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**31st Annual**  
**ELDER LAW FORUM**

## HOUSEKEEPING:

Materials can be viewed at the Elder Law Forum Page:  
<https://www.pierrolaw.com/events/annual-elder-law-forum/>

**Virtual Attendees**

- Your Mics are Muted
- Pose Questions for Speakers in Q&A

**Social Workers**

- Must be present for the entire program to receive CE Credits

Please fill out the Survey following the program

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# 31st Annual ELDER LAW FORUM

## WELCOME

### LOUIS PIERRO, ESQ.

Conference Host & Founding Partner  
Pierro, Connor & Strauss



## THANK YOU TO OUR SPONSORS!



# SPECIAL THANK YOU TO OUR PRINT SPONSOR!

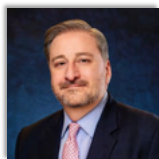
The official Elder Law Forum  
Printer of our Program, Banner,  
Signs, and Handouts!  
<https://constructivecopy.com/>



## OUR TEAM OF ATTORNEYS



Louis Pierro



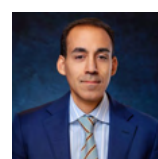
Aaron Connor



Frank Hemming



Peter Strauss



Anthony Khatchoui



Theresa Skaine



Arkley Mastro



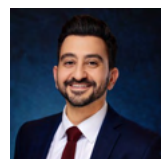
Verley Brown



Michael Mullaney



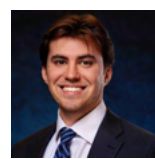
Patricia Whelan



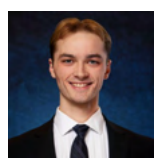
Tommaso Marasco



Adrianna Mihalek



Ethan Van Vorst



Avery Mickle

**Serving New York State Residents Through Offices in:**  
Albany, New York City, Hudson, Garden City, Ronkonkoma, Lake Placid, Utica  
Serving Clients in NJ, CT, and FL



**MEDICAID  
MONDAY**  
PIERRO, CONNOR & STRAUSS, LLC

**FREE Monthly Webinar Series**  
hosted by  
Pierro, Connor & Strass

2<sup>nd</sup> Monday of every Month

## RECENT TOPICS:

- Medicaid Trust Planning
- CDPAP After Transitions
- Navigating Medicaid Denials and Appeals
- The Home Care Assessment Process

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## **DR. BENITA ZAHN**

Certified Health & Wellness Coach,  
Veteran News Anchor & Health Reporter

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## **THE SENATORS: POLICIES, PROGRAMS AND BUDGETS**



**CORDELL CLEARE**  
Senator



**JACOB ASHBY**  
Senator



**PATRICIA FAHY**  
Senator

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# STATE LEADERS: UPDATE FROM THE EXECUTIVE BRANCH



**GREG OLSEN**  
Director  
NYS Office for the Aging



**DR. JAMES MCDONALD**  
Commissioner  
NYS Department of Health

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## **DR. JAMES MCDONALD**

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Commissioner  
New York State Department of Health (NYSDOH)

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Department of Health



# ELDER CARE: REPLACING VICIOUS CYCLES WITH VIRTUOUS CYCLES

JAMES MCDONALD, MD, MPH  
COMMISSIONER

MAY 14, 2026 | 31ST ANNUAL ELDER LAW FORUM | ALBANY, NEW YORK

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# GOVERNOR HOCHUL'S PRIORITIES

## UNIVERSAL CHILD CARE

Free, first-rate, full-day care for every single family across the state, regardless of income.

## PROTECTING KIDS

Advancing nation-leading social media legislation blocking direct messages from would-be predators, disabling Artificial Intelligence chatbots that target minors and strengthening youth mental health care.

## SAFER STREETS AND COMMUNITIES

Doubling down on proven crime-fighting strategies, continuing to get illegal guns off our streets and taking on emerging threats like untraceable 3D-printed firearms.

## DEFENDING FUNDAMENTAL RIGHTS

Protecting New Yorkers from government overreach, safeguarding due process, and ensuring no one is targeted or mistreated simply for who they are or where they come from.



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# \$262.7 BILLION

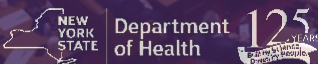
New York State FY2027 Executive Budget

# \$113.8 BILLION

Department of Health FY2027 Executive Budget

# \$101.8 BILLION

Department of Health Medicaid FY2027 Executive Budget



[budget.ny.gov/pubs/archive/fy27/ex/book/briefingbook.pdf](https://budget.ny.gov/pubs/archive/fy27/ex/book/briefingbook.pdf)



# MEDICAID AND PROTECTING COVERAGE

Publicly-funded health program enrollment

**6.5M**

**MEDICAID ENROLLEES**

**1.7M**

**ESSENTIAL PLAN ENROLLEES**

Where do health care dollars come from?

Publicly funded health program enrollment

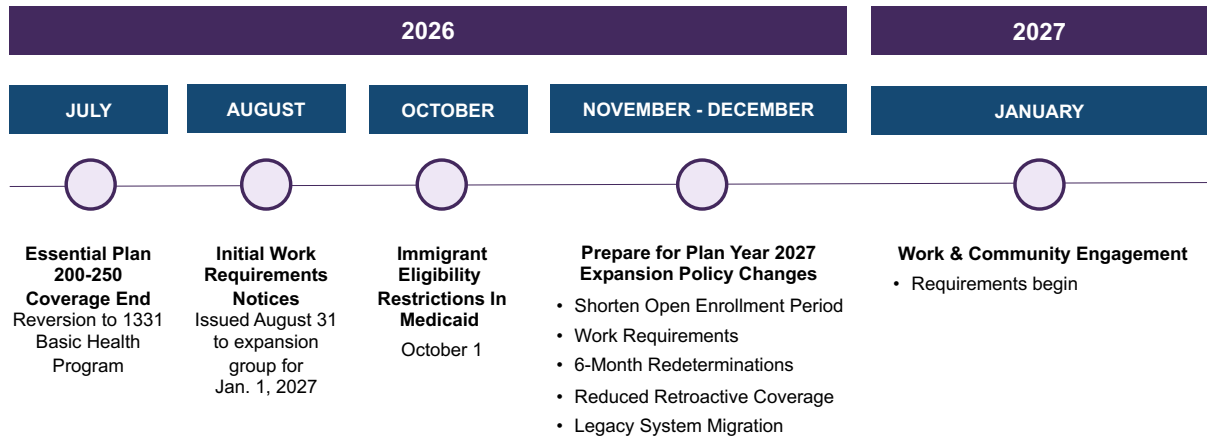
- **1.7 million New Yorkers** gained coverage through expansion
- **1.3 million New Yorkers** will continue to have affordable coverage
- **450,000 New Yorkers** will transition to new coverage options
- Federal changes are increasing costs and requiring covering transitions for working families



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# H.R. 1 OVERVIEW: IMPORTANT DATES



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# WORK & COMMUNITY ENGAGEMENT

## Overview

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### 80-Hour Monthly Requirement

Medicaid expansion adults 19 - 64 who do not meet exemption must complete 80 hours of qualifying activities monthly\*:

- Work or work program
- Community service
- Education program, at least half time

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### Income Requirement

Individuals also can meet work & community engagement requirements if their monthly income is at least

**\$580 / month**

- Seasonal workers assessed on previous six-month average income to determine if they meet income requirements

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### Look Back Period

New applicants must comply one month prior to application

Renewing members must comply in any one month in the previous six months



\* Or a combination of these activities

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# WORK & COMMUNITY ENGAGEMENT: EXEMPTIONS

1. 18 years old or younger
2. 65 years old or older
3. Pregnant, or were pregnant in the last 12 months
4. Enrolled in Medicaid due to a disability
5. Medical frailty\*: Serious physical, mental, or developmental condition (e.g. blind or disabled, substance abuse disorder, etc.)
6. Enrolled in or entitled to Medicare Part A or Part B
7. American Indian or Alaska Native
8. A veteran with total disability
9. A parent, guardian, or caregiver for a disabled individual
10. Parent, guardian, or caretaker for a child under 14
11. Enrolled in SNAP or TANF and meeting respective SNAP / TANF work requirements
12. In a program to help with drug or alcohol use
13. Currently in jail or prison, or released in the last 90 days
14. In or were in foster care and are under



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## NEXT STEPS

- H.R.1 now requires us to determine income eligibility one month prior to Medicaid application / renewal (instead of 3 months). No state or federal database has income information that current
- A vendor is being selected to provide income verification tool that will integrate into New York State of Health and allow seamless income verification and eligibility redeterminations.
- **200 additional staff** are being hired: 86 will help us determine eligibility.

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## PIECES TO THE PUZZLE ADDRESSING INEQUITIES FOR OLDER ADULTS

- 1. The Master Plan for Aging:**  
Aims to make aging in New York State simpler, healthier and more affordable
- 2. The Prevention Agenda:**  
Makes sure health care and other services are better able to serve as demographics shift
- 3. New York Health Equity Reform 1115 Waiver:**  
Implements a managed care program which provides comprehensive health care
- 4. Affordable Care Act in New York:**  
Rights and protections that make coverage more equitable and easier to understand

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# MASTER PLAN FOR AGING



## Goal

- Ensuring older New Yorkers and people with disabilities can live healthy, fulfilling lives, with freedom, dignity and independence and age in place for as long as possible

## Process

- Community-engaged drafting incorporating the knowledge and expertise of state agencies, leaders from the private, not-for-profit and research and advocacy sectors and other community stakeholders

## Findings

- Older New Yorkers generally want to age in place in their communities
- While older New Yorkers are generally in good health, **38% indicated getting needed health care was a problem**

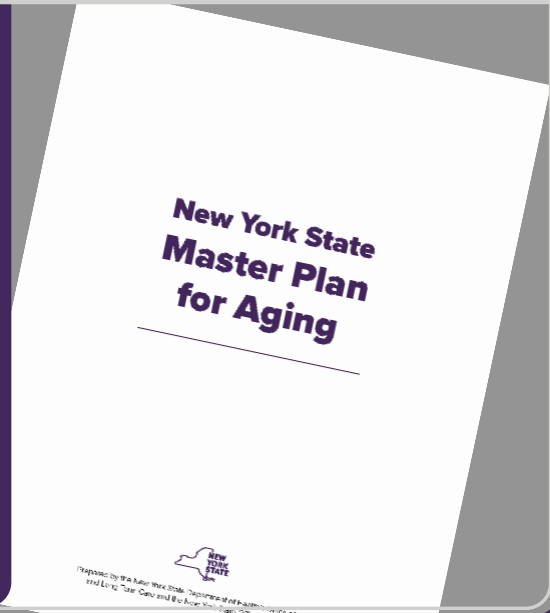


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# MASTER PLAN FOR AGING FINAL REPORT

- The Final Report serves as a long-term framework for integrating aging into future policy and program development
- The report outlines over **100 individual proposals** and a broad set of strategies
- **[PlanforAging.ny.gov](https://www.planforaging.ny.gov)** has been launched as a resource for updates



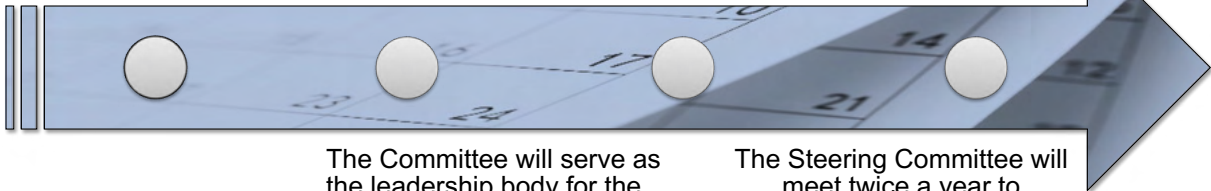
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# NEXT PHASE: THE STEERING COMMITTEE

March 26th was the first meeting of the Steering Committee, which will monitor initiatives and policies across State government

Collaborations with partners and stakeholders will shape policy over the next several years



The Committee will serve as the leadership body for the Master Plan for Aging

The Steering Committee will meet twice a year to integrate new innovations and emerging trends

For more ways to advocate and stay involved, go to [PlanforAging.ny.gov](http://PlanforAging.ny.gov)



CONTACT THE MASTER PLAN FOR AGING

We welcome input from stakeholders and the public. Feel free to contact us with feedback, questions or concerns regarding the NYS Master Plan for Aging.

CONTACT

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# GOVERNOR HOCHUL'S PROPOSED ACTIONS



- Establish a commission to create a single application for state benefits
- Expand the Senior Citizen Rent Increase Exemption program
- Strengthen Protections against elder fraud and abuse
- Launch a Department of Health initiative to inform providers about community-based palliative care, hospice care and advance care planning
- Provide Direct Caregiver Flexibility grant



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## EXECUTIVE BUDGET: SIGNIFICANT PROPOSED INVESTMENTS

- **Up to \$1.5 billion** (all funds) for targeted hospitals and nursing home investments
- **Restore the 10% reduction** to nursing home Medicaid capital reimbursement
- **\$3 million** to support a federal campaign to expand nursing home staffing, particularly in rural areas
- These investments are dependent upon final budget decisions



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## SAFETY NET TRANSFORMATION PROGRAM

- **\$1 billion** in capital expenditures and a minimum of **\$330 million** in operating funding
- **\$750 million** in new resources for hospitals and nursing homes



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## GOVERNOR'S AGE-IN-PLACE PROGRAMS



- Renew a FY26 **\$35 million** investment to reduce waiting lists for non-medical in-home services
- Community Aging in Place – Advancing Better Living for Elders where **2,600 older adults** will receive in-home visits
- **Increase investments** in Naturally Occurring Retirement Communities where community providers offer supportive services for residents



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## STATE AGENCIES' EFFORTS



**Division of Homeland Security and Emergency Services:** Increase focus on improving emergency response for older adults and people with disabilities

**Department of Veterans Services:** Develop peer support groups and emergency housing fund for our veterans

**Office of Mental Health:** Ongoing workgroup to implement mental health proposals into planned policy development



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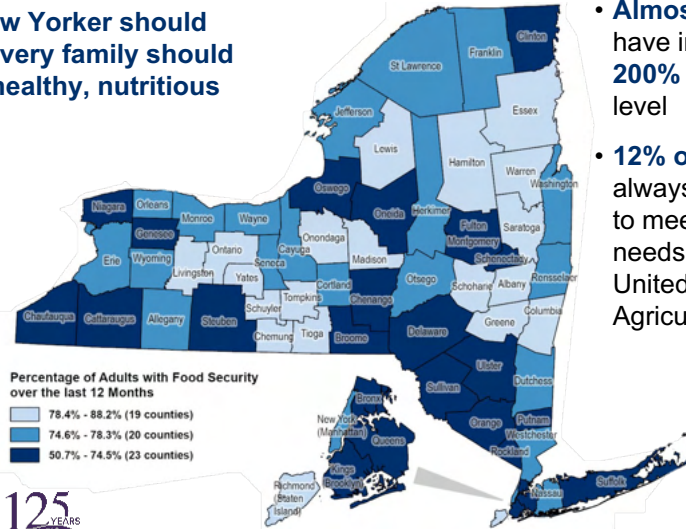
# FOOD SECURITY IN NEW YORK STATE

**Our Goal: No New Yorker should go hungry and every family should have access to healthy, nutritious food**

By County 2024, Behavioral Risk Factor Surveillance System

Statewide rate: 72.1%

**Dark**  
**shading**  
**represents**  
**lower food**  
**security and**  
**higher need**



- **Almost 35%** of residents have incomes **at or below 200%** of the federal poverty level

- **12% of New Yorkers** do not always have enough money to meet their basic nutritional needs, according to the United States Department of Agriculture



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# FOOD SECURITY IN NEW YORK STATE

**New York invests over \$1B annually to fight hunger and improve nutrition**

1. Hunger Prevention Nutrition Assistance Program (\$110M)
2. Nourish New York (\$46.8M)
3. Commodity Supplemental Food Program (\$12.9M)
4. Child & Adult Care Food Program (\$257M)
5. Special Supplemental Program for Women, Infants, and Children (\$614M)
6. Women, Infants, and Children Farmer's Market Nutrition Program (\$9M)
7. Medicaid coverage of infant formula and enteral feeding products (\$17.6M)
8. Ryan White Services Initiative (\$3M)
9. Medicaid Medically Tailored Meals (\$2.6M)
10. Value-Based Payment (\$1.6M)
11. Health-Related Social Needs, Social Care Networks in 1115 Waiver (\$3.4M)

**Other State agencies:**

New York State Education Department

New York State Office of Temporary and Disability Assistance

New York State Office for the Aging

New York State Department of Agriculture and Markets



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## NEW YORK STATE OFFICE FOR THE AGING'S NUTRITION PROGRAM



[www.youtube.com/playlist?list=PLaE-LeZ6fFrocHx7OkFl8e\\_Uxt7nRs10](https://www.youtube.com/playlist?list=PLaE-LeZ6fFrocHx7OkFl8e_Uxt7nRs10)



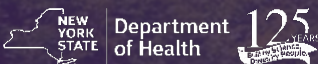
- Since its inception in 1975, New York's nutrition program for older adults has served **260,000 older adults daily providing almost 22 million meals**, making it the largest nutrition program for older adults in the country
- Monthly nutrition education shows – “What’s Cooking with NYSOFA” and “Ask the Experts: Nutrition Edition” – reach millions on YouTube as part of SNAP-Ed NY program for older adults

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## PROTECTING IMMUNIZATION ACCESS

- To **keep New Yorkers safe** and **costs down**, Governor Hochul is putting science, not politics, in charge of immunization standards
- Would authorize the Commissioner of Health, in consultation with recognized medical organizations, to establish immunization requirements that guide school eligibility, clinical practice and insurance coverage (**Assembly Bill A.10711; Senate Bill S.9598**)
- Will **provide clarity** for providers and insurers, protect access to vaccines and **strengthen public health** statewide (**Assembly Bill A.10710; Senate Bill S.9599**)

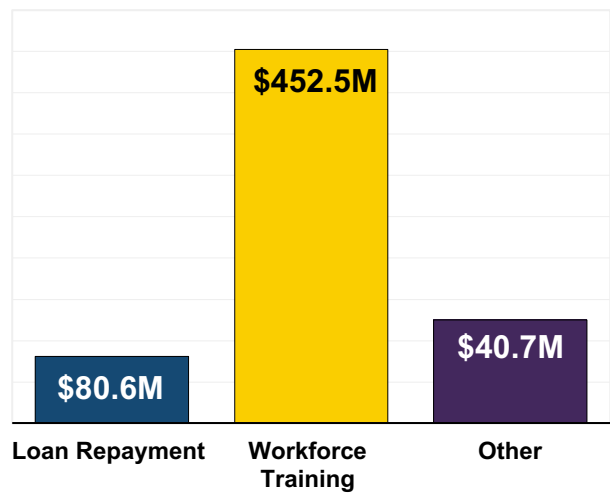


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# A GENERATIONAL INVESTMENT IN NEW YORK STATE'S HEALTH WORKFORCE

- **\$570 million total investment**
- Loan repayment programs
- Workforce training and development
- Building the workforce pipeline



# HEALTH CARE WORKFORCE 25 PROGRAMS

- Loan Repayment
- Workforce Training
- Workforce Training, Long Term Care and Aging

\* Total program funding.  
 \*\* Total program funding. Funding varies by year.  
 \*\*\* One-time funding in SFY 2027, pending legislative and executive approvals.

Program	Annual Funding
Doctors Across New York - Physician Loan Repayment and Practice Support	\$15,865,000
State Loan Repayment Program (State and federal)	\$1,000,000
Nurses Across New York	\$3,000,000
Nurses Across New York: Expansion to State Agencies	\$12,500,000
Health Care Access Loan Repayment - New York Health Equity Reform Workforce Initiative*	\$48,300,000
Career Pathways Training Program - New York Health Equity Reform Workforce Initiative**	\$310,480,000
Area Health Education Center	\$2,200,000
Associated Medical Schools of New York: Scholars in Medicine and Science	\$3,644,000
Health Care Education and Life Skills Program	\$19,500,000
Increasing Training Capacity	\$32,500,000
Direct Care Flexibility	\$19,000,000
Nursing Home Staffing Campaign***	\$3,000,000



# HEALTH CARE WORKFORCE 25 PROGRAMS

- Pathway Programs and Awareness
- Research

\*\*\*\* One-time funding. \$13M-\$14M annually over 5 years.



Program	Annual Funding
Mentorship in Medicine and other Health Professions	\$30,000
Primary Care Cooperative Agreement : (Center for Health Workforce Studies)	\$487,000
Peer Certification	\$500,000
Clinical Education Initiative	\$1,455,000
STD Center for Excellence	\$480,000
HIV Education & Training (State and federal)	\$2,134,000
Individual Predoctoral Postdoctoral Fellowships in Spinal Cord Injury Research	\$1,007,399
Emergency Medical Services - Training and Certification for Emergency Responders	\$10,570,000
NYS Workforce Innovation Center - Health Workforce Connects	\$5,000,000
Family Caregiver Relief	\$7,200,000
Workforce Innovation Center	\$5,000,000
Rural Health Transformation Program****	\$69,000,000

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# SCOPE OF PRACTICE

- Certified Medication Aides**
  - basic medications in nursing homes
- Physician’s Assistants**
  - practice independently after appropriate training
- Medical Assistants**
  - administer immunizations after appropriate training and supervision

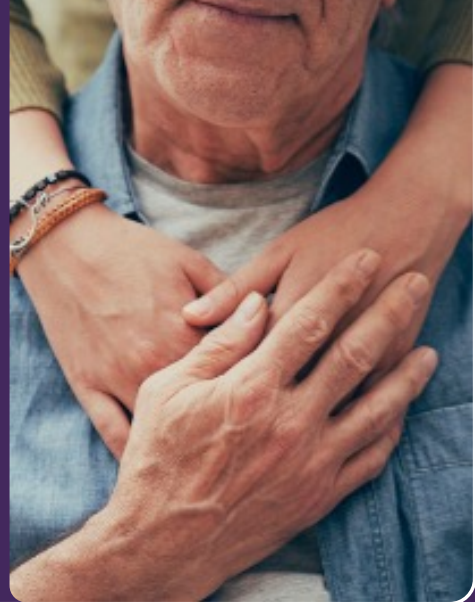


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## DIRECT CAREGIVER FLEXIBILITY PROGRAM

Creates access to free training needed for a career in community-based and long-term care.

- Up to **\$19M per year for 5 years** for development of a regional training center and creation of a “training and support system” for direct care workers in the **10 Regional Economic Development Council Regions**
- **22 bids have been awarded** and training programs have begun



Department  
of Health



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## MISSION:

*To protect and promote health and well-being for all, building on a foundation of health equity*



Department  
of Health



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# GREG OLSEN

Director  
New York State Office for the Aging (NYSOFA)

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## 31<sup>st</sup> Annual Elder Law Forum

## Pierro, Conner & Strauss, LLC

May 14, 2026

Greg Olsen, Director

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# Level Set: Older New Yorkers in NYS A Wholistic Picture

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## 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%)

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

**80% of NYS Retirement System payouts stay in NY (\$10.6 billion annually).** Other pensions account for \$30.5 billion.

**Social Security – \$70 billion** annually paid to NYS older adults.

**900,000 individuals age 60+** contribute **442 million hours** of service at economic value of **\$13.2 billion**.

**64% of individuals** age 60+ own their own homes and have **no mortgage**.

**4.1 million New Yorkers are caregivers**

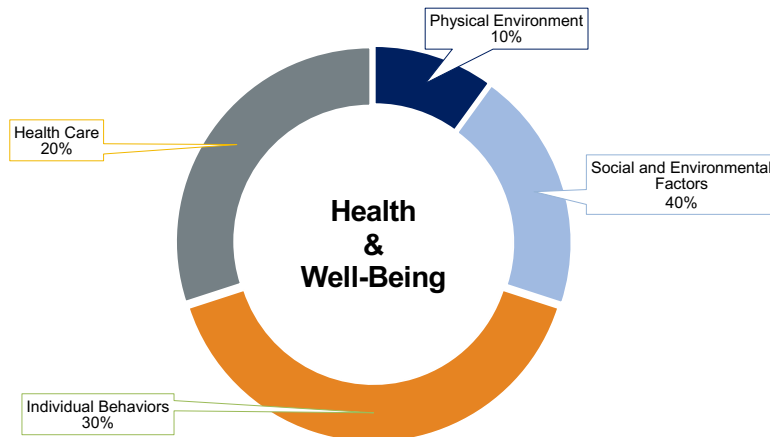
- Economic value of caregiving = \$39 billion
- Average age of caregivers = 64

### NYS POPULATION 19 Million Total

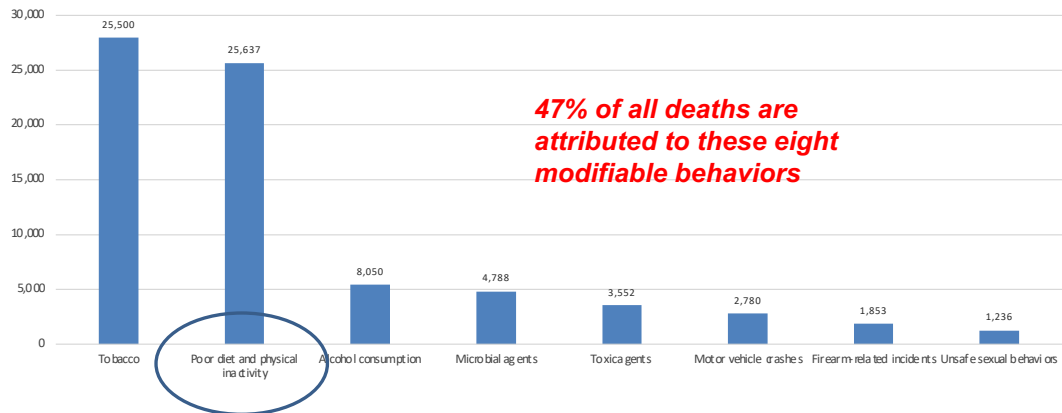
- 5+ million New Yorkers are 60+ (**fourth in the nation**)
- 3.7 million New Yorkers are ages 45-59

## What Determines Health?

Impact of Different Factors on Risk of Premature Death



### Estimated Number of Deaths Attributed to Modifiable Behaviors in NYS (2015)



### Services Provided by the Aging Network

NYSOFA provides 20+ core services and supports available through 59 Area Agencies on Aging and 1,242 community 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
- Legal services
- Home modifications, repairs
- Info & assistance – i.e., HEAP, SNAP benefits
- NY Connects (ADRC/No Wrong Door) – LTSS, I&A/R, options counseling, benefits and application assistance
- Health Insurance Information, Counseling and Assistance Program (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
- Employment – Title V
- Long Term Care Ombudsman Program
- Technology and Innovative Programs

Some of these programs and services have specific eligibility criteria. For more information, please visit <https://aging.ny.gov/>.



## FY 27 State of State and Executive Budget

- **Doubling of funding to expand the Naturally Occurring Retirement Communities (NORC) model**, which brings together health and social services to help older adults age in place.
- **Provides an additional \$5 million in COLA for in-home and community services including nutrition.**
- **Protecting individuals from scams and fraud** through training and a public awareness campaign.
- **Developing recommendations for a one-stop for all benefits** that older adults may be eligible for across state agencies.

### Housing and Household Affordability for Older Adults

Most people want to remain in their own homes and communities as they age. Doing so is possible if housing is designed or modified for aging-in-place and a community has affordable housing options for varying life stages. The following 2026 proposals build further on this foundation by advancing additional protections for households:

### GOVERNOR’S PROPOSALS

- **Accelerate affordable housing** to build more housing and speed up approvals.
- **Funding to expand access to modular starter homes.**
- **Manufactured home loan fund** to provide upgrades to mobile home parks.
- **Ending state taxes on tips** up to \$25,000 annually.
- **Reducing home insurance costs** for the 1.8 million older adults own their own homes. Discounts will help homeowners who take positive actions to improve their homes and increase opportunities to age in community through safety features, roof improvements, weatherproofing, storm shutters, smoke alarms, theft protection (security systems) and more.

## GOVERNOR'S HOUSEHOLD AFFORDABILITY PROPOSALS (Cont'd)

- **Protecting older-adult renters** (approximately 1 million older adults are renters) by holding landlords accountable for failing to fix building issues, including older adults who may be particularly vulnerable to this form of exploitation. The Governor's plan would also update the Senior Citizen Rent Increase Exemption (SCRIE) and DRIE – raising income limits from \$50,000 to \$75,000 – which will prevent evictions.
- **Lowering Auto Insurance Costs** for all New Yorkers through common sense reforms that take on fraud that drives up costs and passing savings on to consumers, governments, not for profits and businesses.
- **Energy efficiency/cost savings for older adults** – by expanding the EmPower program for low- and moderate-income ratepayers; and investing in and promoting the Energy Affordability Program (EAP), EmPower+, and the Weatherization Assistance Program (WAP). These proposals will reduce energy costs for low-income families, improve energy efficiency, and/or provide cash assistance and monthly discounts to make improvements affordable, further securing New Yorkers' ability to age in community.
- **Controlling utility costs for older adults** – by removing hidden fees; requiring data centers to pay their fair share of energy costs; protecting tenants from utility shutoffs if a landlord doesn't pay bills; and cap energy costs at 6% of income for low-to-moderate-income residents.

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### Food and Nutrition Support for Older Adults

Nutrition plays a crucial role in maintaining health, independence, and quality of life for older adults, helping to prevent chronic diseases and support overall well-being. New York's nutrition program for older adults – the nation's largest – provides over 20 million meals annually to more than 245,000 older adults, supporting physical health and well-being while combatting social isolation.

### GOVERNOR'S PROPOSALS

- **Investing in food banks and pantries** (2,700 pantries statewide).
- **Providing grants for capital costs to upgrade infrastructure, equipment and vehicles.**
- **Modernize EBT with chips to eliminate SNAP theft.**
- **Expand free summer meals and rural summer meals.**

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## Health Care Services for Older Adults to Remain Healthy, Age in Place and Obtain Needed Care

### GOVERNOR'S PROPOSALS

- **Expanding scope of practice** to allow licensed workforce to take on more tasks.
- **Reducing prescription drugs** by utilizing states purchasing power.
- **Increasing awareness of the availability and benefits of hospice and palliative care.**
- **Protecting vaccine access** and ensuring that New York can set its own immunization standards based on accepted medical science and public health needs.

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## Combating Financial Fraud and Scams

Governor Hochul's State of State directs NYSOFA to **protect individuals from scams and fraud** through training and a public awareness campaign.

- "Stop the Scam Campaign" Launched March 5 with statewide organizations.
- Amplify existing resources: **Don't Get Scammed** guide & **short PSA videos** on most common scams at [www.aging.ny.gov/scams](http://www.aging.ny.gov/scams).

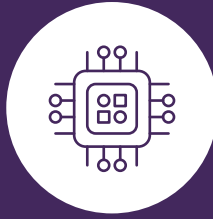
### Tech Innovations to Prevent Scams

**Eversafe** – platform to protect financial and other information and to flag irregularities to prevent/combat financial exploitation

**FraudFindr** – platform to quickly analyze financial information to identify possible financial fraud.

**SilverShield** – makes it easy for people to spot and stop scams, all over SMS and email, no app or training required. Built and tested with hundreds of professionals (APS, FBI, case managers, tech trainers, senior centers) and older adults directly, SilverShield has been designed for accessibility and impact.

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# NYSOFA PUBLIC-PRIVATE PARTNERSHIP EXAMPLES

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## NYSOFA PARTNERSHIPS – STATEWIDE DIGITAL OFFERINGS

New York State Office for the Aging  
New York Caregiving Portal  
Partner in Partnership with the Association on Aging in New York

### How Do I Provide The Best Care?

You're tired of general information. Our learning platform addresses real issues, showing you how with in-depth lessons, practical steps, and guided support from a care manager.

Log In

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### GET YOUR SCORE

Almost 1 in 2 of us are caring for someone, and it can get intense. Any Care Counts – New York is a way to support YOU as you care for others. Take two minutes and get your intensity score and connect to things that can help.

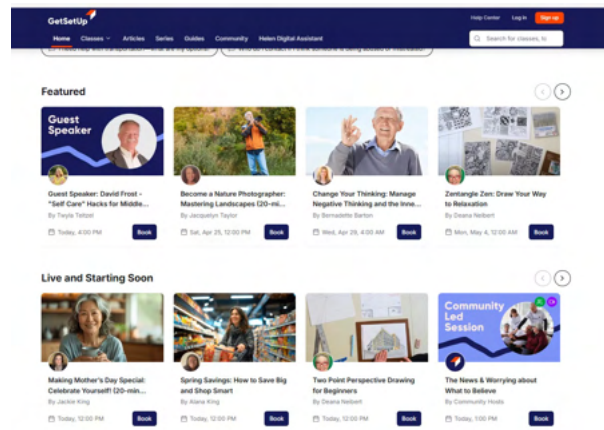


- **NY's Caregiver Portal:** Evidence-based caregiver education and training portal, available **FREE** of charge for any caregiver in New York at <https://www.newyork-caregivers.com/>.
- **ARCHANGELS Caregiver Intensity Index (CII):** **FREE** of charge, the CII provides each caregiver with an intensity 'score' that not only validates their experience, but crosswalks them to state and local resources. **30% of caregivers are "in the red,"** 62% are "in the yellow," 8% are "in the green/clear" ("red" being most severe or in crisis and "green/clear" being least severe). Visit <https://www.anycarecountsny.com/>.

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## NYSOFA PARTNERSHIPS – STATEWIDE DIGITAL OFFERINGS

- NYSOFA's partnership with **GetSetUp (GSU)** has connected approximately 700,000 older adults to **5,000+ FREE online courses** and communities that help them learn and enhance tech skills, learn new skills and interact with others who share their interests. Courses are available at <https://www.getsetup.io/nystate>.
- **Virtual Senior Center:** Get **FREE** access to the Virtual Senior Center (VSC), which includes 400+ monthly live programs and other features, such as email, news, games, and self-directed "channels." <https://www.vscm.selfhelp.net/new-york-state>



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May 14, 2026

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## Other Partnerships

**Intuition Robotics** – AI platform (ElliQ), fosters independence and provides support through daily check-ins, assistance with wellness goals and physical activities, and more using voice commands. NYSOFA has distributed 900 units statewide.

**Ageless Innovation/Joy For All** – NYSOFA's award-winning animatronic pet project has proven to reduce isolation, loneliness and pain. This program has been replicated across the country. Distributed 37,500+ pets.

**GoGoGrandparent** – specialized ride share program to address special transportation needs throughout New York.

**Stipend Program/Volunteers** – LTCOP and HIICAP – to recruit and retain volunteers.

**Case Management Certification** – require all case managers to be uniformly state certified through Boston University CADER online training and certification.

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## Active Pilots/Demonstrations

**Discover Live** – 153 senior centers, congregate dining sites, and Naturally Occurring Retirement Communities (NORCs) are providing older adults with social engagement and enrichment experiences through weekly virtual tours to over 200 locations worldwide.

**Relish** – Products include specially designed clocks, jigsaw puzzles, radios, brain teasers, and sensory activities for individuals with dementia.

**Memory Lane TV** – Memory Lane TV (MLTV) is a streaming, science-based behavioral and multisensory digital intervention designed to support people living with Alzheimer's and related dementias and their professional and family care partners. Over 1,500 hours of positive, plot-free content is personalized for each user and is built to reduce agitation and depression, connect with the natural rhythms of the day, experience soothing memories, and find joy.

**Zinnia TV** – For individuals with dementia, Zinnia TV is a therapeutic alternative to standard TV programming, which can trigger confusion, distress, and daytime sleeping. Exploring a meaningful topic on Zinnia TV can soothe, delight, and reinforce a person's sense of identity. Video is slow moving, soothing and promotes respite for caregivers.

**Maphabit** – The MapHabit platform uses scientifically proven step-by-step guides to empower individuals with intellectual and developmental disabilities (IDD), autism, and traumatic brain injuries (TBI), as well as individuals living with Alzheimer's Disease and related dementias (ADRD), to master their daily routines. A library of over 1,000 maps covering daily tasks can be customized for each individual to reduce caregiver burden and foster independence.

**Blooming Health** – The platform enables instant communication about vital information such as weather alerts, program deadlines, event reminders for evidence-based programs, nutrition education, and wellness programs, and social engagement opportunities in over 80 languages.

**Vivo** – Team Vivo is an evidence-based strength training and exercise program designed to increase strength and reduce falls and injuries related to falls. Team Vivo provides an online small group fitness program that, unlike videos or livestreamed classes, is a live and interactive two-way experience with measured outcomes. Vivo classes are designed to build strength and function through individualized feedback from a live trainer while also providing social engagement and building community that drives 98% monthly customer retention.

**Betterage** – BetterAge provides a population health solution through a web-based platform. A health and well-being assessment, aligned with the social determinants of health, provides in-depth insight into healthy aging at every scale. For older adults, a personalized health and well-being report and recommendations are provided, and organizations can review this data as they develop programs, set policy approaches, and work to maximize funding.

**Onscreen** – Onscreen turns TVs into interactive care hubs, making family video calls, telehealth, and virtual social events easily accessible for older adults that struggle with technology. The platform also includes a TV-based AI companion that helps with regular check-ins and provides companionship, simplifying daily interactions and enhancing quality of life for older adults and caregivers.

**LifeBio** – LifeBio is capturing the stories and life experiences of New York State older adults, especially people who are reaching end of life and those who may be receiving hospice or palliative care. LifeBio is an evidence-based life story/reminiscence therapy solution that records people’s backgrounds, stories, and care preferences in their own voices with an easy-to-use app.

**SCCMedQR** – Wearable band for instant information on older adults that can be scanned by EMS, ERs and hospitals and instantly connects with caregivers if QR code is scanned

**MyRosalie** – Up to 2 hours monthly of phone calls to combat social isolation by connecting older adults with others with same interests.

**Smart Hygiene** – AI bidet that cleans and washes older adults to reduce UTIs and fall risk in the bathroom – targeting older women with UTI history and fall risk.

**Essential Care Visitor Program** – Trains family in nursing homes to provide care to their loved one due to workforce shortages in the facility to improve quality of care.

**Eversafe** – Platform to protect financial and other information and to flag irregularities to prevent/combat financial exploitation.

**FraudFindr** – Platform to quickly analyze financial information to identify possible financial fraud.

**SilverShield** – Makes it easy for people to spot and stop scams, all over SMS and email, no app or training required. Built and tested with hundreds of professionals (APS, FBI, case managers, tech trainers, senior centers) and older adults directly, SilverShield has been designed for accessibility and impact.

# New York State’s Master Plan for Aging (MPA): Building on Investments

## What is the MPA?

- New York's **recognition of the value of the older population** and their contributions to family, community and economy.
- **A short term and longer-term roadmap** on policy and program recommendations supporting Governor Hochul's priorities of public safety, livability and affordability.
- Recognition that **older adults and their families touch many systems and those systems need to better coordinate and work together** to provide opportunities for older adults to thrive while also providing services that support them holistically.

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# NYS MPA

- 400 pages of recommendations for consideration
- 100+ separate proposals
- 20 Public listening sessions and town halls
- 430 stakeholders engaged
- 800+ meetings
- Council of State Agencies
- Stakeholder Advisory Committee
- 8 Subcommittees, 34 workgroups
- 10 Industry roundtables
  
- Builds upon NYS designation as age friendly state, the Health Across All Policies (HAAP) agenda, the Prevention Agenda, Downtown Revitalization Initiative, Age Friendly Health Systems and address social determinants of health.

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# MPA Organized into 9 Pillars

1. Affordability of Basic Needs
2. Informal Caregiver and Workforce Support and Modernization of Community-Based Aging Network Services
3. Modernization and Financial Sustainability of Healthcare, Residential Facilities and Community-Based Aging Network Service Providers
4. Prevention, Wellness Promotion and Access
5. Housing Access and Community Development
6. Access to Services in and Engagement with Historically Underserved Communities
7. Social Engagement of Older Adults
8. Combatting Elder Abuse, Ageism, Ableism and Stigma
9. Technology Access and Development

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## Snapshot of Recommendation

- Invest in NYSOFA Administered Services – SFY 26 Enacted Budget - \$52 million
- Incentives for Geriatric Specialists
- Support caregivers who provide majority of long term care, social services, and health care.
- Food as Medicine Promotion
- Create Office of Older Workers
- Create greater access to transportation for older New Yorkers
- Housing, workforce training and other supportive services for older veterans
- Support disaster response by expanding citizen preparedness training
- Expand initiatives address social isolation and promoting social connectedness
- Expand awareness and training on elder abuse, financial fraud and scams
- Create an Office of Benefits Coordination for easier access to benefits that improve economic security
- Expand Alzheimer's and dementia training
- Strengthen access to hospice and palliative care

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## Snapshot of Recommendations

- Better promote Medicare Annual Wellness Visit
- Increase vaccination rates
- Increase housing supply through local zoning incentives
- Strengthen home modification programs
- Establish lifetime financial planning program
- Promote lifelong learning and employment support
- Develop campaign on scam and fraud prevention
- Combat ageism generally and ageism in workforce
- Increase access to technology

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*31st Annual*  
**ELDER LAW  
FORUM**

**COFFEE BREAK**

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A SPECIAL ANNOUNCEMENT!**

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# MEDICAID HOME CARE UPDATE



## VALERIE BOGART

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

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## Medicaid Home Care Updates – May 2026

### ELDER LAW FORUM

Valerie Bogart, NYLAG

**NYLAG**  
New York Legal Assistance Group



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## 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.



## The Evelyn Frank Legal Resources Program

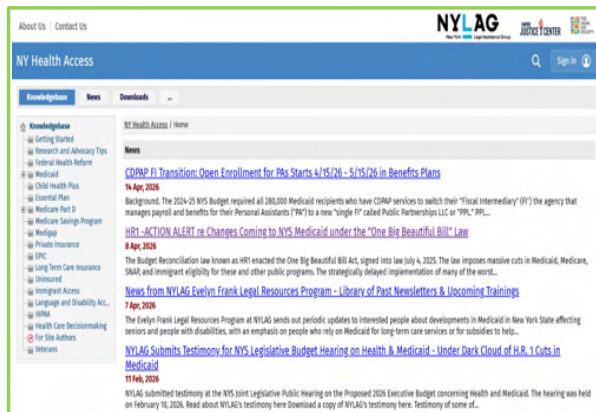
Focuses on fighting for older adults and people with disabilities, ensuring access to health care and home care services to age safely in the community. Services include:

- **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 older adults and people with disabilities.
- **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: [www.nyhealthaccess.org/](http://www.nyhealthaccess.org/)



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



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## AGENDA

1. 30-month Financial Lookback for Home Care Eligibility Status
2. The Strict ADL Thresholds for NEW applicants for MLTC, CDPAP or Personal Care
3. Update on Nursing Home Transition & Diversion Waiver
4. New Fair Hearing "Call In" Procedures starting upstate May 11<sup>th</sup> [OTDA Fair Hearing Phone Call-In Pilot Beginning in 2026](#)
5. HR1 "OBBBA" changes - Impact on aged/disabled.
6. NEW: Some Non-MAGI Applications (Age 65+, Disabled) can be Filed Online - Medicaid Eligibility and Client Management System (MECM). But not those seeking home care yet.
7. Update on CDPAP and the PPL Transition



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## 30-Month Lookback for Home Care, ALP

<b>Summary:</b>	30-month review of financials for MLTC enrollment, new applicants for PCS/CDPAP, ALP; uncompensated transfer results in a transfer penalty
<b>Authority:</b>	Enacted in the 2020-2021 Executive Budget, amending New York SSL § 366(5)(e)
<b>Procedural Posture:</b>	Sec. 1115 Waiver Amendment pending at CMS since 3/25/21; NYSDOH has not yet submitted a <b>State Plan Amendment (SPA)</b> to CMS or issued GIS/ADM
<b>Proposed Implementation:</b>	<b>No date.</b> If CMS were to approve, then SPA and new eligibility processes would need to be implemented.

\*[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt2/proposals/index.htm](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>



## THREE ADL RULE STARTED SEPT. 1, 2025

**Restricting Who Can Enroll in MLTC or Obtain Personal Care or CDPAP from Local DSS or Mainstream Plan**

MORE INFO AT  
<https://nyhealthaccess.org/entry/258/>



## ADL Test for Home care/ MLTC

### Old Criteria (before 9/1/2025)

Any type of help with **ONE ADL** qualified for PCS/CDPAP/ MLTC



### New Criteria (as of 9/1/2025)

Must need “**Limited Assistance**” with **3 ADLs** except those with **Alzheimer’s or dementia** must need “**Supervision – Oversight/cueing**” with **2 ADLs**

**NYLAG**  
New York Legal Assistance Group

## ADL Minimum for Applicants Started 9/1/25

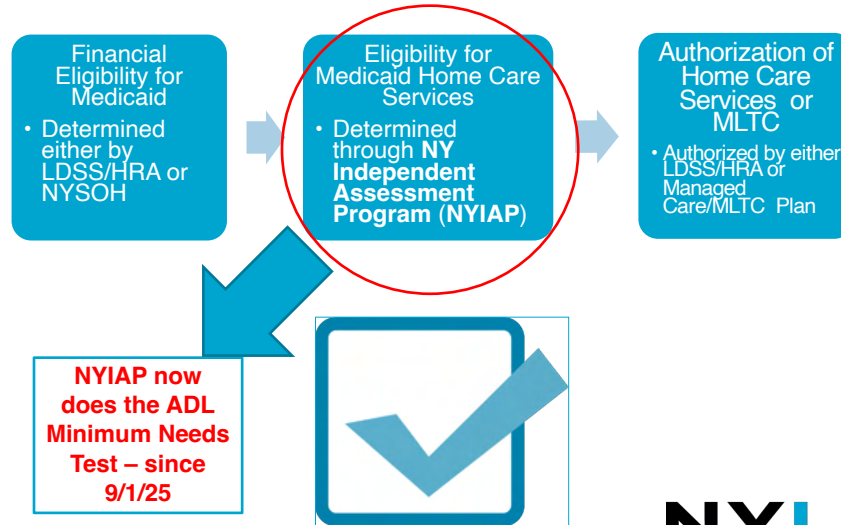
- **WHO:** Adults age 21+ seeking:
  - Personal Care (PCS) or CDPAP
    1. **From local DSS:**
      - *Through Immediate Need or*
      - if exempt or excluded from MLTC (in hospice, OPWDD waiver) or
    2. “Mainstream” **managed care plan** (if do not have Medicare or Third Party Health Insurance) OR
      - MLTC or Medicaid Advantage Plus (MAP)\* enrollment
- **HOW:** **NY Independent Assessor (NYIAP)** decides if pass the ADL test. NYIAP replaced the conflict-free assessor in 2022. Run by Maximus.
- **ADL Test does not apply to PACE**

**Authority:** Enacted in the 2020-2021 Executive Budget, amending New York SSL § 365-a and 365-f; PHL § 4403-f; CMS approval. Was delayed because of COVID rules.

**AG**  
Assistance Group



## Steps to Access Medicaid Home Care



## Standard NYIAP Process for MLTC Enrollment or Immediate Need, etc.

- Consumer seeking MLTC enrollment or Immediate Need from DSS (or CDPAP or PCS from a managed care plan) calls NYIAP:
  - **855-222-8350** M-F 8:30 am-8:00pm, Sat 10:00am-6:00pm
- Schedules the Community Health Assessment (CHA) by a nurse and the Clinical Appointment (CA) by a nurse practitioner or PA.
  - Both CHA and CA should be scheduled within 14 calendar days of the call.
- Consumer chooses In-person or telehealth
  - Will be pressured to accept telehealth – but has right to ask for in-person

## Complaints to the DOH about NYIAP

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Send to Both:

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



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## Legacy Status (who is grandfathered in?)

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1. New ADL criteria **DO NOT** apply to anyone already enrolled in an MLTC plan or receiving PCS or CDPAP from LDSS or Mainstream Medicaid Managed Care on 9/1/25.
  - a. **Annual reassessments** use the OLD 1-ADL criteria NOT the new test.
  - b. **Plan to plan transfers** – no 3-ADL test and no NYIAP required
  - c. **WARNING:** You can lose “plan” legacy status if you are disenrolled from an MLTC plan for 1+ months.\* But you would still have “service” legacy status. See [here](#) about Legacy Status and [here](#) about NYIAP.
  - d. **TIP:** Mistakes are made! Ask consumer if they had received personal care or CDPAP before – may have received it from a Medicaid managed care plan from which they were disenrolled when they started on Medicare. They should have legacy status if received before 9/1/25,
2. New criteria do not apply to those who had been **assessed by NYIAP between 9/1/2024 and 9/1/2025** as eligible for PCS/CDPAP or MLTC, if they enroll in MLTC or are authorized by mainstream plan or DSS for PCS/CDPAP services **within one year** of that assessment.

\* **BEWARE:** See [this article](#) about grounds for an MLTC plan to involuntarily disenroll a member. A long stay in rehab, or losing Medicaid because of a renewal glitch can endanger Legacy Status if disenrolled from MLTC plan for 1+ month.



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## ADLs That Count Toward the 2 or 3 Minimum

State regulation defines ADL as "those activities recognized as activities of daily living by the evidence based validated assessment tool...." 18 N.Y.C.R.R. §505.14(a)(9).

ADLs in the Uniform Assessment Tool	
1. Bathing -includes transfer in/out of shower/tub, washing body – but not washing back or hair	6. Locomotion (how walks or wheels between locations on same floor indoors)
2. Personal Hygiene (brush teeth, comb hair, wash face)	7. Transfer on and off Toilet
3. Upper Body Dressing	8. Toilet /commode Use & cleanse after use, or changing incontinent pads, adjusting clothes
4. Lower Body Dressing	9. Bed Mobility
5. Walking (on same floor indoors)	10. Eating

Before – only needed ANY assistance with ONE ADL  
Now – Need LIMITED assistance with 3 ADLs unless has Dementia or Alzheimer's.

TIP: Make sure to point out EACH Of the above ADLs separately.

Instrumental ADLs (IADLs) do NOT count – housekeeping tasks – cooking, shopping, laundry, cleaning, etc.



## WHAT ADL Score in NYIAP Assessment is Needed?

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

1. Independent
  2. Independent, setup help only – Article or device placed within reach, no physical assistance or supervision in any episode.
  3. **Supervision – Oversight/cuing.\***
  4. **Limited assistance – Guided maneuvering of limbs, physical guidance without taking weight. This is minimum amount of need with 3 ADLs. 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.
  7. Total dependence – Full performance by others during all episodes.
- Need 3 ADLs with these scores unless has dementia

**\* ADL with this level of need counts only if has Dementia/ Alzheimer's diagnosis – then need this or higher level assistance with 2 ADLs**



## Tip 1 for NYIA Assessments after 9/1/2025

- **Request an in-person assessment with someone present to advocate** – better to show needs
- **Prepare for the assessment** – identify and point out to assessor at least 3 ADLs (see list above) for which consumer needs “limited assistance – guided maneuvering of limbs, physical guidance without taking weight.” This is more than “supervision/cueing” but less than “weight bearing support.”
- If consumer has dementia or Alzheimer’s disease, point out at least 2 ADLS she needs at least “supervision/cueing” with.
  - **Have doctor complete and sign the *Alzheimer’s Disease or Dementia Form (DOH-5821)* form prior to assessment.** (<https://www.health.ny.gov/forms/doh-5821.pdf>)
  - There are many types of dementia! Vascular, Lewy body, Huntington’s, Parkinson’s...\*
- Nurse **may mischaracterize consumer as “independent”** with an ADL – when they really need *limited assistance* or, for those with dementia – *supervisory assistance*. Will need to advocate – and see more tips below.
- **IADL’s don’t MATTER!** Don’t waste time pointing them out.



## TIP 2 – 3-DAY RULE: Help Consumer with 3 ADLs on 1 of the 3 days before NYIAP Assessment

- The UAS-NY Nurse Assessor is told to record the person’s **actual level of self-care and support received** during the last 3 days only.\*
  - Nurse is NOT allowed to use their judgment of consumer’s CAPACITY to safely perform an ADL. If consumer UNSAFELY bathes self – they are “independent!”
- Only a consumer who **had help** with 3 ADLs – paid or by family – during 1 or more of the 3 days before assessment is eligible (2 if dementia)
- EX.: Jose’s daughter visits to help him bathe twice a week with hands-on help. When the NYIAP assessor visited on Monday, the last time the daughter helped him bathe was the previous Thursday. Since this was not within the last 3 days, the assessor would mark “activity did not occur” and the ADL would not be counted toward the minimum ADLs.
- **TIP:** Make sure consumer has help with ADLs within at least one of the 3 days before the assessment – either with unpaid informal care or paid care. Provide the help that the consumer NEEDS to be safe!

\*UAS-NY Reference Manual, Aug. 2022 edition pp. 28-33, available at <http://health.wnyc.com/health/download/902/>.





## If NYIAP Denies MLTC, What Can You Get?

- **NOT Housekeeping** up to 8 hours/week -- NO LONGER available from the Local DSS. Now that personal care and CDPAP require 2-3 ADLs, this service ended, since it was a type of personal care/CDPAP for people with NO ADL needs.
  - **PACE** – may be an option if age 55+ and have Nursing Facility Level of Care score of 5+. ADL test not apply. See description [here](#). Find PACE plans here - <https://www.nymedicaidchoice.com/en/find-long-term-care-plan>
  - **EISEP\*** – if age 60+ through State Office of the Aging. Long Waiting lists! Call NY Connects at 800-342-9871.
  - **Waivers\*\*** – Traumatic Brain Injury, OPWDD. (Door closed for NHTD!)\*
- **EISEP** info - <https://aging.ny.gov/expanded-home-services-elderly-eisep>  
 \*\* Waivers - <https://nyhealthaccess.org/entry/129/>



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### Learn More!

## NYLAG Home Care Webinars

### Part 1: Introduction to Accessing Medicaid's Community-Based Long Term Care Services

Recorded April 22, 2026 – [View recording here](#)

**Speakers:** Peter Travitsky, Supervising Attorney, and Wenrui Chen, Staff Attorney and Borchard Fellow.

This webinar will introduce participants to key services – including personal care, Consumer Directed Personal Assistance Services (CDPAS), and managed long term care benefits. Presenters will also walk through the eligibility and enrollment process, beginning with the New York Independent Assessor Program and the MLTC enrollment process. They will also explain how the Immediate Needs process works.

### Part 2: Medicaid Home Care: How to Navigate Medicaid Managed Care to Get the Services Your Client Needs

June 10, 2026: 12:30pm – 2:00 PM

**Speakers:** Peter Travitsky, Supervising Attorney, and Ana Maria Cardenas, Staff Attorney and Borchard Fellow.

This webinar will review best practices for submitting strong requests for new services or increases in care, with tips on documentation, clinical justifications. The session will also provide an overview of what to expect when services are denied or reduced. Attendees will learn the steps involved in internal plan appeals, fair hearings, and when an external appeal may be appropriate.



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## NURSING HOME TRANSITION & DIVERSION WAIVER (NHTD) – CAP ON ENROLLMENT 2026

NYS webpage [https://www.health.ny.gov/facilities/long\\_term\\_care/nhtd/index.htm](https://www.health.ny.gov/facilities/long_term_care/nhtd/index.htm)  
 NYLAG article [https://nyhealthaccess.org/entry/129/#2. Nursing Home Transition & Diversion \(NHTD\) Waiver](https://nyhealthaccess.org/entry/129/#2. Nursing Home Transition & Diversion (NHTD) Waiver)



### Nursing Home Transition & Diversion Waiver Cap

- Dec. 31, 2025 -CMS approved DOH's request to cap the number of people who may enroll in the Nursing Home Transition & Diversion (NHTD) Waiver, without a waiting list.
- Jan. 2026, enrollment is about 12,700, already exceeding the **approved cap of 9,400**.
- No new applications may be filed, but **applications filed before 1/1/26 should be processed**. Details on those in the queue are not known.
- Many MLTC plans improperly referred members to NHTD who needed 24/7 care, so the plan could avoid the high cost. Will those referrals stop now?

See proposed [amendment of the "waiver."](#) June 2025. NYLAG submitted [these comments](#) opposing the enrollment cap. DOH summarized and responded to the comments in a notice published in the [Dec. 3, 2025 State Register](#) (see page 97).



## NYS OTDA PILOT TELEPHONE **CALL-IN** FAIR HEARING PROCESS

Started May 2026 Upstate

See article <https://nyhealthaccess.org/entry/237/>  
& NYS OTDA Transmittal GIS 26-02 Demonstration Project to  
Increase Appellant Scheduling Control --  
<https://otda.ny.gov/hearings/transmittals/2026/26-02.pdf>



Check for updates <https://otda.ny.gov/hearings/transmittals/2026>

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## Consumer & Representative will **CALL-IN** to Fair Hearing, Instead of Wait for Call

- **BACKGROUND:** Since the start of COVID, most fair hearings have been held by telephone.\* Until now, the Administrative Law Judge (ALJ) calls the consumer (Appellant) and their Representative at the scheduled time and holds the hearing by phone (**Call-out** hearing).
- Starting in May 2026 in some upstate counties (next slide), the appellant and their representative must “**call in**” at a specific time to start their scheduled fair hearings.
  - Call 518-560-4126 or 844-337-9205 no earlier than ten (10) minutes before and **no later than thirty (30) minutes after** the scheduled time.
  - You will be placed on hold until ALJ starts the hearing.
- **Failure to call in** at the appointed time may **result in the fair hearing being designated abandoned.**
- Some hearings will still be “call out” hearings: (1) expedited Medicaid fair hearings\*\* (2) Emergency Assistance (shelter) hearings, and (3) Department for Homeless Services.

\* OTDA GIS 26-01 Continuing Demonstration Project on Allowing or Requiring Fair Hearing Appearances by Written, Telephonic, Video, or Other Electronic Means p. 2

\*\*OTDA FH Transmittal – Expedited Medicaid Hearings <https://otda.ny.gov/hearings/transmittals/2022/22-03.pdf>



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## New Call-In Fair Hearing Pilot Roll-Out Schedule - 2026 (subject to change)\*

- May 11: Broome, Dutchess
- May 25: + Clinton, Genesee, Greene, Franklin, Oswego
- June 1: + Monroe, Wyoming, Yates, Schuyler, Tioga
- June 8: + Jefferson, Herkimer, Lewis, Livingston, Tompkins, Montgomery
- June 15: + Erie, Onondaga, Ontario, Madison, Washington, Schoharie
- June 22: + Suffolk, Niagara, Chautauqua, Chenango, Cattaraugus
- June 29: + Cayuga, Oneida, Rockland, Orange, Allegany, Essex
- July 6: + Westchester, Rensselaer, Saratoga, Warren, Albany
- July 13: + Nassau, Chemung, St Lawrence, Seneca, Steuben
- July 16: Ulster
- July 20: + Columbia, Cortland, Otsego, Orleans
- July 27: + Fulton
- August 4: + NYC**
- August 11: + Sullivan, Wayne, Delaware, Putnam, Hamilton

Source: <https://otda.ny.gov/hearings/transmittals/2026/26-02.pdf> - \*look for updates at <https://otda.ny.gov/hearings/transmittals/2026/>



## Example of scheduling notice for which Appellant / Representative must “call in” to start the hearing.

**457 “Call In”**

<b>A</b> FAIR HEARING NUMBER (NUMERO DE LA VISTA IMPARCIAL) FHNumber	<b>E</b> DATE (FECHA) 08/02/18	<b>H</b> TIME (HORA) 09:30 AM
<b>B</b> AID STATUS (ESTADO DE LA AYUDA) The local office is NOT DIRECTED to continue assistance unchanged until the Fair Hearing decision is issued	<b>F</b> PLACE OF HEARING (LUGAR DE LA VISTA) TELEPHONE HEARING CALL 518-560-4126	<b>I</b> ID REQUIRED SECURITY CHECK AT INTAKE
<b>C</b> REPRESENTATIVE (REPRESENTANTE) StaffName StaffName	<b>G</b> AGENCY (AGENCIA) NYC/SP	<b>I</b> CATEGORY AND CASE NO. (PROGRAMA Y NÚMERO DEL CASO) SSP/
<b>D</b> ISSUES (ASUNTOS A DISCUTIRSE) SSP DISCONTINUED- DUE TO SUSPENSION OR DISC OF SSI FOR REASON OTHE PA TELEPHONE HEARING FOR NON-HOMEBOUND APPELLANTS	<b>J</b> DATE OF HEARING REQUEST (FECHA DE LA SOLICITUD) 08/01/2018 NEW	

Office of Temporary and Disability Assistance



## Example of a scheduling notice in which ALJ will Call the Appellant

**457 Notice Without Location**

<b>A</b> FAIR HEARING NUMBER (NÚMERO DE LA VISTA IMPARCIAL) FNumber	<b>E</b> DATE (FECHA) 08/02/18	<b>H</b> TIME (HORA) 09:30 AM
<b>B</b> AID STATUS (ESTADO DE LA AYUDA) The local office is NOT DIRECTED to continue assistance unchanged until the Fair Hearing decision is issued	<b>F</b> PLACE OF HEARING (LUGAR DE LA VISTA) TELEPHONE HEARING	<b>I</b> ID REQUIRED SECURITY CHECK AT INTAKE
<b>C</b> REPRESENTATIVE (REPRESENTANTE) StaffName StaffName	<b>G</b> AGENCY (AGENCIA) NYC/SP	<b>I</b> CATEGORY AND CASE NO. (PROGRAMA Y NÚMERO DEL CASO) SSP
<b>D</b> ISSUES (ASUNTOS A DISCUTIRSE) SSP DISCONTINUED- DUE TO SUSPENSION OR DISC OF SSI FOR REASON OTHE PA TELEPHONE HEARING FOR NON-HOMEBOUND APPELLANTS		<b>J</b> DATE OF HEARING REQUEST (FECHA DE LA SOLICITUD) 08/01/2018 NEW

Office of Temporary and Disability Assistance

**SUBTLE DIFFERENCE!!!**

More info at

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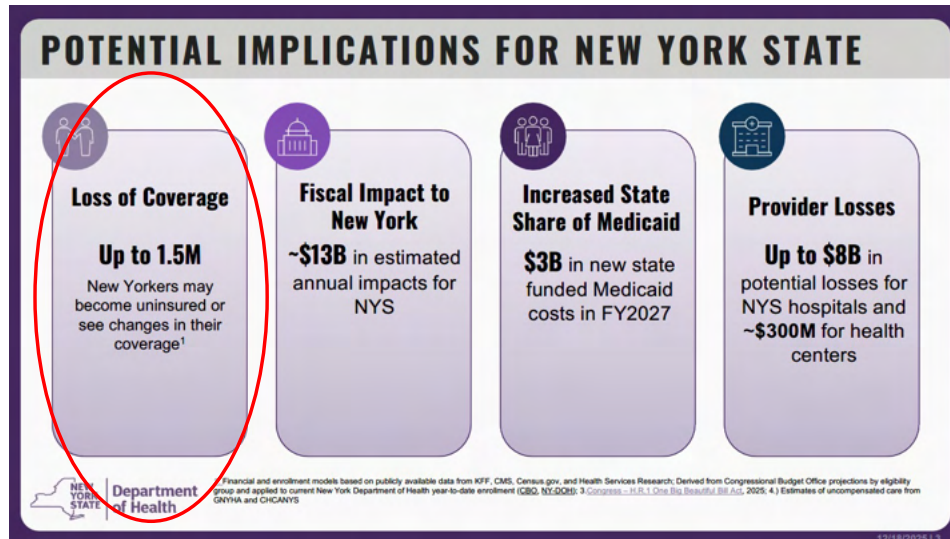
## HR.1 – One Big Beautiful Bill Act – What’s Coming in NYS – Medicaid

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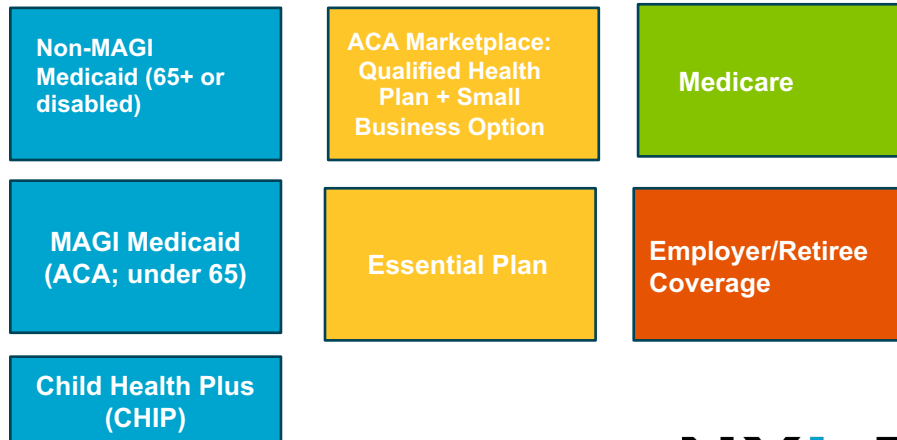
## Big Picture Impacts of HR 1

- The Budget Reconciliation Act of 2025 (H.R. 1/Public Law No. 119-21) was signed into law on July 4, 2025.
- H.R. 1 is also called the One Big Beautiful Bill Act (OBBBA).
- Largest cut to Medicaid in history – \$990 billion (CBO estimate).
  - Medicare and ACA cuts push total well over \$1 trillion
- Some cuts go into effect immediately; some are delayed.



**Loss of Federal \$\$ May Force NYS to Cut Medicaid Services and Eligibility in Future Years!**

## NY Health Insurance Landscape



### HR1: Medicaid & Medicare changes Effective 1/1/2027:

1. **Renewals** every 6 months instead of 12 months
  - MAGI “expansion population” only - not apply to non-MAGI, age 65+/- disabled) -Sec. 71107
2. **Retroactive coverage** reduced from 3 months to:
  - **1 month** prior to application for “expansion” MAGI population
  - **2 months** for Non-MAGI application (65+, Disabled)(Sec. 71112)
3. **Work requirements** for “able-bodied” adults 19-64 years Sec. 71119 - See next slides
4. **Medicare** will be cut off for some *lawfully present* immigrants – Refugees & Asylees, people with Temporary Protected Status, trafficking & domestic violence survivors, and others. Only those who have green cards (LPR), Cuban/Haitian entrants or “COFA” migrants are eligible for Medicare.
  - The same restrictions on immigrant eligibility were already made for federal Medicaid Oct. 1, 2026. But NYS State Medicaid covers these legal immigrants and others “Permanently Residing Under Color of Law.” (PRUCOL).
  - Immigrants who lose Medicare could be covered by state Medicaid if poor enough, but others will be **uninsured**.

## 2027: Medicaid Work Requirements (MAGI population; does not apply to non-MAGI)

**Effective: January 1, 2027:**

**Adults aged 19-64 will be required to engage in work, education or volunteer activities of at least 80 hours per month to maintain eligibility.**

**Qualifying Activities:** 80 hours per month of: work, SNAP-defined work program, community service, part-time education, or a combination. Or, individuals can qualify by earning \$580/month.

**Compliance Checks @ Application and Renewal:** NY will verify compliance one month prior to application. At renewal, NY will verify compliance for at least one month within every six-month period.

**State may apply to delay until Dec. 31, 2028** if making a good faith effort to implement. Unlikely.



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## 2027: Medicaid Work Requirements (MAGI population < 65; does not apply to non-MAGI)

- **Exempt groups include:**
  1. Parent/caretaker of child under 14 or a disabled individual (**but not of an elderly individual!?**)
  2. Pregnant or receiving Medicaid postpartum coverage
  3. Foster youth and former foster youth up to age of 26
  4. American Indian / Alaska Natives
  5. Veterans with a disability rated as total
  6. Recently incarcerated
  7. Have Medicare
  8. Meeting TANF or SNAP work requirements
  9. Participation in a substance abuse program
  10. Medically frail (to be defined by NYS)\*\*\*
- **Optional Temp. Exemptions: Short Term Hardship (State *may* implement)**
  1. In hospital care, nursing facility services, etc.
  2. Living in a county impacted by a federally declared emergency or disaster
  3. Living in a county with a high unemployment rate
  4. Traveling for medical care

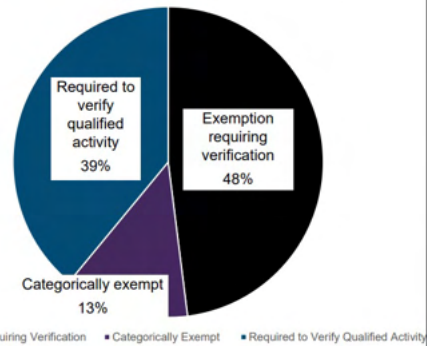


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### Work & Community Engagement Population Distribution (Preliminary Estimates)

Total	100%	2,000,000
Categorically exempt	~13%	260,000
Exemption requiring verification	~48%	957,000
Required to verify qualified activity	~39%	783,000

Medicaid Enrollees Subject to Work Requirements  
(N= 2 Million)



UHF 3/11/26 Convening [Slides](#)

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### HR1: Eff. Jan. 1, 2028 – Cut in Home Equity Limit

- \$1Million Home Equity limit for Long Term Care applications, with **no COLA increases**, exempts agricultural land. Sec. 71108
- Includes consumers applying for or in MLTC/MAP, NHTD or TBI waivers, or who receive home care through Local DSS
- In NYS, the 2026 Home Equity limit is \$1,130,000. Unknown how this reduction to \$1 Million will be implemented in 2028 – will those with higher equity get chance to reduce equity with a loan or mortgage?
- **EXCEPTIONS:** Home Equity Limit does not apply if Spouse, Minor or Disabled Child live in the home.

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## NYS Cuts Essential Plan Coverage - response to HR1

- With elimination of coverage for certain lawfully present immigrants in Oct. 2026, our expanded Essential Plan up to 250% FPL was looking at \$7.5B in federal funding reduction.\*
- NYS obtained CMS approval to reduce eligibility limit for the Essential Plan from 250% FPL to 200% FPL and restructure the program.
  - **This will leave ~450,000 New Yorker uninsured ~July 2026.\*\***
- **NYS Budget** - advocates fighting for state-funded health care for those losing Essential Plan coverage – those with incomes between 200- 250% FPL on 7/1/26 and certain lawfully present immigrants on 1/1/27. Budget not passed when this slide written!
  - <https://hcfany.org/protecting-health-coverage-for-new-yorkers/>
  - S9589 (Senator Rivera) / A10926 (Assemblymember Paulin)

\*Essential Plan is \$0 premium \$0 deductible health care for people < 65 with income over 138% FPL Medicaid limit but under 200% FPL (250% limit ends 7/1/26) <https://info.nystateofhealth.ny.gov/EssentialPlan>

\*\* See <https://hcfany.org/wp-content/uploads/2026/04/CSS-Keeping-NY-Covered-By-County.pdf>



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## NY State of Health (NYSOH) Toolkit



<https://info.nystateofhealth.ny.gov/stay-covered> -- This webpage provides information for Medicaid enrollees about the changes that are coming and how they can prepare.



<https://info.nystateofhealth.ny.gov/stay-connected> -This webpage includes the latest news and updates for enrollees on H.R.1 and ways they can stay informed, such as signing up for email alerts and following NY State of Health on social media.



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## Medicaid Eligibility Case Management (MECM)



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### What is the Medicaid Eligibility and Client Management system (MECM)?

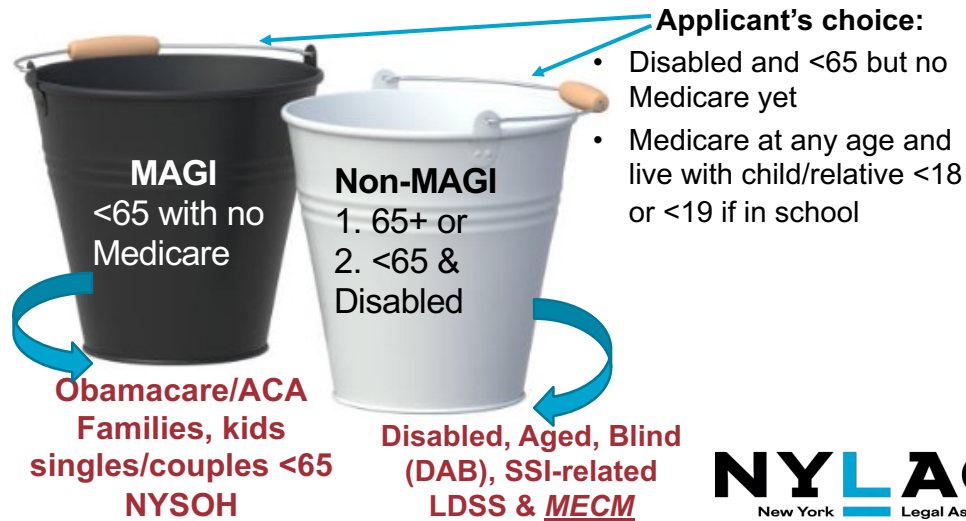
- Since the Affordable Care Act (ACA) in 2014, Medicaid applications for most people < 65 (“**MAGI**”) have been filed online on NY State of Health exchange (**NYSOH**) with eligibility system that processes applications and renewals.
- Big advantages to online electronic system (NYSOH):
  - Users can self-attest to some information without documentation, and the **system checks data sources** on the “back end” to verify.
    - Users are prompted to provide more information when the system can’t verify from other data sources.
  - There are **quicker eligibility determinations – even the same day**
  - Administrative **renewals** happen automatically without the Medicaid enrollee having to do any paperwork – called administrative or “ex parte” renewals – system checks data sources on back end
- But Medicaid for **Age 65, disabled and blind (“Non-MAGI”)**(as well as Cash Assistance recipients) has used an outdated computer system “WMS” with paper applications & renewals filed with & processed by the local DSS/HRA.



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## Which Bucket? MAGI vs. Non-MAGI



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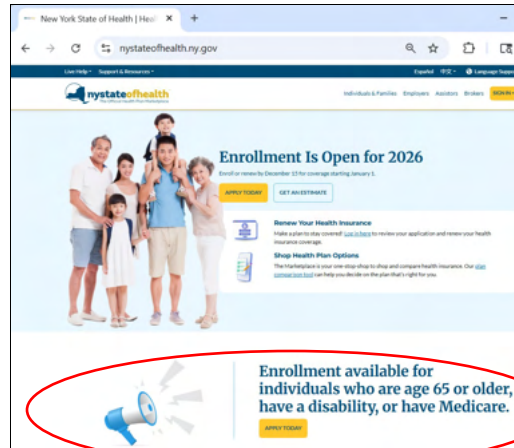
## What is the Medicaid Eligibility and Client Management system (MECM)?

- MECM is a multiyear NYS project from 2023 to 2032 to **transition non-MAGI Medicaid applications and eligibility from LDSS/HRA to the online Exchange (NY State of Health or NYSOH) using MECM.**
- New York contracted with Deloitte to develop MECM.
- **PHASE-IN** - MECM handles **applications** and **renewals** for a small subset of non-MAGI Medicaid and MSP (later slide). In the future, additional populations will be included.
  - MECM does not handle services, like approving home care.
- **MECM had to be built to review assets** – which was new because MAGI Medicaid has no asset limit - and eventually to handle spend-down and complex budgeting like spousal impoverishment and MBI-WPD.

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## Where does MECM live?

- MECM is integrated into NYSOH, or the New York State of Health.
- Some clients may not realize they are in the new MECM system!



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## Who can apply on MECM? And whose cases are being moved from LDSS to MECM? (as of 4/1/2026)

**Applications** for either or both of the following:

1. **Non-MAGI Medicaid cases without** any of the following:
  - a. chronic care budgeting (nursing home)
  - b. long term care (home care, MLTC, Assisted Living Program, waivers – OPWDD, NHTD, TBI, Children’s waiver)
  - c. pooled income trusts
  - d. surplus (“spend down”) and special budgets like MBI-WPD or spousal impoverishment, but spousal refusal *may* be OK!
2. **MSP (Medicare Savings Program)** alone or with Medicaid meeting above criteria. **BUT** if Medicaid case is at Local DSS, may NOT apply for MSP with MECM. Must go to Local DSS.

### Case Transfers from NYSOH:

- Non-MAGI cases (that meet criteria above) that were held on NYSOH during the unwind are transferred in batches to MECM.

### Case Transfers from LDSS/HRA

- Non-MAGI cases (that meet criteria above) on WMS are transferred to MECM.

As of 4/1/2026 almost 100,000 cases are on MECM

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## Which cases stay at the Local District/HRA in WMS as of 4/15/2026?

- Surplus or spend down cases
- Special budgeting– like MBI-WPD or Spousal Impoverishment, but we hear Spousal Refusal *may* be OK to use MECM.
- Pooled income trusts case
- MLTC/MAP/PACE cases
- CASA/ DSS Home Care & Waiver Cases
- Nursing Home Cases
- MBI-WPD cases

This is a non-exhaustive list! Over time, the aim is for these cases to move onto MECM/NYSOH.



How can I tell where my client's case lives?

# The notices & ID numbers!



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**MEDICAL ASSISTANCE PROGRAM**  
**MANAGED LONG TERM CARE (CASA)**  
 785 ATLANTIC AVENUE, 7TH FLOOR  
 BROOKLYN, NY 11238

**NOTICE OF DECISION ON YOUR MEDICAL ASSISTANCE.**

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS EN ESPAÑOL, POR FAVOR PONGASE EN CONTACTO CON SU TRABAJADOR(A).

PROGRAM CODE = 5819

NOTICE NUMBER: N006K4829      DATE: **September 19, 2019**      CASE NUMBER: **003232323C**

OFFICE	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.
5819		589KS	MANAGED LONG TERM CARE-CASA	888-692-6116

**AGENCY TELEPHONE NUMBERS**

GENERAL TELEPHONE NO. 718-557-1399  
 FOR QUESTIONS OR HELP

OR Agency Conference 718-637-2426

Fair Hearing information and assistance 718-637-2426

Record Access 718-637-2425

Child/Teen Health Plan 718-557-1399

**CASE NAME / AND ADDRESS**

[REDACTED]

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.

**MEDICAL ASSISTANCE**

\*\*\*\*\*  
 \* Even though you are no longer eligible for Medical Assistance, some members \*  
 \* of your case may be eligible for continuation/extension of their Medical \*  
 \* Assistance coverage. Please read this entire notice. \*  
 \*\*\*\*\*

We will discontinue Medicaid effective October 2, 2019. --- Effective Date

You may request a Fair Hearing if you disagree with any decision explained in this notice. You have 60 days from the date of this notice to request a Fair Hearing. HOWEVER YOU MUST REQUEST A FAIR HEARING BEFORE THE EFFECTIVE DATE ABOVE IF YOU WANT YOUR MEDICAID TO CONTINUE UNCHANGED UNTIL THE FAIR HEARING DECISION. You may also request an informal local conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing.

We are discontinuing Medicaid because you or your representative did not return the recertification form by September 10, 2019. Reason

If your Medicaid is discontinued, all your Medicaid services, including your home

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Each MECM case number begins with the letters "MC" and each has a Member ID beginning with the letters "PX."

**IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE**

Member ID: PX [REDACTED] / CIN [REDACTED]

**Decision About Your Benefits**

Starting August 01, 2025, you qualify for Medicaid without Long Term Care.

Starting September 01, 2025, you qualify for Medicare Savings Program - Qualified Medicare Beneficiary.

**Action Needed:**

Your Medicaid coverage does not require or allow you to enroll in a health plan. You can get services covered by Medicaid by using your New York State Benefit Identification card (Medicaid card). This can be at any provider that takes Medicaid.

**Make sure your providers accept Medicaid.** To have your services paid by Medicaid, you must use Medicaid providers. To find a Medicaid provider near you, please call the Medicaid Helpline at 1-800-541-2831.

**Helpful Information:**

- You may get your health insurance premiums paid by Medicaid. If you are enrolled or can enroll in employer group health insurance, call us for more information.
- Show your other health insurance or MEDICARE card and your Medicaid card when you get medical services. The provider must bill the other health insurance or MEDICARE before billing Medicaid.
- Medicaid may pay for extra benefits and services not covered by your other health insurance or MEDICARE if your provider takes Medicaid.
- You don't need to take any action right now. NY State of Health is checking data sources to verify your resource information, which we will use to confirm whether you still qualify. We will contact you if you need to send in additional proof of your resources.

You can get help reading this notice in English or another language or get this notice in another format. Call us at 1-855-355-5777 (TTY: 1-800-662-1228).

**IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE**

Member ID: PX [REDACTED] / CIN [REDACTED]

**Decision About Your Benefits**

You do not qualify for Medicaid without Long Term Care after August 31, 2025. If the Medicaid Program is paying for health insurance premiums (including Medicare), the payment of these premiums will end on the same date your Medicaid ends.

You do not qualify for Medicare Savings Program - Qualified Medicare Beneficiary after August 31, 2025. If the Medicaid Program is paying for health insurance premiums (including Medicare), the payment of these premiums will end on the same date your Medicaid ends.

**Helpful Information:**

- If your circumstances change, you may re-apply for health insurance.
- If you are enrolled in a health plan, you will no longer receive coverage through NY State of Health. You will get a separate notice confirming that your health plan coverage has ended.

**How We Made Our Decision**

We look at your household size, income, resources and other information listed in the application or a change you submitted on August 26, 2025, and information from state and federal data sources to decide if you qualify.

Note: The Medicare Savings Program does not look at your resources. If you think we made a mistake, contact us right away at 1-855-355-5777 (TTY: 1-800-662-1228).

You can get help reading this notice in English or another language or get this notice in another format. Call us at 1-855-355-5777 (TTY: 1-800-662-1228).

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Each NYSOH case number begins with the letters “AC” and each has a Marketplace ID beginning in the letters “HX.”

The image shows two screenshots of notices from NY State of Health. Red arrows point from a text box above to specific fields in both documents. In the left document, an arrow points to the account number 'AC' and another to the Marketplace ID 'HX'. In the right document, an arrow points to the account number 'AC' and another to the Marketplace ID 'HX'. The right document also features the Assistance Group logo.

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## Appeals of MECM Determinations – Big change from Usual Medicaid Hearings!

- **Fair Hearing** to appeal an adverse notice from MECM (that looks like the ones on the previous slides) – denying, reducing, or discontinuing Medicaid – **is requested & held DIFFERENTLY** than for Local DSS Medicaid notices!
- MECM Appeals are filed with NYSOH Appeals Unit, part of the NYS Dept. of Health, not NYS OTDA!\*
- **See here for detailed info on how to appeal, etc.**  
<https://info.nystateofhealth.ny.gov/questions-about-appeals>

NYS OTDA = NYS Office of Temporary & Disability Assistance <https://otda.ny.gov/hearings/>

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## What if Person with Medicaid on MECM needs MLTC or other Long Term Care?

- Until MECM is expanded to include people who need Medicaid home care, the **case must be transferred from MECM to the local DSS.**
- Email "DOH HX Facility" [hxfacility@health.ny.gov](mailto:hxfacility@health.ny.gov) with consumer's name, DOB, MECM Case No. and request that case be transferred to local DSS (HRA in NYC) because needs MLTC, a waiver, other home care, ALP, or nursing home care.



## MECM Resources

- NYHealthaccess.org article - <https://nyhealthaccess.org/entry/257/>
- YouTube recording of 12/17/2025 MECM Presentation by NYLAG available [here](#).
  - Presentation slides available [here](#).
- MECM appeals <https://info.nystateofhealth.ny.gov/questions-about-appeals>
- NYS MECM webpage [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_modernization/](https://www.health.ny.gov/health_care/medicaid/program/medicaid_modernization/)
- Assistors – can help people apply on MECM
  - Find MECM Assistors at [the NYSOH Find Local Help page](#). Under “Types of Assistance” uncheck “Families and Individuals under 65” and instead check “Individuals 65 or older, or those who are blind or disabled,” and then click “Show Results.”
  - Most Facilitated Enrollers for Age 65, Disabled have been certified as MECM Assistors



## CDPAP – PPL TRANSITION UPDATE



### What is Consumer Directed Personal Care Program (CDPAP)?

- Alternate model for providing Medicaid home care services that started in 1980 in NYC by **Concepts of Independence**
- Founded by people with disabilities who wanted more **control** over their lives
- Consumer or a family member as their “**designated representative**” (**DR**) selects & hires, fires, trains and schedules **Personal Assistant (PA)**.
- MLTC Plan, managed care plan or local govt. Dept. of Social Services (**LDSS** – HRA in NYC) **decides hours**
- **Fiscal intermediary or “FI”** contracts with and is paid by MLTC, managed care plan or LDSS to handle payroll, wages, time sheets, Electronic Visit Verification (EVV) & benefits. **PPL is the only Fiscal Intermediary as of 8/1/25.**
- The consumer and FI are the joint employer of the PA.

CDPAP Citations:  
Social Services Law Sec. 365-f  
18 NYCRR Sec. 505.28



# PPL – NY’s Statewide Fiscal Intermediary

Home / Programs / New York (NY) / NY Consumer Directed Personal Assistance Program (CDPAP)

**NEW YORK**  
New York State Department of Health

## NY Consumer Directed Personal Assistance Program (CDPAP)

**IMPORTANT PROGRAM NOTICES**

**2025 W-2s for CDPAP Personal Assistants**  
W-2s will be mailed by January 31, 2026. Personal assistants can now access their W-2s electronically by logging in to PPL@Home and navigating to the "Tax Documents" tab at the top. Please allow until February 15 for mailed W-2s to arrive. W-2s will not be reissued before February 15.

**2026 W-4 Forms for Personal Assistants**  
Personal assistants may notice that the 2026 IRS Form W-4 is now available in the Forms tab of PPL@Home. Currently, only the 2026 form is visible.

This does not impact your withholding calculation. The system is simply showing a blank 2026 form pre-populated with your address. Unless you update the 2026 form, your elections from your 2025 W-4 remain in place.

We will provide an update here when last year's W-4 is available for viewing in PPL@Home. If you need a copy of your 2025 W-4 in the meantime, please contact PPL Customer Service at 1-833-247-5346.

Please note: You do not need to fill out the 2026 W-4 unless you claimed "Exempt" on your 2025 W-4.

CDPAP Training Update

<https://pplfirst.com/programs/new-york/ny-consumer-directed-personal-assistance-program-cdpap/>



## ★ IMPORTANT CONTACT INFORMATION

### PPL NEW YORK (CDPAP PROGRAM)

#### 📞 MAIN LINES

- English 1-833-247-5346
- Spanish 1-833-281-0927
- Telephony System 1-833-278-3959
- PPL Fax (Timesheets) 1-833-951-0828
- Mobile Health / PPD 1-646-680-0450
- Human Resources 1-833-746-8283
- Headquarters (GA) 1-855-243-8775
- TTY (Hearing Impaired) 1-833-204-9042

#### 🌐 LANGUAGE SUPPORT LINES

- Arabic 1-833-278-4829
- Bangla 1-833-278-5781
- French 1-833-279-3511
- Haitian Creole 1-833-279-3513
- Italian 1-833-279-3514
- Mandarin 1-833-279-3467
- Urdu 1-833-281-3277

#### ✉️ EMAIL CONTACTS

- General Inquiries NYCDPAP@pplfirst.com
- Payroll / Timesheets NYCDPAP\_TS@pplfirst.com
- Mobile Health PPL@mobilehealth.com
- Human Resources nyplhr@pplfirst.com





## Complicated, Multi-Step, Online Registration

### Consumer & Designated Representative (DR)

- Consumer must create an online account
- DR, if any, must create an online account
- Consumer/DR must complete profile, include names of PAs, sign [Memorandum of Understanding \(MOU\)](#) (in "Program Documents" in various languages)(**UPDATED 3/2026**)
- If DR – [sign Designated Representative form](#).
- Consumers may request a Facilitator to help. <https://pplfirst.com/cdpap-facilitators/>
- Contacting PPL or use Facilitator Selection Form [English](#) - [Español](#)

Current PAs: Open Enrollment for new benefits from 4/15 – 5/15 for some PAs! <https://pplfirst.com/cdpap-benefits-2026-full-time-wp/>

### Personal Assistants (PAs)

- Each PA must create an online account
- Upload required documents – offer letter, [Personal Assistant Agreement](#), DR form, IRS 2-4 form, State Form IT-2014-I, [Payment Method Form](#)
- Upload USCIS I-9 with verification and schedule a Zoom to verify.
- PA must complete a health assessment



### Initial Registration – Personal Assistants – con'd PA Health Assessments

- **Health Assessment** required before worker can begin assisting the consumer – like other home care aides. 10 NYCRR § 766.11.
  - PPL has contracted with MobileHealth to conduct assessments -- choice of telehealth or going to their site (beware phone lines- drop calls, not answered. Better to book online – but few slots for appointments, few locations);
  - Or use PA's own provider –follow instructions on MobileHealth website <https://www.mobilehealth.com/ny-cdpap-ppl-medical-screenings/>
  - Two required forms **if PA wants to see own doctor** (on MobileHealth site)
    1. [Mobile Health Pre-Employment Physical Examination Form](#)  
Key is page 2 – vaccines, If had TB, MD must attach report that TB not active. (TB Risk assessment screening)
    2. [Drug Attestation Form](#)
- PAs who transferred from old FIs – deadline to get a new assessment has been in flux
- **Annual compliance** – PA does in [Mobile Health's Patient Portal](#).
  1. Self-Health Assessment
  2. Tuberculosis Risk Assessment or Survey
  3. "Based on the medical review of your forms, you may need a follow-up procedure."

PPL doesn't remind consumer/DR that annual compliance is due – unlike old FI's



## Logging Time for Payment

- PAs must complete a training in EVV (**Electronic Visit Verification** – federally required).
- PAs must log time worked using an **EVV**-compliant method
  1. Telephony
  2. Time4Care mobile app
  3. Use PPL @ Home website to enter backshifts if necessary
  4. Paper Timesheet Exception may be requested if can't use EVV for religious reasons (Sabbath) or lack of internet or landline (but approval may be short-term and need renewal)\*
- **Consumer or Designated Representative must approve time each week by noon on Sunday in order for the PA to be paid!**
  - If use paper timesheets, must do by 11:59 PM Saturday night
- PAs are paid weekly, on Thursdays.
- PPL not permitted to limit overtime, but will reach out to PAs logging more than 40 hrs to voice concern.

\*Submit Paper timesheet [exception form](#) via fax 1-844-244-4384, email [nycdap@pplfirst.com](mailto:nycdap@pplfirst.com) or mail: 17 Plaza Drive, Latham, NY 12110  
Email timesheets to: [NYCDPAP\\_TS@pplfirst.com](mailto:NYCDPAP_TS@pplfirst.com)



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## NYS Minimum Wage & Wage Parity 2026

2026	NYC	Long Island/ Westchester	Rest of state
NYS Mandatory Minimum Wage*	\$19.65/hr		\$18.65
Wage Parity**	\$ 2.54	\$ 1.67	\$0
PPL wage	\$20.65	\$20.05	\$18.65
PPL wage parity "benefits"	\$ 1.54 (+\$1 added to wage)	\$ 1.27 (+\$.40 added to wage)	\$ 0

**\*\*WAGE PARITY Supplement** – NY Public Health Law § 3614-c. Only required in NYC, Long Island, and Westchester. Employer may opt to pay supplement in benefits instead of wages, but may not retain wage parity dollars. Lawsuits challenge violation of Wage Parity law as well as overtime, etc. See below. PPL pays part of the supplement in wages, but most of it through a package of bare bones benefits. PA may not opt for wages instead of benefits!

\*See NYS DOL [Home Care Aide Minimum Wage Fact Sheet \(P105\)](#)



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## Labor Law requirements for Pay

- **Overtime @ time-and-a-half** if over 40 hours/week
  - But PPL policy -- if PA works overtime in a week with an eligible holiday (PA has 7)\*, time-and-a-half pay for the holiday is reduced by the number of overtime hours worked. See [PPL Fact sheet on Overtime & Holiday pay](#)
  - Ex.: PA works 8 hours on Christmas and 4 hours of overtime the same week. Holiday pay 8 hours reduced by 4 hours overtime pay = 4 hours
- **Spread of Hours** – requires **extra hour's pay** for every day worked in excess of ten hours. 12 N.Y.C.R.R. §§ 137-1.7, 142-2.4. But PPL only pays extra hour @ \$7.25

\* but PPL only pays overtime for 1<sup>st</sup> 8 hours of day. See PPL [FAQ](#) – click on Personal Assistant Wages and Benefits for list of holidays, etc.



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## Litigation Challenging Wage Violations

### Calderon et. al v. PPL

25 CV 02320 (EDNY)

- Legal Aid NYC and Katz Banks Kumin LLP filed a wage and hour collective/class action on behalf of PPL workers in NYC, Westchester, Suffolk, Nassau counties.
- Amended complaint [here](#)
- Online survey for PPL workers [https://legalaid.co1.qualtrics.com/jfe/form/SV\\_5mW6i5wkHezDncW](https://legalaid.co1.qualtrics.com/jfe/form/SV_5mW6i5wkHezDncW)
- Legal Aid benefits hotline: 1-888-663-6880

### Flanagan et. al v. PPL

2025 CV 06225 (WDNY)

- Poricanin Law filed a wage and hour collective/class action on behalf of PPL workers in the rest of the state.
- Contact Poricanin Law at 315-269-1125 or complete this form <https://www.poricaninlaw.com/contact-us/>.

See Calderon complaint, press links, and [more here](#). More info [here](#)



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PPL PA Open Enrollment: April 15 – May 15, 2026

## Benefits Changes May 1, 2026 - Downstate

- <https://pplfirst.com/cdpap-benefits-2026/>
- Wage Parity area (**NYC, Long Island and Westchester**) only – part time or full time – May 1<sup>st</sup> changes -
  - **“Wellness” and Flex Plan ENDED.** Was mandatory, except Medicare beneficiaries could opt out, and full-time workers could opt for “full” health coverage instead (next slide).
  - Accrued Flex plan funds can be spent later with \$1/mo. admin fee charged until depleted.
  - Wellness plan covered only a few check-ups and was worse than no insurance. Good riddance!!
  - **Wage Parity dollars** for part-time workers and for full-time PAs who opt not to enroll in a health plan will instead be deposited into a **401(a) Retirement account** (fully vested – so if leave PPL can roll over to IRA, but tax penalty if withdraw before age 59.5 unless disabled. **No opt-out.**
  - May 1, 2026 – new benefits administrator- GSA National.

PPL HR Hotline: [1-833-746-8283](tel:1-833-746-8283)  
 NYLAG article on PPL benefits -



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2026 Health Insurance Changes – PAs

### Full time workers (130+ hrs/month) STATEWIDE

- During open enrollment 4/15 – 5/15/26, could enroll in SecureHealth or SecureHealth Plus health plans.
  - **SecureHealth Plus** – see [SPD](#) and [Summary Coverage](#)
    - Premium - \$254.66/mo. single
    - Deductible In-Network \$2000 single/\$4000 family (better than SecureHealth plan - \$6350 deductible!)
  - **Mere eligibility to enroll in these plans DISQUALIFIES PA from Essential Plan and subsidies for Qualified Health Plans!!**
- In Wage Parity area - full-time PAs who opt not to enroll in health plan – Wage Parity dollars are automatically deposited in a **401(a) Retirement account** – see previous slide
- Wellness/Flex plan ended May 1, 2026 (was only available downstate), but PA may continue spending funds in Flex account after.



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## Open Enrollment – PAs April 15 – May 15, 2026 – Other Insurance Options

- All PA's were offered chance to use THEIR OWN WAGES – with NO contribution by PPL for NON-HEALTH Insurance through Chubb: --
  - Accident, Critical Illness, and Voluntary Life Insurance.
- All PA's may also enroll in a **401(k) retirement** plan, at their own cost with no match.



## Department of Health Complaint Lines

- NYS Department of Health **hotline for CDPAP participants:**  
[Statewidefi@health.ny.gov](mailto:Statewidefi@health.ny.gov)
- **DOH MLTC Complaints:**  
[MLTCComplaints@health.ny.gov](mailto:MLTCComplaints@health.ny.gov)
- **Mainstream Managed Care Complaints:**  
[managedcarecomplaint@health.ny.gov](mailto:managedcarecomplaint@health.ny.gov)



## CDPAP PPL TIMEKEEPING and PAYMENT SYSTEMS and PROBLEMS

### Payment/ Time issues – In General

- PPL customer service reps won't let a consumer/DR resolve a PA payroll issue – will only speak to PA.
- Consumers are given a "ticket #", but often no follow up, can't reach a supervisor.
- TIP: Escalate to State DOH (Contact: slide 42)
- Unlike former FI's, PPL does not pay for time needed to train a new PA – but it does **pay up to 4 hours for 5 mandatory PA trainings:**
  1. EVV - Time4Care
  2. HIPAA
  3. Emergency Preparedness Planning
  4. Sexual Harassment
  5. Fraud, Waste, and Abuse
- Timekeeping systems as well as PPL are wonky, not accessible re disability, not available in foreign languages (same for PPL call center)

## Common Wage Complaint:

**Unpaid or Delayed Wages**

- Non-payment appears in PPL systems as “returned” or “pending.”
- **Tips:**
  - Make sure that consumer/DR approved shifts in PPL systems. Failure to approve shifts = delayed payment.
  - But – systems issues may prevent consumer/DR from approving time – then worker doesn’t get paid.
  - Log into PPL @ Home and navigate to Time Sheet tab to review payments.
  - Some reasons for “pending payments” are listed here: <https://pplfirst.com/cdpap-resources/> (click on Payroll and Payment on left – scroll down to *Pending Payments*)
  - Reach out to a facilitator for help/training.
  - Complain to SDOH, PPL, and elected officials!
- **WARNING:** if PPL pays retro pay in “adjustment” check, watch for excessive tax withholding – at tax rate that assumes the higher one-time check means higher annual income!



## Common Wage Complaint:

**ROUNDING UP TIME**

- Time-keeping technology rounds up or down time.
  - If clock out 7 minutes late, time rounds down quarter-hour.
  - If clock out 8+ minutes late, time rounds up quarter-hour.
- RISK for consumer – if PA inadvertently clocks out late 8 minutes or more, this uses ¼ hour of their weekly “authorized hours.” This may result in running out of hours before the week ends.
- RISK FOR PA – PA can’t clock in and get paid if the “authorized hours” were used up, even if it was just from rounding.
- Next PA cannot clock in until previous PA clocked out. Overlapping shifts can cause big pay problems!

[PPL Rounding Fact Sheet](#)



### Common Obstacle to Payment --

## No Service Authorization

- LDSS, MLTC or managed care plan are often delayed in sending a *service authorization* to PPL, without which the PA cannot clock in.
- Service authorizations must be renewed annually, following a mandatory reassessment by a nurse from the LDSS or plan.
- Consumers can check if they have a service authorization with PPL and view the details by logging into PPL@Home and navigating to the “Authorizations” tab.
- See [GIS 25 MA08 CDPAP Service Authorization Renewal Timelines and Service Authorization Renewal Timelines for CDPAP Medicaid Managed Care Plans](#)
  - DSS must submit authorization to PPL 10 days in advance of the end of the current service authorization; may take PPL 6 business days to process!
  - MLTC/MMC must submit authorization to PPL 7 days in advance of the end of the current service authorization; may take PPL 4 business days to process!

Complain to the Department of Health CDPAP line —and to the MLTC or Managed Care Complaint Units. (see slide 29)



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### Common Obstacle to Payment

## No Units Available on Service Authorization

- PA unable to clock in for work typically near the end of the month, or later learns that shifts went unpaid.
- **TIP:** Review service authorization in PPL @ Home to make sure that it correctly reflects the MLTC/DSS authorization of hours. Units = 15 minute increments.
- **TIP:** Consumers and DRs should pay attention to worker schedules to make sure they don't exceed the weekly amount of authorized services. Problems occur if PA logs out late – cutting into next PA's hours and pay if shifts are continuous. Also due to “rounding” policy – slide 25.
- PPL's website states that “Service authorizations reset each Sunday at 12 a.m. ET.”
  - <https://pplfirst.com/new-york-cdpap-frequently-asked-questions/>



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## Alternatives to CDPAP –

### Switch to Personal Care

- Switch to Traditional Personal Care. See SSL 365-A(2)(e); 18 NYCRR 505.14. Consider patient's relationship to the PA & whether the patient has skilled needs (see slides 21-22). Also consider regional staffing shortages.
- Regs allow mixed authorization of hours partial CDPAP, partial PCS.\* Typically easier to access through MLTC than LDSS.
- May temporarily switch to another service and go back to CDPAP later.

\*18 NYCRR 505.14(b)(5); [11ADM-06](#) - CDPAP Scope and Procedures



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## Comparing CDPAP & Traditional Personal Care

	CDPAP	Traditional Personal Care
What is aide called?	<b>Personal Assistant (PA)</b>	Personal Care Aide (PCA) or Home Health Aide (HHA)
Who "hires" the aide?	CONSUMER (Person receiving home care)	Licensed Home Care Services Agency (LHCSA)
Who recruits, trains, schedules & supervises the aide?	CONSUMER	LHCSA
* What if consumer has dementia or other cognitive impairment so can't do these tasks?	"Designated representative" performs these functions if consumer is not self-directing (usually a family member)	If not self-directing, must have someone to "direct care" but less responsibility than in CDPAP
Who PAYS the aide and handles timesheets & benefits?	<b>Fiscal intermediary or "FI"</b>	Licensed Home Care Services Agency (LHCSA)



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## Comparing CDPAP & Traditional Personal Care

	CDPAP	Traditional Personal Care
What tasks may aide do?	May perform tasks beyond what PCA can do ( <b>skilled tasks</b> ) ie may administer meds -- put pill in consumer's mouth, inject insulin, suction, tube feeding	PCA may not "administer" medications but may bring pre-poured med to consumer. Mostly assists with Activities of Daily Living (ADL)
Aide training & certification	Consumer trains aide – no formal training or certification	Must have formal training (2-3 weeks) and certificate
May Family be Hired as Aide?	<p><b>Most family members OTHER THAN SPOUSE MAY be hired as PA</b> as long as they are not the "designated representative," including:</p> <ul style="list-style-type: none"> <li>• <b>Adult child</b> of an elderly consumer</li> <li>• Parent of an <b>adult</b> disabled child</li> <li>• Legal guardian can be PA as long as someone else is "designated representative:</li> </ul> <p><b>Spouse MAY NOT be hired as PA</b></p>	<p>These family members MAY NOT be PCA:</p> <ul style="list-style-type: none"> <li>• Spouse, parent, son, daughter, son-in-law, daughter-in-law</li> </ul> <p>Other relatives may be hired but may only reside with consumer if presence needed because of amount of care required</p>

## Guidance and Resources

### Official Guidance

- Service Authorization: [GIS 25 MA08 & Service Authorization Renewal Timelines for CDPAP Medicaid Managed Care Plans](#)
- Aid Continuing: [GIS 25 MA07 & MMCP Aid Continuing Guidance](#)
- [25 OHIP/ADM-01](#) CDPAP Statewide Fiscal Intermediary

NYHealthAccess articles

- <https://nyhealthaccess.org/entry/259/> - PPL wages and benefits
- <https://nyhealthaccess.org/entry/256/> - Archive –Transition to PPL
- <https://nyhealthaccess.org/entry/40/> - Basics on CDPAP

### For Consumer & PAs

- PPL [Frequently Asked Questions](#)
- PPL [NY CDPAP](#)
- PPL [CDPAP Resources](#)
- **Facilitator Selection Form.** [English](#) - [Español](#)
- **CDPAP Resources for Consumers** for information on additional resources. (PDF) - [English](#) - [Español](#)

## Keep in Touch



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EFLRP Intake

[eflrp@nylag.org](mailto:eflrp@nylag.org)

Monday intake hotline from  
10am-2pm—212-613-7310

**Do not delay in requesting the  
fair hearing!**



Other Legal Services

[www.Lawhelpny.org](http://www.Lawhelpny.org)

**NYLAG**  
New York Legal Assistance Group

# THANK YOU

More information at [nylag.org](http://nylag.org)



**NYLAG**  
New York Legal Assistance Group

# PREVENTING & PROSECUTING ELDER FINANCIAL EXPLOITATION



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## AARON CONNOR

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# LEE KINDLON

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Albany County District Attorney

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## Elder Abuse and Financial Exploitation

The View from the DA's Office

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## Types of Scams

- Lottery Scams
- Fraudulent Bank Activity Scams
- Deed Theft
- Contractor Fraud

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## Lottery Scams

- Victims receive calls claiming they won a lottery.
- Told they must pay taxes upfront.
- Payments typically requested via cash or certified checks.
- Scammers target elderly individuals.
- High-volume phishing calls with low success rate.

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## Fraudulent Bank Activity Scams

- Victims receive calls claiming fraudulent activity on bank accounts.
- Scammers pose as government agencies such as the FTC.
- Victims pressured to withdraw and hand over cash for ‘safe keeping’.
- Drivers may be part of scam or innocent rideshare drivers.
- Alternate version: scammers remotely access bank accounts.
- Victims unknowingly provide personal info enabling fund transfers.

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## Deed Theft

- Scammers illegally take ownership of a home by forging documents or tricking owners into signing paperwork.
  - Older adults are frequent targets, especially those living alone or facing financial stress.
  - Common tactics include offers to “help” with taxes, repairs or foreclosure.
  - Sudden mail about property changes or pressure to sign documents are key red flags.

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## Contractor Fraud

- Scammers make unsolicited visits offering home repair services.
- Claim they are working for a nearby neighbor.
- Request upfront money to purchase materials.
- May perform minimal demolition to appear legitimate.
- Often return asking for more funds.
- Never complete work or buy materials.

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## Current Tools for Prosecutors

- Charges often include Scheme to Defraud and Grand Larceny.
- Scheme to Defraud helps elevate charges for multiple small thefts.
- New Scam Act changes increase prosecutorial reach.
- Checks allow easier tracking through bank subpoenas.
- Press releases encourage additional victims to come forward.

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## Advice for Potential Victims

- Never divulge passwords or authentication codes.
- Government agencies will never request deposits for safekeeping.
- Verify fraud claims by visiting your bank or calling known numbers.
- For contractors: get written estimates, research references, verify insurance.
- Legitimate contractors will not rush payment.

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## Resources

- Equinox Elder Abuse Project
- The New York State Attorney General
- The Elder Abuse Project

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# ANDRE LINGHAM

CEO  
Safe Aging Strategies

## 2024–2025 FTC Report to Congress

### Elder Fraud: A Growing Crisis Demanding Action

The Federal Trade Commission's latest findings reveal a sharp escalation in fraud targeting older Americans. Investment scams now dominate reported losses, amplified by social media targeting and AI-enabled deception. Most alarming: the \$2.4 billion in reported losses may represent only a fraction of the true toll.

**\$2.4B**

Reported Losses

Total fraud losses reported by older adults to the FTC in 2024

**68%**

High-Dollar Cases

Share of total losses from victims who lost more than \$100,000

**\$81.5B**

Potential True Losses

Estimated actual losses when accounting for massive underreporting

⊗ Investment fraud is the single largest reported scam category. Social media is the primary recruitment channel, and only a small fraction of victims ever report to authorities — making the true scale of harm vastly larger than official figures suggest.

## Artificial Intelligence: The New Weapon in Elder Fraud

AI is fundamentally changing the scale and sophistication of scams targeting older Americans. Fraudsters now deploy voice cloning, deepfakes, and machine-generated content to manufacture convincing deceptions that are increasingly difficult to detect – even for vigilant individuals.



### [Voice Cloning – Grandparent Scams](#)

Using just seconds of audio harvested from social media, AI replicates a grandchild's voice. The cloned voice calls, claiming to be in jail, injured, or stranded – and urgently needs money wired immediately. Victims have no way to distinguish the fake voice from a real one.



### [Fake Investment Websites](#)

AI-generated platforms offer "guaranteed" high-yield returns through fraudulent crypto or banking portals. These sites feature fabricated testimonials, realistic dashboards showing phantom gains, and professional branding – convincing victims to transfer their life savings.



### ["Proof of Life" Deepfake Kidnapping](#)

Scammers harvest photos and videos from social media to generate convincing deepfake videos "proving" a family member is being held hostage. Terrified families are extorted into paying ransom immediately – before verifying with law enforcement.



### [Sophisticated Phishing Emails](#)

AI drafts flawless, personalized emails impersonating Medicare, the Social Security Administration, or major banks. Free of grammar errors and tailored to the recipient, these messages bypass spam filters and convincingly demand immediate action on account issues.



### [AI Romance Scams](#)

Criminals deploy AI-generated profile photos and deepfake video calls to build months-long romantic relationships with older adults. After earning deep emotional trust, they fabricate emergencies – medical crises, stranded abroad – and request substantial sums of money.



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## Red Flags and Warning Signs of Elder Financial Abuse

Early identification of financial exploitation can prevent catastrophic losses. Families, caregivers, financial institutions, and legal professionals should remain alert to these common indicators – any one of which may signal active fraud or coercion.

### Sudden Account Changes

Unauthorized ATM withdrawals, large or unusual cash transfers, new account signatories, or sudden changes in direct deposit instructions. These patterns often indicate that a third party has gained unauthorized access to an older adult's finances.

### Unpaid Obligations


Bills, utilities, rent, or medications going unpaid despite the individual having adequate income or savings. When basic needs go unmet without explanation, it may indicate funds are being diverted by an exploiter.

### Misuse of Assets

Missing or altered checks, disappearing property deeds, unauthorized credit card use, or forged signatures on financial documents. These are hallmarks of both stranger fraud and exploitation by trusted individuals, including family members.

### Sudden Legal Changes

Abrupt revisions to wills, trusts, beneficiary designations, or powers of attorney – particularly those made under apparent pressure, in isolation, or in favor of a new acquaintance. Coercion and undue influence are common precursors to these changes.

 Financial exploitation of older adults is often perpetrated by someone known to the victim – a caregiver, family member, or new "friend." Do not assume fraud is always committed by strangers.

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## Cryptocurrency Case Study: How a Scam Unfolds

This real case illustrates the sophisticated multi-stage tactics used in investment fraud targeting older Americans. What began as self-directed research escalated into a total financial catastrophe — demonstrating how convincingly these schemes are designed to appear legitimate at every step.

### The Victim's Journey

A retired individual independently researched cryptocurrency investing through YouTube videos. This organic discovery — not a cold call — is precisely what makes these schemes so effective. Victims believe they found the opportunity themselves.



01

#### Research Phase

Victim discovered the "Speeding Traders" platform through YouTube videos promoting cryptocurrency investing. The platform appeared professional and well-reviewed.

02

#### Initial Investment

Victim invested **\$88,000** in cryptocurrency through the fraudulent platform. The account dashboard quickly showed dramatic phantom growth — displaying a balance of **\$350,000**.

03

#### Withdrawal Attempt

When the victim requested to withdraw \$120,000 in profits, the company flatly refused. The victim threatened to contact police — triggering the second phase of the scam.

04

#### Secondary Scam Initiated

An email arrived from "**Detective Frank Gibson**" claiming to be assigned to investigate the fraud — a calculated setup for further exploitation of the already-victimized individual.

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## Cryptocurrency Case Study: The Double Scam

After the initial investment fraud, a second and far more damaging scheme was layered on top. The perpetrators impersonated law enforcement to extract the victim's remaining assets — a tactic known as a "**recovery scam**." Total losses exceeded **\$280,000** in liquidated assets.



This case exemplifies a disturbing trend: victims of investment fraud are specifically retargeted by scammers posing as investigators or government officials. The deliberate instruction to maintain secrecy from family members is a hallmark of these schemes — isolation is the mechanism that enables repeated exploitation.

**Key Tactic — Isolation:** "Detective Gibson" explicitly instructed the victim to keep all communications confidential, even from close family. This deliberate isolation prevented intervention and allowed the scam to proceed to completion.

**Policy Implication:** Recovery scams targeting prior fraud victims represent a compounding harm. Legislative and regulatory frameworks must address the full fraud lifecycle — including the secondary schemes that follow initial victimization.

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Direct: 443-791-3114

Dedicated to protecting older adults through advocacy, education, and community engagement – *since 2024.*

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**BETH FINKEL**

State Director  
AARP New York

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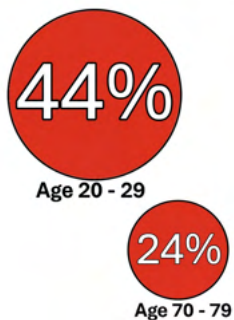
# AARP Fraud Watch Network

## The Scam Landscape: Staying Safe

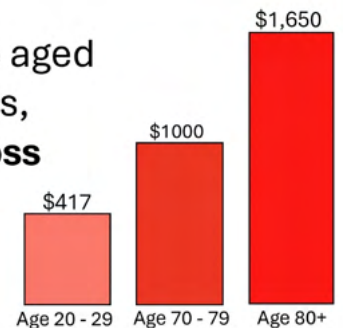
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## Fraud and Older Adults

**Younger people** reported losing money to fraud **more often than older people.**



When people aged 70+ had a loss, **the median loss was much higher.**



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## How Much Fraud Is Out There?

### *Theft Through Fraud*

- \$158.3 Billion
- \$61.5 Billion in Elder Fraud



### Reasons for Underreporting

- Shame
- Lack of centralized reporting
- Sense that nothing will be done

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## Top Scams

### Frequently Reported Scams

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# Impostor Scams

## You receive a . . .

- Unexpected communication from someone claiming to be a trusted person or organization
- Message conveys a sense of urgency and heightens your emotions
- May ask for sensitive information or payment

## To help stay safe you should . . .

- Disengage and stop communication
- Legitimate organizations do not contact you out of the blue and ask for sensitive information
- Concerned? Contact the entity at a trusted known number



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# Bank Impersonator Scams

## You receive a . . .

- Call or text seemingly from your bank
- Includes information about you or your account
- Claims account is compromised and wants to connect you to fraud department
- May ask for the “onetime passcode” sent from your bank

## To help stay safe you should . . .

- Hang up and don't click links from a text
- Use your statement or credit card to find your bank's number and call them to verify
- Report the scam to the bank's fraud department



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## Tech Support Scams

### You receive a . . .

- Pop-up claims there's a problem with your device
- May include blaring alarm
- Urges you to call a toll-free number posing as a known tech company
- May request remote access and install malware to steal your info

### To help stay safe you should . . .

- Don't call the phone number in the pop-up
- Shut down your device immediately
- If you suspect an issue with your device, take it to a trusted technician
- Turn on automatic updates for all of your electronics and antivirus software



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## Financial Grooming

### You receive a . . .

- An "errant" text or direct message on social media
- Relationship builds over time
- Shares crypto-investing success
- Helps you set up an account – promise of big gains!
- Can't withdraw your money

### To help stay safe you should . . .

- Be wary of unsolicited messages and delete them without responding
- Research any investment opportunity before committing funds or providing banking info
- Report immediately



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# Artificial Intelligence (AI)

## Predictive AI



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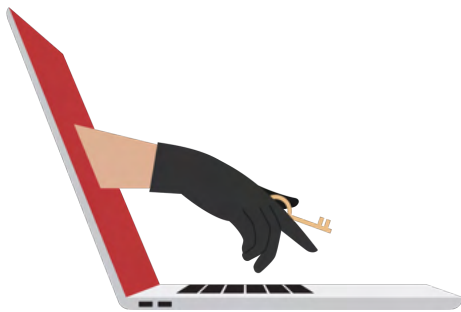
## Generative AI



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## The Dark Side of AI



- Voice cloning
- Fraudulent texts and emails
- Photographic like fake images
- Fake videos
- Instantly created fake websites

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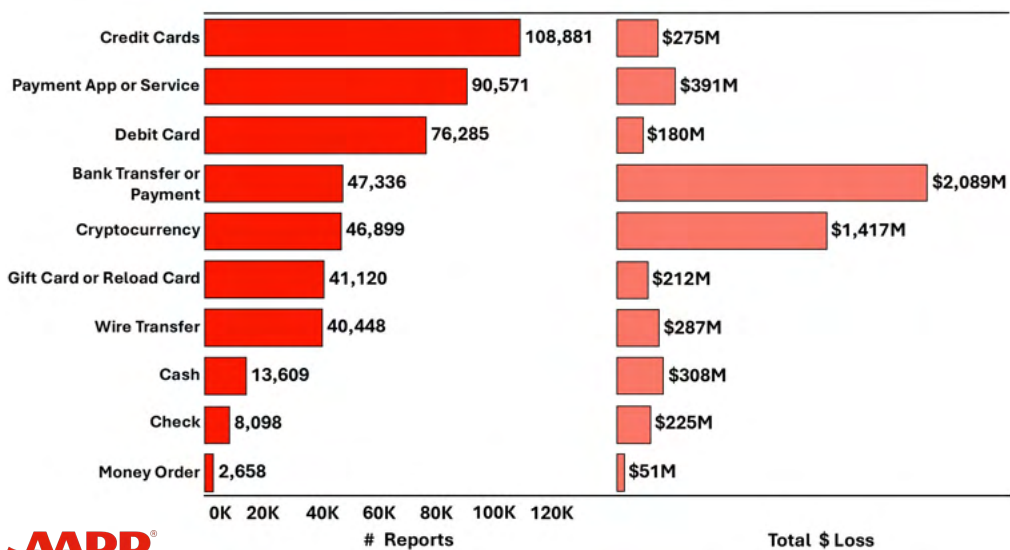
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# Payment Methods

Popular with Criminals

# Common Fraud Payment Types





**AARP**

## Crypto and Fraud

- Fastest growing fraud vector – hitting older people the hardest
- Criminals exploit lack of understanding of crypto & crypto ATMs; fast track to financial loss.
- In New York alone, there were 437 reported cases in 2024, totaling \$4.8 million lost, with victims losing nearly \$11,000 on average.

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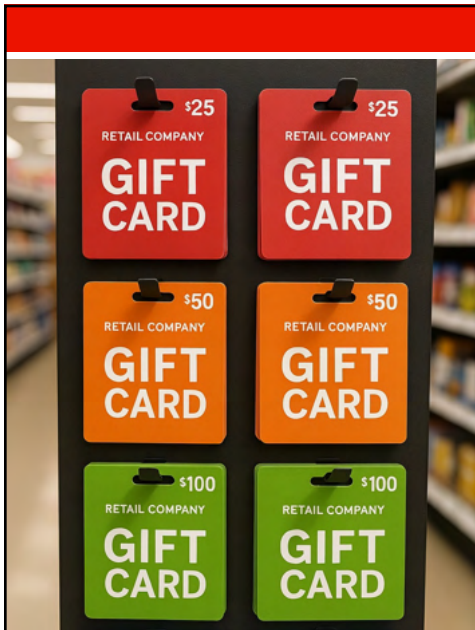
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## Crypto Kiosk Scams

- New Crypto Kiosk Consumer Protection bill would strengthen consumer protections by:
  - limiting large daily crypto purchases
  - instituting a 3-day hold period and right to cancel purchases
  - and offering clear disclosures and fee transparency, as well as a process to get funds back if a fraud occurs.
- Urge your state lawmakers to pass this legislation. Scan the QR code on the left and send a message from your phone.

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## Gift Cards

- Virtually untraceable
- Readily available with little oversight
- Easily converted to cash or crypto
- Large amounts of money contained in a small package
- Not a legitimate form of payment

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## Peer-to-Peer Payment Apps

- Zelle, CashApp, Venmo
- Instantly send and receive payments
- Equivalent to paying cash
- Unprotected transactions
- Use as suggested
  - People you know
  - Companies you do business with

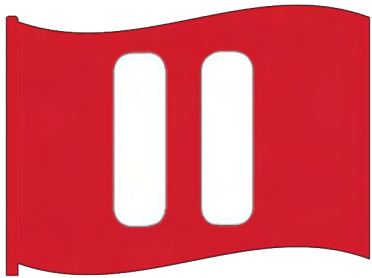
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## How We React

to Fraud and Scams

## A Safe Response Plan to Scams



**Pause**



**Reflect**



**Protect**

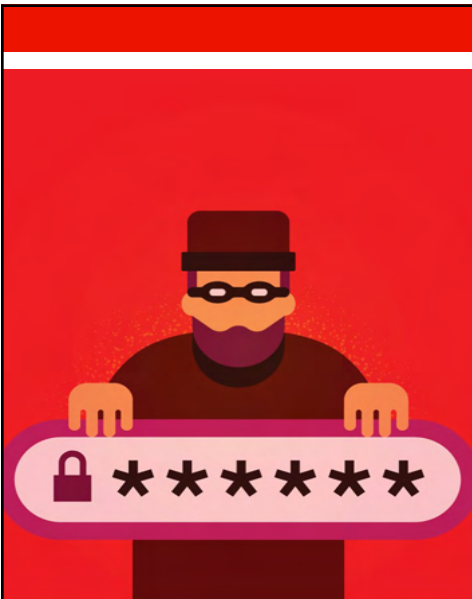


# Fraud Prevention

## Strategies

# Top 5 Proactive Actions

- Better passwords
- Multi-factor authentication
- Review credit report & credit freeze
- Automatic software updates
- Don't click on links or answer unknown calls



## Additional Protective Actions

- Shred!
- Carry mail into the Post Office
- Bank online
- Use P2P apps safely
- Use VPN for public Wi-Fi
- Change password on Wi-Fi router
- Secure social media accounts
- Be wary of social media ads
- Get an IRS PIN for returns
- Add numbers to donotcall.gov
- Create a backup of your data



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## AARP Resources

- AARP Fraud Watch Network – [aarp.org/fraudwatchnetwork](https://aarp.org/fraudwatchnetwork)
- AARP Fraud Watch Network Helpline – **877-908-3360**
- AARP Fraud Victim Support – [aarp.org/fraudsupport](https://aarp.org/fraudsupport)
- Fraud Narrative Change – [aarp.org/saythis](https://aarp.org/saythis)



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## Discover All that AARP has to Offer

Text **PROTECT**  
to **50750**



To access **fraud prevention resources** and learn more about the benefits of becoming an AARP member or renewing your AARP membership.



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## Thank You!

Please keep  
in touch.

 [aarp.org/states/new-york/](https://aarp.org/states/new-york/)

 [866-227-7442](tel:866-227-7442)

 [nyaarp@aarp.org](mailto:nyaarp@aarp.org)

 [Facebook.com/aarpny](https://Facebook.com/aarpny)

 [Twitter.com/aarpny](https://Twitter.com/aarpny)



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31st Annual  
**ELDER LAW  
FORUM**

# LUNCH TIME!

**PLEASE ENJOY YOUR MEAL AND  
WE WILL SEE YOU BACK HERE  
IN 50 MINUTES!**

ALBANY: LUNCH SERVED IN FORT  
ORANGE COURTYARD / KOI POND

VISIT EXHIBITORS AND QUALIFY FOR  
THE **OURA RING RAFFLE!**



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## **DON'T BELIEVE THE NOISE: CONSIDER PRIVATE LTC INSURANCE NOW**



**BOB VANDY**  
President  
Advisors Insurance Brokers



**SHAWN BRITT**  
Director, LTC Initiatives  
Nationwide

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# HOME CARE: CAN WE KEEP THE PROMISE?



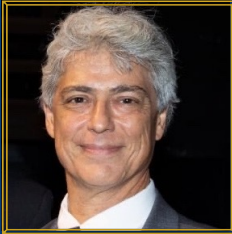
**LOUIS PIERRO**  
Founding Partner  
Pierro, Connor & Strauss



**BECKY PREVE**  
Executive Director  
Association on Aging in NY



**ANNE SANSEVERO**  
CO-Founder  
Holistic HomeCare Associates



**AL CARDILLO**  
President and CEO  
Home Care Association of NYS



**JOSEPH TWARDY**  
President, Health Plans  
Nascentia Health



## **LOUIS PIERRO**

Founding Partner  
Pierro, Connor & Strauss, LLC



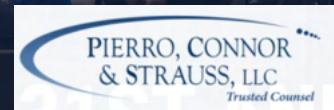
# AL CARDILLO

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President and CEO  
Home Care Association of New York State

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## *Home Care: Keeping the Promise*

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*Al Cardillo  
President & CEO  
Home Care Association of New York State*

*May 14, 2026 - Albany, NY*

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## The Vision of Home Care

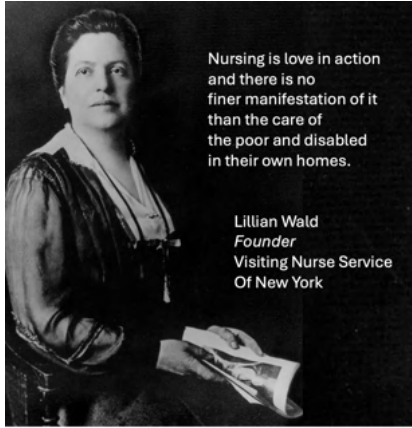


Photo Courtesy of VNS Health



Photo Courtesy of VNS Health

## The Vision of New York Home Care



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Senator Tarky Lombardi, Jr.  
Author of Public Health Law  
Article 36 and the modern era of  
home care in New York State.




*Public Health Law Article 36*

*§ 3600. Declaration of legislative findings and intent.*

*The legislature hereby finds and declares that the provision of high quality home care services to residents of New York state is a priority concern.*

*Expanding these services to make them available throughout the state as a viable part of the health care system and as an alternative to institutional care should be a primary focus of the state's actions.*




The official tenets of NYS Home Care Policy



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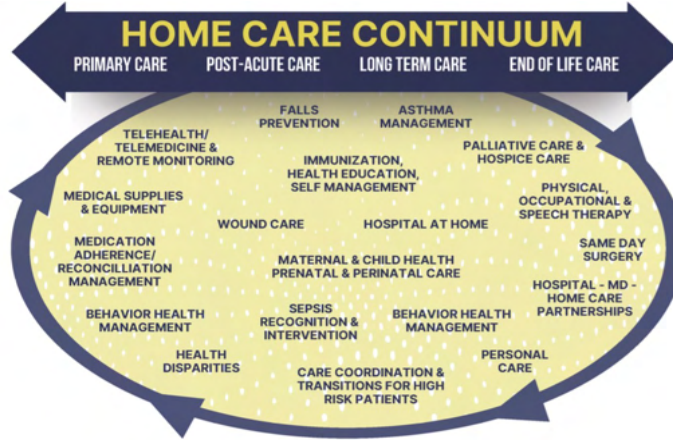
## The Imperative!

- **Demographic Projections** - Needed to find a way to meet rising need amid demographic shift, especially among individuals 85 and above.
- **Right Thing** - For individuals and society.
- **Fiscal Projections** - Not feasible through capital models alone.
- **Health System Changes** - Shift from facility-based care to home, community
- **Federal/State Policy Changes Controlling Cost, Use and Access to Hospital and Nursing Home Care** - Advent of DRGs, RUGs, “Quicker-Sicker” hospital discharges, and LTC in the least restrictive settings.



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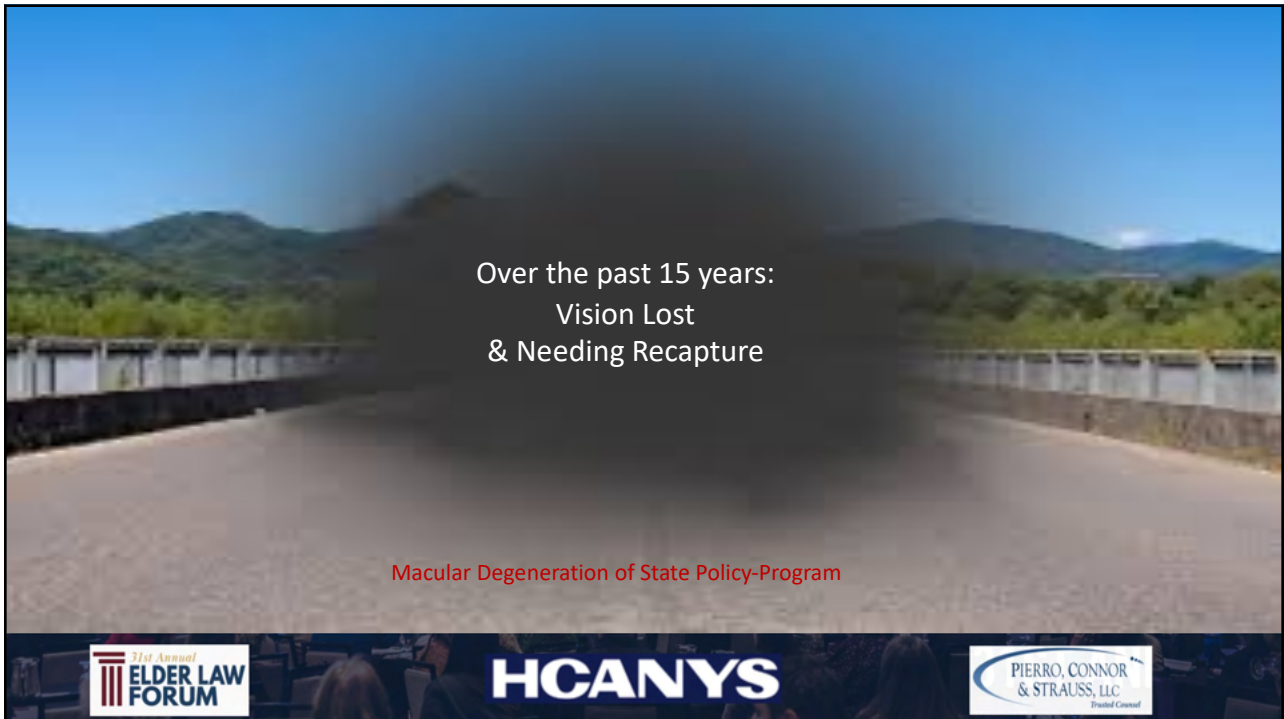
# Over One Million Patients Served



With Needs Spanning the Continuum



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# HOME CARE IN NEW YORK - 2026

CHHAs	EISEP
LHCSAs	ID/DD
MLTC/PACE	Allied Support
Hospice	SDH &
NHTD/TBI	Related H&MH Sectors
CDPAP	



- Loss of State focus on “the vision.”
- Focus has been instead been on “one-off” issues.
- Loss of State focus on the *“the system.”*
- HCBS, health system overall, and recipients of services in NYS are paying the price.



HCANYS



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## Access Impact



**262,038**

Medicare enrollees who needed but did not receive home health care 2020 - 2024.



**-26%**

est. change in home health access from 2019 to 2024.

Data Source: CMS data; VNS Health Analytics



HCANYS



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## Access Impact



**20%** of NYS CHHAs have closed since 2019.

### Receding HCBS Infrastructure

CHHAs



Hospices



MLTCs



LTHHCPs



County Sponsored CHHAs & LTHHCPs



Cap on NHTD



**HCANYS**



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## Rolling Financial Erosion

Roughly 60% of all components of the HCBS System are in a negative margin position from delivering services w/o adequate funding



**58.4%** of CHHAs had a **negative operating margin** in 2023.\*



**57.5%** of LHCSAs had a **negative operating margin** in 2023.\*



**59.6%** of MLTCs had a **negative margin** in 2023.\*



**60.3%** of Hospices had a **negative margin** in 2023.\*



Eroding Financial Margins



**HCANYS**



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# Steps Toward Restoring “The Promise” of Home Care

<ul style="list-style-type: none"> <li>• <b>Rate and premium adequacy for LHCSA/MLTC/PACE</b></li> </ul>	Ensure adequate rate funding for MLTC/PACE/LHCSA worker wages, benefits and provider/plan operations (A&G); Reject Executive’s A&G cap proposals
<ul style="list-style-type: none"> <li>• <b>State aid for CHHAs and Hospices to Meet Community Service Need</b></li> </ul>	HCANYS Bill (A.1493-A/S.6981-A) amending PHL §3615 to provide for disbursement of funds to CHHAs and Hospice. Requested funding: \$100M for CHHAs and \$19M for Hospice
<ul style="list-style-type: none"> <li>• <b>Workforce</b></li> </ul>	New funding for recruitment, training, retention, administrative/regulatory support, technology and preceptorships; parity in eligibility for workforce grants.
<ul style="list-style-type: none"> <li>• <b>System Access</b></li> </ul>	Maintain NHTD Access Restore Targeted CHHA access post-120 days Restore Targeted LTHHCP access Reject the Executive’s Hospital at Home Repeal the LHCSA RFO Options & REAL Solutions for Home Care, LTC Mainstream Coverage & Financing
<ul style="list-style-type: none"> <li>• <b>Program Integrity</b></li> </ul>	Proactive program integrity and quality initiatives
<ul style="list-style-type: none"> <li>• <b>Education of Public Officials</b></li> </ul>	Code- <b>BLUE</b> need - Urgent need for education of public officials – Executive, Legislature & Staffs – about HCBS.
<ul style="list-style-type: none"> <li>• <b>Opportunities</b></li> </ul>	HCBS <i>must</i> pursue opportunities for advancing access, quality, innovation.



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## Opportunities

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*New York Home Care:  
You Can Do It!*



**HCANYS**



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**JOSEPH TWARDY**

President, Health Plans  
Nascentia Health

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31st Annual Elder Law Forum | May 2026

ROOTED IN COMMUNITY  
DESIGNED FOR IMPACT

135+  
Years Serving  
Upstate NY

48  
NY Counties

LTSS  
HCBS, Article 28, MLTC  
& Medicare

1 of 4  
LTSS Plans  
Still Operating (was 11)

Not-for-profit · Founded Syracuse 1890 · Home Health · Housing · Article 28 · MLTC · Medicare Advantage

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## LTSS in New York: *The Promise vs. The Reality*

**The Promise**

- LTSS keeps people home and out of institutions
- The shared goal in this room
- New York bet on managed care to keep people home. That bet is working. The question is whether Albany will protect access before the options disappear

**+43%**  
CNY Senior  
Growth / Decade

**1 in 4**  
NY Residents  
Over 60 by 2030

### NYS LTSS Enrollment Per Capita by Region 2016 – 2026 · MLTC + MAP + PACE · Per 100,000 Residents

Year	NYC Metro	Upstate Urban (NE-W)	Mid-Hudson	Upstate Rural
Dec '16	125	45	45	35
Dec '17	150	45	50	40
Dec '18	165	50	55	45
Dec '19	185	55	55	45
Dec '20	190	45	50	35
Dec '21	200	45	50	35
Dec '22	215	45	50	35
Dec '23	235	50	55	40
Dec '24	265	60	60	45
Sep '25	270 (Peak)	60	60	45
Mar '26	265	55	55	45

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# BECKY PREVE

Executive Director  
Association on Aging in NY

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

- 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
- Health Insurance Information, Counseling and Assistance (HIICAP)
- Personal Care Level I and II (non-Medicaid)
- Case management
- Ancillary services such as PERS and assistive devices
- Minor home repair/modifications
- Social adult day services
- Transportation to needed medical appointments, community services and activities
- Long Term Care Ombudsman
- Combat Social Isolation

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## Home Care Services

- Non-Medicaid in home services to support older individuals
- Personal Care level 1 – housekeeping, grocery shopping, bill paying
- Personal Care level 2 – bathing, toileting, dressing etc
- Respite Services – support for caregivers, in home or institutional settings
- Social Adult Day services provided for working caregivers where available
- Daily health and safety check in via home delivered meals
- 14 Counties have directly hired home care workers

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## Prevention of Medicaid Spenddown

- Average client on service – 83 year old, low income, lives alone, 4-10 chronic conditions and needs assistance with ADL and IADL
- Served on average for 6-9 years for less than \$10,000 per year
- Comprehensive services that delay institutional care and the need to spend down to Medicaid covered services
- Supporting caregivers also delays more costly interventions
- Case management staff provide future planning and advisement
- **Currently – over 74,000 services are waitlisted**

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## Innovations in New York

- 34+ public private partnerships to combat social isolation and loneliness
- Significant return on investments noted by NYS data
- Targeted interventions to increase digital literacy, increase overall physical and mental health, and caregiver supports
- Over 2 million individuals reached

<https://aging.ny.gov/innovations-aging>

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## ANNE SANSEVERO

Co-Founder  
Holistic HomeCare Associates

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## Navigating Home Care for Aging in Place- Where to Start

- ▶ Panelist: Anne Sansevero RN, MA, GNP CCM
- ▶ Gerontology Nurse Practitioner & Aging Life Care Professional
- ▶ Co-Founder: Holistic HomeCare Associates
- ▶ CEO & Co-Founder: Home Care Wizards
- ▶ President Emerita: Aging Life Care Association



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## Navigating Home Care

**Aging in Place is the Dream –  
but Hiring Home Care Can be a  
Nightmare!**



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## Key Questions:

- ▶ Level of care needed
- ▶ Hours of care
- ▶ Priorities: cost, choice, control, flexibility, oversight
- ▶ Funding: Is there Long Care Insurance, Medicaid eligibility? Otherwise, private pay. Medicare DOES NOT cover long term home care



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## Four Care Models

Agency Model

Registry Model

Self Hire Model

Family Supported Registry Model  
(Holistic HomeCare Associates)

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## Title: Comparing Care Models

**Agency Model**

- ▶ Agency employs caregivers and schedules the shifts; handles payroll, taxes, supervision, backup
- ▶ Pros: less family responsibility
- ▶ Cons: higher cost, no caregiver choice, less caregiver task flexibility, higher turnover rates (average 79%); live in or travel support not always available

**Registry Model**

- ▶ Family is employer
- ▶ Pros: caregivers vetted and background checked; more control, choice, task flexibility, better continuity, lower cost
- ▶ Cons: more scheduling and payment responsibility

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## Self hire (word of mouth, on-line)

Family is employer

Pros: lower cost, choice

Cons: minimal vetting and background checking; high risk for hiring incorrectly/paying off the books; legal/financial risks; no back-up care

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## Holistic HomeCare Associates - A Family Supported Registry Model

- Fully supports the family as the employer
- Precision caregiver matching & guided hiring
- Payroll setup (simple, secure integrated systems)
- Timekeeping & documentation automated
- Employer education, support and set-up (taxes, insurance, compliance)
- Ongoing support & backup coverage
- Reports generated for any financial filings
- Long term care insurance support (Independent provider)
- Relationship-centered care

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## Gaps & Opportunities in Home Care Delivery Models

- ▶ Demand for aging-in-place is growing faster than the government-funded care infrastructure can support.

### Biggest Opportunities

- ▶ AI-enabled workforce + scheduling tools
- ▶ Dementia-focused home care models
- ▶ Integrated care coordination
- ▶ Consumer-directed/Family-supported home care expansion\*
- ▶ Predictive analytics to prevent hospitalizations
- ▶ Preventive aging-in-place services

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Hiring Home Care is  
Not a One Size Fits All.  
What matters to you?



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## TRANSITIONING TO ASSISTED LIVING OR NURSING CARE: MAKING THE RIGHT MOVE



**FRANK HEMMING**  
Partner  
Pierro, Connor & Strauss



**DIANE MICKLE  
GOTEBIOWSKI**  
Vice President  
EverHome Care Advisors



**SANDRA  
SULLIVAN SMITH**  
VP of Residential Services  
St. Peter's Health Partners



**JOSH BRODY**  
Counsel  
NYSARC Trust Services



**PAUL BELITSIS**  
COO/CFO  
Promenade Senior Living

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## FRANK HEMMING

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Partner  
Pierro, Connor & Strauss, LLC

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## DIANE MICKLE GOTEBIOWSKI

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Vice President  
EverHome Care Advisors

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**EVERHOME**  
Care Advisors & Health Advocates


**VivaLynx**  
Virtual Health & Homecare

- GUIDANCE
- ADVOCACY
- PEACE OF MIND



05/14/2026


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**EVERHOME**  
Care Advisors & Health Advocates




**VivaLynx**  
Virtual Health & Homecare

## TRANSITIONS



 Goal is typically **HOME**, but not always...

- Same level of care
- Higher level of care
- Lower level of care

- Hospital to home or "new" home
- Home to hospital
- Hospital to Nursing Home (Rehab)
- Home to Nursing Home
- Nursing Home to Hospital
- Hospital to Assisted Living
- Home to Assisted Living
- Assisted Living to Hospital
- Assisted Living to Nursing Home
- Nursing Home to Nursing Home
- Assisted Living to Home
- Nursing Home to Home

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# TRANSITIONS






Are we transitioning – or starting over?  
Is it about the care or the location?

Is the decision:

---

- Goal driven?
- Insurance/Finance Driven?
- By default?
- By Choice?
- Forced or against patient/family wishes?
- Care Driven?
- Temporary?
- Against Medical Advice?
- Necessary?

- Understood?
- Realistic?

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  [www.EverHomeCare.com](http://www.EverHomeCare.com)

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# The Reality



Calls our organization has received in the past 60 days...

- Mother in law lives alone, 81 y.o. Early signs of confusion. She and husband, only local family, work full time. Interested in finding help to keep her at home. Some remote family who want to help, but distance a problem.
- Daughter in NC, mother local, one sister local. Concerned about current care status.
- Son in OR, mom and stepdad in NY. Stepdad POA and HCP, starting to “wear out”. Not able to keep up with the level of care. He tried APS, no help. He doesn’t believe there is any intentional neglect, just the strain of caregiving and his stepdad’s ability to keep up with the care. “What can I do?”

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  [www.EverHomeCare.com](http://www.EverHomeCare.com)

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## The Reality

- Son calls, mother in hospital. Has dementia and suffered a stroke. Appealed d/c and lost. Was told she must go home or to a nursing home. He felt he had no options, no power to advocate.
- Call from son and daughter wanting help getting his mom into a nursing home, she has community Medicaid.
- Call from wife, husband in hospital. Hospital wants to send him to only available NH bed, a facility she does not want him admitted to. What are her options? Home is also a possibility but needs help with getting services in place, although doesn't feel hospital is supporting the plan. She is overwhelmed can't do this herself. They have also listed facilities 2 to 3 hours away. She will not be able to visit. Distraught.



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## The Reality

- Son called, Mom in hospital, sending to rehab, asking for guidance regarding options.
- Son calls, Mother with advanced Alzheimer's, care getting more difficult, resistant, difficult to care for. She lives with he and his wife. want to explore options.
- Son lives locally and would like to find a facility for his Mother in the Capital Region. She is currently private paying \$391/day at a facility over an hour away.
- Mom 85 w/ declining health and chronic conditions that need daily care. Son is POA/HCP. Questioning if assisted living is an option? Or perhaps independent living w/ live in help? Wants to explore all options.



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## The Reality

- Mother in law lives alone, 81 y.o. Early signs of confusion. She and husband are the only local family and work full time. Interested in finding help to keep her at home. Some remote family who want to help, but distance a problem.
- 85 y.o Dad in rehab, was admitted from home d/t fall, exhausted his MC 100 days, has chronic progressive condition. Family intends to take him home, will get care as needed in home, which has had modifications made. Community Medicaid processed, facility converted to chronic Medicaid for LTC transition w/out family knowledge. Were not in sync with family's intentions, and patient's wishes.
- Husband calls, with support of his daughter on the phone. His wife is in the hospital, they reside in assisted living, and the discharge planner says she can't return to the assisted living as she now is incontinent and her mobility has declined and she requires too much care. He doesn't want to be separated from his wife, he misses her. What can he do?



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## The Reality

- Daughter calls, Father in hospital, no facility will accept him due to documented behaviors ( has diagnosis of Alzheimers). Daughter states she doesn't see this behavior, but is unsure what to do.
- Family calls, told that no facility will accept Mother due to aggressive behaviors, and she struck out once at staff. Mom has dementia. Was told she would have to be transferred to facility on Long Island where she can undergo special treatment to control her behaviors.????
- Niece calls - Aunt 90 yrs old- at facility out of the area. Would like to relocate her to the capital region. Is on Hemodialysis and will need an updated PRI. Private pay. Has applications in at 3 places. Getting nowhere, family has been told by one facility that "she is a troublemaker" so likely won't take her.



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## Perspective

Today - For every patient/consumer challenge there is a provider/service delivery challenge.

What we can do –

- Keep multi-directional communication flowing
- Clarify expectations – minimize disappointment and dissatisfaction
- Assure comprehension and alignment

Be patient with each other!

THANK YOU!



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## PAUL BELITSIS

COO/CFO  
Promenade Senior Living

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5/14/2026

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### Assisted Living Setting Benefits

- Independence, Privacy, & Dignity
- Personalized Care Plans for care
- Home-like, Community, Social Environment
- Purposeful & Structured Activities

### NYS Medicaid ALP Program

- Allows for community-based setting
- No 5-Year lookback period

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FAMILY-OWNED SENIOR LIVING COMMUNITIES  
FOCUSED ON COMFORT, CARE, AND AFFORDABILITY

We provide assisted living solutions that enable residents to enjoy a vibrant life in a safe environment with companionship & camaraderie including:

- Personalized 24/7 assistance for personal care, case management, medication administration & more
- Enriched structured daily activities focused on social, physical and cognitive needs
- Thoughtfully designed life enhancing communities •

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## **JOSH BRODY**

Counsel  
NYSARC Trust Services

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## Pooled Trusts and Assisted Living

Pooled trusts help people with disabilities and seniors achieve and maintain financial eligibility for critical Medicaid services, while preserving their hard-earned income.

31<sup>st</sup> Annual Elder Law Forum | May 14, 2026  
Presented by: Joshua Brody

Trust Counsel  
NYSARC Trust Services



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## Understanding Pooled Trusts

### What Is a Pooled Trust?

A pooled trust is a special type of supplemental needs trust where a not-for-profit trustee manages assets for the benefit of a person with a disability.

### How It Works

Beneficiary applies to join the pooled trust with a Joinder Agreement. Once accepted, the trust holds assets managed by a non-profit trustee with fiduciary duty to the beneficiary.

### Purpose

To protect money to gain and maintain financial eligibility for means-tested government benefits (e.g. Medicaid and SSI). Then to use those funds to improve the beneficiary's quality of life, including potentially homecare.

### Assisted Living versus Nursing Home

In the community, including Assisted Living, deposits may be made into a Pooled Trust. Funds may be used for care and housing. If the beneficiary enters a nursing home, the funds can still be used for their benefit.



NYSARC Trust Services | (518) 439-8323 | [www.nysarctrustservices.org](http://www.nysarctrustservices.org)

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# Establishing a Pooled Trust and What Can it Pay For?

## Who Can Establish

- Beneficiary (for first-party trusts)
- Parents or grandparents
- Legal guardians
- Power of attorney (POA)
- Court (through legal proceedings)

Social Security Rep payee can **ONLY** fund with SSA money. Rep payee cannot establish an account or sign Joinder Agreement.

## What It Can Pay For

- Bills in beneficiary's name\*
- Therapy and companionship
- Education and training programs
- Transportation and vehicle expenses
- Electronics and communication
- Recreation and entertainment
- Medical expenses not covered by benefits
- And SO much more!

## What It **Cannot** Pay For

- Cash to beneficiary/spouse
- Rent/shelter (may reduce SSI)
- Limitations for minors and SSI and HUD recipients\*
- Gifts or loans to others
- Alcohol, tobacco, firearms, bail or restitution
- Trustee may have specific policies
- Disbursements after death (Federal Policy for first party trusts)



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# Trust Costs and Management



## Costs

- One-time enrollment fee
- Monthly administration fees
- Annual costs (if applicable)
- **All costs deducted from trust**



## Funding Methods

- Monthly deposits from bank
- One-time deposits (inheritance, settlements, retroactive benefits)
- Family contributions (third party only)



## Accessing Funds

- 24/7 online portal
- Email, fax, or mail
- Direct vendor payments
- Credit card with receipts
- Reimbursements to third parties



Questions? Contact NYSARC Trust Services at (518) 439-8323 or [intake@nysarc.org](mailto:intake@nysarc.org)



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# SANDRA SULLIVAN- SMITH

Vice President of Residential Services  
St. Peter's Health Partners, The Eddy

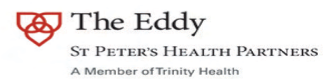
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## Elder Law Forum

Sandra Sullivan Smith





VP, Residential Services  
Executive Director, Our Lady of Mercy Life Center



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## Eddy Skilled Nursing Facility Service Line

SITE	LOCATION	Long Term Care Beds	Memory Care Beds	Subacute Rehab Beds
Eddy Memorial Geriatric Center, Troy (near Samaritan)		40	40	X
Eddy Heritage House Nursing & Rehab, Troy		80	X	42
Our Lady of Mercy, Guilderland		80	40	40
Eddy Village Green Cohoes		192	X	X
Eddy Village Green Beverwyck, Slingerlands (onsite with senior housing)		24	X	X
Schuyler Ridge, Clifton Park		44	52	24
<b>TOTAL: 698 SNF beds</b>		<b>460</b>	<b>132</b>	<b>106</b>

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## 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

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# 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 / experience.
- 'Dementia Village' is a place where residents live a normal life. They have the freedom to be outside, socialize with other residents, or just enjoy what's going on in the neighborhood. Residents are free to roam around, visit the supermarket or restaurant, get their hair done, or be active in one of the 25 clubs available at The Hogeweyk.
- The Eddy's Dementia Village program intends to design the unit for residents so it more closely mirrors living in the community, which would be taking place in the 1950s-1970s. A sight, sense, or smell from the past rekindles long-term memories that are more preserved. The stores, libraries, diners, salons, and even music played inside the facility are designed to resemble the period. The unit would have storefronts, a post office, a grocery store, a record store, a café, bus stops, a central square, and a park. Staff and volunteers working on this unit would be in street clothes to support the concept. Residents can explore the area as much as they like, reducing agitation and avoiding confrontational situations.
- Staying active provides psychological benefits and improves general physical health. The residents take fewer medications, eat better, and caregiver/family satisfaction is higher. Although joy is hard to measure, the staff at the Hogeweyk think the residents are more content daily because they experience a more meaningful life than those living in traditional nursing homes.

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## Other Eddy Innovations Artificial Sky



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## Other Eddy Innovations

### Smart Cell Flooring




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## 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 weekly

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## Colleague Career Coach

- Drivers: high turnover and challenges recruiting
- Concept: to 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.)

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## Current Landscape in Nursing Home Operations 2026

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- The question in 2026 is not simply nursing home placement or not it's what level of care is clinically appropriate, financially sustainable and in alignment with the individual's goals.
- Right care, right setting aligned with what matters most to the individual.

## **New York State Long-Term Care Context**

- New York State has the largest and fastest- growing older adult populations in the United States
- State policy emphasizes aging with dignity, independence and choice
- Care delivery is shifting away from a nursing home first model and more towards coordination across care setting
- New York State is the nations first age-friendly state emphasizing independence, purpose and aging in place

## Age-Friendly Care and the New York State MasterPlan for Aging

- Emphasizes person-centered care
- Seeks to reduce avoidable harm and unnecessary institutionalization.
- Asks a key question: Where is the best fit today for the individual with fluidity between levels of care? How do we support the right care, right setting, while aligned with what matters most to the individual

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## Age-Friendly Health Systems

- Age-Friendly care is a cornerstone of the NYS Master Plan for Aging focuses on person centered decision making

The **4 M** Framework:

- What **Matters** Most: Setting Individual goals
- **Medication**: Ensuring age-appropriate medications and focusing on harm reduction
- **Mentation**: Looking at key cognition impactors (Delirium Dementia Depression)
- **Mobility**: Daily movement to maintain function


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## Future of Long-Term Care

- Nursing homes remain a key component of the continuum of care for New York State seniors
- Age-Friendly care and the 4M's define how care should be delivered
- Partnerships across the care continuum
- Emphasis on reduction of hospitalizations and treat in place model
- Expansion of care capabilities to better serve needs of partnerships across continuum

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**QUESTIONS?**

**FEEDBACK?**



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