



NYS Coalition for the Aging, Inc.

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Council of Senior Centers & Services of NYC, Inc.

FY2009 STATE BUDGET PRIORITIES

Community-based Long Term Care Reinvestment Program - \$100 million – As the state moves away from institutional based long term care to community-based care, a prudent investment for the state would be to transfer a significant portion of the savings incurred into the community-based, non-medical social services network. This funding would enhance existing services and provide opportunities for new programs and services to meet emerging needs in community-based care. Savings incurred through disinvestment of Medicaid dollars in nursing homes should be invested into a broad array of community-based long term care services.

Meals-on-Wheels Enhanced Initiative – No homebound older New Yorker should have to be on a waiting list for meals-on-wheels. If a senior is assessed as eligible for MOW, the city and state should provide the funding. This includes funding for the food and meal preparation as well as service delivery. For example, if an agency needs another van, driver and deliverer to expand the number of meals, and administrative costs funding should be made available for this.

To this end, the SNAP (Supplemental Nutrition Assistance Program) home-delivered meal program administered through the NY State Office for the Aging, should be amended to include legislative language that would require NY State to make the necessary funding available for food and infrastructure costs to ensure that no older New Yorker is on a waiting list for meals-on-wheels.

A study done by the state DOH and SOFA in the 1990's, the last time such a surveillance study was done, reported that 70% of older New Yorkers who are eligible for MOW were not receiving them. As the number of seniors grow, the 85+ population increases and poverty among the elderly is more widespread, it is evident that homebound elderly New Yorkers need to be able to rely on MOW.

A fiscal impact analysis would need to be done. It is important to keep in mind that research shows that seniors who are at nutritional risk are more likely to be hospitalized and for longer periods of time as well as developing other illnesses. Investing in a MOW Enhanced Initiative is a prudent financial investment on the part of the state as it would save substantial health care dollars.

Caregiver Supportive Services - \$10 million - It is commendable that the NY State Office for the Aging has developed a Caregiver's Council which allow the state and community partners to take an informed and comprehensive look at the needs of caregivers. NY State receives \$10 million in federal Older Americans Act, Title III-E funds. These funds require a 25% match which the state passed along to the counties. Funding is currently inadequate to meet the needs of the caregivers of elderly New Yorkers including grandparents raising grandchildren. NY State should match the federal funding level of \$10 million which could be used for services such as respite (including emergency respite), counseling and support groups, information and referral for services and benefits, social adult day care, transportation for caregivers and seniors to programs, and other community-based services. A maintenance of effort requirement should be maintained for the 25% county match.

Congregate Services Initiative (CSI) – \$10 million – the only state funding stream dedicated to senior centers - The original intention of the Congregate Services Initiative was to establish a state funding stream for senior centers. Both expense and capital dollars are needed to ensure that seniors statewide have a multi-service senior center to go to that is safe, accessible and attractive. We recommend a \$10 million initial investment of expense and capital dollars in the CSI program. Senior centers already are playing a critical role in community-based long term care by providing nutritional meals, transportation, healthy aging programs, social services, counseling, exercise and computer training. The tremendous opportunities for socialization offered by senior centers is a cornerstone to the state's investment in home and community-based long term care services.

Transportation - \$8 million added in FY09 – NY State established a transportation funding stream in the FY2007 budget to support the operating costs of vans run by senior centers and other senior service organizations statewide. The funds were baselined by administration and an additional \$1 million was allocated in the FY08 budget. The original request was for \$10 million statewide. Allocating \$1 million in FY09 would further assist community-based transportation providers to keep the vans on the road. Operating costs include insurance, gas, and maintenance. A statewide transportation study done by the Council of Senior Centers and Services in 2006 reported that the average cost per van in NYC was \$37,000 a year and in Long Island and upstate, \$33,000 (includes driver salary). These vans transport seniors to senior centers, medical visits, adult day services programs, local businesses, and includes meals-on-wheels delivery vans. Transportation for older New Yorkers is a critical issue in urban, suburban and rural communities throughout NY State.

EISEP Case Management and Home Care - \$25 million addition - The EISEP program is a critical piece of the community-based long term care system for older New Yorkers that are not eligible for Medicaid. EISEP provides both case management and home care services that have assisted seniors in remaining in their homes and communities in a cost-effective manner. Current caseloads are high, averaging 65 in New York City. Insufficient funding and increased demand will result in higher caseload sizes. The average number of EISEP home care hours provided is about 8-12 hours a

week. EISEP has contained Medicaid costs as the case management and home care services have prevented many seniors from having to go on to Medicaid or being admitted to a nursing home. For further information on the value of case management, please go to the CSCS Case Management Policy and Practice Paper, <http://www.cscs-ny.org/actionalerts/casemanagement07.shtml>

Social Adult Day Services (SADS) - \$5 million – Social Adult Day Service programs provide an alternative to institutionalization for older adults with physical and/or cognitive disabilities including Alzheimer’s and other forms of dementia. SADS programs offer much needed respite to family caregivers. Due to inadequate funding many are struggling to meet the needs in their communities. Seniors who are not eligible for Medicaid have to pay for part of the cost of social adult day care, which could be a financial burden on them and their families. Medicaid funds medical model day care requiring no payment from seniors.

Elderly Crime Victims/Elder Abuse Initiative - \$2 million - The Safe Streets/Elderly Crime Victims Assistance program, established in the early 1990’s in NYC, provided for formal relationships to be developed between senior centers and local police precincts. Elderly crime victims were referred by the police to the senior center staff to follow up with counseling, provision of money instantly for rent, food, etc., installation of window guards as well as holding community crime prevention forums. This model should be replicated statewide. Funds could also be used in senior centers for seniors who have experienced elder abuse. In this time of heightened awareness for emergency preparedness, this program is an excellent vehicle for developing a working relationship between senior centers and the police.

Geriatric Mental Health Initiative – \$4.5 million – Funding for OMH’s and OFA’s joint geriatric mental health budget priorities that includes establishing a Center for Excellence to foster best practices in geriatric mental health and to provide technical assistance for mental health, health and aging services to personnel throughout NY State; create additional state-of-the-art service demonstration programs; establish a Medicare optimization initiative to ensure that the state obtains all the Medicare funding for mental health services to which it is entitled; and establish an education and training program for primary care physicians in the identification and treatment of depression among older adults.

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