- 2. Transportation
- 3. Housing
- 4. Social participation
- 5. Respect and social inclusion
- 6. Work and civic engagement
- 7. Communication and Information
- 8. Community and health services

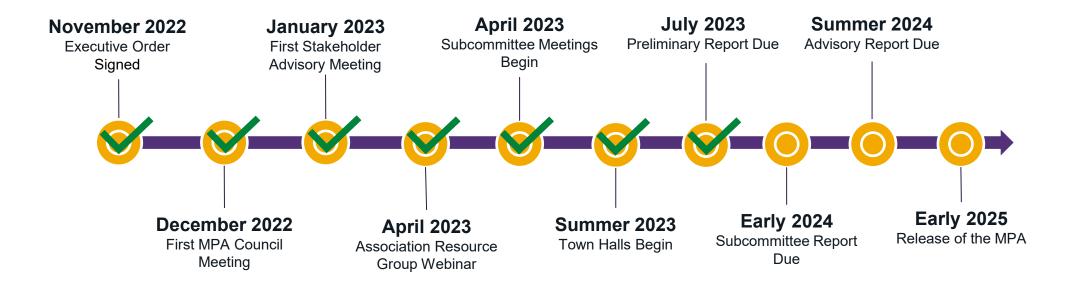




Master Plan for Aging Update

- 8 Subcommittees and 33 workgroups
- 15 Town Hall meetings held across the State
- Public survey with over 10,000 responses
- Over 650 meetings
- Roundtables and Town Halls through June

MPA Timeline





 Questions, ideas, and feedback can be sent to MPATownHall@health.ny.gov

 Please visit the Master Plan for Aging website at <u>www.ny.gov/mpa</u>



Greg Olsen

Director, New York State Office for the Aging





29th Annual Elder Law Forum

Level Set: Older New Yorkers in NYS A Wholistic Picture

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 – 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 – 4.84 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

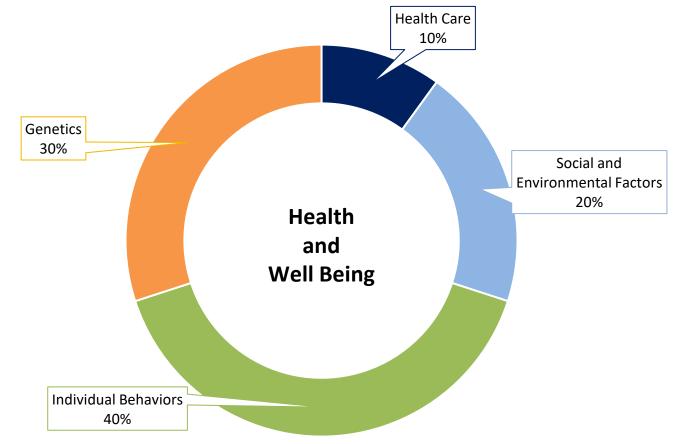
What Makes Up Good Health?





What Determines Health?

Impact of Different Factors on Risk of Premature Death



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
- Social adult day services
- Transportation to needed medical appointments, community services and activities
- Long Term Care Ombudsman
- Combat Social Isolation



NYSOFA Customers at Risk

- Focus on our customers high risk, high cost individuals = those with chronic conditions and functional needs
 - Of top 5% of Medicare spenders 61% have chronic conditions and functional limitations (account for 53% of total spending - almost \$400 billion
 - Of top 20% of Medicare spenders 46% have chronic conditions and functional limitations and 41% have 3 or more chronic conditions only
 - More likely to use ED and hospital inpatient
- CMS Identified top needs identified for this population:
 - HDM
 - PC I and II
 - Transportation
 - o CDSMP
 - Combat loneliness and isolation



New York's First Ever Statewide Needs Assessment Survey

POLCO Community Assessment Survey for Older Adults (CASOA) 2023





ABOUT

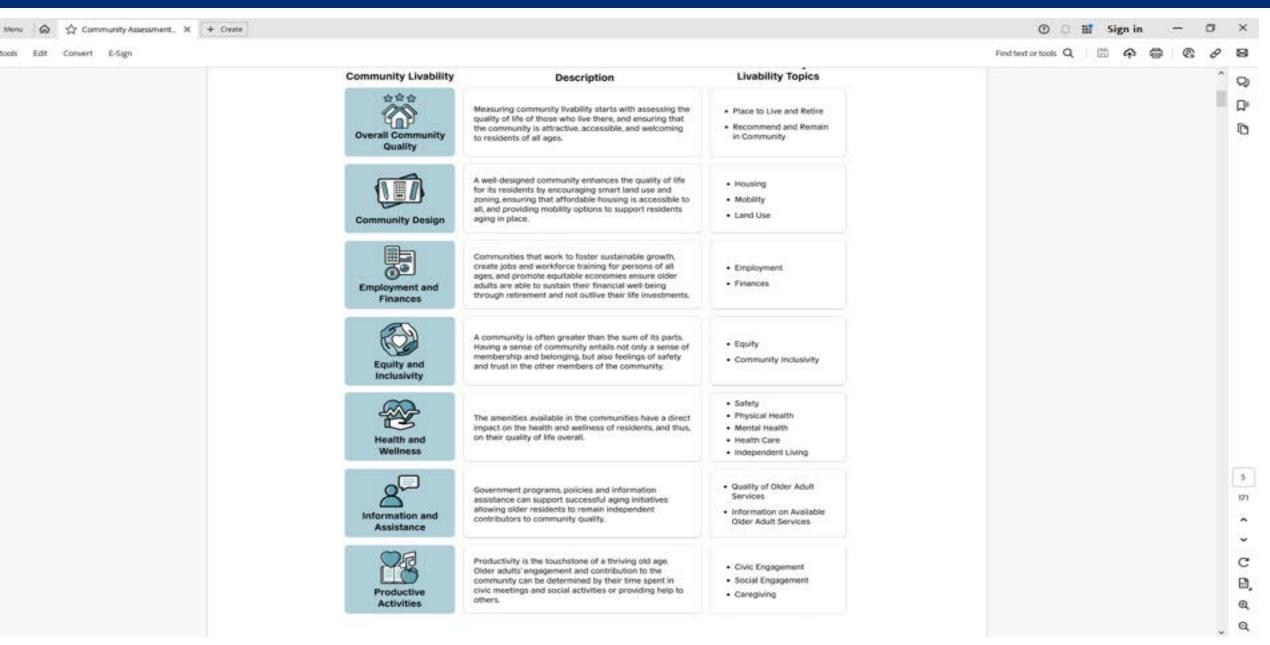
- First survey of its kind ever conducted in New York State.
- 26,464 responses from New Yorkers 60+.
- A partnership with the Association on Aging in New York (AgingNY)
 and the research firm Polco.
- Survey period: first quarter 2023.
- Survey was available in six languages.

County-by-county reports

Community Assessment Survey of Older Adults | Office for the Aging (ny.gov)



July 23, 2024



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 27,000 pets
- Testing efficacy of walker squawker in NH to reduce/prevent fall risk and fall related injuries
- Utilized by other systems and payors
- Intergenerational Games Reach out and Play

GetSetUp – bringing 4,500 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

- New York State Office for the Aging · GetSetUp

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. the Aging <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
- Any Care Counts Campaign dollar Tree/General

<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

New/Expanded Initiatives

BetterAge – 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.

<u>Dorot</u> – how to implement a local friendly visitor program – video series https://aging.ny.gov/friendly-visiting-program-training-video-series



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 Launching in 2024

<u>Team Vivo</u>—Pioneering fitness program is based on the S*cience of Strength Training* and consists of small-group, interactive Zoom™ classes taught by live instructors.

Discover Live - virtual visits to cities around the world – combat isolation, connect, develop relationships

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

Memory Lane TV – programming for individuals with dementia and their caregivers via TV

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

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

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



Appendix



Outcomes Data

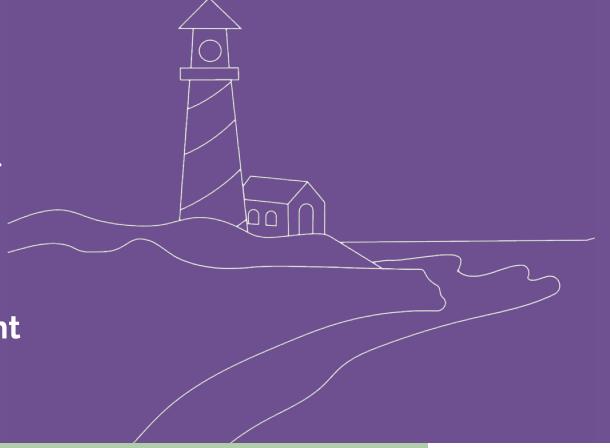
NYSOFA/AANYS Innovations



ACUU: Aging Concerns Unite Us

Trualta: New York Caregiver Portal

Stephanie Shipley - Director, Client Success











Since launching last summer...

TRUALTA

1,659 caregivers registered (37% are age 60+)

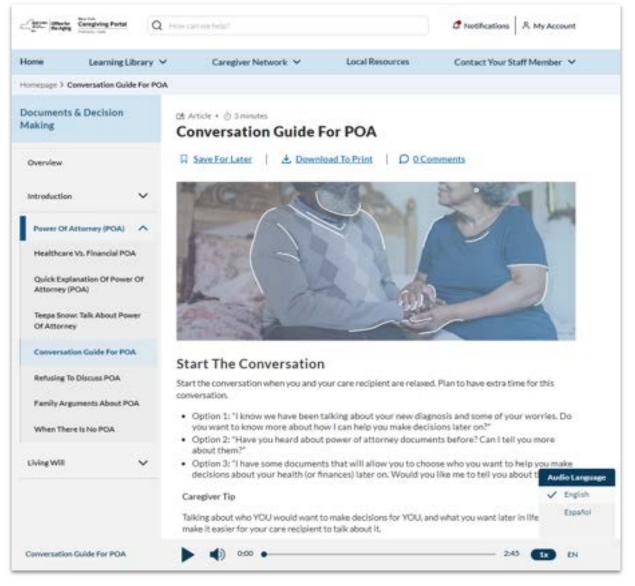
12,000+ activities viewed

Average of ~7.3 activities/ caregiver

60/62 counties represented



For Example: Documents & Decision-Making Toolkit



615 New York Caregivers took this toolkit

...in English or Spanish

... read online, or download and print

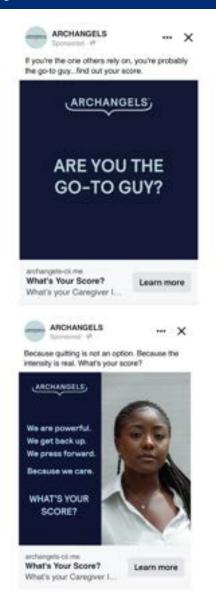
... or "read-it-to-me" audio podcast

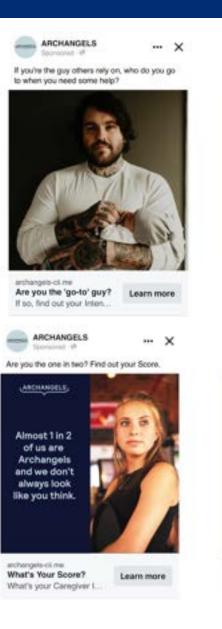


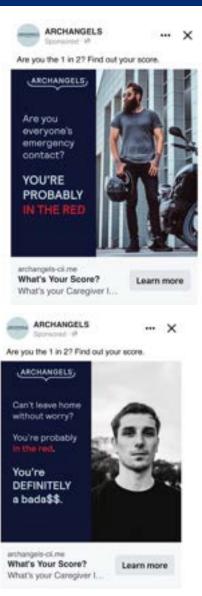
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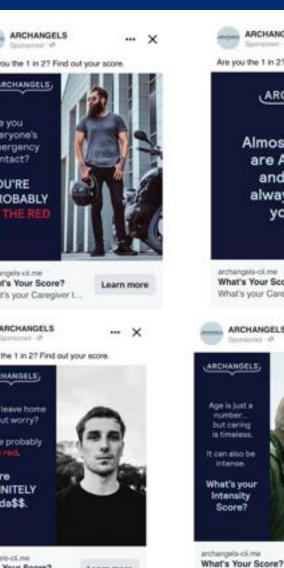
ARCHANGELS

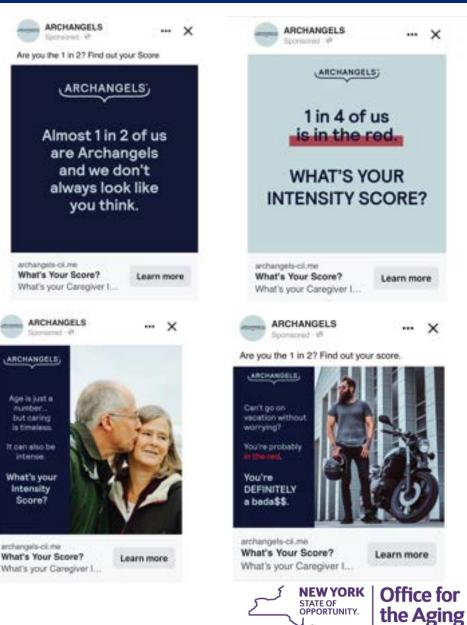




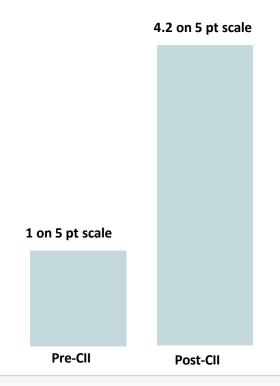








Do You Think of Yourself as a Caregiver?



CAREGIVER ACTIVATION THROUGH THE CII

Caregivers least likely to self-identify in the role had a 320% increase in self-identification (from 1 to 4.2 on average) after completing the Caregiver Intensity IndexTM.

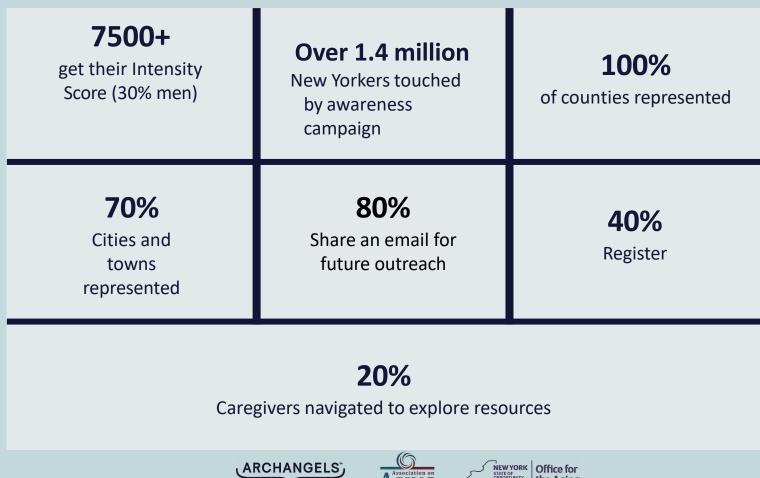
79% of people who do not identify as a caregiver (before going through the CII) see themselves as a caregiver after completing the CII*

Self-identification activates effective use of support and resources



SOFT LAUNCH: ANY CARE COUNTS - NEW YORK PILOT:

Social only - Currently holding steady with 27% in the red





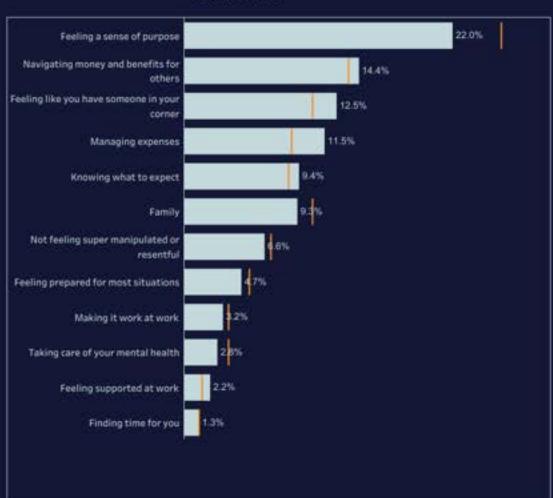


CAREGIVER INTENSITY BUFFERS AND DRIVERS

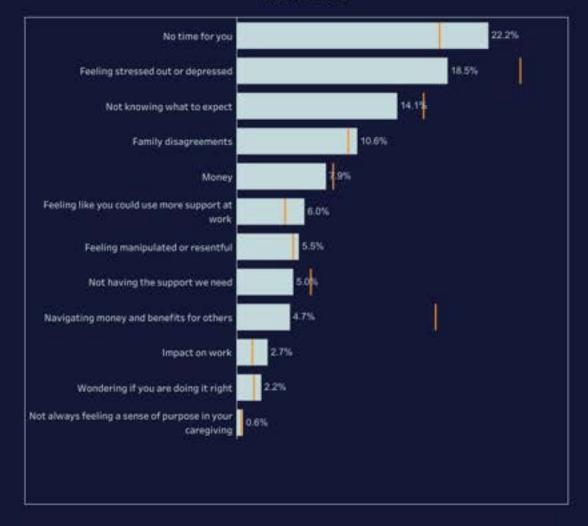


Any Care Counts New York





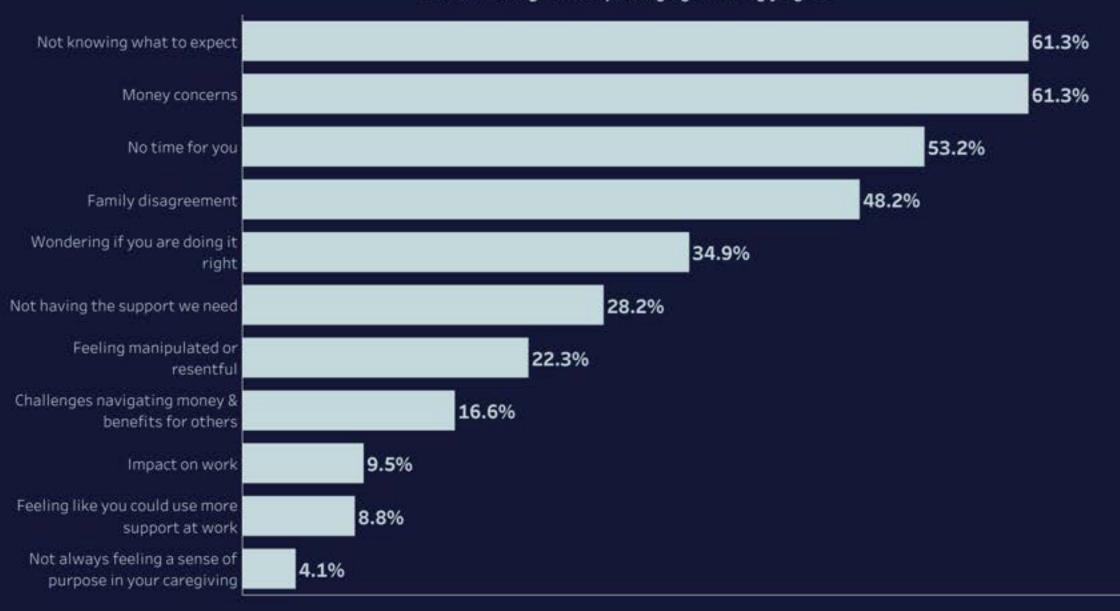
DRIVERS





KEY DRIVERS OF CAREGIVER INTENSITY

Percent of Caregivers Responding Agree/Strongly Agree



https://archangelscii.me/ACCNY-Kit







A safe place for older adults to learn, connect, and share.



Paul Morillo Vice President of Government and Strategic Partnerships Paul@getsetup.io

GetSetUp Supports New York With





Bridging the Digital Divide



Reducing Social Isolation



Improving
Physical Health &
Well-Being



Reskilling & Upskilling the Older Workforce



GetSetUp - The Largest & Fastest Growing Community of Older Adults

GetSetUp empowers governments, health plans, and communities to address the Social Determinants of Health by providing members the technological assistance, increased health knowledge, and skills they need to age in place and improve their health for better outcomes and lower overall costs.





"I recognize the benefits through mental stimulation and socialization. The intellectual stimulation is an important part, with the others being fitness, socialization, and diet. I see how GetSetUp supports learners with all of these things. For a retired senior who wants a brain workout, it's perfect!"

Gale A NY Learner

Stats at a Glance

162,000 Unique New York Users

540,000+ Classes Taken by New Yorkers

4+ Languages

4,000+
Classes in the catalogue

100+

State and local governments, community and health partners

Around-the-clock programming

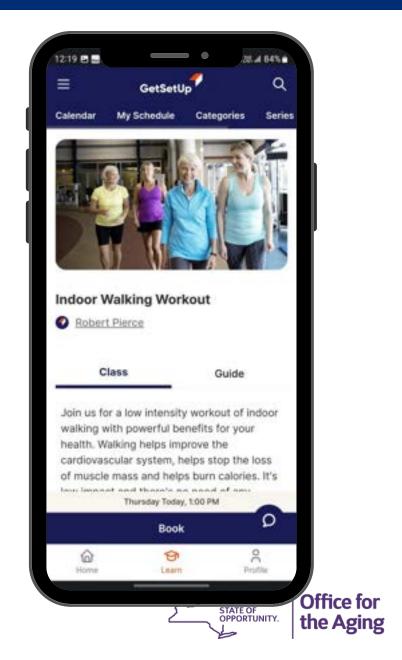
A global community with hubs in the US, India, Australia and the UK



July 23, 2024

Most Popular Classes for New York Learners:

- Indoor Walking Workout
- Cardio Dance
- Total Body Works
- Recycled Crafts: Making the Most from What You Have
- Morning Fitness Let's Get Moving (aerobic exercise)
- Tai Chi Shibashi
- Morning Fitness Core Training (seated)
- Low Impact Aerobics
- Morning Fitness Fitness Combo
- Morning Fitness Strength Training (seated)





Powering Healthy Aging-in-Place

Nima Roohi, PhD CEO & Cofounder

June 2023



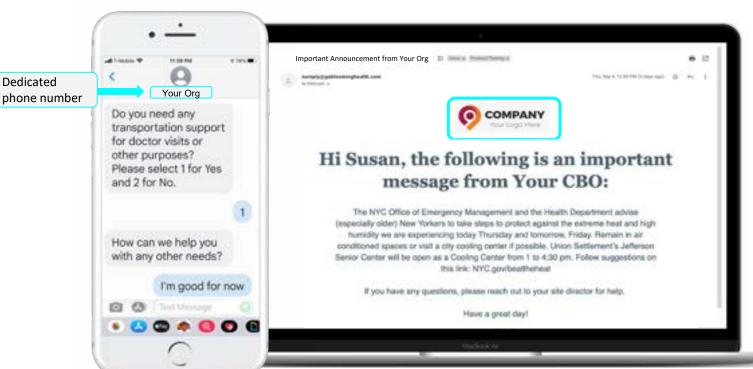
Older Adult Experience

Enabling aging service providers to address the needs of older adults and their caregivers in a timely and personalized way across their aging journey.



Email

Voice Calls



Hi Susan! This is a reminder from YOUR Org for Nurses
Health Virtual Workshops. It is occurring on Tuesday May 1st at 12:00 PM. Please reach out to your site director for information to access the event or check your email. Thank you and Have a good day.



Personal staff greeting pre-appended to calls

Multiple Languages: English, Spanish, Chinese, Russian, and 22 Others.





Blooming Health Impact

35%

Members take
Action on
Messages

300%

Increase in Members' Social Engagement 500%

Increase in SNAP Benefits
Access

2 hours/day

Time Saved for Social Workers

66

Older Adults NPS

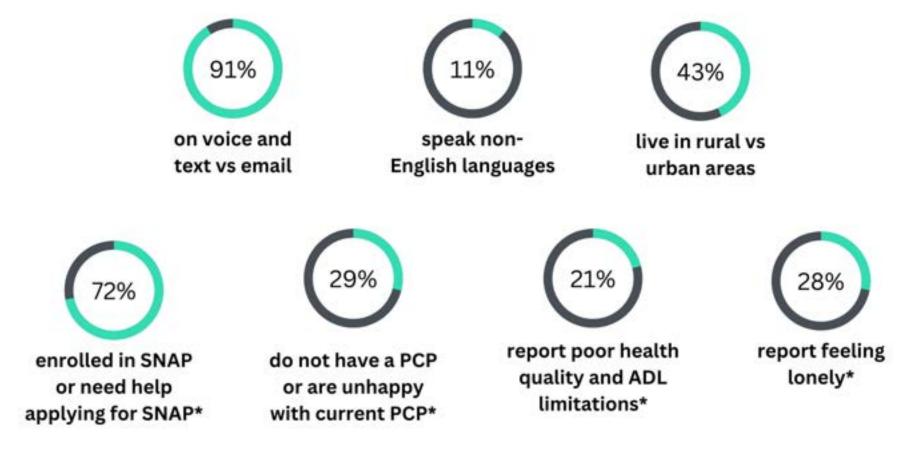
80

Staff NPS



Older Adults and Caregivers Reached

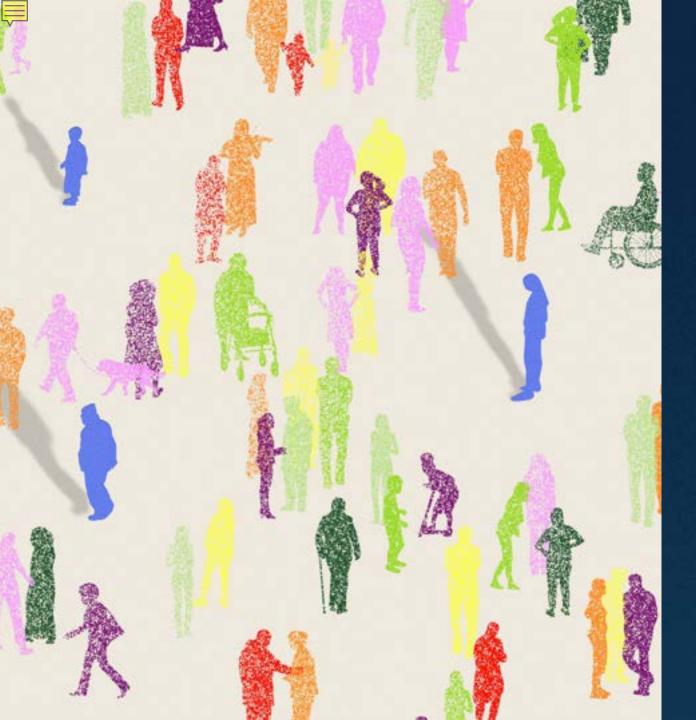




^{*}As reported within member surveys, including CDC Healthy Days and UCLA Loneliness surveys, N = 2,000 - 9,000 Note: ADL = Activities of daily living



60



Surgeon General declares loneliness and social isolation a public health crisis

ELLI-Q

ElliQ is the first AI companion designed to alleviate loneliness and promote engagement, connection, health, and more.



Unique approach to engagement

PROACTIVE

Initiates conversation and suggests activities

PERSONALIZED

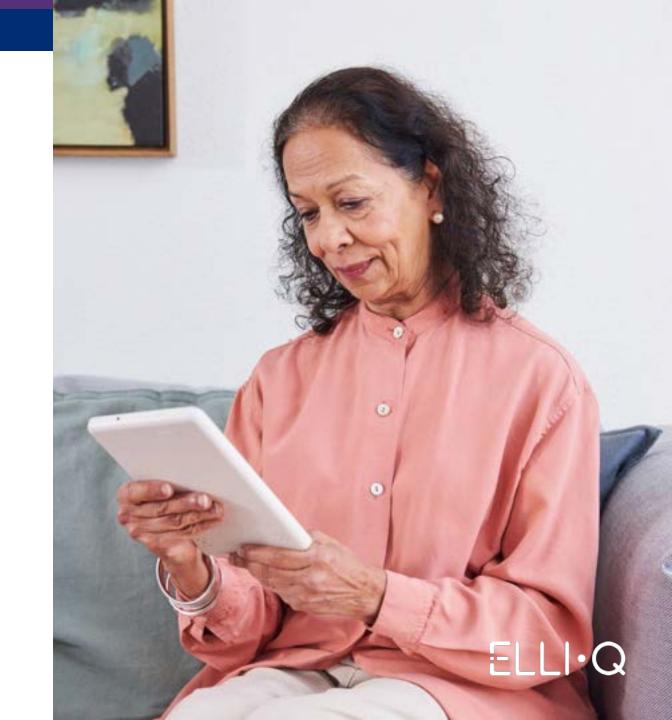
Learns and remembers what you tell her, providing a personalized experience

GOAL DRIVEN

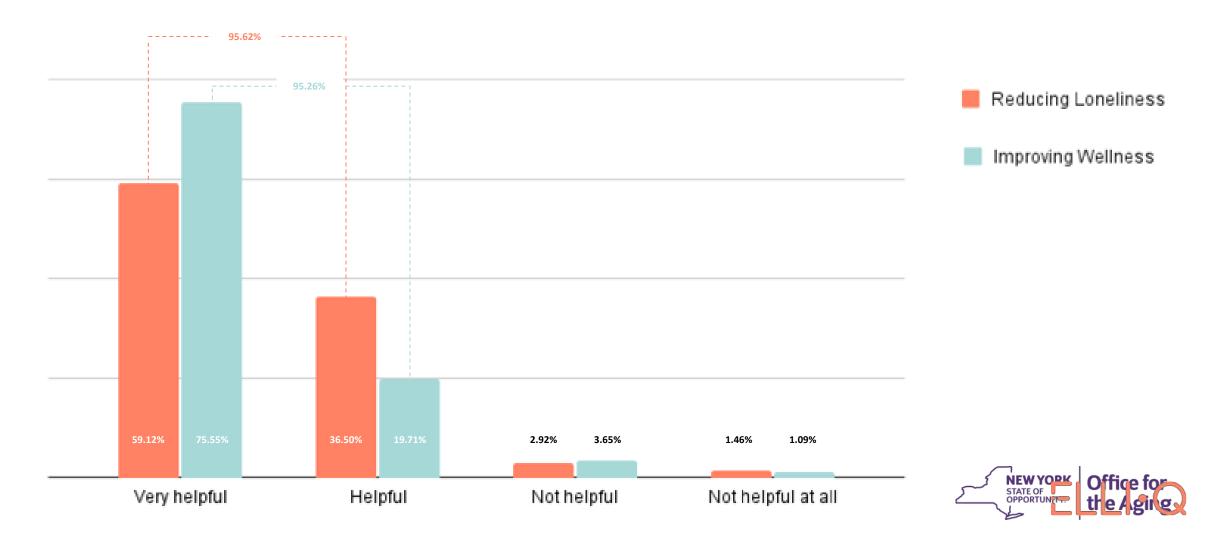
Encourages and works with you to set and help achieve your goals

EMPATHETIC

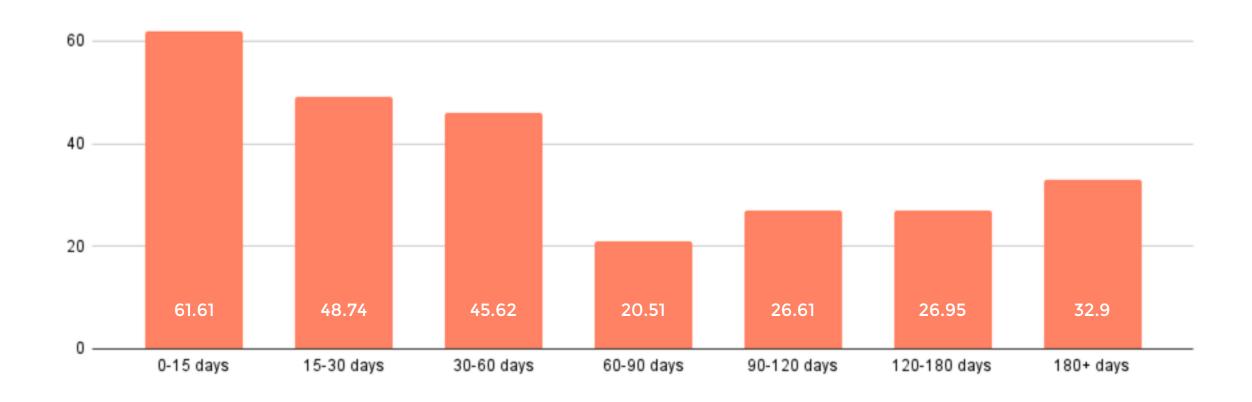
ElliQ is designed to convey empathy to create trust and drive engagement and behavior change



95% of NYSOFA clients report that ElliQ is helpful in reducing loneliness and improving wellbeing



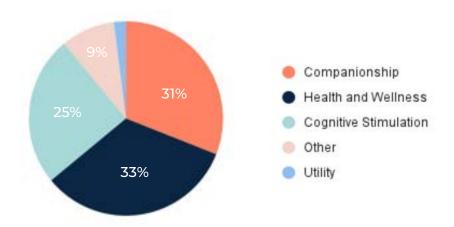
NYSOFA Clients interact with ElliQ frequently and consistently over time





Meet Lucinda

- Lives in Harlem, NY with her partner, Sal
- Has enjoyed having ElliQ for **7 months**
- Participates in 4 activities with ElliQ per day on average, including:
 - Stress reduction exercises twice daily
 - Cognitive game every day
 - Works out with ElliQ once a week
 - Generally loves to chat with ElliQ!









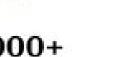
June 27th ACUU Conference



Launch. Learn. Laugh.



5000+ Live classes/year





250+

Live Instructors



15

Typical-class size



Multiple

Award Winning Innovations



4.71/5

Average class rating



5

Platform supports English, Mandarin, Russian, Korean and Spanish



24/7

Classes can be recorded to watch later at leisure



65-100+

Members age



VSC offers live programs on:



Arts, Culture, & Languages



Exercise



Science & Nature



Wellness & Livelihood Support



History, News, & Travel



Music & Games



Technology Training & Support



Pets Together Virtual Visits

Plus scheduled open chats!

REAL-TIME INTERACTION

400+

live programs each month

300+

expert facilitators

18
categories
driven by
SDOH

Our impact improves members' health by addressing loneliness and social isolation

84% reported feeling a decrease in loneliness

76% of members reported making new friends on VSC

74% of members reported feeling less depressed because of VSC

67% of members reported joining programs for social connection and to learn something new



When I go on the program, I see my people, my friends.
It's like going home.

- J. VSC member



Community Care Connections (CCC)
Integrates Lifespan's community-based aging services with health care systems to breakdown silos.

Community Care Connections (CCC) strives to improve health outcomes by addressing the social determinants of health that Physician's Offices do not have the time to address.

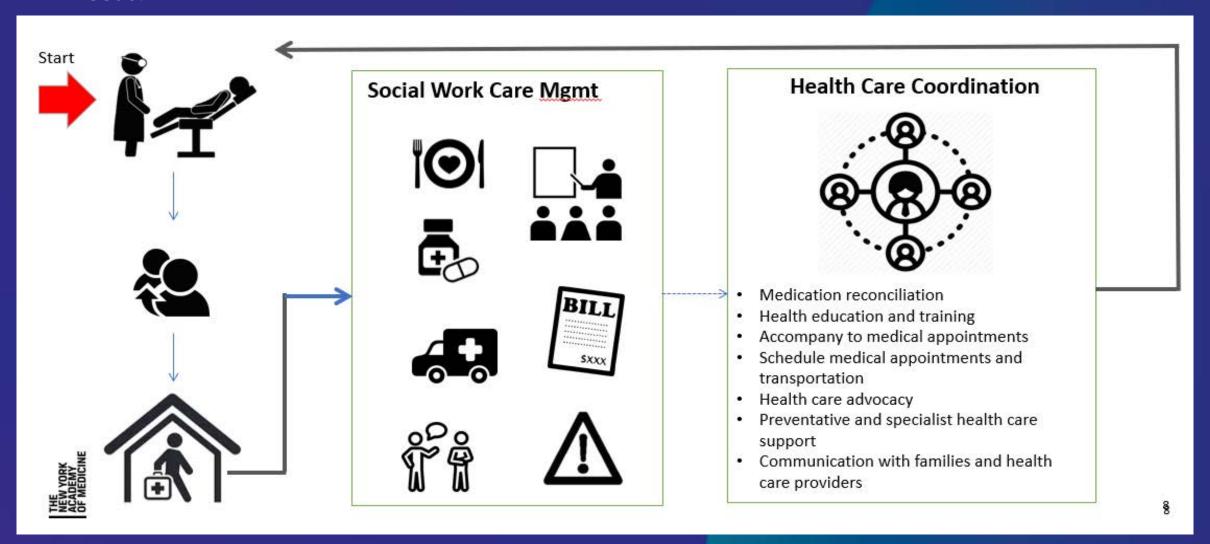
CCC provides in-home functional assessment, healthcare navigation, ongoing and post-hospitalization home visits, medication reconciliation, health literacy training and medical appointment support.

We receive real-time Rochester RHIO alerts for ED and hospitalization follow-up and have access to RHIO Explore with patient consent.



Closed Loop of Communication

SW CMs and LPN HCCs communicate regularly with PCP to manage health-related medical and social needs.



CCC Pre and Post NYAM Program Evaluation

Independent evaluation by the New York Academy of Medicine proved our theory that integrating the CCC intervention with healthcare systems would result in a positive impact on the quadruple aim of lowering costs, improving health outcomes, increasing patient and physician satisfaction.

Post-program enrollment results:

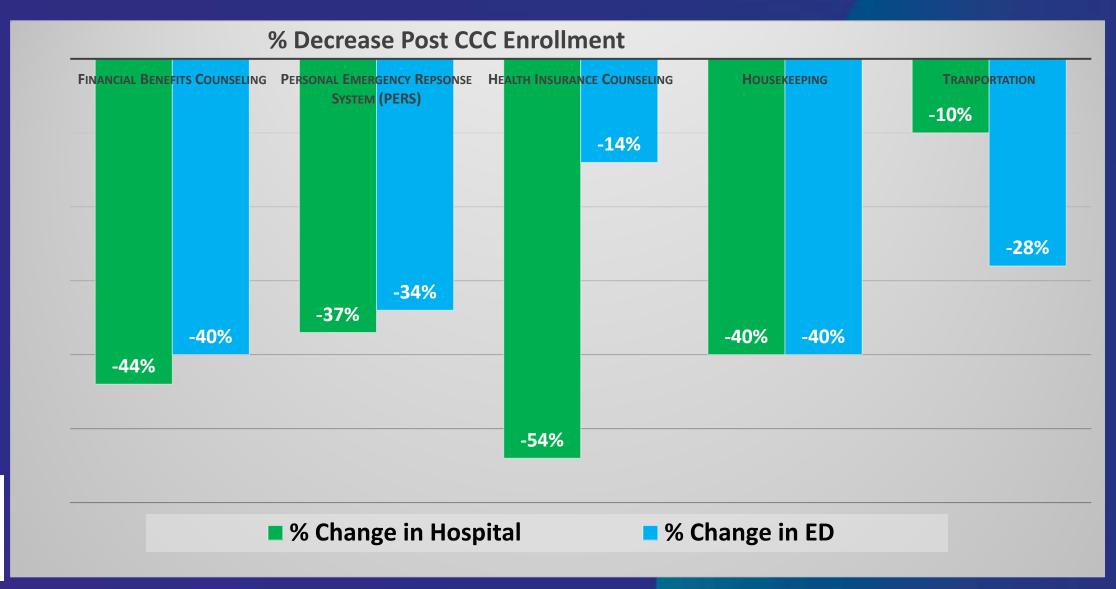
Hospitalizations decreased 23%

Emergency room visits decreased 28%

Observation stays decreased 23%



Top 5 Results By Service Connection



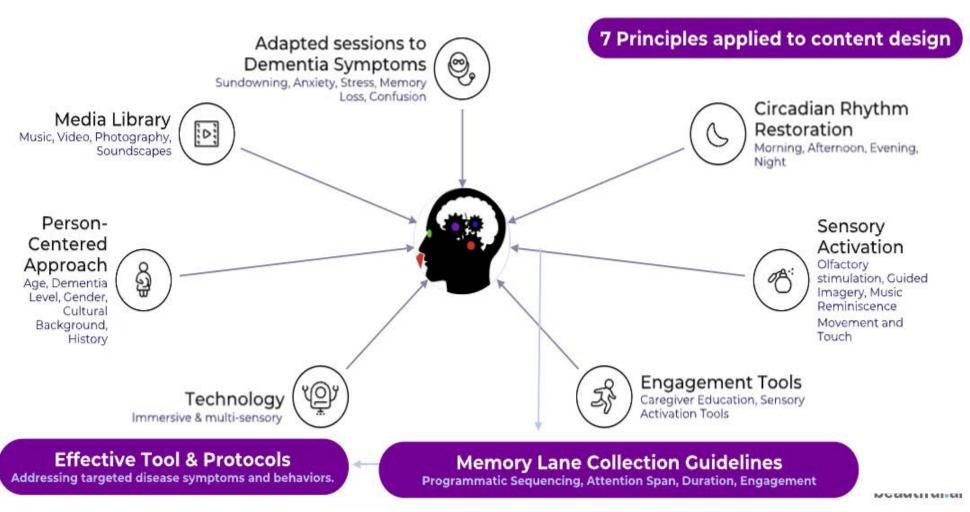


Memory Lane TV



Produced Using Scientifically Derived Protocols

1100 sessions = 1500 hours + a 24/7 channel





"Fantastic programs for us to reconnect with Mom! And one of the best safe solutions to help us cope with her condition while engaging her."

Joan K., Care Partner for her mother (2022)



Office for the A

MEMORY LANE TV

Meeting the Shifting Challenges of Dementia Care

Signs & Symptoms

Memory loss

Depression

Anxiety, aggressivity, anger

Constant confusion

Circadian rhythm disruption

Appetite loss

Sundowner's syndrome

Care partner burn-out

MLTV Benefits

24/7 positive & feel-good engagement media Reduces hostility via attention redirection Audio-visual symptom management tool Re-grounding and human-centered activities Guided imagery following day and night Appetite restoration via imagery and smell Gives professionals and family caregivers time and productivity



Survey Highlights: 2015-2020

1,000 residents participating in development, with 500 participants responding to feedback studies from 5 reporting facilities in Maine



Reported Overall Positive Impact



Reported
Improvement to
Residents &
Staff Mood &
Anxiety Levels



Reported
Improvement in
Resident
Engagement



Reported Improvement in Interactions



Reported Improvement in Resident Stress





Relish Life



What are we measuring and why?

In our 2019 report, we conducted an SROI (Social Return on Investment) analysis with the Association of Dementia Studies on the impact of Relish products on the wellbeing of those with dementia in a care setting.

For that study we utilised the Scripps Modified Greater Cincinnati Chapter Well-Being Observation Tool¹ to measure the changes of wellbeing and illbeing for people with dementia.

The Wellbeing Observation Tool look at the following factors:

Pleasure Social Interest Confusion Negative Effect

Engagement Disengagement Sadness

We combined this with research by NICE² and the Centre for Mental Health³, which put a value on combatting the social costs of mental health problems.



^{1 -} Adapted from: Kinney, J. M. & Rentz, C. A. (2005). Observed wellbeing among individuals with dementia: Memories in the Making, an art programme, versus other structured activity.

^{2 -} https://www.nice.org.uk/glossary?letter=q

^{3 -}Centre for mental health (2003), The economic and social costs of mental illness

NEW YORK
STATE OF OPPORTUNITY.

Office for the Aging

82

	53%	saw improvement in independence
After using		
Relish products, 84% of respondents	76%	became more engaged
saw an improvement	77%	saw greater happiness
across at least one pillar of wellbeing.	70%	became calmer
	69%	saw improved connection STATE OF OPPORT



QUESTIONS? FEEDBACK?





Medicaid Home Care Update

Valerie Bogart

Director,

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



2024 NYS Medicaid & Home Care Updates

2024 ELDER LAW FORUM

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Evelyn Frank Legal Resources Program

May 2024 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

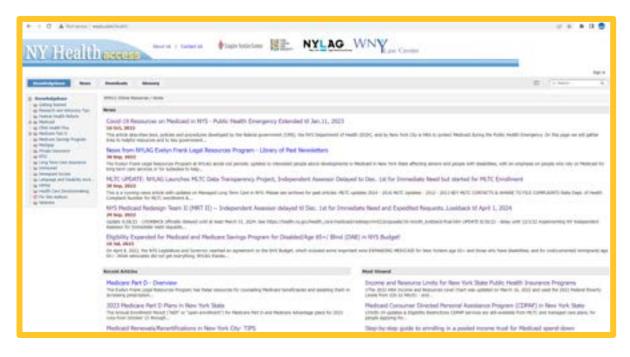
Focuses on fighting for seniors and people with disabilities, ensuring that they have access to health care and home care services they need to age safely in their home and communities. Services include:

- 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

- Changes in CDPAP enacted in recent NYS Budget FY 24-25
- Medicaid for Undocumented Immigrants 65+
- "Unwinding" of Public Health Emergency special rules for Medicaid renewals til 12/31/24
- On the horizon:
 - 30-month lookback for home care, ALP
 - ADL restrictions on eligibility for personal care, CDPAP
- NY Independent Assessor Update
- Not covered see info on:
 - MLTC Involuntary disenrollment when can plan kick you out? New MLTC Policy 23.03
 - Transportation Carved out of MLTC Benefit Package Mar. 1, 2024
 - MEDICAID DENTAL COVERAGE -- EXPANDED 1/31 2024



CDPAP CHANGES IN NYS BUDGET FY 2024-25



CDPAP Changes Enacted Eff. 4/1/25

We will cover:

- 1. What was enacted?
- 2. What was proposed but rejected?
- 3. WHY Did Governor Propose to Cut CDPAP Myths and Facts



CDPAP – Background

- About 200,000 NYS Medicaid recipients receive CDPAP. This includes:
 - About half of all MLTC members, who receive CDPAP instead of traditional personal care out of preference or because of aide shortage.
 - "Mainstream" managed care plan member (who mostly have Medicaid only -- do not have Medicare or other insurance)
 - People in waivers (OPWDD, TBI, NHTDW) who receive CDPAP from their Local DSS/HRA.
 - and others who receive CDPAP from local DSS/HRA.
- Now, there are 600-700 Fiscal Intermediaries (FI) the agencies that administer payroll and benefits for CDPAP Personal Assistants (PA's). They contract with MLTC and managed care plans, and with local Medicaid agencies like HRA to provide CDPAP services.
- About 300,000 Personal Assistants (PA's) provide CDPAP services.
- Consumers prefer CDPAP because they can hire family or friends who speak their language and know cultural preferences, and can perform skilled tasks not allowed for traditional aides. Also vital because of aide shortage.



CDPAP – Changes Enacted Effective 4/1/25

Under the NYS Budget enacted 4/2024:

- On 4/1/25, all but a handful of current Fl's must stop providing Medicaid CDPAP services. Many will go out of business, or will still offer traditional home care services as Licensed Home Care Services Agencies (LHCSA).
- Between now and then, the State will contract with a new FI to serve as the SOLE FI for the whole state. A few existing FI's will remain in business as subcontractors to the new FI see next slide.

CDPAP – Single FI + Subcontractors

- The single FI must have operated as a statewide FI in other state. This narrows the possible FI's to just a few most likely PPL https://pplfirst.com/. Or Tempus Unlimited, Acumen, & GT Independence.
- The single FI shall subcontract with:
 - 1. An FI housed in an Independent Living Center (ILC) since before 1/1/24. (There are 11) https://ilny.us/membership
 - Law unclear if single FI must subcontract with only ONE ILC
 or with all 11
 - 2. AND at least 1 FI in each "rate-setting region" that has been providing FI service since 1/1/2012, with a track record of providing services to individuals with disabilities and the senior population.
 - Unclear what these regions are and how many there are (4? 8-9?)

CDPAP changes to happen by April 1, 2025

- State must select the new FI
- 2. FI must select its subcontractors
- 3. All plans and local DSS must enter contracts with the new FI and transfer all 200,000 consumers with their Plans of Care to the new FI.
- 4. All PAs (300,000!) must enroll with the new FI or a subcontractor -- to get paid, keep health insurance, etc.
- 5. Consumers (200,000) must receive notice of changes. Will they have opportunity to keep FI if it becomes a subcontractor?

BIG CONCERNS about DISRUPTION IN CARE! And disruption in PAYMENT to PAs. Other states with single FI are MUCH smaller, less complicated. And still they had problems – workers not paid, consumers without services.



Training for CDPAP PA's

- The budget law authorizes DOH to adopt regulations "to carry out the objectives of the program including minimum safety, health & immunization criteria and training requirements for PA's."
- A hallmark of CDPAP since it started as a demo in the 1980's, and statewide under 1995 state law*, is that the consumer or their rep trains the PA. Only people who can show ability to direct and train PAs are approved for CDPAP – so no outside training is necessary.
- Standard aide training doesn't cover skilled tasks PA's may perform – injecting insulin, administering oxygen or tube feeding, etc. Now, family trains or arranges training.
- Adding this burden will deter PA's from working and will cause more delays and access problems for consumers.

REJECTED CDPAP Proposals

Gov. Hochul proposed these other CDPAP changes that were rejected in the Budget:

- **1. Elimination of wage parity** for CDPAP workers in NYC and metro area
 - Would have reduced wages, making it harder for consumers to find a PA and denying PA's a living wage

2. Limiting CDPAP to Self-Directing Consumers –

 Would have disqualified from CDPAP all consumers with dementia and other cognitive impairments, and minor children under 18, whose family or other trusted person directs their care.



WHY the Push to Cut CDPAP?

CDPAP usage has grown a lot in the last 5+ years, so DOH wants to cut it back.

- FACT: More consumers MUST use CDPAP because of the dire home care workforce shortage in NYS. MLTC plans often REQUIRE them to join CDPAP to get home care.
- FACT: The State has charged fraud within CDPAP with no evidence.

In 2022, the Medicaid Inspector General found 99% claims accuracy in a review of CDPAP claims. 7 out of about 350,000 PAs were referred to AG Medicaid Fraud Control Unit, or 0.002% of CDPAP workers.

In the same year the Medicaid IG identified \$19.1 million in MLTC fraud and the NYS Comptroller found that over six years, MLTC plans had received \$700 million in improper payments for individuals who were not enrolled in the program and another \$2.8 billion for individuals who received virtually no care

WHY the Push to Cut CDPAP?

- **FACT**: In 2016, NYS law newly allowed certain family members to serve as PAs adult children of aging parents, parents of adult disabled children. Before, family was torn between the need to work and earn a paycheck and care for their loved one. Now they could do both.
- This caused some growth in CDPAP improving health & safety and preventing nursing home placement for thousands of consumers who, because of the workforce shortage, would otherwise lack access to home care.
- Cutting CDPAP defeats national & state priority of supporting caregivers!

Scapegoating CDPAP for MLTC Growth

- Since 2015, when MLTC was fully rolled out statewide, MLTC enrollment has more than doubled – from 143,000 to 296,000.
- State blames CDPAP for that explosive growth without looking at the incentives baked into the MLTC model.
- Plans make money by recruiting and enrolling new members/ Since plans are paid the same premium per member per month, they make money on enrolling members who receive few hours of care.
- Plans enlist and reward all of their providers home care agencies, Fl's, adult day care centers – who bring them new members who need few hours of home care.
- When plans deny an increase in hours, they hope a member with higher needs will change plans. Or they force the member through the long chain of appeals or refuse to reinstate services for a member who was hospitalized or in rehab leading to disenrollment from the plan. This all saves the plans money while the state pays a high premium.
- CDPAP is just a scapegoat.

Solution: Replace MLTC Model with Managed Fee for Service

- NYLAG supports a the Home Care Savings and Reinvestment Act (S7800/A8470) (Rivera/Paulin) that would end the perverse incentives of capitation that are to blame for rising home care costs.
- The bill would replace the MLTC system with a Managed fee-forservice model, where a Care Coordination Entity (CCE) paid by the State would determine the service plan, including hours of home care. Providers would bill Medicaid fee for service.
- Connecticut replaced its managed care program with this model.
- Estimated savings of billions by SEIU and by Paul Francis, a former Deputy Secretary in NYS govt.*
- This would eliminate the middleman MLTC plans with all of their administrative costs and profits. Since plans give most of their members few hours of care, while pocketing large capitation premiums, the State would save money by paying just for the care that is used.

Solution - Senate Bill 9266:

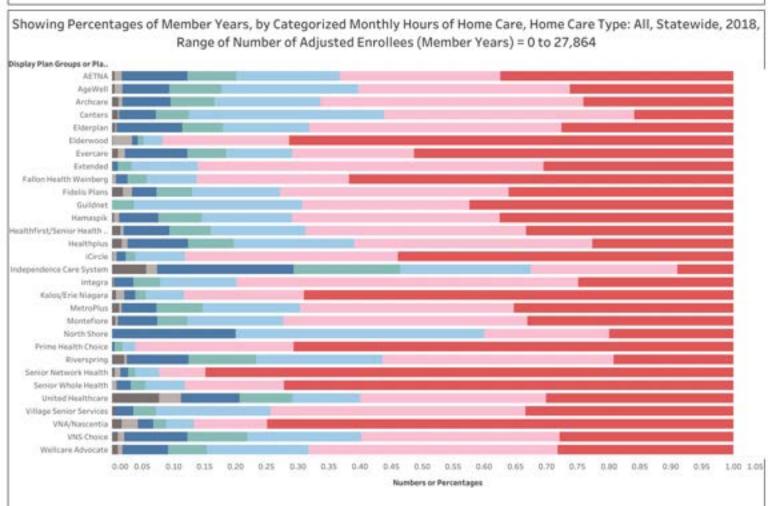
Increase Data Transparency & Accountability

NYS Senator Rachel May just introduced <u>Senate Bill 9266</u> that will increase transparency about:

- How much home care and other services plans provide, with the percentage of members receiving the highest and lowest amounts of home care and in between. See next slide.
- Plans' administrative costs and profits
- ADA/Olmstead issues the percentage of members admitted to nursing homes who return home, vs. how many are permanently institutionalized or disenrolled after 120 days in a nursing home. See http://health.wnylc.com/health/entry/199/
- Access & Plan capacity
 – how long do members wait before services start? How many members go without services because of lack of aides?
- Appeals How many members win challenges to denials of sufficient hours?



See next slide re what the hourly categories mean



DATA from 2018 MMCOR data reported by plans, obtained through FOIL, see

https://nylag.org/home-care-member-years-by-hourly-category/



Groupings of Hours/Month in Chart on Preceding Slide

Color	Hour grouping (per mo.)	Max. hours/week @ 4.3 weeks/mo.	Typical Care Plans	
	1-79	18	4 hrs x 4 days	
	80-159	37	7 hrs x 5 days; 5 hrs x 7 days	
	160-239	55	8 hrs x 5 days + 7 x 2 days; or 7 x 7	
	240-319	74	8-10 hrs x 7 days; or 12 hrs x 5 + 7 x 2	
	320-479	111	24-hour live-in x 7 = 91 hours/week; 12 x 7 days	
	480-699	162	16 x 7; 2×12 x 5 days = 12 x 2	
	700+	168	2 12-hour/shifts x 7 days	

https://nylag.org/home-care-member-years-by-hourly-category/

More data in NYLAG's MLTC Data Transparency Project https://nylag.org/MLTCdatatransparency/

Full Prject Report

https://nylag.org/wp-content/uploads/2022/09/MMCOR-Report-Legal Assistance Group

FINAL.3.pdf

Many Members Receive NO Services – DOM Oversight Needed!

Percent of Members Receiving No Long-term Care Services in 2018

by Plan and Region (selected plans)

Plan	Statewide	NYC Metro	Mid- Hudson	NE Western	Rest of State
VNS	14.74%	13.50%	9.58%	33.73%	25.0%
UnitedHealth	33.92%	30.54%	NOT OPERATING	47.23%	24.12%
Fidelis	22.06%	19.74%	29.06%	22.13%	24.92%

Source: https://nylag.org/mmcor-long-term-care-service-mix/ - highlighting regional rates that exceed plan's Statewide rate



OTHER RECENT OR COMING MEDICAID CHANGES



Changes Now in effect or coming:

- 1. Medicaid for Undocumented Immigrants Age 65+
- 2. Unwinding of Public Health Emergency through 12/2024
- 3. COMING:
 - A. 30-month lookback for MLTC & all other Home Care,
 Assisted Living Program
 - B. ADL Eligibility restrictions for home care, MLTC



Medicaid for Age 65+ Undocumented

- Effective Jan. 1, 2024, undocumented immigrants who are age 65+ and meet non-MAGI income and resource limits are eligible for full Medicaid.
- Must receive Medicaid through a Mainstream Managed Care Plan*
 including home care except use NYRx** for prescriptions.
 - Screenings, lab tests, doctor visits, prescription drugs, supplies, home care, nursing home inpatient, outpatient, etc.
 - NO coverage at all until enrolled in a plan. See next slide.
 - Not eligible for MLTC.
- Previously, this population was only eligible for "emergency Medicaid." http://health.wnylc.com/health/entry/70/.
- 3-month retroactive coverage limited to EMERGENCY Medicaid,



^{*}These are called "individual and family health plans" at https://www.nymedicaidchoice.com/program-materials

Step by Step Guide – 65+ Undocumented

Step 1: Apply for Medicaid at Local DSS/HRA – regular process.

- Application should be processed within 45 days.
- Client will have Emergency Medicaid Code 07.

Step 2: Client receives a notice from NY State of Health (NYSOH) with instructions to choose a Medicaid Managed Care "mainstream" plan.*

- Ask Community Health Advocates (CHA) for assistance selecting a plan. https://communityhealthadvocates.org/. They make sure everything goes smoothly!
- Consumer must pick a plan by the 15th of the month for the services to start the first of the following month.
 - Example: if a plan were picked today, May 16th, the client would have full Medicaid on July 1st.

Step 3: Three to five months later the client has full Medicaid in a Mainstream Managed Care plan.

Step 4: Annual renewal through NYSOH.



^{*}These are called "individual and family health plans" at https://www.nymedicaidchoice.com/program-materials

Additional Information

- NYHealthAccess.org Article http://health.wnylc.com/health/entry/251/
 - Has links to DOH webinar,
 - how those 65+ who had Emergency Medicaid before 1/2024 & those who turn 65 in the future transition to full Medicaid
 - Nursing home- special procedures
 - "Public Charge" concerns and where to get help
- DOH Fact Sheet https://info.nystateofhealth.ny.gov/new-health-insurance-option-undocumented-immigrants-age-65-and-over-fact-sheet
- Complaint Email <u>MCfor65PlusUndoc@health.ny.gov</u>



"UNWINDING" MEDICAID AFTER THE PUBLIC HEALTH EMERGENCY (PHE)



Continuous Coverage Review

- Between March 18, 2020 and June 30, 2023, a recipient's Medicaid case could NOT be closed even if income or assets increased. Families First Coronavirus Response Act (FFCRA).
- During that period, eligibility was extended for 12 months.
- Resumption of renewals began in spring 2023.
- First discontinuances allowed July 1, 2023 after renewals processed (but not in NYC, see slide 35)



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NYS Adopted Consumer-Friendly "Unwind" Flexibilities called "Easements"

NY received approval from CMS for ten (10) E14 waivers to promote eligibility and reduce administrative burden – see https://info.nystateofhealth.ny.gov/PHE-unwind-dashboard

These waivers will remain in effect at least through Dec. 31, 2024.

Next slides describe the main waivers that affect those who are Age 65 or Disabled.

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1. Waiver of the Non-MAGI Resource Test -- for Renewals only – not Applications

For renewals conducted during the unwind, the resource test is waived for Medicaid recipients who would normally have one – Aged, Blind and Disabled.

- GIS 23-MA-14: No action is taken to discontinue Medicaid coverage if a recipient is determined to have resources above the applicable resource level prior to July 1, 2023 or on/after July 1, 2023.
- Assets should still be reported on LDSS renewals, but eligibility won't be discontinued if excess assets.

BUT new applicants still have a resource test

And those upgrading coverage to nursing home care have an asset test and lookback

Waiver of Resource Test Example

- Fred has Medicaid and Medicare. He has been enrolled in Medicaid since 2019 and receives 35 hours a week of home care from an MLTC Plan.
- In January 2024, Fred receives an inheritance of \$100,000, so had \$120,000 in countable resources when his Medicaid renewal was due to HRA/DSS on March 10, 2024. Is Fred still eligible for non-MAGI Medicaid?

YES!

Fred remains resource-eligible for Medicaid because of the waiver of the asset test. He should speak with an attorney ASAP about maintaining his eligibility for next year.



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2. Extra Fair Hearing Protections During the Unwind

From April 1, 2023 through March 31, 2025:

- OTDA must order Aid Continuing even if hearing is requested after the effective date of the reduction or discontinuance (but within statute of limitations)(usual 10day limit for Aid Continuing waived).
- No recoupment of cost of aid continuing provided during this period
- In hearings not entitled to aid continuing (e.g. denial of an application or of a request for a new service), and requests for "expedited" hearings, State agrees to schedule hearings without delay

WHY? Because of backlog in fair hearings, State can't comply with federal 90-day deadline for OTDA to make a final administrative decision. CMS granted "E14 waiver" relaxing this deadline. In exchange, NYS agreed to these consumer protections in fair hearing process

3. Unwind Flexibility: Most Duals Stay on NYSOH

- NYSOH-enrolled Medicaid recipients who obtained Medicare (duals) during the COVID Public Health Emergency on NYSOH will keep their Medicaid cases on NYSOH. Normally, their Medicaid would be transferred to the local DSS/HRA.
- For renewals through *Dec. 31, 2024*, their eligibility will be determined using MAGI rules.
- But certain duals will be transitioned to the LDSS
 - Spenddown referrals if income exceeds MAGI limits.
 - Individuals applying on NYSOH who need retroactive Medicaid coverage
 - Duals receiving LTSS (but this has been paused)

Heads up: NYS DOH aims to move non-MAGI Medicaid recipients' eligibility onto NYSOH - https://media.uhfnyc.org/filer_public/5f/98/5f98c749-b632-4dce-9b0caa4fd2828668/slides - uhf convening iii.pdf

4-6. Auto-renewal of Medicaid for some recipients – No paper renewal sent

Medicaid will be auto-renewed without a paper renewal:

- 4. If Non-MAGI Medicaid recipient* receives SNAP, but this does not apply to:
 - People renewing MSP only
 - People turning 65
 - People in nursing homes, long term with chronic budgeting
 - MBIWPD (only available to <65 until Jan. 2025 opens to >65)
 - People referred from the marketplace NYSOH
 - A few others—see GIS 23 MA 14 at p. 2
- 5. If receives only Social Security or pension income, or
- 6. If income < 100 Percent FPL



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

In NYC- Medicaid Cases Do Not Close for Failure to Return a Renewal Packet

In NYC HRA: If consumer fails to return a paper renewal HRA extends the case and sends another renewal packet to the consumer.

Very few case closures in NYC since the resumption of renewals. (However, see slide 35.)

Outside NYC DSS: Medicaid cases can be discontinued (with 10-day notice) with prior notice and right to a fair hearing.



Renewals Tips

- For some -- this will be their first renewal since becoming Medicaid eligible. They don't know how to do renewals!
- Remind clients to check the mail!
- Remind clients to report a change of address.
- Best Practices:
 - Mail the renewal back in the grey Business Reply Envelope (BRE)
 - Make TWO copies mail one certified return receipt requested and Keep second copy for your records
- Status of a client's renewal at HRA
 - Open an Access HRA account to check status https://a069-access.nyc.gov/accesshra/
 - Call automated Medicaid helpline 1-888-692-6116. Follow prompts.
 Will tell you whether the case is active, authorization period, if the renewal is being processed.
- Medicaid renewals article and fact sheet:
 - http://health.wnylc.com/health/entry/227/
 - http://health.wnylc.com/health/afile/227/763/



Problems to Watch for with Renewals

- Renewal returned on time but DSS doesn't process it before end of coverage period (ie HRA Home Care Services Program)
 - In NYC, staff extend eligibility to allow more time for staff to process renewal, but staff shortage causes Medicaid to "lapse" without renewal being processed.
 - What can go wrong? Consumer is disenrolled from MLTC plan, home care stops <u>without notice</u> because HRA has not actively closed case – it just lapsed.
 - What to do? Immediately request a fair hearing against HRA/DSS, the MLTC plan (if any), and New York Medicaid Choice. Request aid continuing. See https://otda.ny.gov/hearings/request/. In NYC email eflrp@nylag.org.

Discontinuances During Transition from NYSOH to HRA

- Under "Unwind," most dual-eligibles' Medicaid cases stay on NYSOH.
- When NYSOH processes renewal, if income is over 138% FPL, case is transferred to DSS/HRA to process case with non-MAGI budgeting. May be approved with a spenddown, spousal refusal, etc.
- What can go wrong? Instead of extended coverage while DSS/HRA processes the case, the consumer's case is closed and they are sent a new application.
- What to do? Same as above.



ON THE HORIZON . . .

- 1. 30-Month Lookback
- 2. PCS/CDPAP Eligibility Restrictions



30-Month Lookback for Home Care, ALP

30-month review of financials for MLTC enrollment, **Summary:**

new applicants for PCS/CDPAP, ALP; uncompensated

transfer results in a transfer penalty

Authority: Enacted in the 2020-2021 Executive Budget,

amending New York SSL § 366(5)(e)

Procedural Posture: Sec. 1115 Waiver Amendment pending at CMS since

3/25/21*; NYSDOH has not yet submitted a State Plan

Amendment (SPA) to CMS or issued GIS/ADM

When: If not repealed, no sooner than early 2025 because

of administrative lift and Maintenance of Effort

requirements under American Rescue Plan Act

(ARPA)

^{*}https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/proposals/index.htm; https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ny-medicaid-rdsgn-team-pa9.pdf



Client Considerations – 30 Month Lookback

- ONLY NEW APPLICANTS for Medicaid seeking longterm care services in the community. Gray area for those on Medicaid but not yet on home care.
- TIP if applying before lookback starts be sure to use Supplement A and document resources, rather than attest to the amount of resources.
- Applications filed BEFORE the lookback begins (some time in 2025) need to provide one month of financials (four if they need retroactive coverage).
- CAUTION: Remember transfers now will be captured by lookback if they apply for nursing home Medicaid in the next five years and could be subject to a penalty!
- Tread carefully. Consult a Medicaid planning attorney!



3 ADL Minimum Requirement

Summary: Restricts eligibility for PCS & CDPAP and MLTC

enrollment to persons requiring *limited assistance* with a minimum 3 ADLs (*cueing* assistance with 2

ADLS if dementia/Alzheimers)

Authority: Enacted in the 2020-2021 Executive Budget,

amending New York SSL § 365-a and 365-f; PHL §

4403-f

Procedural Posture: CMS determined a State Plan Amendment (SPA)

wasn't necessary; 1115 Waiver Amendment pending

since 11/2020 to restrict eligibility for MLTC

Timing of If not repealed, earliest implementation is 7/1/2024

Implementation: due to Maintenance of Effort requirements under

American Rescue Plan Act (ARPA); could be later.

*Waiver amendment request - https://www.medicaid.gov/medicaid/section-1115- https://demonstrations/downloads/ny-medicaid-rdsgn-team-pa7.pdf; view comments at https://1115publiccomments.medicaid.gov/jfe/form/SV_1YbhGzdijrBxCld (Summary of responses)



3 ADL Requirement

ADL counts only if need "Limited Assistance with "Physical Maneuvering"

Unless dementia or Alzheimer's diagnosis, ADL counts toward the minimum only if needs "at least limited assistance with physical maneuvering."

The **UAS** (**CHA**) **instructions** define seven degrees of assistance:

- 1. Independent
- Independent, setup help only Article or device placed within reach, no physical assistance or supervision in any episode.
- 3. Supervision Oversight/cuing. Will Not Count unless has Dementia diagnosis (or "serious mental illness")



- Limited assistance Guided maneuvering of limbs, physical guidance without taking weight. This is minimum amount of need to count. We think includes "Contact guarding" (hovering).
- 5. Extensive assistance Weight-bearing support (including lifting limbs) by one helper where person still performs 50% or more of subtasks.
- 6. Maximal assistance Weight-bearing support (including lifting limbs) by two or more helpers; or, weight-bearing support for more than 50% of subtasks.
- Total dependence Full performance by others during all episodes.



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3 ADL Minimum Requirement con'd.

- Bill to Repeal this not passed in 2024 Budget -- big lift because projected significant savings -- as much as \$250 million.
- Will likely deny home care services to many people, forcing them into *nursing* homes at a greater cost to the State, in violation of *Olmstead* that requires least restrictive setting.
- Discriminates against blind, those with Developmental Disabilities, Traumatic Brain Injuries, etc. who need "cueing & supervision" with 2 ADLs, just like those with dementia, rather than physical assistance with 3 ADLs.
- Eliminates Medicaid's Housekeeping program (8 hours max/Level 1 PCS) for those with NO ADL needs
- Violates Community First Choice Act (CFCO), which requires cueing as well as physical assistance with ADLs and IADLs (housekeeping) to those with a nursing home level of care.

Client Considerations – ADL Restrictions

- Current recipients are grandfathered in meaning new definition will not apply.
- If a client needs Medicaid Personal Care or Consumer Directed Personal Assistance Program (CDPAP) services now, encourage them to apply NOW.
- If a client needs Medicaid housekeeping (CASA-HRA), encourage them to apply NOW. This ends as a stand-alone service once this takes effect.
- All initial applicants for PCS/CDPAP and MLTC must go through New York Independent Assessor Program (NYIAP). NYIAP will be the one deciding whether applicant meets the new criteria.



NEW YORK INDEPENDENT ASSESSOR PROGRAM UPDATES (NYIAP)



New York Independent Assessor Program (NYIAP)

Rolled out in phases since May 2022, NYIA assesses eligibility for Medicaid recipients over the age of 18+ seeking home care.

- A. Replaces Conflict-Free Assessment for eligibility to enroll in a Managed Long Term Care (MLTC), adding a Practitioner's assessment to the Nurse's.
- B. NEW with NYIA Eligibility to receive Personal Care (PCS), Consumer-Directed Personal Assistance (CDPAP) from:
 - Local DSS (if exempt from MLTC) or for Immediate Need
 - 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



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



NYIAP phase-in slowed down:

- A. NYIAP ASSESSES ONLY NEW APPLICANTS (start 5/16/22)
 - 1. Enrollment into MLTC/MAP
 - 2. **NEW** requests for PCS/CDPAP to DSS for 18+
 - 3. Mainstream managed care *Standard* NEW* requests for PCS/CDPAP for age 18+ and voluntary transfers to MLTC
 - 4. **Immediate need** applications to DSS/HRA and **expedited new** requests to mainstream managed care.* (started 12/1/22)
- B. Reassessments by NYIA have been <u>POSTPONED</u> <u>INDEFINITELY</u> were scheduled to start Jan. 1, 2024
 - Annual reassessments— for MLTC, mainstream managed care & DSS/HRA
 - Requests to plan or LDSS for an increase or on discharge from NH, hospital.
 - 3. Voluntary transfer from MLTC plan to MLTC plan

These are all still done by PLAN or DSS.

^{*}Standard requests must be processed in 14 days. Expedited must be processed in 72 hours, if delay would seriously jeopardize enrollee's life or health or ability to attain, maintain, or regain maximum function. Both subject to 14 day extension. 42 CFR 438.210(d)

Assistance Group

NYIAP Expansion to Routine/Nonroutine Assessments Postponed - Advocacy Victory!

Medicaid Medicaid Matters New York Matters

October 20, 2023

Amir Bassiri

Deputy Commissioner and State Medicaid Director NYS DOH Office of Health Insurance Programs One Commerce Plaza Albany, NY 12210

RE: Delay and slow the roll-out of expansion of NY Independent Assessor Program

Dear Deputy Commissioner Bassiri:

Advocates for Medicaid consumers urge delay of the recently announced expansion of the New York Independent Assessor Program (NYIAP) to roll out beginning January 2024. We continue to have many of the same concerns expressed in a meeting with you on January 17, 2023, as well as other meetings with Department of Health staff. We are disappointed that commitments made by DOH at that meeting have not been met: first, to provide consumer advocates and others an

- Oct. 2, 2023 DOH announced NYIAP would expand to renewals (routine reassessments) and non-routine reassessments (request for increase) in Jan 2024(!) on a rolling regional basis.
- Oct. 20, 2023 -- Medicaid Matters raised alarms and opposed the rollout*
- Nov. 17, 2023, NYS DOH postponed expansion of NYIA to routine and non-routine assessments.

*https://medicaidmattersny.org/wp-content/uploads/2023/10/MMNY-ltr-delay-slow-NYIAP-expansion-10.20.23.pdf; see appendix



UPDATE: Immediate Need & NYIA

- Before Immediate Need applicant had to submit application package to DSS, which made 3-way call with NYIAP to schedule assessments.* Could not contact NYIAP directly.
- 4/10/24 State directive* gives Applicant option to schedule and undergo NYIAP assessments first, then submit Immediate Need package to DSS, informing DSS of when assessments conducted and providing Outcome Notice, if any. Or may still follow original procedure. HRA procedures implementing this change awaited as of 5/9/24.

*GIS 22 MA/09 Implementation of Assessments Conducted by NYIA Based on Immediate Need ** GIS 24 MA/02



Is NYIAP Denying MLTC Enrollment Excessively?

- DOH released data showing that **16% of all NYIA assess-ments denied MLTC enrollment** based on applicant not needing 120 days of service. This was **35,654 people** from May 2022 Feb. 2024 (see next slide).
- Advocates have long observed a high rate of denials far exceeding the 3% rate in the old CFEEC system.
- Since the 3-ADL criteria is not yet in effect, the sole requirement for MLTC is the need for assistance with ONE ADL.
- Is NYIA improperly finding applicants to be *independent* in ADLs when they need *supervision or cueing with ADLs*?
- Is NYIA improperly denying home care for Mainstream plan members and those applying to DSS who are excluded from MLTC (in OPWDD, hospice, TBI, NHTD waivers)? NYIA should not deny for120-day rule, which only applies to MLTC.
- Are applicants with no ADL needs being referred to DSS or mainstream plan to assesfor Housekeeping services assistance with IADLs (housekeeping) up to 8 hours/week



NYIAP Outcomes

From May 2022 through February 2024, a total of 35,654 CHAs found the individuals did not meet the need for 120 days of service and therefore not eligible for MLTC enrollment.

This represents 16% of the total number of CHAs completed by NYIAP.

From May 2022 through February 2024, a total of 221 Practitioner Orders (PO) found the individual's medical condition was NOT stable to receive PCS/CDPAS in the home.

This represents 0.10% of the total number of PO's completed.



Reasons NYIA may be wrongly denying services

- 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 assess consumer's CAPACITY (what help consumer SHOULD receive) -- only consumer's PERFORMANCE
 - 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 ... 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
- Telehealth assessments inevitably miss nuances. We doubt validity of the UAS tool was tested for telehealth use. DOH recently reported that 65% of NYIA nurse assessments in February 2024 and 68% cumulatively were conducted by telehealth. (next slide)



NYIAP offers two appointment modalities

		February				
		2024 C		Cumulat	Cumulative	
		Total	%	Total	%	
	Telehealth	7,823	65	151,015	68	
CHA	Face-to-face	4,204	35	69,639	32	
Clinical	Telehealth	7,501	64	154,133	72	
Appointmen	t Face-to-face	4,179	36	59,885	28	



NYIAP Wait Times for Appointments

Average Days from Initial Call to the First									
Appointment									
Initial Call			Face to						
Date 08/2023	Overall 6.33	Telehealth 5.82	Face 7.2						
09/2023	5.76	4.79	7.68						
10/2023	5.91	5.08	7.71						
11/2023	5.04	3.99	8.06						
12/2023	5.14	4.15	7.96						
01/2024	4.6	3.51	7.55						
02/2024	4.38	3.34	7.46						

Average Days from Initial Call to the Clinical Appointment							
Initial Call	• •		Face to				
Date 08/2023	Overall 8.32	Telehealth 7.93	Face 8.99				
09/2023	8.08	7.24	9.27				
10/2023	8.33	7.82	9.36				
11/2023	7.63	6.83	9.61				
12/2023	7.48	6.74	9.27				
01/2024	7.04	6.13	9.26				
02/2024	6.85	5.9	9.38				

March 2024



NYLAG comment: *Average* wait times conceal longer waits in different counties, especially upstate. Unclear if days include weekends.

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 24 MA/02, 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%20NEW



NYLAG's Past NYIAP Advocacy

Advocacy:

- 10/2023 Coaltion Letter to Delay Expanding NYIAP
 https://medicaidmattersny.org/wp-content/uploads/2023/10/MMNY-ltr-delay-slow-NYIAP-expansion-10.20.23.pdf
- 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 https://go.nylag.org/Subscribe-to-EFLRP

- Look for updates at <u>www.NYHealthAccess.org</u>
- See supplemental list of materials online.



THANK YOU

More information at nylag.org













QUESTIONS? FEEDBACK?



COFEE BREAK

See You in 20 Minutes!

Visit with our Exhibitors
Qualify for the Apple Watch Raffle!



Share the Forum on Social Media! #ELF2024

Private Long-Term Care Financing: Critical Questions and New Solutions





Shawn BrittNationwide Financial



Bob VandyAdvisors Insurance Brokers

THE HOLY GRAIL OF HOME CARE - HOW TO FIND, MANAGE & PAY FOR CARE



Moderator: Aaron Connor

Managing Partner,
Pierro, Connor & Strauss



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Association of New
York State



Andrew DeLollo
Director of Financial
Planning & Analysis,
Consumer Directed
Choices, Inc.





Aaron Connor

Managing Partner, Pierro, Connor & Strauss



Case Study Update:

- At the 2023 Forum, you met Stanley
 , whose <u>ardent goal</u> is to age in his
 own Waterford, NY home.
- He had just won his months-long legal case to prove that an MTLC had made an error in awarding him far fewer hours of home care than necessary.





PROBLEM: Stanley had paid more than \$68,000 of his own money for home care aides while his legal battle dragged on.

STANLEY ASKED: HOW CAN I GET MY MONEY BACK????



Alicia Kelley

Vice President, Government Programs CDPHP





Maximizing Your Medicare Advantage Benefits

Alicia Kelley VP, Government Programs

The CDPHP Commitment



- CDPHP is working diligently to offer unique and innovative ways to keep our members at home for as long as it is feasible
- Supplemental benefits are changing the landscape of MA to better support individuals who are struggling with SDOH









Inpatient Support Services



CDPHP Hospital to Home

 Patient Care Team embedded at local hospitals to support admission and discharge process, ensuring members/families have access to follow-up appts., prescriptions, transportation, and meals, and more.

Mom's Meals

 Home delivery of 14 nutritious meals to remove worry of meal prep or food access, so member can focus on healing.

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 and 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





older adults (65+) report being socially isolated, while >40% say they are lonely ¹

\$1,600

Average additional annual health care cost for socially isolated adults²

Loneliness acts as a catalyst for other diseases ³

Social isolation and loneliness – by the numbers

- 33% increased risk of all-cause mortality⁴
- 49-60% increased risk of dementia 5
- 29% increased risk of heart disease 6
- 32% increased risk of stroke ⁶

. BM

National Academy of Sciences

AARS

National Institute on Agin

PLoS One

^{5.} International Journal of Psychiatry in Clinical Practic

A Papa Pal's aim—across all tasks—is to improve members' health and well-being.



Companionship

- · Quality time
- Board games
- · Share memories
- · Enjoy a meal
- · Attend appointments



Health reminders

- Schedule annual wellness visit
- · Medication reminders
- · Health screening reminders



House tasks

- · Light surface cleaning
- · House assistance
- Organization
- Physical safety
- Gardening



Pet help

- · Take pets for a walk
- · Play fetch or with toys
- · Fill food and water



Transportation

- Medical appointments
- Pharmacy
- · Voting and municipal
- · Community centers
- · Places of worship



Grocery shopping

- · Accompany to store
- · Pickup from list
- · Loading and unloading
- · Storing and organizing
- Delivery



Exercise

- Attend classes
- · Assist with light exercise
- Outdoor activities



Tech help

- · Setup and use of devices
- · Telehealth appointments
- · Social media assistance
- · Organize digital assets
- · How to use apps

Saratoga Senior Life Transitions



- Community partnership that serves as an extension of office-based primary care, filling gaps in care, addressing SDOH, and empowering seniors to navigate health care system, including aging-in-place where appropriate.
- Conducted by volunteer intensive teams who provide boots-on-theground support with trusted longitudinal relationships.
- CDPHP provided a \$25,000 grant to help support program as we believe these types of initiatives will be the foundation of how we help support our aging community members.



Valerie Bogart

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



MLTC Advocacy Tips

Elder Law Forum – Afternoon Panel May 16, 2024

Valerie Bogart, Of Counsel





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.



APPLICATIONS TIPS



UPDATE: Filing Immediate Need Applications

- Before Immediate Need applicant had to submit application package to DSS, which made 3-way call with NYIAP to schedule assessments.* Could not contact NYIAP directly.
- 4/10/24 State directive gives Applicant option to do NYIAP assessments on their own first, then submit Immediate Need package to DSS, informing DSS of when assessments conducted and providing Outcome Notice, if any.** Or may still follow original procedure. HRA procedures implementing this change awaited as of 5/8/24.

*GIS 22 MA/09 Implementation of Assessments Conducted by NYIA Based on Immediate Need ** GIS 24 MA/02



TIPS for NYIA assessments

- Ask for in-person rather than Telehealth assessment.
- Family member, care manager or rep should be present (in person or on telehealth) and point out all needs, limits of informal help by family.
- 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.*
 - 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!
 - Make sure family member or paid aide is with client and helps during at least one of the 3 days prior to the NYIA nurse assessment and report help provided.
- Verbal Cueing assistance mislabeled as "independent." Point out the ADLs and IADLS for which client needs verbal cueing -reminding to use walker, cueing on post-elimination hygiene after toileting, appropriate dressing, cueing to fee self.



TIPS ON REQUESTING INCREASES IN HOURS



IF requesting 24-hour care – explain how needs meets definitions in regulations

Regs define two types of 24-hour care for those who, because of medical condition, need assistance daily with toileting, walking, transferring, turning or positioning.

- 1. Split Shift "uninterrupted care, by more than one personal care aide, for more than 16 hours in a calendar day for a patient who ...needs assistance with such frequency that a live-in 24-hour PCA would be unlikely to obtain, on a regular basis, 5 hours daily of uninterrupted sleep during the aide's eight hour period of sleep."
- 2. Live-in "care by one personal care aide for a patient ...whose need for assistance is sufficiently infrequent that a live-in 24-hour personal care aide would be likely to obtain, on a regular basis, five hours daily of uninterrupted sleep during the aide's eight hour period of sleep."
 - Home must have adequate sleeping accommodations for aide.



Submitting a Request for More Hours

- Must request be in writing? NO can be made by phone or in person to the plan nurse or care manager. If a request is made orally, confirm in writing!
- Submitting in writing is BETTER.
 - 1. Avoids disputes later about what was actually requested E.g., Plan may interpret a general request for 24 hour care as live-in even if split shift is what was intended (and locks in Varshavsky increase to requested hours below).
 - Starts clock for plan to decide request (14 calendar days/ 72 hours expedited)*.
 - Request nurse to reassess if change in condition (for now this is plan nurse NOT NYIAP nurse)
 - 4. Request may be from doctor, family member, or consumer must specify why needs assistance with each ADL and over what Span of Time day/night
 - Family should clarify in writing exactly what days/times available and willing to provide informal caregiving
- Submit requests via fax, email, or certified keep fax confirmation or other proof date received by the plan
- *Plan may extend deadline for 14 days if needs additional info and the extension is in enrollee's interest. 42 C.F.R. 438.210(d)

If requesting less than 24 Hour Care

- Regulations are not as specific. Plans can uses specific "task based assessment" with certain important restrictions.
- Use MLTC Policy 16.07* requires plans to consider --
 - SPAN OF TIME in which needs arise -- "All plans, including those that use task-based assessment tools, must evaluate and document when and to what extent the enrollee requires assistance with IADLs and ADLs and whether needed assistance can be scheduled or may occur at unpredictable times during the day or night...must ... meet any unscheduled or recurring daytime or nighttime needs." (emphasis added)
 - Unscheduled needs: ambulation, toileting, transferring (AT&T)
 - Scheduled needs: turning/positioning, medication reminders, meals, bathing, dressing, preparing for bed and getting up in morning

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• If client eligible for 24-hour care, but requesting less because family provides some informal care **voluntarily** to cover 24/7, plan may not use "task based assessment." Plan must cover the full span of time family is not available. 18 NYCRR 505.14(b)(5)(v)(d)(known as "Mayer-3"); MLTC Policy 16.07

Safety Monitoring

- "When an enrollee requires safety monitoring, supervision or cognitive prompting to assure the safe completion of one or more IADLs or ADLs, the task-based assessment tool must reflect sufficient time for such safety monitoring, supervision or cognitive prompting for the performance of those particular IADLs or ADLs. Safety monitoring, supervision and cognitive prompting are not, by themselves, independent or "stand-alone" IADLs, ADLs, or tasks." MLTC Policy 16.07
- Supervision or cognitive prompting IS allowed to ensure consumer ambulates safely (does not wander or remembers to use walker), prepares meals safely (does not leave stove on), etc. Always tie the aide's verbal or supervisory assistance to a specific ADL or IADL, instead of saying needs "safety monitoring" or "supervision."
- No hours will be authorized for companionship or to alleviate anxiety.

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Service Requests & Appeals Process

Member or Provider Requests Services* (if no request, skip)

-Plan Deadline: 14 calendar days/72 hours if fast tracked**

Plan sends "INITIAL Adverse Determination" notice (IAD)

- -Notice to Reduce, Suspend, or Stop Services, 10+ days prior
- -Denial Notice, or deadline above has lapsed and no response

Member Requests Plan Appeal –EXHAUSTION required

- -Deadline to appeal: 10 days for Aid Continuing
- -Form provided in IAD, fax # on top, keep confirmation

Plan sends "FINAL Adverse Determination" notice (FAD)

-Deadline: 30 calendar days/ 72 hours Fast Track**

Member Requests Fair Hearing

- -Deadline: 10 days for AC (but thru 12/31/24 get AC if request within 120 days Varsh. increase after day 45 if homebound
- -Optional: External Appeal if med. nec. but no AC or Varsh.

*See Fact Sheet "Requesting Services from a Managed Care Plan" http://www.wnylc.com/health/afile/202/723/1/. Appendix pg. 3 **Plan may extend 14 days if need more info & in member's interest

Silver lining for

reductions:

aid

2 chances for

continuing!!***



***https://www.health.ny.gov/health_care/managed_care/plans/appeals/docs/2018-04-20_alj_info.pdf_Slide 54

After Plan Appeal and FAD: Request Fair Hearing

- Request a fair hearing when:
 - Client has a Final Adverse Determination (FAD) denying the Plan Appeal, OR
 - (1) you requested a Plan Appeal, (2) the processing time has lapsed and Plan didn't issue FAD.* This qualifies as "deemed exhaustion."
 - Client has a reduction without notice or wrong notice, (1) you can prove it's a reduction, and (2) plan refuses to provide aid continuing
- Note in hearing request that client is homebound, and ask for aid continuing if it's a reduction
- Medicaid Advantage Plus (MAP) fair hearing is automatically requested – no need to request it. (These are "integrated" combo Medicare Advantage/MLTC plans)

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Indicate Homebound Status in FH Request

- Homebound appellants have special protection due to Varshavsky v. Perales
 - Homebound definition for Varshavsky because of mental or physical disabilities, cannot travel to a fair hearing without substantial hardship or medical detriment.
 - Need doctor's letter unless has 24-hour care.
- Varshavsky injunction says that if ALJ can't render a fully favorable decision for a homebound appellant after the 1st Phone hearing, OTDA can't issue a decision. Instead, case is referred for a second hearing in client's home
- Because of backlog scheduling hearings, if the 2nd home hearing is not held and decided **45 days after the hearing request**, OTDA must order plan to Increase hours to the amount requested to the plan and in the hearing. This is called *Varshavsky aid continuing* or a *Varshavsky increase*.
 - This is one reason important to specify 24-hour split shift in request for increase to plan, not just "24-hour care."
- The Varshavsky "increase" continues until the second hearing is held and decided, which may be months or even years.



Watch out for Medicaid Advantage Plus (MAP) members!!!

- If patient receives services through a Medicaid Advantage Plus (MAP), then:
 - After patient loses Plan Appeal, the case is automatically forwarded for a hearing.
 - OTDA policy denies MAP members Varshavsky benefits.

Remember MAP plans are fully capitated—cover all Medicare/Medicaid/LTSS benefits in one insurance product.

Check here to see which type of plan client is in - https://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.ht m or https://www.nymedicaidchoice.com/program-materials (scroll down to Health Plan Lists then to https://www.nymedicaidchoice.com/program-materials (scroll down to Health Plan Lists then to Long Term Care Plans by region)

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External Appeals

- After losing the plan appeal, the Final Adverse Determination explains the right to request an External Appeal before the NYS Dept. of Financial Services, instead of or in addition to requesting a Fair Hearing. Fair Hearing decision controls if do both.
- Which cases are eligible?
 - Denials from health plan based on the following 3 reasons: medical necessity, experimental/investigational services, out-of network services
 - Recommend for denials of increases in hours, DME, e-mods
 - Not recommended for reductions, discontinuances (no aid to continue here); notice & procedural arguments best handled in fair hearings
- Option for Standard or Expedited Review decision rendered in
 - Standard: 30 days
 - Expedited: 72 hours-- requires MD signature on a form VERY FAST!! –
 consider in urgent cases where care needed before Varshavsky relief kicks
 in at 45 days
- All forms and portal to file papers at -https://www.dfs.ny.gov/complaints/file_external_appeal
- NY Public Health Law Part 49.



Complaints to the Department of Health

- State Complaint Number for MLTC Problems –
 1-866-712-7197 or mltctac@health.ny.gov
- Complaints about Independent Assessor NYIAP E-mail <u>Independent.assessor@health.ny.gov</u>
- Mainstream managed care plan complaints managedcarecomplaint@health.ny.gov



THANK YOU

More information at nylag.org













Andrew Koski

Vice President for Program Policy and Services, Home Care Association of New York State





THE HOLY GRAIL OF HOME CARE – HOW TO FIND, MANAGE & PAY FOR CARE

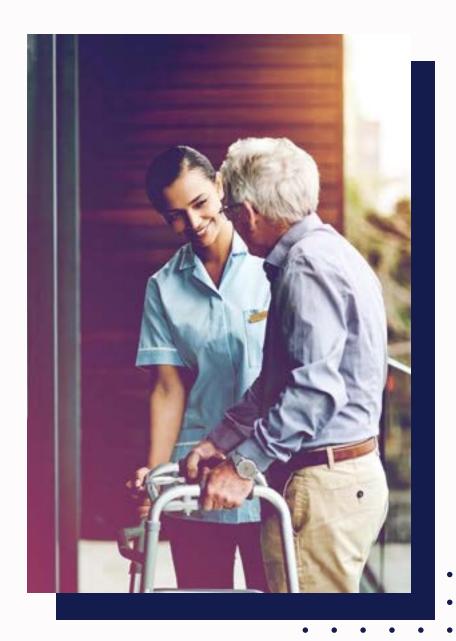
May 16, 2024





Agenda

- Home Healthcare & System Infrastructure
- Home Health and Hospice Financing
- HCA State of the Industry Report
- Current Home Healthcare Financial Conditions and Workforce
- Opportunities for Home Healthcare
- Contact Information





Home Healthcare & System Infrastructure



Home Health Care

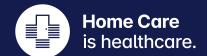
In every region of the State, a continuum of care keeps vulnerable New Yorkers in their homes daily, out of overburdened hospitals & nursing facilities, saving valuable healthcare dollars in the process. Ranging from clinically complex, professional nursing & therapies to long-term support services for the chronically ill, that care continuum is healthcare at home. Home healthcare includes a range of medical, social, assistive and other services provided in an individual's home following a hospital stay, to prevent emergency department or hospital admission, or for those requiring long term care.

Services

These comprehensive services are provided by nurses, therapists, home health aides and other direct-care staff under the direction of a physician's order. The focus of these patient-centered services includes prevention, recuperation, and/or an alternative to higher-cost institutional care that would otherwise be provided in a hospital or nursing facility. Generally, home care services are appropriate whenever a person prefers to stay at home, or is homebound, but needs ongoing care.

Eligibility

Patients receiving home care include:
newborns and mothers eligible for maternal
infant care services; young children and
adults in need of at-home therapy or
advanced technology-based care and
support; elderly patients who benefit from
the services of a skilled nurse to help treat
chronic medical conditions; patients
receiving wound care following surgery; or
individuals with disabilities who may be
homebound and require assistive services to
meet activities of daily living, such as
feeding, bathing, and other forms of selfcare.



Home Healthcare & System Infrastructure



Home Health



Home Health is the delivery of skilled nursing, therapy and other assistive healthcare services in the home, following a hospital stay, preventing a hospital visit, or extending care ordinarily provided within a facility into the community. Home Health services are typically provided for a limited period of time, such as 60 days.

In NYS, agencies that provide Home Health are called Certified Home Health Agencies (CHHAs), licensed under Article 36 of the Public Health Law. These agencies are reimbursed by Medicare, Medicaid, managed care, and commercial insurance.

Personal Care



Personal care services offer assistance with Activities of Daily Living (ADLs), such as personal hygiene, mobility, toileting, feeding, meal preparation, housekeeping and laundry for people who require such support services based on a medical need.

These are services provided by home health aides and personal care aides, employed by LHCSAs or directly selected by the patient as part of the Consumer Directed Personal Assistance Program (CDPAP), through Managed Long Term Care plans that manage these patients and the expenditure of the Medicaid funds that pay for this care.

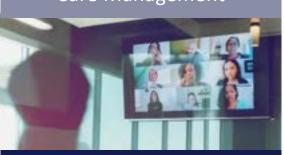
Hospice



Hospice is the delivery of services for individuals who are terminally ill, and their families. Rather than treatment, hospice services focus on easing symptoms at the end of life.

Hospice can be paid for by Medicaid, Medicare, some commercial insurance, and private pay for individuals who have a prognosis of less than 6 months to live. It can include nursing and medical services, supplies, therapies, and counseling. Home health aide and supports are also available.

Care Management



Many of the state's Medicaid home care services now require recipients to enroll into Managed Long Term Care plans, which have home care agencies and other providers within their networks to deliver services (providers in an MLTC network may include CHHAs, LHCSAs, LTHHCPs and others). If a patient is Medicaideligible and is in need of long term care, he or she may be required to first enroll into an MLTC depending on what region of the state or type of service is needed.

Home Health & Hospice Financing

Home healthcare and hospice services are covered under and paid for by a number of sources, including Medicare, Medicaid, commercial insurance, and private pay. Eligibility, coverage, and reimbursement for services by a particular payer is determined by several factors.

Medicare
• Traditional Medicare
• Medicare Advantage

Medicaid

- Traditional Medicaid
- Medicaid Managed Care

02

04

03

Private Insurance

- Commercial Insurance
- Long-Term Care Insurance

Other

- Expanded In-Home Services for the Elderly Program
- Veterans Administration
- •Self or Private Pay
- Workers Compensation





2024 STATE OF THE INDUSTRY REPORT

This Annual Report brings together an analysis of Medicaid cost report data, home health and hospice statistical report data, state and federal labor statistics, and answers from home care and hospice providers, plans and Fls on the most recent financial conditions and trends survey, completed January 2024.



https://infogram.com/2024-state-of-the-industry-1h0r6rzle3q1l4e?live



CURRENT HOME HEALTHCARE FINANCIAL CONDITIONS

Funding Methods of Operating Expenses

- 20% of CHHA survey respondents opened a line of credit or used reserves or investments to pay for operating expenses in 2023.
- 32% of LHCSA survey respondents opened a line of credit and 18% used reserves or investments to pay for operating expenses in 2023.
- 29% of Hospice survey respondents opened a line of credit and 14% used reserves or investments to pay for operating expenses in 2023.
- 33% of MLTC/PACE plans survey respondents used reserves or investments to pay for operating expenses in 2023.
- 42% of CDPAP/FI survey respondents opened a line of credit and 25% used reserves or investments to pay for operating expenses in 2023.

Operating Margins

- 57% of hospices had a negative operating margin in 2020.
- 52% of CHHAs had a negative operating margin in 2021.
- 38% of LHCSAs had a negative operating margin in 2021.
- 33% of PACE plans had a negative operating margin in in 2022.
- 22% of CDPAP/FIs had a negative operating margin in 2020.

Other Costs

- Wages and benefits, staff turnover, and recruitment are among the highest factors increasing costs for all CHHAs, LHCSAs and Hospices.
- Wages and benefits are the highest factors increasing costs for CDPAP/FIs.



CURRENT HOME HEALTHCARE WORKFORCE

KEY FINDINGS

- Paperwork and regulatory burden, staff finding higher pay elsewhere, and staff burnout are the top factors impacting turnover rates for all CHHAs, LHCSAs and Hospices.
- 31% of all personal care aides, 22% of all home health aides and 25% of all RN positions are currently unfilled.
- Home health aides have an average turnover rate of 26% among all home care providers.

- Personal care aides have an average turnover rate of 33% among all home care providers.
- On average, 17% of cases per agency, per month are delayed in initiating the start of care among all home care providers.
- On average, 15% of cases per agency per month are denied primarily due to labor shortages among all home care providers.

Opportunities to Enhance Home Healthcare

01

Ensure adequate funding for home and community based services.

02

Enhance patient quality and access to services.

03

Foster and fortify partnerships and collaboration across the healthcare continuum.

04

Encourage and provide funding for technology, research and data.

05

Invest in training and career advancements for professional and paraprofessional staff.

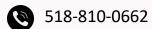




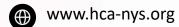
THANK YOU



Andrew Koski Vice President, Program Policy & Services

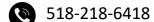








Arianna Stone, MPH Director of Research and Development



astone@hcanys.org







Andrew DeLollo

Director of Financial Planning & Analysis, Consumer Directed Choices, Inc.



Consumer Directed Personal Assistance Program (CDPAP)

Q

Program Overview

- Alternative to LHC
- Emphasis on consumer choice
- Substantial growth due to accessibility, flexibility, and costeffectiveness
- Historical Context: Request for Offers (RFO)

FY25 NYS Budget Impact

- Quality Standards and Training Requirements
- Mergers and Acquisitions
- Single Statewide Fiscal Intermediary (FI)
 Procurement (Replaces RFO)



Fiscal Intermediary Responsibilities

Wage and Benefits	Processing each personal assistants or respite workers' 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.		
Personal Assistant Records	Maintaining personnel records for each PA or respite worker, 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 or primary caregiver's continuing ability to fulfill the consumer's responsibilities under the program.		
Contracting	Entering into a contract with a funding agency (e.g., LDSS, MCO, OFA, Respite Entity) for the provision of FI services.		



Single Statewide FI

Eligibility Requirements

- Capability to provide Statewide FI Services
- Demonstrated cultural and language competencies relevant to targeted consumer base and workforce
- Proven experience serving individuals with disabilities
- Has provided FI services statewide in at least one (1) other state on or before April 1, 2024

Structure

- Must contract with Managed Care Plans, Managed Long-Term Care Plans, Local Social Service Districts, and other appropriate long-term service programs
- Responsible for selection, payment, and determination of role for subcontractors

CONSUMER DIRECTED CHOICES

([§ 365-f, Subdivision 4-a Fiscal intermediary services, Paragraph (b), Subparagraph (i), Clauses (B)])

Subcontractors

Eligibility Requirements

- Independent Living Center (ILC) Entity providing FI services since at least January 1, 2024
 or
- Fiscal Intermediary providing services since at least January 1, 2012
 - Additional FI subcontractor requirements: proven experience in serving individuals with disabilities and seniors; demonstrated cultural and linguistic competencies

Structure

- At least one (1) ILC included ("an entity that is a service center for independent living")
- Minimum of one (1) other FI per DOH Rate Setting Region (Downstate, Hudson Valley, Upstate Metro, Rest of State)
- Subcontractors required to register with DOH upon selection by Single FI



[§ 365-f, Subdivision 4-a Fiscal intermediary services, Paragraph (a), Subparagraph (ii-b)]



What's Next?

Release of Single FI Request for Proposals:

- RFP expected within 2-3 months
- Will include additional detail around Single FI, subcontracting, and transition process
- Minimum of 60 days for entities to respond
- Additional 60 days to assess, score, and award contract to Single FI

Transition:

- Selection and implementation of subcontractors under Statewide FI
- Statewide FI to contract with Plans
- Notification to consumers and existing FIs of a transition plan
- Successfully transition 250,000+ consumers to single Statewide FI



Challenges

- Timeline: Non-selected subcontractors must cease CDPAP FI services April 1, 2025
- Disruption to service quality and delivery
- Unlikely to achieve savings in FY 2025



Non-Medicaid Consumer Directed Models for Home Care

Expanded In-Home Services for the Elderly Program (EISEP)

Family Caregiver Respite

Alzheimer's Caregiver Support Initiative

Private Pay CDPA





QUESTIONS? FEEDBACK?



KEYNOTE



Antonio Delgado
New York State Lieutenant Governor





INNOVATIONS ACROSS THE CONTINUUM - REIMAGINING PERSONAL HEALTHCARE



Moderator: Michelle Mazzacco
Executive Vice President,
SPHP Continuing Care Network



Daniel Reingold
President and Chief
Executive Officer, River's
Edge; Vice Chair,
RiverSpring Living



Bob Hartman
Vice President of Product
Design and Strategy, MVP
Health Care



Becky Preve
Executive Director,
Association on Aging in
New York



Charlie Farhoodi
Co-Founder and Chief
Operating Officer, Al Nexus
Healthcare





Michelle Mazzacco

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



Elder Law Forum

May 16, 2024



The Eddy

- ✓ The Eddy is a non-profit provider serving the Capital Region for over 100 years.
- ✓ Our mission is to help individuals live as independently as possible in the community for as long as possible.
- ✓ We provide a comprehensive range of services to meet patient needs as they change over time—from home health, PACE, hospice, DME, infusion pharmacy, PERS, RN Coaches, Remote Patient Monitoring, ALS Center, Alzheimer's Support, Senior Living (independent, assisted, memory care), subacute short term rehab, and skilled nursing facilities (including memory care, respite, and Green House Models).
- ✓ We are affiliated with St. Peter's Health Partners.



Innovations Across The Eddy

- PACE A nursing home alternative model of care
- Green House Model skilled nursing facility
- Dementia Village
- Artificial Sky, Smart Cell Flooring, Virtual Reality, Smart Home Technologies
- Colleague Success Coach
- Colleague Career Coach
- Community Paramedicine



What is PACE? Program of All-Inclusive care for the Elderly

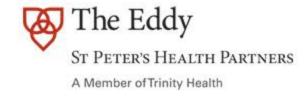
LIVING AT HOME Your Goal, Our Priority

Being independent has always been a source of pride for you. So has living at home, in your community, in familiar surroundings.

But getting older has its challenges – making the right healthcare decisions, getting to and from appointments, managing medications.

That's where Eddy SeniorCare PACE can help! An alternative to nursing home placement.





What is PACE?

Unique model of care:

- Provider of a full range of services, medications, equipment, supplies, AND
- Insurer (we are their Medicare/Medicaid insurance)

The Concept:

 We have the unique ability to combine Medicare/Medicaid funding into one pool of resources. We spend more on services to keep seniors at home (delay/avoid nursing home placement, and less ER visits and hospitalizations).



PACE ELIGIBILITY

- 55 years of age or older
- Able to live safely in the community at time of enrollment
- Eligible for nursing home level of care as determined by NYS DOH
- Medicare/Medicaid or private pay



Albany County

12047, 12110, 12183, 12189, 12202, 12203, 12204, 12205, 12206, 12207, 12208, 12209, 12210 or 12211

Schenectady County

12008, 12150, 12302, 12303, 12304, 12305, 12306, 12307, 12308, 12309

Rensselaer County

12061, 12144, and portions of 12180 and 12182



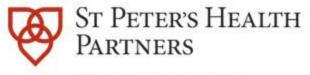
Unique Features of PACE

A Different Kind of Insurer

- Every patient has a primary care provider, a social worker and a RN Care Manager, all the time.
- Small in comparison to other plans you know the team and the team knows you.
- Supplemental benefits are the norm with PACE – no separate OTC card – PACE is designed to cover nontraditional items to achieve the best outcome.

A Different Kind of Provider

- Physicians see 4-6 patients a day and have time to communicate with your PACE Team, all your specialists, and you and your family/caregivers.
- No waiting for insurer authorizations we are the insurer.
- Imagine a Center where you doctor, your nurse case manager, SW, driver, rehab team, aide scheduler/ supervisor, day center are all under one roof working <u>closely</u> together.



Eddy Village Green Campus: A Green House© Community





Eddy Village Green Campus







The Dining Room & Kitchen





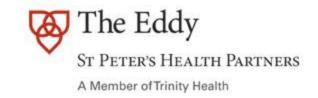




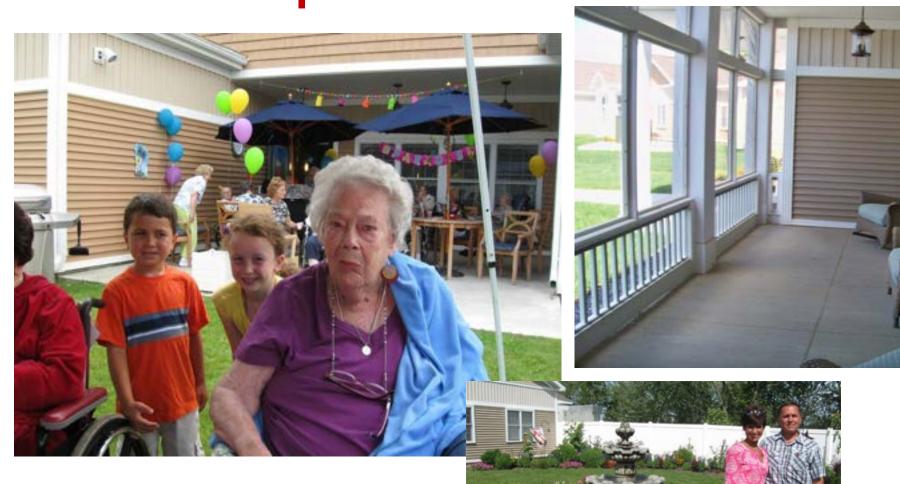
Private Bed & Bathrooms







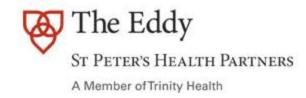
Outdoor Spaces





Core Philosophies of the Green House Model

- Elders make or participate in decisions about their daily life, and the running of the household
- All decisions are kept as close to the elder as possible
- Shahbazim are Certified Nursing Assistants who have received extensive training (120 hours) in:
 - The Green House philosophy
 - Conflict Resolution and Problem Solving
 - Clinical Protocols, CPR and First Aid
 - Technology
 - Dementia
 - Culinary skills and Kitchen Sanitation
 - Housekeeping



MDS 3.0 Quality Measures

Measure Falls with Injury(L)	Facility <u>Rate</u> 2.3%	National <u>Avg</u> 3.5%	90% Colleague
Excess Weight Loss (L)	2.5%	5.9%	Satisfaction
Mod/Sev Pain (L)	1.6%	6.3%	
Depression Symptoms (L)	0.0%	9.2%	
High Risk Press Ulcer	0.7%	6.2%	

Source: CASPER Facility Report, 10/01/2023-12/31/2023, Comparison Group 05/01/2023-10/31/2023



Dementia Village

- Based upon Hogeweyk model in the Netherlands, which focuses on a person-centered approach.
- Culture, training, and architecture (small scale living and integration of the community) all combine to produce the model.
- Design will closely mirror the community in the 1950s-1970s. The stores, libraries, diners, salons, and even music played inside the facility are designed to resemble the period. The unit will have storefronts, a post office, a grocery store, a record store, a café, bus stops, a central square, and a park.
- Technology to help monitor residents and allow the elderly with dementia to move more freely within the space of the nursing home, which will help their sense of independence. These technologies learn individual resident behavior patterns, allowing staff to anticipate needs and integrate care into the resident's routine, minimizing disruption.



Dementia Village Evaluation Study:

- improving resident quality of life (loneliness, depression, and agitation)
- reducing medications and medical costs
- increases physical functioning of residents
- increases resident/family and staff satisfaction
- Increasing and integrating the community
- improving workforce retention and recruitment and lowering workforce costs



Other Innovations

Artificial Sky



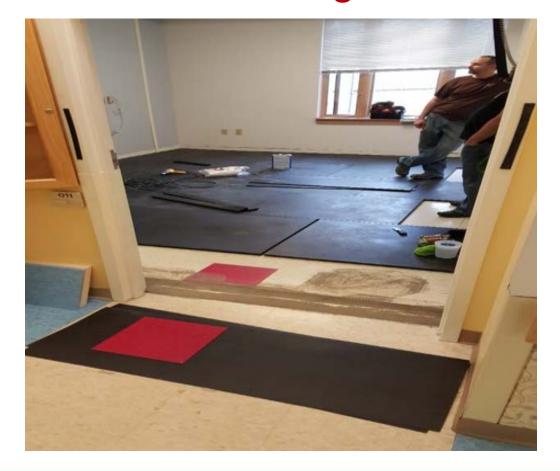






Other Innovations

Smart Cell Flooring









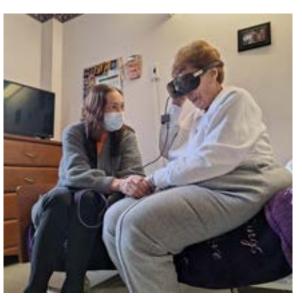
Other Innovations

Virtual Reality















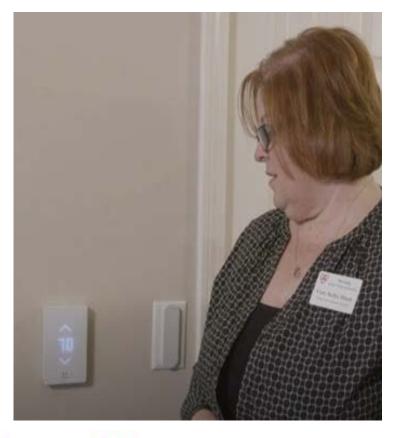
Other Innovations

• Smart Home Technologies - https://youtu.be/-kobW9oO9Lk





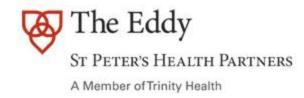






Colleague Success Coach

- In-person to build relationships/trust
- Assists with a wide range of needs. The most frequent needs:
 - Housing
 - Food insecurities
 - Transportation
 - Domestic violence
 - Navigating governmental programs
- Shares cost savings ideas with colleagues weekly



Colleague Career Coach

Provide 1:1 colleague short-term and long-term career planning and support

- Many entry level positions change perception to that of a starting place with a huge number of options to advance into
- Follow colleagues throughout their careers, supporting changes over time (going back to school, pursuing a specialty, trying something new, promotions, etc.)



Community Paramedicine

- Aiming to reduce avoidable ER visits/hospitalizations
- EMS paramedics rotate visits with home health, remain involved after home health discharges until independent
- Patients have the option to be treated at home vs transported to the ER
- Integrates EMS paramedics with home health and other community-based agencies, hospitals, & physician offices





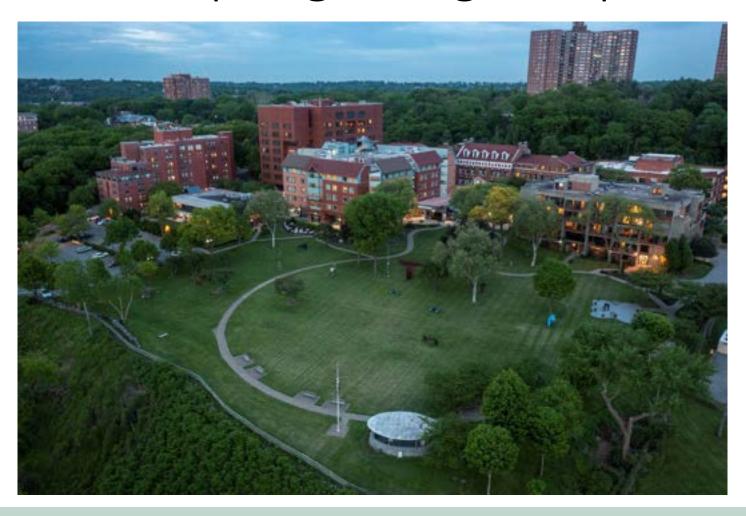
Daniel Reingold

President and Chief Executive Officer, River's Edge; Vice Chair, RiverSpring Living



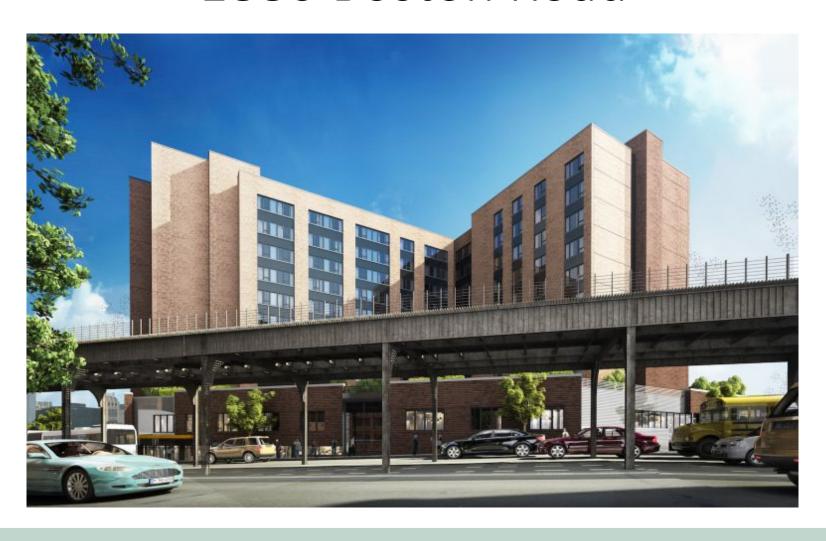


RiverSpring Living Campus





1880 Boston Road



Arthur Avenue Apartments







Technology





VST ZeroG



River's Edge















The Harry and Jeanette Weinberg Center for Elder Justice





Bob Hartman

Vice President of Product Design and Strategy, MVP Health Care



MVP Health Care

Innovations in Personal Health Care

Bob Hartman VP, Product Design and Strategy





MVP Three Uniques

On Your Side

Access Your Way

Your Community Expert



We are here to help you navigate your personal health journey with services, advocacy, and support to guide you, on your terms, at every step.



MVP meets you where you are by offering a wide network of providers-in-person or virtually through the affordable convenience of our Gia app.



As a not-for-profit company, our mission is to put you and our communities first, enabling us to tailor products and services to meet individual needs.











Gia: A Guide to Your Health Plan; A Guide to Your Health

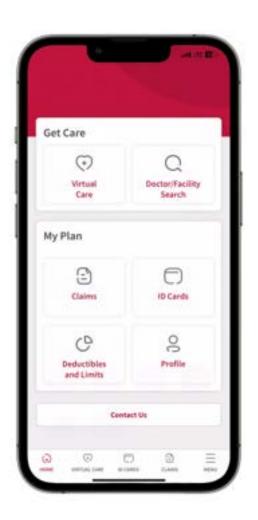


Gia virtual care services are \$0 for Medicare Advantage customers

Urgent Care

Everyday Health Care

Behavioral Health Care













Becky Preve

Executive Director, Association on Aging in New York



Association on Aging In New York

Becky Preve – <u>becky@agingny.org</u>

EverHome Columbia Pilot Project

- Tech and care coordination integration
- Embedded use of telehealth
- Caregiver support and linkage to free services available
- 24/7 monitoring
- Al integration for clinical outcomes

Ready Set Home

BIP Innovations Project – Erie County

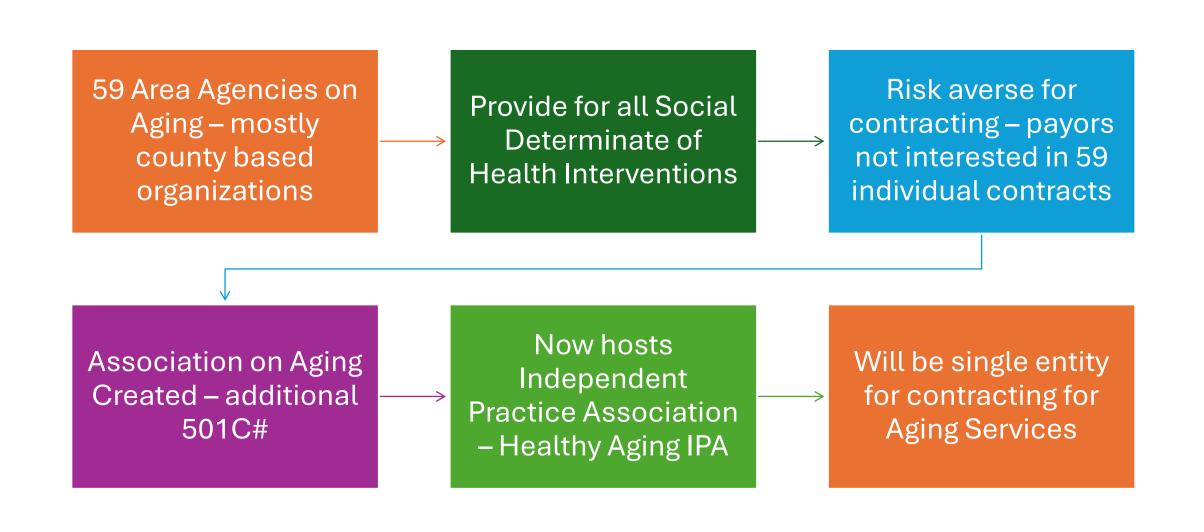
- NY Connects brought to hospital and skilled nursing facility to assist with care transition
- Compliments discharge efforts by providing extra resources and bridge funding to individual and family
- Bridge between facility based care team and in-home services
- Connects individual with community resources
- Assures services are in place and monitors for first month
- Warm hand off to MLTC, waiver, PACE
- Saved \$3.41 for each \$1 invested

Community Care Connections

BIP Innovations – Monroe County

- Integrates community-based aging services through physicians office
- Social work services, linkages to community services and nursing services
 - EBI's
 - Home safety and minor home modifications
- Decreased hospitalizations by 50% first 90 days and 65 % over 180 days
- Decreased ED visits by 62% first 90 days and 72% over 180 days
- ROI saved \$4.58 for each \$1 invested \$2.8 million

Integration of Community Based Care and Payment Models





Charlie Farhoodi

Co-Founder and Chief Operating Officer, Al Nexus Healthcare



くころ川がこり

Charlie Farhoodi - Founder & COO

charlie@ainexus.com



Adding years to life and life to years

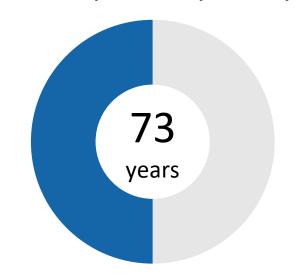
The power of AI in senior care



Life expectancy in 1960

54 years

Life Expectancy Today



Each year of life expectancy added comes with 6 months of poor health



% of years in good health



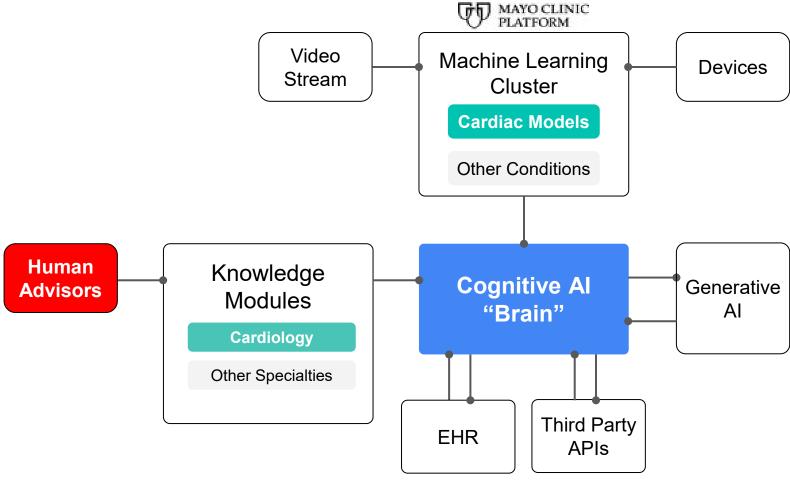


Assessing someone's overall health is complex and can't be done with a single algorithm or medical device



AI NEXUS

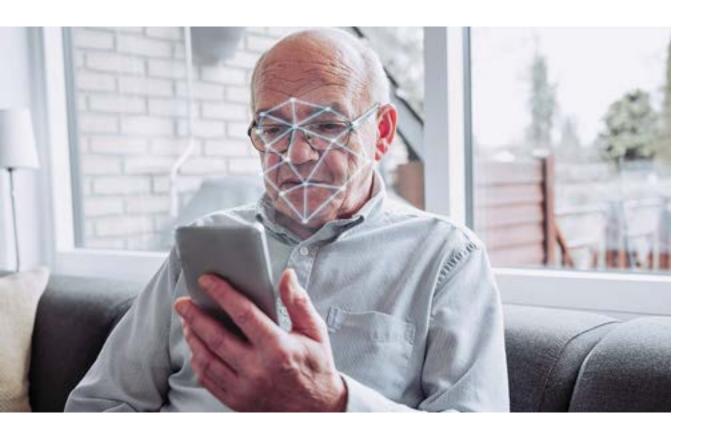
We combine several proprietary AI technologies in a single platform for health screening, early warning, and actionable advice





With a basic smartphone, we assess over 20 health metrics and risks in under 60 seconds

Early detection of Stroke, Heart Disease, Alzheimer's, Diabetes, and COPD





Heart Health



Neurological Health



Respiratory Health



Metabolic Health

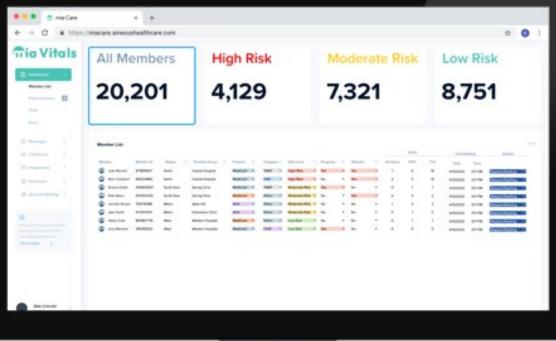


Skin & Nail Health



mia Health: Check engine light for individuals and risk assessment for care providers







Thank you!

Charlie Farhoodi

Co-Founder & COO

• charlie@ainexus.com

Please visit us at ainexushealthcare.com





QUESTIONS? FEEDBACK?



DISABILITY SERVICES FROM HOUSING TO HEALTHCARE



Moderator: Elizabeth Martin
Chief Executive Officer, Living
Resources



Sarah Grimes
Director of Outreach and
Community Relations,
NYSARC Trust Services



Frank Hemming Senior Associate, Pierro, Connor & Strauss



Denise DiNoto
Executive Director, New
York State Independent
Living Council



Willow Baer
Executive Deputy
Commissioner, NYS
Office for People with
Developmental
Disabilities





Sarah Grimes

Director of Outreach & Community Relations, NYSARC Trust Services



Vital Government Benefits

Means-tested Benefits

Medicaid

Health benefits, dental, and transportation OPWDD/TBI/NHTD Waivers Medicaid Buy-in Home care/CDPAP/OPEN Doors

Long-term Care Facilities

Supplemental Security Income (SSI/SSP)

Cash payments for food and shelter

HUD/Section 8 Housing

Earned Benefits

Medicare

Eligible over age 65 or after 24-months of SSDI Primary care and hospitalizations Prescriptions

Social Security Disability Income (SSDI)

Entitled to based on work credits

Child Disability Benefits (CDB)/(DAC)

Adults with a disability prior to age 22

2024 Medicaid and SSI Financial Limits

2024 Non-MAGI Medicaid Limits				SSI Levels
	Individual Applicant	Couple (both receiving care)	Medicaid Buy-in	SSI
Assets	\$31,175	\$42,312	Same asset levels	\$2,000
Income	\$1,752/mth	\$2,371/mth	Up to \$75,385/year earned income	\$1,971/mth wages \$963/mth unearned

^{*}All sources of earned and unearned income, including Social Security Retirement, Social Security Disability, pension, distributions from retirement accounts, alimony, etc.

You may also own a home, a car, and personal property and still be eligible.

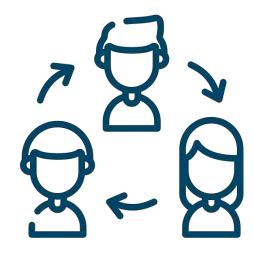
^{*} NYS Income and Resource Standards for Non-MAGI Population Effective January 1, 2024

Qualify and Protect Financial Eligibility



Special Needs Trust

(under age 65)



Pooled Trust

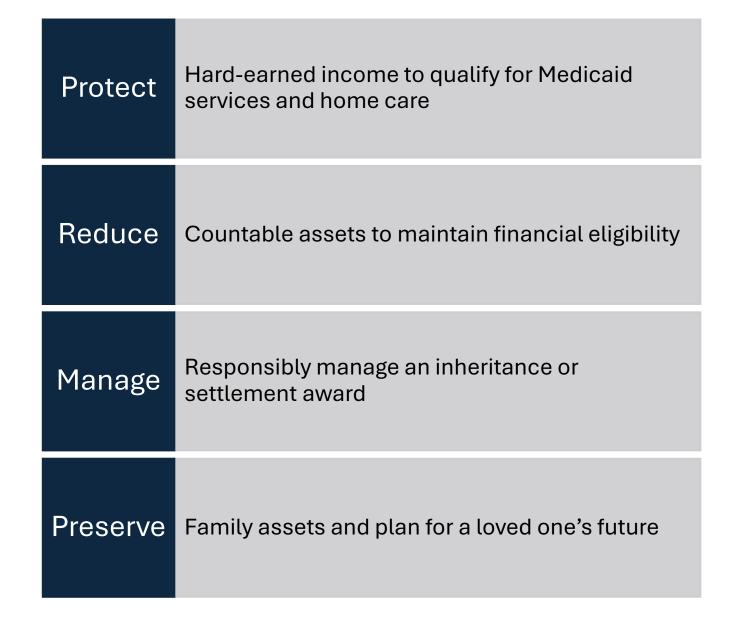
(any age, only option over age 65)



ABLE Accounts

(up to \$18,000/year)

SNTs and Pooled Trusts Can Help Your Clients:



IMPROVING THE LIVES OF PEOPLE WITH DISABILITIES









Receive care in the community

Live in the home of your choice

Work without fear of losing benefits

Avoid spending funds quickly and frivolously







Save money and plan for the future

Supplement benefits to fill gaps in services

Improve quality of life



Frank E. Hemming III, Esq.

Senior Associate Attorney, Pierro, Connor & Strauss



Self-Settled or "First-Party" SNT

- Created for sole benefit of individual with a disability under age 65 with his or her own funds
- Must be Irrevocable
- May be created by the individual with a disability or by a parent, grandparent, guardian, or by a court
- The individual who is disabled can fund the trust and only that individual's assets go into this trust
- Typically set up when an individual receives a lump sum, including an inheritance or the proceeds from a lawsuit or settlement
- Assets in trust are not counted as resources for eligibility purposes
- Upon death, any money or assets remaining in the trust must be used to *reimburse the government* for Medicaid benefits paid during his/her lifetime
- Most states require notice to local Medicaid offices when the SNT is created or funded and when the beneficiary dies



Third-Party SNT

- Created by a third-party (not the individual with the disability) and funded with that person's money
 - Typically a parent, grandparent, sibling or child of individual with a disability
- Beneficiary does not need to be under age 65
- Trust assets may be used as the Trust directs at the discretion of the Trustee flexible, easy to administer
- Should also be a discretionary trust, not a support trust
- NO PAYBACK REQUIREMENT
- Less stringent distribution rules than First-Party SNT's
- Can be incorporated easily into existing planning
- Other relatives or friends may also want to contribute to the trust
 - In such case, the creator may wish to establish SNT during her or his lifetime
 - It may be wise for divorced parents to set up the SNT during lifetime



SNTs, SSI and Medicaid

- Trust distributions are made at the sole discretion of the trustee
- Distributions must be made directly to providers of goods and services to the beneficiary
- Any money paid directly to the beneficiary will be counted for purposes of eligibility for SSI and will be considered by Medicaid in determining the recipient's required contribution to his or her case.
- The Trust must be purely discretionary, not a support trust.
- Assets in trust are not counted as resources for eligibility purposes
- Most states require notice to local Medicaid offices when the SNT is created or funded and when the beneficiary dies



TRUST VS. WILL

Trust

- No Probate
- Manages assets during the creator's life and over the lifetime of the person with special needs
- Provides for successor trustee upon death or incapacity
- Financial affairs remain private
- No need for court approval for distributions

Will

- Probate: cost & delays
- Court supervision and often need for court order allowing distributions
- Takes effect only after death
- Not part of a lifetime care plan
- No provision for caregiver incapacity
 May need a guardian or other planning
- No privacy court papers filed in probate are public record



ABLE Accounts

- Achieve a Better Life Experience (ABLE) Act (2014)
 - Federal act authorized 529A accounts for individuals with disabilities to cover disability related expenses
- ABLE plans do not replace traditional trust planning, but provide a useful supplement to prudent planning
- For individuals who had a disability before age 26
- Earnings in the account are not taxed
- May receive up to annual gift tax exclusion (\$18,000) per beneficiary for their care



ABLE Accounts (cont'd)

- First \$100,000 is excluded for SSI eligibility purposes
- In New York ABLE Account is exempt for Medicaid purposes regardless of value, as well as SSDI, Housing Assistance, SNAP, FAFSA, and Medicare
- Can now roll over 529 Plan assets into ABLE Plan accounts, subject to annual contribution limit
- Disadvantage- has payback provision for Medicaid (not the case with custodian accounts)





Denise DiNoto

Executive Director, New York State Independent Living Council

NEW YORK STATE INDEPENDENT LIVING COUNCIL, INC.

empowering new yorkers with disabilities

New York State Independent Living Council

Denise DiNoto, NYSILC Executive Director

What is NYSILC?

- Not-for-profit, non-governmental, consumercontrolled organization
- Twenty-six appointees from around the state
- Responsible for creating, implementing and evaluating the State Plan for Independent Living (SPIL)

The mission of the New York IL network, and the 3-year SPIL, is to increase the advocacy skills, leadership development, and empowerment of people with disabilities.

Independent Living

- Philosophy based on equality and freedom for all.
- ► Nothing about us without us!
- Education, Empowerment, Equality!
- Programs for people with disabilities should include all disability types and be managed by people with disabilities.
- Network of Independent Living Centers across the state that help people with disabilities live self-directed, independent lives.



My Story of Independence

- Medicaid Buy In for Working People with Disabilities
- NYSARC trust
- CDPAP for homecare
- Maximum control over my life
- NOT the norm for most people with disabilities...BUT IT SHOULD BE!

Preserving Choice

- Issues to consider for the future:
 - ► Homecare
 - ► Housing
 - **▶** Transportation
 - ▶ Healthcare
 - ► Breaking down silos



Willow Baer

Executive Deputy Commissioner, NYS Office for People With Developmental Disabilities





29th Annual Elder Law Forum

Willow Baer

Executive Deputy Commissioner

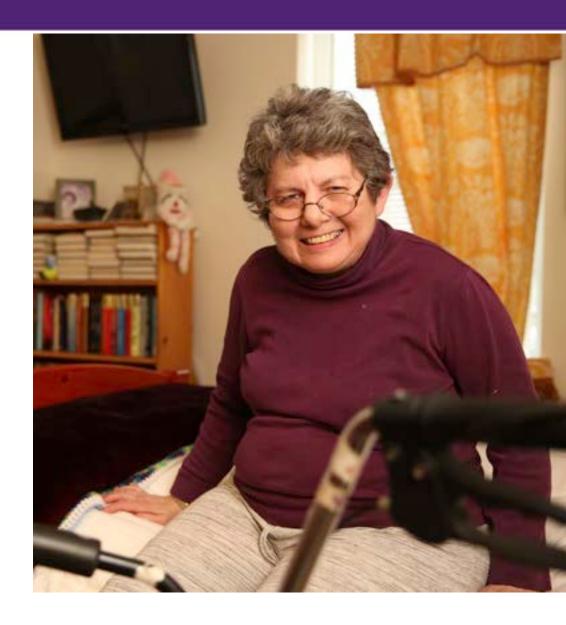
About OPWDD

- OPWDD coordinates services for New Yorkers with developmental disabilities
- Provides services directly and through a network of roughly 500 nonprofit service providing agencies to approximately 140k people
- Agency was born out of the advocacy of people with developmental disabilities and their families
- Transformed from a system of institutionalization to a person-centered service system



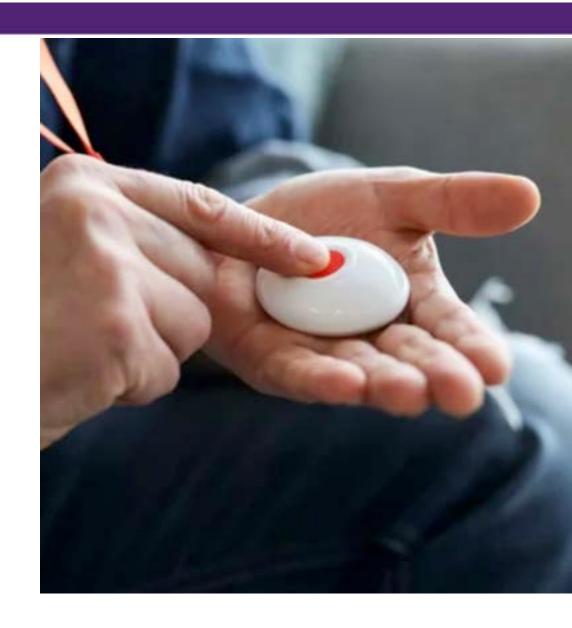
Housing

- OPWDD offers a continuum of residential supports and services, based on a person's goals and needs
- Recent grants to 17 providers for innovative Supportive Residential Habilitation Projects
- \$140 million over the past nine years to support independent living opportunities



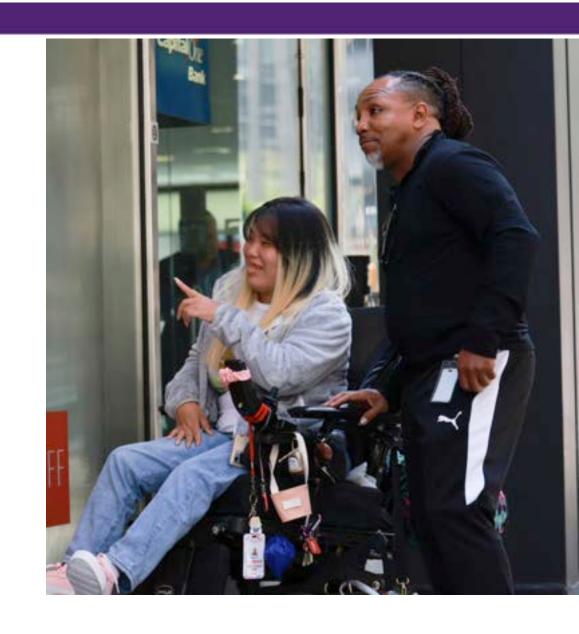
Home Enabling Supports

- New Medicaid Service recently approved by the Centers for Medicare & Medicaid
- Alternative services, equipment or supplies that address an identified need
- Provide opportunities to remain or transition to more community integrated settings



Supported Decision-Making

- Less restrictive alternative to guardianship
- Allows people to make their own decisions
- Promotes self determination, inclusion and dignity
- Available to all populations, not just I/DD
- MHL §§ 82.01-82.15





For more information visit www.opwdd.ny.gov or call 866-946-9733

For those who are deaf, hearing impaired or speech-disabled, dial 711.



Elizabeth Martin

Chief Executive Officer, Living Resources





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Living Resources: A Brief Overview

- Geographic Reach: Capital Region & Hudson Valley
- Programs: 13 Programs
 - Residential certified & noncertified
 - Day Programs
 - Employment
 - Community Habilitation
 - Self-Direction (through affiliate)

- After-School Programs/Respite
- College Programs
- Service Coordination
- Sign language interpretation
- Family Support Services
- Populations Served: 1,500 people/year
 - Intellectual/Developmental Disabilities (primarily)
 - Traumatic/Acquired Brain Injury



Initiatives to Expand Housing & Support Options

- > Culture shift: reduce/eliminate ableism from philosophy & support approach
 - Maximize independence; Maximize outcomes; Better allocate scarce resources
 - Supportive IRA Transformation Grant; Expand College Program curriculum across organization
- Increase our non-group-home residential support programs
 - Less restrictive, but still supported apartments & homes
 - Housing collaborations for individuals with I/DD and mental illness
- Adopt "Technology First" approach
 - Technology options are considered first for support
 - Vivalynx pilot program; other technologies
- Increase inventory of accessible/universally designed group home housing



Top Challenges for I/DD System (...and all disability service systems, frankly)

- 1. Staffing, staffing
- 2. Inadequate housing/supports options for those with complex/intense support needs
 - a) Staffing shortages is a primary issue (not going away)
 - b) Problems with model and reimbursement structure for traditional group homes
 - c) Service system silos (Aging, I/DD, Health/Medical, Mental Health, Substance Abuse, etc.)
 - d) Current available housing stock is often not accessible or not affordable





QUESTIONS? FEDBACK?





THANK YOU FOR ATTENDING!

One last thanks to our Speakers and Sponsors! Fill out your feedback form, please.

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