

SURVEY QUESTIONS:

1. What is working well with the current system of health agencies?

Aging programs that are funded by NYSOFA, are consumer focused and are flexible enough to meet the unique needs of disparate communities across the state. Flexibility allows local service delivery to provide customized care for the consumers that they serve, ultimately providing a person-centered experience for older adults and their caregivers. Person centered care evaluates the care being delivered, through the eyes of the person receiving that care. **Person centered care still requires the fiscal viability of ongoing funding for community-based agencies or the service system will collapse.**

NYSOFA services receive high marks in consumer satisfaction. A 2010 NY Connects program satisfaction survey revealing that over 95% of the respondents would recommend the program to others and agreed that it is a good program to have in the community. On the cost savings side, the Nursing Home Diversion Modernization Program/Community Living Program implemented in Broome, Oneida and Onondaga counties targeted individuals not eligible for Medicaid, but who were at high risk of nursing home placement and spending down to Medicaid. During the grant period, 86% did NOT enter a nursing home and 83.5% did NOT spend down to Medicaid, resulting in annual cost savings of over \$1 million as compared to Medicaid-supported home care and almost \$5 million in savings compared to nursing home costs for 93 individuals. Imagine the costs savings if CLP was implemented statewide. **The NHDM program should be expanded to NYC.**

NYSOFA focuses on guidelines for services, but does not dictate how those services are provided locally. This flexibility has allowed the development of a robust and coordinated system of services that allows the delivery of the maximum amount of services at a greatly reduced cost. **Local** service providers are visible in the community. **NYC has the most extensive community-based aging services network in the country designed to serve a diverse population preventing physical and mental deterioration due to isolation and nursing home placement.**

NYSOFA communicates regularly and effectively with AAAs and other aging network partners. NYSOFA, AAAs **and CBOs** have a lean administrative structure, dedicating most of their resources to service delivery.

2. What is not working well?

The NYS system of Medicaid-funded LTC is a medically driven program that is fragmented and drives consumers into high cost levels of care, removing them from their communities and forcing them to spend resources inefficiently. The complexity and fragmentation of the systems across multiple agencies and programs makes accessing services difficult for consumers and professionals. **The medical model emphasizes**

illness and treatment. The aging network stands in dramatic contrast to DOH and other models for service delivery: NYSOFA uses a person-centered philosophy and holistic approach to assessment and service planning. It is marked by an organizational culture that is flexible and responsive and long-recognized for effectively maintaining individuals in their own homes connected to family and community life. This is at the heart of significant differences regarding outcomes: the aging network serves a functionally disabled population at a lower cost than the medical model. Policy driven by regulation produces compliance and the associated costs of meeting a complex range of mandates.

The long term care system needs rebalancing in that while older New Yorkers who are Medicaid eligible have a gamut of services to utilize, those seniors above Medicaid, but facing health and financial challenges, have been neglected. An investment in services such as EISEP case management and home care, meals-on-wheels, senior centers, social adult day and caregiver support services would realize Medicaid savings both in the short term and ongoing. Partnerships between the non-medical aging services network, hospitals and managed long term care programs would bring further savings. A state plan for affordable and supportive senior housing is also central to retaining seniors in the community.

Discharge planning from hospitals to other levels of care is confusing and often not effective or consistent with a patient's needs, especially in the community. **Under the Affordable Care Act, unnecessary readmissions will penalize hospitals.**

In the NYSDOH Nursing Home Transition & Diversion Waiver Program takes a long time to open a case, sometimes too late to help the individual.

3. Where is there overlap/redundancy among/between agencies?

All of the agencies in the "Health & Disabilities" cluster have overlapping administrative functions like personnel management, IT and fiscal activities that could be coordinated across agencies. Job descriptions and definitions of services (such as case management) should be clearly articulated.

Efforts to break down silos of care have been ineffective. Demonstration programs and new waivers (such as the Nursing Home and Transition Waiver and Money Follows the Person grant) have not streamlined the system; instead, they have generated even more complexities and fragmentation. Accessing/receiving LTC Services can require multiple entities completing a variety of forms and assessments that contain similar information that cannot be shared or used by other providers. **A universal assessment tool including medical and non-medical services would be helpful.**

There is duplication and inconsistency of data collection within and between agencies. A significant amount of time is put into the collection of data, with little attention to the coordination of data among agencies collecting data on the same individual. The state should develop a minimum data set across multiple services systems to reliably and consistently record and retrieve data for individuals receiving services from multiple agencies. **A coordinated, universal case record accessible to all agencies involved, both governmental and community-based is needed.**

4. Are there specific regulatory or program changes (allowing private vendors to replace public vendors, centralizing or decentralizing certain functions) that would improve performance and decrease costs?

Cost effective services can be achieved – only if they are delivered in the least restrictive and most flexible fashion. The state has to move away from a medical model of service delivery that does not honor consumer choice. Flexibility is the hallmark of cost effective service delivery, not mandated service. When mandates are passed down with the expectation that one size will fit all, it increases the cost of service delivery. Moving NYSOFA into DOH would be a move from gerontology to geriatrics, resulting in focusing more on the health aspect versus the social-economic and holistic aspects of aging.

Instead, the state should allow local flexibility to achieve outcomes using locally identified resources and opportunities to be more cost effective as evidenced by the culture of the existing aging network. **Community-based organizations know their communities, allowing the development of appropriate services based on the needs of local seniors and their family caregivers.** Centralization does not necessarily improve performance and decrease costs. Rather, the response to a client is more cost effective if it is localized and easy to access. AAAs already utilize “private vendors” by subcontracting many of their services to local providers.

In any changes made at the state level, it is of utmost importance that NYSOFA's culture of best practices and technical support be maintained and fostered, and not be subsumed by the regulation-driven culture of DOH. NYSOFA provides localities with technical support, and not fines. The relationship is constructive and not adversarial. **This improves the quality of services.**

5. What other specific changes would you/your organization recommend that could result in better service at lower cost?

A package of community-based services will maintain older adults in the community and prevent unnecessary hospital readmissions and nursing home placement: multi-service senior centers provide nutritional meals and social supports for a senior returning to the community, home-delivered meals and

other resources for a healthy diet preventing and treating chronic illnesses, social adult day, transportation, EISEP case management and home care and caregiver supports delaying nursing home placement saving Medicaid spending. CBO's use 90% or more of their funds for direct services.

The SAGE Commission should ensure that the culture of state agencies embraces a philosophy of consumer-focused care, person centered planning and maximum flexibility at the local level. Agencies must move away from state-driven mandates without local input, and instead use the experience of the existing service network to develop and coordinate care.

The NYSOFA aging network has a robust service network that must be enhanced in order for the state to achieve real cost savings and prevent spend-down to Medicaid. Keeping people at home with supportive services prevents early institutionalization at a much higher cost. Programs meet overall goals but have flexibility in how those goals are met.

6. Considering the goal to increase efficiency and quality, while decreasing costs to taxpayers, what specific changes would you recommend to improve the system of NYS health-related agencies?

- Consolidating administrative reporting requirements
- Consolidating clinical reporting requirements
- Centralizing budgeting and payment offices
- Consolidating licensing/ certification/ inspection/ certificate of need requirements
- Consolidating licensing/ credentialing offices
- Consolidating regional/ field offices

Investing in NYSOFA services will generate savings to the Medicaid and Medicare programs at the federal and state levels, while simultaneously enabling older adults and individuals with disabilities to age in their homes and communities. Expanding lower-cost services, such as EISEP, CSE, SNAP, nutrition programs, caregiver support services, transportation, social model adult day, and evidence-based disease prevention and health promotion programs, would rebalance long term care to move away from institutionalization. This is only possible if there are sufficient home and community-based long-term services and supports available to provide a true alternative to an institutional setting.

In order for seniors to have an independent voice within government, NYSOFA should be strengthened, NYSOFA should be the focal point, playing a coordinating

role for aging-related matters **with all state agencies that serve older New Yorkers.** NYSOFA, AAAs **and CBOs** possess distinct expertise that can assist communities to prepare, plan, and develop livable communities for persons of all ages and disabilities. NYSOFA, AAAs, **CBO's, seniors and families,** should be involved in **meaningful** planning at the state and local level for the social and physical needs of older individuals.

7. If you did not select one or more of the options above, please share your thoughts on the drawbacks of these ideas for centralization/consolidation. (Response area limited to 2000 characters)

Localities and not-for-profit agencies are facing extreme budget issues. Any action that could cause increased delays in reimbursement for their expenditures places them at extreme risk for financial failure and being forced to close their doors. Any plans to consolidate or centralize payment to localities needs to include review of current processes and turn-around time and replicate those systems that do so effectively. Local cash flow could be negatively impacted if there is a lag in turn-around. Not-for-profit contracted agencies might need to cease services if they are not paid in a timely manner. NYSOFA vouchering has a very quick turnaround as compared to other agencies and this would be important to maintain.

NYSOFA runs the Long Term Care Ombudsman Program, which must remain independent because of its advocacy function with nearly 1,000 volunteers serving in assisted living, adult homes and nursing homes. Per the Older Americans Act, which funds the program, there cannot be a conflict of interest, as would be the case if it were placed within DOH.

The recommendation by the SAGE Commission to establish an Office of Continuing Care that would include NYSOFA removes the visibility of "aging" and the term "Continuing Care" connotes health care. Focusing on an individual as "sick" is what yields the medical model with nursing assessments, doctor's orders, myriad forms, record keeping and reporting requirements, and often conflicting rules. **The NYSOFA model focuses on the individual's ability to function independently. Frailty is measured by ADLs and IADLs.** This is where the aging network has always excelled. Person-centered means viewing an individual in terms of what they are able to do and in their social context, including informal supports. While individuals may have the same diagnosis, there can be vastly different functional capabilities - this is where the strength based approach makes sense and costs less.

8. Considering consolidation and centralization of reporting, which reports do you believe could be consolidated/centralized for more effective and efficient use by all stakeholders (providers, consumers, NYS agencies)?

- Medical records
- Fiscal records
- Incident reports
- Budget claims
- Vouchers
- Contracts

Having a common medical/case record shared by all would decrease data gathering responsibilities by all and increase response to individual needs.

9. Please list the regulations that you believe are similar enough to be considered for consolidation across similar agencies.

Allow the use of Medicaid funding for non-medical preventative services that are provided by the aging network. Also allow Medicaid funds for the provision of information and assistance and other similar services.

Home Care Regulations – open up money follows the person options. **Ongoing funding is needed by CBOs in order to pay fixed costs and remain viable.**

While the services provided by the Medicaid Personal Care Aide Program and the Expanded In-home Services for the Elderly (EISEP) are similar, the philosophy is not. Medicalization of the EISEP regulations would lead to increased costs and decrease in provision of person centered appropriate services

To facilitate partnering between CBO's and hospitals or managed long term care programs, the burden for billing Medicaid cannot be placed on CBO's who do not have the staff, money and other resources to do so.

In moving toward consumer-directed personal care, the family would do the supervision, not nurses. This helps flatten the cost curve. The initial care plan involves a **social worker (at lower cost) or a nurse**, but after that, under consumer-directed, the client provides the supervision. **Liability issues for CBOs must be addressed in this service delivery model.**

10. What paperwork do you currently process in hard copy format that would more efficiently and effectively provide information through electronic means?

NYSOFA required documents have been switched to electronic format over the past few years. The only hard copy format that remains is the state voucher, which could be considered for conversion to an electronic submission.

11. What does successful coordination/communication among the health agencies in NYS 'look like'? Please describe a realistic best-case scenario.

Successful coordination/communication will allow for innovation and local flexibility to achieve desired outcomes. Successful coordination/communication will recognize and value all services that support the needs of consumers, beginning with simple information and assistance and ending with institutional care. **CBO's will be given the flexibility to meet service goals without burdensome regulations. Currently, CBO's often are subsumed with paperwork and micromanaging rather than maximizing their time and resources with seniors. Meaningful input into planning and allocation of service dollars by CBO's, not only driven by RFPs, will be at the core of developing a long term care system.**

A successful model would strengthen the role of NYSOFA in order to keep older persons living independently which would undoubtedly slow the growth of New York State's Medicaid program. As the SAGE Commission redesigns agencies, we recommend that the NYSOFA Director continue to be appointed by the Governor and be confirmed by the Senate. **In order to be a truly independent voice, the NYSOFA should be a cabinet level entity with the director reporting directly to the Governor without having to go through the health commissioner. We are concerned that having to report to the health commissioner will deter an independent voice for seniors.**

The state should continue funding for NY Connects and make it a permanent initiative throughout the state. The adoption of a comprehensive ADRC model, **appropriate for NYC**, will maximize the state's ability to draw down federal revenue for the operations of programs and innovation across all aspects of services.

**12. Your organization represents programs/ providers which are licensed, certified and/or funded by:
(Please select all that apply)**

- DOH (Department of Health)
- OASAS (Office of Alcoholism and Substance Abuse Services)
- OFA (Office for the Aging)
- OMH (Office of Mental Health)
- OPWDD (Office for People With Developmental Disabilities)
- Other

Other (please specify)

13. How do you identify? (THIS QUESTION IS OPTIONAL)

- Recipient of services
- Family member of recipient of services
- Significant other of recipient of services
- Advocate for services