

# AGING STRATEGIC ALIGNMENT PROJECT

## State Profile for

# NEW YORK

## Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

### Background

- New York's 60+ population was 3,597,839 in 2008 (18.5% of the state's total population), with 11.3% below the federal poverty level.<sup>1</sup>
- The 60+ population is projected to be 4,805,846 in 2025 (24.6% of the state's total population).<sup>2</sup>
- About 25.3% of all households in 2007 had one or more persons age 65 years and older and 39.2% of persons age 65 years and older had a disability.<sup>3</sup>
- Of the 4,449,939 Medicaid beneficiaries in the state in 2003, 7.9% were aged, 14.7% were blind and disabled, 14.4% were Dual Eligible, and 1.1% were HCBS waiver beneficiaries.<sup>4</sup>
- Medicaid expenditures for institutional long-term care were 52.6% of total long-term-care expenditures, compared to 47.4% for HCBS in fiscal year 2007.<sup>5</sup>

NOTE: Data do not include managed long-term-care expenditures. New York's reported expenditures will likely increase as the state submits prior period adjustments. For FY2002 through FY2004, adjustments increased community-services spending by \$60 - \$120 million and ICF/MR spending by \$140 - \$270 million.

#### Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

<sup>1</sup> Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

<sup>2</sup> Department of Health and Human Services, Administration on Aging. (2009). *AGing statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from [http://www.aoa.gov/AoARoot/Aging\\_Statistics/future\\_growth/future\\_growth.aspx](http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx).

<sup>3</sup> Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

<sup>4</sup> U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over (R1104) and Percent of people 65 years and over with a disability (R1803)*.

<sup>5</sup> Burwell, B., Sredl, K., & Eiken, S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

## Government Structure to Manage HCBS

- **SUA:** New York State Office for the Aging (NYSOFA).  
www.aging.ny.gov/
- **State Medicaid Agency:** New York State (NYS) Department of Health.  
www.health.state.ny.us/health\_care/medicaid/index.htm
- New York does not have a consolidated agency for long-term-care programs.
- The director of New York’s SUA reports to the Governor’s office.
- New York has 59 Area Agencies on Aging

## Single Point of Entry (SPE)/ Aging and Disability Resource Center (ADRC)

- New York has an ADRC called NY Connects: Choices for Long Term Care; it is not statewide but covers 54 counties (out of 59 AAAs) and one American Indian Reservation.

*Note: New York City currently is not part of the ADRC but negotiations to include New York City are underway.*

- All ADRC sites have a physical (bricks and mortar) infrastructure.
- In addition to serving older adults, New York’s ADRC serves children and adults who are disabled as well as those who are cognitively impaired (e.g., diagnosed with Alzheimer’s or related diseases).
- Utilizing a Memorandum of Understanding (MOU), ADRCs have a formal relationship with the AAA and the Local Department of Social Service (LDSS). In five ADRCs, the LDSS is the lead agency; in 37, the AAA is the lead agency; in six there is joint lead and six ADRCs are in other agencies. The lead agency is responsible for fiscal reporting.
- There are three ways in which ADRCs operate: (a) staff may be co-located to provide core functions; (b)

technology may link services together; and/or (c) AAA or LDSS provides the service.

## Assessment Process

### Medicaid

- *Information not reported.*

### Non-Medicaid

- For non-Medicaid applicants in New York, nursing home pre-admission assessment is performed by someone other than nursing home staff. The assessment is done in-person by trained health care professionals from a variety of entities/organizations for all consumers.
- The pre-admission assessment completed is the Patient Review Instrument (PRI).

## State Medicaid Plan

- New York provides HCBS under the state’s Medicaid Plan.
- Refer to Table 1 for specific services provided.

## Medicaid Waivers

- New York has one waiver that provides HCBS to older adults and/or adults with physical disabilities. This is: Home and Community Based Care for Elderly and Disabled (1915c).
- **Home and Community Based Care for Elderly and Disabled (1915c):** *Further information not reported.*
- Refer to Table 2 for an overview of selected HCBS programs.

## CMS-funded Programs and Grants

- New York does not have CMS-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities.

## State-funded HCBS Programs

- New York has three state-funded HCBS programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Community Services for the Elderly (CSE) Program, Expanded In-Home Services for the Elderly Program (EISEP), Naturally Occurring Retirement Communities (NORCs) and Neighborhood Naturally Occurring Retirement Communities (NNORCs).
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.
- **Community Services for the Elderly (CSE) Program:** This program was established in 1979 to provide community support services, authorize funding for planning and coordination, create new and/or expanded services and develop new mechanisms to improve service delivery. CSE is targeted to serve frail, low-income older persons who need assistance to maintain their independence at home and in the community. Income and assets are not considered for program eligibility for EISEP or CSE for EISEP-like services. However, income is considered for determining a client's cost share. The income thresholds above which a client is required to cost share based on a fee rate are \$1,375 and \$1,862 for an individual and couple, respectively. This is approximately 150% of the 2009 federal poverty guidelines. In this program, there may be waiting lists in various counties for certain services. The lists are maintained at the local level at the AAA's discretion.
- **Expanded In-Home Services for the Elderly Program (EISEP):** This program was established in 1986 as a uniform statewide program of non-medical in-home services. To receive services under EISEP, the applicant must meet the following eligibility criteria: At least 60 years old, functional impairment in at least one ADL or two IADLs, and not eligible for similar services under other government programs including Medicaid. In addition, participants must be able to live safely in the community. Income and assets are not considered for program eligibility for EISEP or CSE for EISEP-like services. However, income is consid-

ered for determining a client's cost share. The income thresholds above which a client is required to cost share based on a fee rate are \$1,375 and \$1,862 for an individual and couple, respectively. This is approximately 150% of the 2009 federal poverty guidelines.

- **NORCs and NNORCs:** NORC is an aging in place concept established in 1994. This program provides services to older people living in a building complex or to those living in residential areas where aging in place has occurred. In order to qualify for services under this program, at least 50% of NORC and 40% of NNORC housing units have to have an occupant who is elderly (age 60 and over). Functional assessments are not required and there are no income/asset limits for this program. There is no waiting list for this program.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

## Locally Funded HCBS Programs

- New York uses local funds for HCBS for older adults and/or adults with physical disabilities.
- On average, counties provide a 16% match for Medicaid services. Local match is also used for OAA programs as well as for EISEP and CSE programs (25% local match). Property and sales taxes are also used to fund some services. New York has no specific levies to provide funds for services for older adults.

## OAA-funded Programs and Grants

- New York does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III programs.
- New York has two OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Empowering Older Adults to Take More Control of Their Personal Health Through Evidence-Based Prevention Programs (currently in the third year of a three-year grant); and Coordinated Care Alzheimer's Disease Demonstration Project (now ended).
- Refer to Table 1 for services provided through Title III of the OAA.

### Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- New York does not use SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- New York does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

### Consumer Direction

- New York offers consumer-directed options under its Medicaid program. The Medicaid program in the state that offers consumer direction is the Consumer Directed Personal Assistance Program.

### Managed Care

- New York's Medicaid program is run by managed care health plans.

### Major Accomplishments and Initiatives

- Restructuring within the State Office for the Aging and the Health Department has resulted in restructuring across the state, with the ADRC being the first step. New York State has a Caregiver Council that has worked to increase caregiver services, surveyed caregivers' needs and service gaps, and developed recommendation for caregivers. Within the state, an Alzheimer's Council sponsored a series of forums to identify problems and ways to support caregivers and those diagnosed with the disease. The council will help to shape the direction New York takes in helping these residents.

- Each county has a Long Term Care Council as part of NY Connects to identify gaps in services, determine how people navigate to those services, and develop solutions.
- There are upstate and downstate Long Term Care Councils that advise the New York State Office for Aging (NYSOFA) on long-term-care reform issues.
- New York has an array of state-funded single-service programs like the Supplemental Nutrition Assistance Program (SNAP).
- Creation of an ADRC, NY Connect: Choices for Long Term Care, is a major investment in restructuring in New York. It started in 2006, has changed the system, and will continue to do so. NY Connects provides information and assistance, screening and public education. Some counties are fully functional points of entry. For fiscal year 2008-09, \$7.3 million in state funds supported NY Connects.

**Table 1: Types of Home- and Community-based Services Provided Under New York's Programs for Older Adults and Adults with Physical Disabilities**

Types of Services	Program Type / Funding Source					
	Medicaid Waivers	State-funded Programs			State Medicaid Plan	OAA Title III
		Home and Community Based Care for Elderly and Disabled (1915c)	Community Services for the Elderly (CSE) Program	Expanded In-home Services for the Elderly Program (EISEP)		
Adult Day Care / Adult Day Health		X	X			X
Assisted Living						
Caregiver Services / Respite / Education		X	X	X		X
Case Management / Care Coordination		X	X	X		X
Chore / Homemaking		X	X	X		X
Companion Services / Socialization Activities		X	X	X		X
Employment						
Equipment / Supplies / Modifications / Assistive Technology		X	X	X	X	X
Health Promotion Activities		X		X		X
Home Health / Personal Care		X	X	X	X	X
Information / Assistance / Referral		X		X		X
Legal Assistance / Financial Advice		X				X
Medical / Dental / Medication Care				X		X
Mental and Behavioral Health Services				X		X
Nursing					X	
Nutrition / Meals		X		X		X
Personal Supports for Community Living / Transitioning		X		X		X
Rehabilitation / Therapy					X	
Residential Services						
Transportation		X		X	X	X
Other/Unspecified HCBS			X			X

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in New York

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Home and Community Based Care for Elderly and Disabled (1915c)	Information not reported	No	Information not reported	Information not reported	Information not reported	Information not reported	Information not reported
State-funded Programs	Community Services for the Elderly (CSE) Program	60+	No	Provider	No financial assessment	Provider	Waiting lists are kept at the discretion of the AAA and vary by county	No
	Expanded In-home Services for the Elderly Program (EISEP)	60+	No	Area Agency on Aging or subcontracted with a Community Based Agency	Area Agency on Aging or subcontracted with a Community Based Agency	Area Agency on Aging or subcontracted with a Community Based Agency	Yes (Varies from county to county)	No
	Naturally Occurring Retirement Communities (NORCs & NNORCs)	60+	No	No functional assessment	No financial assessment	Varies - sometimes subcontracted or a partner organization	No	No