ALBANY COUNTY
LONG TERM CARE COUNCIL

RECOMMENDATIONS FOR REBALANCING THE LONG TERM CARE SYSTEM

JANUARY 2008

TABLE OF CONTENTS

Introduction 3
Population Profile 4
Albany County – NY Connects Data 6
Albany County Long Term Care System Overview 7
- Long Term Care System Characteristics 7
- Long Term Care Data Limitations 8
- Current Service Environment 9
  - Housing 9
  - Home Care 12
  - Community Based Support Services 16

Recommended Goals and Strategies 22
2008 – 2012 Action Plan 26
Appendices 42
- A - Albany County Long Term Care Council Membership 43
- B – Albany County Population Profile 46
  - US Census Bureau 2000 Statistics:
    - Chart 1 - Seniors, Disabled, and Selected Economic Characteristics By Municipality 47
    - Chart 2 - Poverty Status By Age and Disability 55
    - Chart 3 - Type of Disability by Age 56
- C - Average Monthly Medicaid Eligibles by Category of Eligibility 57
- D – Albany County – NY Connects Data: July – December 2007 58
- E - Albany County Skilled Nursing Facilities 61
- F - Albany County Adult Care Facilities 62
- G - Albany County Subsidized Housing for the Elderly and Disabled 63
- H - Albany County 2000 – 2006 Nursing Home Utilization 65
- I - Albany County Department for Aging Expenditure Data 66
- J - Albany County SPARCS Hospital Discharge Disposition Data 67
- K - Albany County 2003 Home Care Service Utilization – All Payment Sources 70
- L - Albany County 2006 Medicaid Expenditures and Utilization for Long Term Care Population 71
- M - Albany County Subsidized Housing for the Elderly and Disabled by Municipality 73
- N - Albany County 2000 – 2006 Medicaid Fee for Service Expenditures 74

RECOMMENDATIONS FOR REBALANCING THE ALBANY COUNTY LONG TERM CARE SYSTEM

Introduction

The Albany County Long Term Care Council (LTCC) was formed in January 2007, in response to a State requirement associated with the establishment of a County Long Term Care Point of Entry. Membership includes representatives from various consumer subgroups, community-based and residential long term care providers, and advocacy groups. (See Appendix A for full membership listing.)

The Long Term Care Council has been charged with analyzing the long term care service delivery system within Albany County, identifying gaps in service accessibility and availability, recommending strategies to address identified needs and barriers, and advising the Albany County Departments of Social Services and Aging on matters related to the Long Term Care Point of Entry (POE). The primary roles defined for the LTCC are as follows.

- Identify and analyze emerging community needs in the long term care service delivery system, based on identified gaps and barriers, service accessibility and availability, and develop strategies to respond to those needs in a timely and appropriate fashion.

- Solicit and represent input from long term care stakeholders regarding changes in the community environment (e.g. new resources or closing of providers), legislation, or regulations.

- Review the long term care service delivery system by identifying entry points to the system and the manner by which populations in need of long term care services navigate or access services throughout the system.

- Identify best practices and other successful program and funding strategies with the potential to address identified unmet needs and barriers.

- Serve in its advisory capacity as a catalyst to advance changes in the long term care system when modifications are required to ensure the availability of appropriate and quality community services.

- Advise the Departments of Social Services and Aging on matters related to the development, operation and evaluation of the Long Term Care Point of Entry.

County Executive Michael Breslin has further charged the Long Term Care Council, during its initial year of convening, to work with the Commissioners of Social Services and Aging to develop a "blueprint" for rebalancing of the long term care system in Albany County, incorporating both short-term and long-term strategy recommendations. This "blueprint" will be submitted by the Commissioners to the County Executive. In subsequent years, the Council will recommend changes and amendments to the "blueprint", as determined necessary and appropriate.

This report represents the Council's "blueprint" of initial recommendations for rebalancing the long term care system in Albany County. The report is divided into the following sections:

- Introduction
- Population Profile
- Albany County – NY Connects Data
- Overview of Long Term Care System
  - System Characteristics
  - Long Term Care Data Availability
  - Current Service Environment
- Recommended Goals and Strategies
- 2008 – 2012 Action Plan
- Appendices

The information presented in this report represents an evolving process of analysis and planning. The findings and recommendations provided are based upon the Council's broad review of what is an extremely complex service delivery system. Many aspects of the system remain to be discussed. In addition, many gaps exist in the data available regarding capacities, utilization and the flow of individuals through the system. During its second year, the Long Term Care Council will continue its work, exploring more components of the service delivery system, involving additional community representatives with specific areas of expertise, and delving more in-depth into selected service areas, best practices and recommended strategies. Revisions and updates will be made to this document, based upon these ongoing discussions.

Population Profile

According to the US Census Bureau 2000 statistics, significant portions of the Albany County population are senior citizens or have one or more disabilities, as highlighted below. While not all of these individuals will require long term care services, the demographics of these subgroups provide a context for understanding the population with such potential needs. (See Appendix B for an expanded Population Profile Summary and US Census Bureau statistics.)

- 18.2% (53,516 individuals) of the total Albany County population were aged 60 or older, the majority of whom (31,705 or 59%) were under age 75. The remaining 21,811 (41%) were ages 75 and older, with 5,985 (11%) being age 85 or older.

- County-wide, nearly half (13,563 or 45.7%) of the total households with individuals 65 and over represented persons 65+ who were living alone.

- 48,863 persons, or 17.9% of the total non-institutional civilian population, ages 5 and older, had one or more disabilities, including sensory, physical, mental, self-care, go-outside-home and employment disabilities.

- The ages of individuals with disabilities were distributed as follows: 5,623 (12%) were ages 5-20, 28,879 (59%) were ages 21-64 years, and 14,361 (29%) were 65 or older.

- Rates of disability increase with older age. Of the total 37,503 Albany County non-institutionalized individuals ages 65 and older, 36.1% have a disability.

- The overall percentage of Albany County residents aged 65 and older with income below poverty level was 7.3%.

- Disabled individuals of all ages 5 and older experienced poverty at significantly higher rates (16.9%) than did the non-disabled (8.7%).

- As a percentage of total persons with disabilities within an age group, the highest rates of poverty were found in the 5-15 years (25.38%) and 16-20 years (25.19%) cohorts with the lowest rates found in the elderly (11.1%).

- During 1999, 32,927 or 27.3% of Albany County households received Social Security income, 4,533 (3.8%) received SSI income, and 24,245 (20.1%) had retirement income.

Caseload data for Albany County provides a snapshot of those low-income elderly and disabled persons who access Medicaid benefits (see Appendix C). During 2006, of a 37,124 monthly average total Medicaid eligible persons, 11,998 or 32% were recipients of SSI or SSI-related. A total of 6,995 Medicaid recipients received SSI benefits under the Aged (682) and Disabled (6,313) categories. The remaining 5,003 individuals were eligible with spend-downs under the MA-Only Aged (2,593) and MA-Only Disabled (2,410) categories. While the overall monthly number of Medicaid eligible individuals increased by 33% between 2000 and 2006, the rate of increase for the elderly and disabled was significantly lower, at 9%.

Albany County – NY Connects Data

In July 2007, Albany County implemented Albany County – NY Connects, a Long Term Care Point of Entry designed to provide information and assistance to elderly and disabled persons of all ages, their caregivers, and community service providers. Data collected related to these requests is an important source of information regarding areas of service need. At the current time, only data related to service categories discussed with callers is collected. In the future, with the introduction of electronic data entry and collation capacities, additional data elements will be available, including information regarding outcomes of service referrals, gaps in services identified, and other similar evaluative elements.

During the first six months of operation (July – December 2007), the program responded to a total of 3,636 contacts, primarily from caregivers (33%), consumers (27%) and professionals (28%). The vast majority of contacts were related to consumers aged 60 years and older (58%) or ages 19-59 years (22%). Only 1% of calls were related to consumers 18 years or under. Note that "marketing" of the program was limited during this period, due to the primary focus during the period being on program start-up considerations.

The following table summarizes the primary categories of service involved with the requests received by Albany County – NY Connects during the period. The three largest categories of inquiry during the period were Home Based Services, Residential/Housing Options and Supports, and Protective/Preventive Services. Additional details regarding inquiry sub-topics within these broad categories are provided in Appendix D.

Service Category	**Total # Contacts July-December 2007**	**% of Total Contacts**
Children-Specific Supports	2	Less than 1%
Consumer Caregiver Supports	124	3%
Facility Based Services	55	1%
Home Based Services	1117	27%
Home Modifications/Repairs	59	1%
Insurance/Benefit Information and Counseling	475	11%
Nutrition and Wellness	116	3%
Protective/Preventive	584	14%
Residential/Housing Options and Supports	842	20%
Support Groups/Counseling	11	Less than 1%

Service Category	Total # Contacts July-December 2007	% of Total Contacts
Transportation	298	7%
Other	527	13%
Total	4203	100%

Albany County Long Term Care System Overview

Long Term Care System Characteristics

A review of the flow of individuals through the long-term care service network reveals a very complex system with many distinct programmatic "silos". Strengths of the system statewide are found in the tremendous assortment of services provided through public funding streams, including the availability of Medicaid funded home care services. In addition, within the Capital District region and Albany County specifically, a wide array of providers are involved in delivering high quality services to various subpopulations of the elderly and disabled.

While strong in many aspects, the long term care service delivery system in Albany County is fragmented, being driven by multiple, distinct State regulatory systems, and lacks overall coordination related to both planning and service delivery. The following are specific concerns identified related to the long term care system.

- There are many access points to the service system, various components of which act as both service providers and points of entry. A great deal of redirecting of consumers occurs as they move around within the system, often in a chaotic manner.

- Long term care funding streams are unbalanced, being more oriented to medical than to supportive services. Various systems provide for service reimbursement at different levels. Significant gaps in service access exist for those who are not eligible for entitlement benefits, but who lack the means to purchase services privately.

- Lack of coordination between agencies results in duplication through multiple assessments, which is burdensome to consumers.

- The system is not user friendly for either the patient or their family. Access to services is through a Monday-Friday system, although needs are encountered on a 24-hour, 7 day/week basis. Consumers often don't know where to go to seek services or what is covered by their insurance.

- Decisions regarding service provision are often financially driven.

- Subgroups that experience more fragmentation than others include persons who are homeless, mentally ill, or have substance abuse problems.

- Length of time to access services is often a concern, related to both benefit eligibility determinations and the time necessary to secure the actual services. The process is further complicated when individuals move between counties or States, due to poor communication processes.

- Significant staff training needs exist system-wide.

- A labor shortage exists within many categories of personnel (e.g. social workers, nurses, therapists, aides) due to scarce manpower, inadequate program reimbursement, and a less than equal competitive footing with other health care sectors in job requirements, such as hours of employment.

- Service providers and consumer representatives report their perceptions that NYS regulations can be overly prescriptive, and in some instances actually impede effective service delivery and discourage the development of new resources.

Long Term Care Data Availability

Significant limitations exist related to the availability of data that characterizes service utilization across all funding streams, and the flow of individuals through the long-term care system.

Many programs do not have “slots” or a maximum number of individuals they can serve. Rather, capacity is driven by a combination of demand and available resources. Data related to unmet needs is also lacking. Many programs do not maintain waiting lists, due to concerns regarding managing such a list and the potential for creating demand that cannot be met with existing resources. In addition, key providers sometimes lack an understanding of available community resources and therefore do not refer potentially eligible persons.

Such information as is available generally relates to public funding streams, with virtually no data collected on private sources. Medicaid claims data is the most readily available source of information regarding covered service categories and recipient utilization. However, being based on adjudicated claims, the specifics of Medicaid statistics can vary, depending upon the source and the proximity of reporting to claiming and payment timelines.

Medicaid expenditure and utilization data provided to Albany County by NYSDOH for all 2006 claims processed through 4/07 indicated that a total Medicaid expenditure (all service categories) of $138,787,412 was made on behalf of 3,818 recipients who had received either institutional and/or non-institutional long-term care services during the year, including those served through nursing homes and home care programs, as shown below. (See Appendix L for additional details.)

Service Category	**Total Recipients**	**Total Expenditures**
Skilled Nursing Facilities	2,157	$77,172,530
Non-Institutional Long Term Care (Home Care)	1,677	$17,989,095

Hospitals represent a major source of referrals for individuals in need of access to formal care systems, both community-based and residential. Data regarding hospital discharge dispositions, collected through the SPARCS system, is therefore also an important source for understanding service utilization and are cited in the discussion below. Some caution, however, is advised is in the use of SPARCS data, as questions have been raised regarding its accuracy for early periods in the system's implementation.

Various sources of data have been cited in the discussion below of specific service categories. It should be noted that these are intended only to provide some context to understanding public funding and related utilization levels, and should not be interpreted as representing all capacity, usage or expenditures. Particularly absent from the current discussion is Medicare data and information related to the private pay system, including the private insurance industry.

Current Service Environment

Housing

A full continuum of available housing and residential care options represents a core requirement for an effective and responsive long-term care system. In order to be considered truly "available", units must be safe, affordable and accessible across the range of consumer income levels and special needs.

The current reality in Albany County is that housing represents an area involving significant unmet need. Gaps in the availability of affordable, high quality housing and residential care options may represent the single largest

barrier to ensuring that the elderly and disabled are provided the opportunity to remain in the community, while enjoying quality of life.

Nursing Homes

At the current time, there are twelve (12) nursing homes operational in Albany County, having a total capacity of 1,789 beds, factoring in the downsized targeted capacity of 250 beds for Albany County Nursing Home. (See Appendix E.) Ann Lee Home, which is in the process of being closed, has not been included in this total. St. Margaret's Center (58 beds) represents the sole skilled nursing facility that specifically targets children and youth, although adult residents are also permitted, particularly those who have aged-out while in the facility.

There is no readily available, single source of data regarding nursing home occupancy, utilization, or demographics of residents served across all payment sources. SPARCS data for 2006 indicates that 4,144 Albany County residents were discharged from hospitals to Skilled Nursing Facilities during 2006. However, statistics regarding those who were placed from settings other than hospitals, nursing home lengths of stay, sources of payment, and discharge dispositions are not available. Only limited Medicaid data can be accessed related to these stays, and no data related to Medicare and private pay cases have been identified. This represents a significant gap in our understanding of trends related to the availability and utilization of nursing home capacities.

Medicaid is the most consistently available source of data related to nursing home placements. During CY 2006 (based on claims paid through 4/2007), a total of 2,157 Albany County Medicaid recipients received services in Skilled Nursing Facilities, totaling 524,261 bed days, at a total cost of $77,172,530. Lengths of stay averaged 243 days. Total nursing home utilization for the period 2002 – 2006 shows steady decreases in numbers of total individuals and bed nights, 12% and 11% respectively, although lengths of stay have remained relatively stable.

Of those Medicaid recipients placed in Skilled Nursing Facilities during 2006, 69% were in facilities within Albany County. The percentages of both recipients served and bed nights provided through out-of-county facilities increased throughout the period, from 25% of both recipients and bed nights in 2002, to 33% of recipients and 32% of bed nights in 2006. Although a small segment of the total annual SNF caseload, out-of-state placements also increased, from 38 (2%) in 2002 to 68 (3%) in 2006.

Adult Care Facilities

At the current time, fourteen (14) NYSDOH-regulated Adult Care Facilities are operational in Albany County, representing a total of 949 beds. (See

Appendix F.) Facilities are certified as either Enriched Housing Programs (5 facilities, 397 beds) or Adult Homes (9 facilities, 552 beds). McAuley Residence, having 48 beds, represents the only Adult Home in Albany County that is also a Licensed Assisted Living Program (ALP).

The majority of Adult Home capacities in Albany County are targeted to a private pay population. Only one facility with 24 beds serves low-income persons, such as SSI recipients, as a primary population. An additional 56-bed facility that served a predominantly SSI population was closed January 2005 due to financial difficulties. While a number of other Adult Homes allow for a small number of SSI-residents, availability is well below existing levels of need for supportive, congregate living units for this population. In addition, Council members report that it is not uncommon for an individual to be discharged from an adult care facility when their ability to pay private rates ends, due to depletion of their financial resources.

The low benefit level available to SSI recipients who reside in an Adult Home or Enriched Housing Program is a primary underlying reason for the limited availability of these settings to low-income individuals in receipt of SSI or Safety Net benefits. This reimbursement level is also generally found to be inadequate to support a high quality facility and programmatic environment.

Proposed NYSDOH regulations for assisted living residences will require enhanced service provision by facilities licensed as an adult home or enriched living program. However, as public funding provisions to support such facilities will remain unchanged, individuals unable to pay private rates, including low-income and many middle-income persons, will be effectively excluded from accessing this level of housing, leaving few options in between fully independent living and skilled nursing facilities.

Subsidized Housing

This category of housing represents independent-living apartments that are subsidized by federal or State rental assistance programs and therefore affordable to low to moderate-income persons.

Appendices G and M describe subsidized housing sites that are specifically targeted to the elderly and disabled. These sites may be owned and managed by Public Housing Authorities, non-profit agencies, or private owners. At the current time, there are approximately 4,017 units at 43 sites within Albany County. The majority are located within the Cities of Albany (2,141 units), Watervliet (514), Cohoes (421) and the Town of Colonie (431). It should be noted that scattered-site units of permanent housing may also be subsidized and accessible by the elderly and disabled, through programs such as Section 8 and Shelter Plus Care (targeted to persons with AIDS, mental illness, and alcohol/substance abuse).

A loss of 216 units of subsidized housing for persons 62 years of age and older was experienced during 2006-2007, due to the closing of the Dewitt Clinton Apartments in the City of Albany.

Albany County has initiated a number of efforts to increase the supply of affordable permanent housing available to low-income households, with potential impacts for the elderly and disabled. In 2007, Albany County established a Housing Trust Fund and awarded an initial round of grants to projects involving the development of affordable, low-income housing. The Housing Trust Fund will be continued in 2008 and represents a potential source of funds for housing targeting the elderly and disabled. In addition, various approaches to requiring that units be accessible to the disabled are being incorporated within the County's disposal of tax-foreclosed properties. The addition of a part-time Housing Trust Fund Coordinator in 2008 will also further strengthen the County's ability to engage in housing-related initiatives.

Home Modifications

Although several programs offer assistance with home repair and home modifications, access is often limited by income eligibility and other requirements, such as requirements of a documented threat to the health and safety of the resident. These programs are generally funded through HUD, NYS Division of Housing and Community Renewal, and the NYS Affordable Housing Corporation, and include Weatherization Assistance Programs, Community Development Programs, The Ramps Program, and Albany County Rural Housing Home Repair Programs and Loans.

The growing number of older adults and younger persons with disabilities who would benefit from home modifications has not yet been matched by a delivery system capable of responding to their needs. The primary obstacle in meeting underserved needs is the decreasing availability of resources and changing policy directives from funding sources.

Start-up funds for the establishment of a home modification program have been included in the Albany County 2008 Budget. This program will assist low-income elderly and disabled persons to remain in the community by making adaptations to their permanent housing to accommodate their physical disabilities and medical needs.

Home Care

Existing capacities for the provision of home care in Albany County are difficult to characterize, as they are largely driven by demand and service availability factors, rather than on the basis of allocated slots. Programs that operate under federal Medicaid waivers represent the exception. The Long Term

Home Health Care Program (LTHHCP) currently certifies 470 slots for Albany County Medicaid recipients, allocated to two agencies. However, slots under the Care At Home, Traumatic Brain Injury (TBI) and Nursing Home Diversion and Transition Waivers are allocated on a regional basis, rather than being County-specific.

Data is most readily available related to home care services that are reimbursed through public funding streams, and particularly Medicaid (Title XIX), EISEP, and Title XX. Service utilization reports submitted by provider agencies to the NYSDOH Bureau of Licensure and Certification represent the sole source of formal data available to characterize the delivery of home care services across all sources of reimbursement, both public and private. This data is available for Certified Home Health Agencies (CHHA), Long Term Home Health Care Programs (LTHHCP), and Licensed Home Care Service Agencies (LHCSA). (See Appendix K.) A major limitation of the data lies in its reporting of visits/hours and cases only according to specific categories of service provided. An unduplicated count of individuals that received one or more services during the annual period is not provided. As a result, this data is of limited use in understanding home care service provision.

Significant increases have been experienced during recent years in the numbers of individuals referred for home care services and associated expenditures. While direct comparisons are difficult to draw due to differences in timeframes and service categories reported by various data sources, the following are indicative of the significance of this trend.

- SPARCS data indicates that between 2000 and 2006, the numbers of Albany County residents reported as discharged annually from inpatient hospital stays to home health care increased significantly for all age groups, from a total of 6,615 in 2000 to 9,183 in 2006, or an increase of 39%. (See Appendix J - Albany County SPARCS Discharge Disposition Data.)

- Between 2000 and 2006, Medicaid expenditures for Home Care Services (including Personal Care, Skilled Nursing, and PERS) increased by 104% to a 2006 level of $8,995,979. For Certified Home Health Services (CHHA), expenditures decreased by 7% to a 2006 level of $5,237,850. (See Appendix N - Albany County Medicaid Fee for Service Expenditures.)

- During 2006, 37 income-eligible individuals received Title XX Homemaker Services, a program that is being phased out and is now closed to new intakes.

- The provision of home care services under EISEP (Expanded In-Home Services for the Elderly Program) has increased each year, more than

doubling in size since April 2005, and made possible by annual increases in State funding allocated to this program. During August 2007, 255 individuals received service under the EISEP program. Expenditures for EISEP are projected to reach a 2007 year-end total of $1,856,556.

Despite the clear trends towards increasing demand for home care services, a review of Albany County residents served through LTHHCP programs indicates a current under-utilization of total slot capacities. Of a total available capacity of 470 slots, caseload totals on 1/11/07 and 10/29/07 were 400 and 397, respectively. Discussions are currently being held amongst Albany County Department of Social Services, local hospital discharge planners, and representatives of LTHHCP and CHHA programs, to strategize on ways to increase utilization of available LTHHCP capacities.

An analysis of NYSDOH MARS data prepared by the New York State Association of Health Care Providers, Inc. provides a more detailed understanding of the trends involved with the increasing volume of Medicaid-reimbursed home care services, as well as changes in the type of personal care services being delivered. This analysis indicates the following related to Albany County Title XIX personal care services for the period 2002 – 2004.

- The total number of recipients of Title XIX Personal Care Services (PCA), inclusive of CDPAP (Consumer Directed Personal Assistance Program), increased by 15%, from 565 to 651.

- Total units of service delivered annually increased by 41%, from 242,201 to 341,519.

- Associated annual expenditures increased by 32%, from $4,003,990 to $5,275,417.

- While overall measures of personal care service delivery increased, the total average dollars spent per unit of service decreased by 7%, from $16.53 to $15.45, resulting in growth in total expenditures lagging behind the growth in units of service delivered.

- The CDPAP caseload had the highest rate of growth within the personal care sector during the period, reflecting a 236% increase.

- The “traditional” PCA caseload experienced a 21% increase, while the “shared aide” caseload decreased by 21%.

Specific factors that have been identified by the Albany County Department of Social Services Adult Services Division as contributing to these caseload trends include the following. a) The CDPAP program was implemented in 1999 and has since been in a period of development, with the caseload only

now beginning to stabilize. b) The CDPAP program allows aides to address a greater complexity of care needs than does the traditional personal care program. As a result, the CDPAP program in Albany County has been addressing unmet needs created by a skilled nursing shortage. c) A significant number of Russian-speaking tenants of a shared-aide building transitioned during the period to the CDPAP program, in order to secure Russian-speaking aides.

Shifts in case-type will also have implications for service provision and costs on the case-specific level. During 2004, recipients of CDPAP services received significantly higher levels of services than did recipients of either shared aide or traditional PCA services, in terms of both average units of service per recipient and average dollars spent per recipient. However, CDPAP had the lowest 2004 average cost per unit of service, as shown below.

CY 2004	**CDPAP**	**PCA II Hourly**	**PCA Shared Aide II Hourly**
Average units of service per recipient	1,723	376	212
Average dollars spent per recipient	$26,266	$5,871	$3,318
Average cost per unit of service	$15.24	$15.62	$15.66

Addressing existing gaps in home care service capacities is essential to maintaining increased numbers of disabled and elderly individuals in the community. Specific areas of existing unmet need identified through Long Term Care Council discussions include the following.

- Additional capacities for custodial-type services for those who do not require skilled services, or who have needs for “supervision” that is not task-oriented. Included among the target populations are individuals suffering from chronic illnesses, such as Alzheimer’s, who have significant supervision needs due to behavioral issues.

- Home care capacities accessible to persons who are not Medicaid-eligible.

- Capacities that can be accessed for service at either extreme of time allotments (e.g. very short periods of 2-3 hours/ week or very long periods of up to 24 hours/day care), as well as for specific hours that are difficult to fill, such as 3 – 6 p.m.

- Increased capacity targeted to geographic areas that are currently under-served, due to the absence of a transportation infrastructure adequate to support the travel needs of aides.

- Expansion of efforts to deliver “in-home services” geographically, through models such as shared aide programs and replication of the Neighborhood Naturally Occurring Retirement Communities (NNORC) model in additional communities.

- Emergency “back-up” capacities to be available in instances where family members are either unable or unwilling to serve in this capacity. The absence of a back-up plan has significant, negative impacts on individuals who live alone, causing them to be unable to secure home care and forcing them into nursing home placements.

Community-Based Support Services

The availability of an array of support services is essential to the ability of elderly and disabled persons to reside in community settings. The following are key components of a long-term care service network.

Care Coordination and Case Management

Needs for care coordination and case management services transcend all age, income and special needs groups, and represent a priority area for expansion. Additional capacities are needed to assist consumers, families and caregivers to problem-solve, understand and navigate the system, and connect with resources.

In its preliminary recommendations to County Executive Breslin, the LTCC identified care coordination to address short-term, episodic and emergency needs as a priority for resource development. The County Executive has included this service initiative in his 2008 County Budget. (See also “Recommended Goals and Strategies” and “Action Plan”.)

Adult Day Services

Adult Day Programs are important and cost-effective resources to support the ability of individuals to remain in the community, while also providing support and respite to family caregivers who may work outside the home or need time for conducting personal business. In Albany County, there are five Social Model Day Care Programs and five Medical Model Day Care Programs, with a total capacity of 93 and 295 respectively.

Adult day programs are poorly funded and sources of reimbursement limit their usage by other than a low-income population. Access to Medical Adult Day

Services is limited primarily to Medicaid recipients. Medical model rates are approximately $75 to $90 per day, and are reimbursed by Medicaid for eligible persons. Under the New York State Health Care Reform Act (HCRA) of 2000, Medicaid reimbursement for adult day health programs is capped at 65 percent of the Skilled Nursing Facility Medicaid rate. Medicaid is currently the predominant payer for Medical Adult Day Services with long term care insurance and private pay representing approximately 1-3% of total reimbursement. Although private payees are allowed, few take advantage of this option.

Funding for Social Model Adult Day Services is provided through Albany County Department for Aging funding streams. During 2005-2006, 32,302 units of service were provided at a cost of $155,824. These levels declined in 2006-2007, to 26,657 units of service at a cost of $125,107. While Social Adult Day Services offer the lowest cost of care at approximately $36 per day, they serve a population that differs from those served by Medical Adult Day Services. Adults who attend these programs benefit from the social aspects and supervised environment of the social day care, but must be self-ambulatory and able to attend to their personal needs.

Caregiver Support Programs

Informal caregivers represent a resource that is largely under-recognized in their impact on the system, as well as in their economic and social value. According to the National Family Caregivers Association, New York State is among the top seven states having the highest number of informal caregivers.

Twelve (12) agencies within the aging network in Albany County currently provide caregiver programs and support services. Albany County Department for Aging expended $173,048 in 2005-2006 and $219,389 in 2006-2007 for Caregiver Support Services. These dollars represent only a small portion of the services being provided to caregivers for seniors County-wide, with many providers reporting growth in their programs.

Caregiver Support Services have been identified by the LTCC as a crucial area for development related to goals of maintaining the elderly and disabled in the community. In addition, the cost of funding Caregiver Support Services is small compared to the value of their contributions and the dollars saved in service delivery through formal systems of care. The following represent current system issues identified by the LTCC that impede efforts to deliver support to caregivers.

- New caregiver support models are needed. Demographic trends projected for the next decade will require changes in traditional approaches to the provision of home care and other community-based support services. Older individuals will increasingly assume simultaneous roles as both caregivers and consumers. Workforce limitations may

require that formal service capacities be increasingly targeted to skilled needs, with family and other informal caregivers assuming expanded roles

- The financial incentives for families to care for disabled individuals are insufficient. Incentives such as tax credits or other tax benefits related to catastrophic expenses should be developed. The existing family leave system provides time-off, but does not compensate for an accompanying loss of pay.

- Society has placed negative connotations on family efforts to maintain a disabled individual at home. Parents who choose to care for a disabled child at home may be accused of doing so for their own financial benefit.

- Relative caregivers often do not perceive themselves as such, and therefore may not seek support and assistance available through existing Caregiver Support programs.

- NYS Medicaid regulations prohibit reimbursement to family members to act as caregivers. Of particular concern is the fact that the Consumer Directed Personal Assistance Program (CDPAP) does not allow for reimbursement to be provided to any member of an individual's household.

Legal Services

Free civil legal services for Albany County residents who are at least 60 years of age are provided under Albany County Department for Aging funding, and supplemented by the contractor through a pro bono attorney program and other public and private sources of legal services funding. In both 2005-2006 and 2006-2007, Albany County Department of Aging provided $40,000 supporting 1334 hours of service for Senior Legal Services.

In-Home Contact and Support Services

In-home contact and support is available to homebound seniors through several programs funded by Albany County Department for Aging, including the Friendly Visitors, Telephone Reassurance and Grocery Shopping Assistance programs. In 2005-2006, 2,776 units of service (e.g. a phone call, visit, or grocery shopping trip) were provided through these programs at a cost of $30,663. In 2006-2007, 2,726 units of service were provided at a cost of $31,008.

Respite Services

Additional respite service capacity is needed, representing an essential component of families' abilities to maintain disabled and elderly individuals within

their communities, thereby reducing unnecessary and costly institutional placements. With the exception of services available through the OMRDD system, respite capacities are difficult to access, poorly funded, lacking in diversity of target populations and income eligibility, and not generally accessible on an emergency basis. Respite services for individuals who require nursing assistance are particularly difficult to obtain.

The Older Americans Act has been a source of funds for respite care under the National Family Caregiver Support Program. However, funding remains limited, affecting program capacities and restricting how much outreach can be conducted to reach individuals at an earlier stage of disease or disability. Despite limited funding, respite services have become an essential part of the home and community based caregiver support system, often providing the kinds of assistance to caregivers that are not always available through other sources. In Albany County, only one caregiver support program currently offers financial assistance for respite as part of their services. One additional organization offers volunteer respite workers who provide companionship only.

Transportation Services

Transportation services are essential to ensure that individuals residing in the community have the ability to access needed resources and services and to achieve quality of life, through socialization and recreational opportunities. Transportation for human services purposes is provided through a wide array of programs, funding streams and providers, of which the following are only highlights.

- During 2006, The Capital District Transportation Authority (CDTA) provided STAR paratransit services to 156,284 elderly and disabled individuals, representing an increase of 9.5% from 2005 levels. In addition, all vehicles in the CDTA fixed route fleet are low floor buses. During 2006, approximately 2000 persons per month took advantage of these lift accessible buses.

- During 2006, $2.9 million in Medicaid funds were expended for the provision of non-emergency and emergency transportation to eligible recipients in Albany County, including a total of 292,842 Non-Emergency Medical Transportation trips. Of the total expenditure, $2,120,106 represented services provided to 2,135 individuals in receipt of long-term care services.

- Albany County Department for Aging contracts for the provision of both medical and non-medical transportation to seniors. During 2006, 33,990 trips were provided to seniors, at a cost of $340,080. Based on current trends, this is expected to increase during CY2007 to a total of 38,681

trips at a cost of $416,981. Note that total costs cited include voluntary contributions collected from riders.

- A survey of human service agencies that provide, contract, or have clients in need of specialized transportation was jointly conducted by Albany County Department of Social Services and the Capital District Transportation Committee in Fall 2006. Seventy-nine (79) Albany County agencies responded that they provide transportation for their consumers, forty-nine (49) of which indicated that they directly own or lease vehicles for this purpose.

Although transportation targeting the elderly and disabled is provided through multiple systems and funding streams, a lack of coordination and inadequate resources combine to result in a system which is difficult to maneuver and characterized by many gaps in availability. For those unable to utilize public transportation, availability is particularly limited for non-medical purposes and for those who are not eligible for or able to access transportation through the Medicaid or Aging Services systems. When other options are lacking, ambulances can become a major and expensive mode of non-emergency medical transportation. An individual who requires transportation for multiple purposes must often secure such through multiple programs and providers, each operating in their own programmatic “silo”. In addition, transportation programs generally operate programs during normal business hours five days a week, with no offering of services in the evenings or weekends, unless related to a specific function.

Several major efforts have been undertaken to enhance the provision of human services transportation in Albany County through coordination efforts. The Albany County Departments of Social Services and Aging, through a coordinated contract for transportation brokerage services, have been successful in increasing the numbers of trips provided to seniors and the range of geographic locations served. Several providers of Aging transportation have also been approved to receive Medicaid reimbursement for trips provided to MA-eligible seniors. Throughout 2005-2007, initially under a United We Ride federal planning grant received through the New York State Department of Transportation, Albany County Department of Social Services convened multi-agency community discussions regarding the coordination of human services transportation services. In addition, the Capital District Transportation Committee (CDTC) has convened a Regional Transportation Coordination Committee, for the purpose of developing a coordinated public transit – human services transportation plan that will determine the use of several allocations of federal transportation funds, including the Section 5310 Elderly Individuals with Disabilities Program and the New Freedom Program.

Albany County has included funds in its 2008 Budget for the purchase of additional vehicles to support non-medical transportation services and the

delivery of home delivered meals to the elderly and disabled living in the community.

Congregate Meals

Congregate meal sites are focal points for the provision of both meals and supportive services, targeting individuals aged 60+ and their spouses. Currently, there are 9 nutrition sites located throughout Albany County. They vary greatly in size, with a maximum seating capacity of 76-100 persons. Median typical attendance, however, is smaller, at about 30 persons. Congregate meal site utilization is increasing each year. In 2005-2006, a total of 72,349 meals were served at congregate sites funded by Albany County Department for Aging, increasing to a total of 72,713 meals served in 2006-2007. Further increases are anticipated, with current projections for 2007 being 80,508 meals to be served.

Home Delivered Meals

Home delivered meal programs assist frail homebound elders and some disabled individuals, at all income levels, who are unable to prepare meals for themselves. Services are designed to maintain or improve health status, support independence, prevent premature institutionalization, and allow for earlier discharges from hospitals or residential care facilities. Home delivered meals are provided primarily under contract to Albany County Department for Aging and, purchased on behalf of some recipients of the Long Term Home Health Care Program. Program costs are supported through a combination of federal aging services funds, Medicaid reimbursements and voluntary consumer donations. In 2006, a total of 287,216 meals were provided through all reimbursement sources. In 2005-2006, Albany County Department for Aging funded 203,827 meals at a cost of $992,436, increasing to 204,123 meals at a cost of $1,056,758 in 2006-2007.

Expansion of home delivered meal capacities is needed. Home delivered meals can help to fill the gaps left by the limitations of Medicare reimbursement, allow the time of both formal and informal caregivers to be used for other needs, and provide short-term support for persons being discharged from hospitals. Funding needs for expansion are primarily for the capital costs of kitchen facilities and delivery vehicles needed to support a program expansion. In addition, funding is needed to expand the provision of meals to the non-elderly, including but not limited to younger disabled individuals and persons with mental illness.

A need also exists to educate service providers regarding the benefits and availability of home delivered meals. For example, at the current time, it is reported that only one local hospital is a significant source of referrals to the home delivered meals program.

Recommended Goals and Strategies

During its initial year of discussions, the Long Term Care Council has identified many unmet needs and systemic concerns, with impacts across the full range of target populations and long term care service categories, as summarized above. The Council's recommendations, as presented below, are organized by broad service category, and include both short and long-term strategies targeting resource and program development, enhancement of system relationships, and areas for policy advocacy. Proposed action steps to be implemented during the five year period of 2008 – 2012 are included in the attached Action Plan. This document will be updated on an annual basis.

Goals

The following eight priority goals and related strategies have been identified by the Albany County Long Term Care Council, for the development of community-based resources needed to rebalance the long term care system.

Goal #1: Provide leadership to the Albany County community for the ongoing planning and development of a long-term care service system that addresses the community-living needs of the elderly and disabled.

Strategies:

Maintain an Action Plan, to be updated annually, to guide the development of long term care services in Albany County. The plan will encompass but not be limited to housing, supportive services, service and case coordination and integration, home and community-based care, social day programs, family and caregiver supports, home delivered meals, transportation, and technology.

Establish a forum for discussions among counties in the Capital District region, regarding shared concerns and mutual action related to the development of long term care service resources.

Goal #2: Expand the availability of care coordination and case management services to assist the elderly and disabled, and their caregivers, in accessing services and resources that address their long term care needs.

Strategies:

Establish a program of Care Coordination and Crisis Management Services that provides short-term, episodic and emergency assistance, to

manage points of service transition and prevent unnecessary hospitalizations or nursing home placements.

Goal #3: Increase the availability to the elderly and disabled of safe, affordable permanent housing options, including units in both independent living and supportive, congregate settings.

Strategies:

Establish a home modification program to assist low-income elderly and disabled individuals to remain in the community.

Establish a “virtual” assisted living program.

Explore opportunities for the development of a full continuum of safe, affordable housing for the elderly and disabled.

Goal #4: Expand the availability of home care services to all persons in need in order to prevent their unnecessary hospitalization or nursing home placement.

Strategies:

Expand available capacities for custodial-type, non-skilled services.

Expand home care capacities to address existing gaps and capacity short-falls.

Expand the use of the shared-aide model to additional building sites and neighborhoods.

Establish Neighborhood Naturally Occurring Retirement Communities (NNORC) programs in additional communities.

Goal #5: Expand the availability of a full array of supportive services necessary to assist the elderly and disabled to remain in the community and to avoid unnecessary institutional placements.

Strategies:

Expand the availability of Adult Day Care Services as a means of supporting caregivers and delaying nursing home placements.

Expand the availability of support services targeting both consumers and caregivers.

Expand the availability of transportation services to all subgroups of the elderly and disabled.

Goal #6: Expand the use of technology to support the cost-effective delivery and coordination of services to elderly and disabled persons.

Strategies:

Expand home tele-health programs for monitoring of patient condition, through the purchase of equipment and reimbursement of office-based personnel time needed to monitor and interpret patient data.

Establish use of videoconferencing, electronic access to forms, and other uses of technology to link consumers with Albany County Department of Social Services for benefit application processes.

Provide education to long term care service providers on the use of technology.

Establish a system to allow for electronic communication and case coordination among long term care service providers.

Goal #7: Provide leadership in promoting the involvement of both public and private sectors of the Albany County community in addressing needs and issues related to long term care for the elderly and disabled.

Strategies:

Educate key providers regarding available community-based services, and encourage earlier referrals and enhanced cross-system communications.

Encourage employers to assist individuals in planning for long term care, by providing all employees with information on long term care planning and long term care insurance, and assisting employees to link with related resources, as necessary.

Promote the adoption of policies and practices friendly to aging and disabled persons, including but not limited to universal accessible design.

Promote programs that encourage senior citizens to remain healthy and active through continued participation in the workforce.

Goal #8: Provide leadership in advocating for public policy, funding and regulatory needs to support the functioning of a long term care system that meets the needs of Albany County's elderly and disabled population.

Strategies:

Develop a policy advocacy agenda, incorporating priority areas where funding and regulatory changes are identified as necessary to support the provision of long term care services.

REBALANCING THE ALBANY COUNTY LONG TERM CARE SYSTEM

2008 – 2012 ACTION PLAN

Goal #1: Provide leadership in the continual development of a long term care service system that addresses the community-living needs of the elderly and disabled.

Strategy	Action Steps	Lead Entity	Timeframe for Anticipated Completion
Maintain an Action Plan, to be updated annually, to guide the development of long term care services in Albany County. The plan will encompass but not be limited to housing, supportive services, service and case coordination and integration, home and community-based care, social day programs, family and caregiver supports, home delivered meals, transportation, and technology.	Award a contract through a competitive RFP for a consultant to assist in an analysis of priority needs, specific to various subgroups and regions within Albany County, the identification of best practices, and recommendations for action that support community-based services for the elderly and disabled. The consultant will build upon the information and priorities set forth in the LTCC's 2007 report and will provide information to inform the Council's 2008 discussions.	Albany County	CY 2008
	Continue LTCC discussions regarding system capacity, gaps and unmet needs, and recommended strategies and best practices. Particular emphasis during 2008 will be placed upon the long term care service needs of disabled children and adults, and available service resources.	LTCC	CY 2008

Goal #1: Provide leadership in the continual development of a long term care service system that addresses the community-living needs of the elderly and disabled.

Strategy	Action Steps	Lead Entity	Timeframe for Anticipated Completion
Establish a forum for discussions among counties in the Capital District region, regarding shared concerns and mutual action related to the development of long term care service resources.	Seek the support of the chief elected officials for Albany, Rensselaer, Schenectady and Saratoga Counties for the convening of regional discussions.	LTCC	CY 2009
	Seek the involvement of the Capital District Regional Planning Commission to support a regional planning effort related to long term care service resources.	LTCC	CY 2009
	Convene a steering committee of stakeholders from within the Capital Region to develop and implement a plan for holding regional discussions.	To Be Determined	CY 2009

Goal #2: Expand the availability of care coordination and case management services to assist the elderly and disabled, as well as their caregivers, in accessing services and resources that address their long term care needs.

Strategy	Action Steps	Lead Entity	Timeframe for Anticipated Completion
Establish a program of Care Coordination and Crisis Management Services that provides short-term, episodic and emergency assistance, to manage points of transition and prevent unnecessary hospitalizations or nursing home placements.	Identify existing care coordination capacities, their target populations and roles within the overall long term care system. Determine the specific areas of unmet need to be addressed through a contracted initiative.	LTCC	CY 2008
	Award a contract through a competitive RFP, to select a community-based agency(ies) for the provision of care coordination and crisis management services.	Albany County DSS and Aging, and Contracted Provider(s)	CY 2008
	Establish a Care Coordination Program to provide, short-term, episodic and emergency assistance.		
	Establish a Crisis Management Team and related protocols for coordination with community providers.		
	Establish an allocation of flexible funds that can be used to meet a one-time only or emergency need, in order to prevent an unnecessary hospitalization or nursing home placement and/or to facilitate discharge to the community.		

Goal #2: Expand the availability of care coordination and case management services to assist the elderly and disabled, as well as their caregivers, in accessing services and resources that address their long term care needs.

Strategy	**Action Steps**	**Lead Entity**	**Timeframe for Anticipated Completion**
Establish a program of Care Coordination and Crisis Management Services that provides short-term, episodic and emergency assistance, to manage points of transition and prevent unnecessary hospitalizations or nursing home placements **(continued).**	Assess needs, potential models and funding sources for care coordination in conjunction with the establishment of a "virtual" assisted living program (see Goal 3) and expanded implementation of the Neighborhood Naturally Occurring Retirement Communities (NNORC) model (see Goal 4).	LTCC Ad Hoc Committees (see Goals 3 and 4)	See Goals 3 and 4 for related time-frames.

Goal #3: Increase the availability to the elderly and disabled of safe, affordable permanent housing options, including units in both independent living and supportive, congregate settings.

Strategy	Action Steps	Lead Entity	Timeframe for Anticipated Completion
Establish a home modification program to assist low-income elderly and disabled individuals to remain in the community.	Award a contract through a competitive process for a community-based agency(ies) to develop and implement a home modification program.	Albany County	CY 2008
	Support and pursue opportunities for funding to be secured through State and federal sources for the expansion of a home modification program.	Albany County, Contract Agency(ies), LTCC	CY2008
	Collaborate with area service providers, faith communities and municipalities to identify elderly and disabled persons for priority participation in a home modification program.		
Establish a “virtual” assisted living program.	Research models for establishing a “virtual” assisted living program by combining housing with on-site services.	LTCC Ad Hoc Committee	CY2008
	Solicit sponsorship interest in development of a program from among housing and service providers.		CY2009
	Develop and implement a plan, based upon the specifics of the model selected and the capacities of the involved provider agencies.		CY2010

Goal #3: Increase the availability to the elderly and disabled of safe, affordable permanent housing options, including units in both independent living and supportive, congregate settings.

Strategy	Action Steps	Lead Entity	Timeframe for Anticipated Completion
Explore opportunities for the development of a full continuum of safe, affordable housing options for the elderly and disabled.	Include housing needs as a priority area for analysis and recommendations in the consultant's report and annual action plan (see Goal #1).	Albany County, LTCC, Contracted Consultant	CY 2008
	Identify and implement specific opportunities for Albany County to collaborate with local municipalities, developers and non-profit agencies related to the development of housing targeting the elderly and disabled.	Albany County	Ongoing throughout duration of plan

Goal #4: Expand the availability of home care services to all persons in need in order to prevent their unnecessary hospitalization or nursing home placement.

Strategy	Action Steps	Lead Entity	Timeframe for Anticipated Completion
Expand available capacities for custodial-type, non-skilled services.	Seek for Albany County to be a participant in a NYSOFA-sponsored pilot program for deployment of a consumer-directed model for EISEP service provision. Conduct an assessment of needs related to the provision of custodial-type, non-skilled services.	Albany County DSS and Aging LTCC Ad Hoc Committee and Contracted Consultant	CY 2008 CY 2008
Expand home care capacities to address existing gaps and capacity short-falls.	Conduct an in-depth assessment of unmet needs related to existing home care capacities and the related workforce development needs and program reimbursement issues. Explore potential models for the establishment of home care capacities that address existing gaps and shortfalls, including but not limited to: • Services that are accessible to persons who are not Medicaid-eligible. • Capacities available for difficult to fill hours and time allotments. • Capacities targeted to under-served geographic areas	LTCC Ad Hoc Committee, Contracted Consultant	

Goal #4: Expand the availability of home care services to all persons in need in order to prevent their unnecessary hospitalization or nursing home placement.

Strategy	**Action Steps**	**Lead Entity**	**Timeframe for Anticipated Completion**
Expand home care capacities to address existing gaps and capacity short-falls. **(continued)**	• Capacities available to provide emergency "back-up" services. • Capacities for brief morning assistance needed to support the ability of individuals to make use of available day services. • Models for blending of "traditional" and consumer-directed home care services. Identify home care provider agencies willing and able to develop additional capacities targeted to identified gaps and short-falls.	Albany County DSS	CY 2010
Expand the use of the shared-aide model to additional building sites and neighborhoods.	Conduct an analysis of the personal care caseload, to identify potential building sites and neighborhoods suitable to use of a shared aide model. Convene discussions with contracted home care providers to implement opportunities identified for expanded use of a shared aide model.	Albany County DSS	CY 2009

Goal #4: Expand the availability of home care services to all persons in need in order to prevent their unnecessary hospitalization or nursing home placement.

Strategy	Action Steps	Lead Entity	Timeframe for Anticipated Completion
Establish Neighborhood Naturally Occurring Retirement Communities (NNORC) programs in additional communities.	Conduct an analysis of the demographic and service characteristics of Albany County communities, to identify and prioritize those with the potential for establishment of a NNORC. Select a priority community, identify a lead agency and convene a task force to plan for establishment of a NNORC.	LTCC Ad Hoc Committee	CY 2010 CY 2012

Goal #5: Expand the availability of a full array of supportive services necessary to assist the elderly and disabled to remain in the community and to avoid unnecessary institutional placements.

Strategy	Action Steps	Lead Entity	Timeframe for Anticipated Completion
Expand the availability of Adult Day Care Services as a means of supporting caregivers and delaying nursing home placements.	Conduct an assessment of current utilization and unmet needs for development of additional Adult Day Service capacity.	Contracted Consultant	CY 2009
	Explore models and pursue strategies that address funding issues associated with the delivery of adult day care services.	To Be Determined	CY 2010
Expand the availability of support services targeting both consumers and caregivers.	Explore the potential for adopting use of a standardized caregiver assessment tool.	LTCC	CY 2009
	Expand telephone reassurance, friendly home visitors and shopping assistance programs.	Albany County Department for Aging	CY 2009
	Explore the development of on-line resources and communication with family members and other informal caregivers, including the potential for creation of a “virtual” Family Caregiver Resource Center.	LTCC	CY 2010
	Explore the availability of resources needed to expand the provision of home-delivered meals to the non-elderly disabled population.	LTCC	CY 2009

Goal #5: Expand the availability of a full array of supportive services necessary to assist the elderly and disabled to remain in the community and to avoid unnecessary institutional placements.

Strategy	**Action Steps**	**Lead Entity**	**Timeframe for Anticipated Completion**
Expand the availability of support services targeting both consumers and caregivers. **(continued)**	Develop a program to hire and train social workers to conduct telephone support groups, particularly for persons in rural areas. Develop and implement program models that use "younger" retirees to perform easier care tasks, allowing formal resources to prioritize the provision of acute care.	Albany County Department for Aging To Be Determined	CY 2009 CY 2012
Expand the availability of transportation services to all subgroups of the elderly and disabled.	Award contracts through a competitive RFP process for the purchase of additional vehicles to support non-medical transportation needs, including door-to-door assistance for Adult Day Care attendees, and the expansion of home delivered meals.	Albany County DSS and Aging	CY 2008

Goal #6: Expand the use of technology to support the expansion and coordination of cost-effective services to elderly and disabled persons.

Strategy	Action Steps	Lead Entity	Timeframe for Anticipated Completion
Expand home tele-health programs for monitoring of patient condition, through the purchase of equipment and reimbursement of office-based personnel time needed to monitor and interpret patient data.	Develop an inventory and working knowledge of tele-health programs currently operational in Albany County. Establish a relationship with the NYS DOH Office of Health Information Technology, various professional associations and area provider agencies, to determine best practices for coordinated health IT programs and policies.	LTCC	CY 2010 CY 2010
Establish use of videoconferencing, electronic access to forms and other uses of technology to link consumers with Albany County Department of Social Services for benefit application processes.	Establish a committee of Department of Social Services and Department of Information Services representatives, to review current practices and explore potential uses of technology to facilitate consumer applications for benefits.	Albany County DSS	CY 2009
Provide education to long term care service providers on the use of technology.	Hold an Interagency Community Forum on promising practices in the use of videoconferencing and tele-health technology.	To Be Determined	CY 2011

Goal #6: Expand the use of technology to support the expansion and coordination of cost-effective services to elderly and disabled persons.

Strategy	**Action Steps**	**Lead Entity**	**Timeframe for Anticipated Completion**
Provide education to long term care service providers on the use of technology. **(continued)**	Develop a County-wide educational program targeting both providers and consumers, regarding how to access and utilize technology in long term care.		CY 2012
Establish a system to allow for electronic communication and case coordination among long term care service providers.	Hold discussions with representatives of Albany County DSS, hospital discharge planners, and home care providers to plan and implement the use of electronic communications to facilitate case coordination. Explore the potential for expanding the above to additional sectors of the provider community.	Albany County DSS	CY 2011 CY 2012

Goal #7: Provide leadership in promoting the involvement of both public and private sectors of the Albany County community in addressing needs and issues related to long term care for the elderly and disabled.

Strategy	**Action Steps**	**Lead Entity**	**Timeframe for Anticipated Completion**
Education of key providers regarding available community-based services, and encouraging earlier referrals and enhanced cross-system communications.	Develop a standard set of triage and service protocols and related provider training Establish Memorandums of Understanding outlining referral relationships.	Albany County DSS and Aging	CY 2010
Encourage employers to assist individuals in planning for long term care, by providing all employees with information on long term care planning and long term care insurance, and assisting employees to link with related resources, as necessary.	Develop an informational packet appropriate for employers to distribute to employees, providing information on long term care insurance, service resources and planning concerns (ex. advance directives). Identify opportunities for including a “long term care planning” table at employee benefit and health fairs. Convene discussions with representatives of appropriate organizations (ex. Chamber of Commerce, providers, the Capital Region Human Resource Association), to discuss strategies for engaging with major local employers.	Albany County DSS and Aging, LTCIEOP Contractor To Be Determined	CY 2009 CY 2011

Goal #7: Provide leadership in promoting the involvement of both public and private sectors of the Albany County community in addressing needs and issues related to long term care for the elderly and disabled.

Strategy	Action Steps	Lead Entity	Timeframe for Anticipated Completion
Promote the adoption of policies and practices friendly to aging and disabled persons, including but not limited to universal accessible design.	Initiate a dialogue with public sector leaders and planning officials regarding instituting land and service planning, zoning, building codes, transportation systems, and other considerations necessary to make Albany County communities “friendly” to the aging and disabled.	LTCC, Albany County	CY 2011
Promote programs that encourage senior citizens to remain healthy and active through continued participation in the workforce.	Explore potential models and best practices for providing incentives to retired persons to remain engaged in the workforce.	Albany County Department for Aging	CY 2011

Goal #8: Provide leadership in advocating for public policy, funding and regulatory needs to support the functioning of a long term care system that meets the needs of Albany County's elderly and disabled population.

Strategy	Action Steps	Lead Entity	Timeframe for Anticipated Completion
Develop a policy advocacy agenda, incorporating priority areas where funding and regulatory changes are identified as necessary to support the provision of long term care services.	Convene an ad hoc committee of the LTCC to establish a process and assist in developing an annual policy advocacy agenda. Issue an annual progress report that identifies past year priorities and the status of initiatives undertaken. Establish an inter-agency model for distributing information and conducting advocacy regarding public policy, funding and regulatory issues that impact the long term care system.	LTCC LTCC Ad Hoc Committee	CY 2008 Annually throughout plan period CY 2009

APPENDICES

Appendix A	Albany County Long Term Care Council Membership
Appendix B	US Census Bureau 2000 Statistics
	Chart 1 - Seniors, Disabled, and Selected Economic Characteristics By Municipality Chart 2 - Poverty Status By Age and Disability Chart 3 - Type of Disability by Age
Appendix C	Average Monthly Medicaid Eligibles By Category of Eligibility
Appendix D	Albany County – NY Connects Data: July – December 2007
Appendix E	Albany County Skilled Nursing Facilities
Appendix F	Albany County Adult Care Facilities
Appendix G	Albany County Subsidized Housing for the Elderly and Disabled
Appendix H	Albany County 2000 – 2006 Nursing Home Utilization
Appendix I	Albany County Department for Aging Expenditure Data
Appendix J	Albany County SPARCS Discharge Disposition Data
Appendix K	Albany County 2003 Home Care Service Utilization – All Payment Sources
Appendix L	Albany County 2006 Medicaid Expenditures and Utilization for Long Term Care Population
Appendix M	Albany County Subsidized Housing for the Elderly and Disabled by Municipality
Appendix N	Albany County 2000 – 2006 Medicaid Fee for Service Expenditures

APPENDIX A
ALBANY COUNTY LONG TERM CARE COUNCIL MEMBERSHIP

Co-Chairpersons

Vincent W. Colonno, Commissioner, Albany County Department of Social Services (formerly Commissioner of Aging)

Commissioner, Albany County Department for Aging (vacancy pending appointment)

Members

Miriam Adler, Assistant Director, Jewish Family Services of NENY

Nora Baratto, LCSW-R, CCM, Manager, Case Management Department, St. Peter's Hospital

Patricia J. Binzer, EdD, Community Representative

Thomas Buckley, Chief Executive, Visiting Nurse Association of Albany, Inc.

Rosetta Y. Burke, Brigadier General Retired, Community Representative

Diane Cameron, Executive Director, Community Caregivers, Inc.

Christine M. Cary, Case Manager, Town of Colonie, Senior Resources Department

David A. Clark, MD, Chief of Pediatrics Department, Albany Medical Center

Ann G. DiSarro, NENY 2-1-1

Jonathan Dougherty, Executive Vice-President, Medical Society of Albany County

Debra Durkee, Family Service Specialist, Division for Children with Special Needs, Albany County Department for Children, Youth and Families

Lisa L. Evans, Co-President, Interim Health Care

Lisa A. Ferretti, LMSW, University at Albany, Center for Excellence in Aging Services

Beverley Gershen, Community Representative

Simeon Goldman, Esq., Senior Staff Attorney, Disability Advocates, Inc.

Wesley J. Hale, Executive Director, Our Lady of Mercy Life Center

David Howells, Director of Planning, Northeast Health

Maxcine Johnson, Community Representative

Alan Krafchin, President and CEO, Center for Disability Services

Gene Larrabee, Executive Director, Albany County Department of Residential Health Care Facilities

Constance Laymon, CEO, Consumer Directed Choices

Elizabeth Martin, Health and Human Services Coordinator, Albany County Executive's Office

Hon. Lucille M. McKnight, Albany County Legislator

Henrietta Messier, Community Representative

Maribeth Miller, Director of Nursing, Albany County Department of Health

Joseph F. Pofit, Long Term Care Director, Catholic Charities of the Diocese of Albany

Carol Rodat, New York Policy Director, Paraprofessional Health Care Institute

Jane Schramm, Executive Director, Senior Services of Albany

Robin Siegal, Ph.D., Director, Albany County Department of Mental Health

Hon. Peter B. Tunny, Albany County Legislator

Melissa R. Vliek, LCSW-R, Director, Outpatient Clinic, Capital District Psychiatric Center

Walter R. Wheeler, President, Capital District Alliance for Retired Americans

Past Members (2007)

Elizabeth R. Berlin, Commissioner, Albany County Department of Social Services

Monika Boeckmann, Executive Director, Alzheimer's Association of NENY

Jennifer Malatras, Policy Analyst, Albany County Executive's Office

Michael Panarese, Acting Administrator, Albany County Department of Residential Health Care Facilities

Albany County Department of Social Services Staff

Linda Doyle, Program Coordinator, Commissioner's Office

Patty Smith-Willsey, Director, Adult Services Division

Erin Stachewicz, Long Term Care Coordinator

APPENDIX B – POPULATION PROFILE

Summary

Of a total population of 294,565, 18.2% or 53,516 individuals were age 60 or older. The majority of these (31,705 or 59%) were under age 75. The remaining 21,811 (41%) were ages 75 and older, with 5,985 (11%) being age 85 or older. County-wide, there were 29,708 (24.7%) households with individuals 65 and over, of which nearly half (13,563 or 45.7%) represented persons 65+ who were living alone.

In addition, 48,863 persons, or 17.9% of the total non-institutional civilian population ages 5 and older, have one or more disabilities, including sensory, physical, mental, self-care, go-outside-home and employment disabilities. Approximately equal proportions have one type (7.1%) or two of more types (7.8%) of disability. The ages of individuals with disabilities were distributed as follows: 5,623 (12%) were ages 5-20, 28,879 (59%) were ages 21-64 years, and 14,361 (29%) were 65 or older.

The highest rates of disability are found within the urban centers, with the following being the percentages of the non-institutional civilian population, ages 5 and older, with a disability: City of Albany – 21.4%, City of Cohoes – 23.5%, and the City of Watervliet – 21.6%. However, the percentages were also high in the Town of Berne (20.1%), the Village of Ravena (21.3%), the Village of Menands (20.9%) and the Town of Westerlo (21.9%).

Rates of disability increase with older age. Of the total 37,503 Albany County non-institutionalized individuals ages 65 and older, 36.1% have a disability. Rates of disability amongst the elderly were highest in the Town of Westerlo (60.0%), the City of Albany (42.2%) and the Town of Coeymans (44.7%), the latter including the Village of Ravena (47.7%).

The overall percentage of Albany County residents aged 65 and older with income below poverty level was 7.3% in 2000. This percentage was highest in the City of Albany (12.5%), the Village of Menands (11%) and the Town of Knox (11%). In addition, disabled individuals of all ages 5 and older experienced poverty at significantly higher rates (16.9%) than did the non-disabled (8.7%). As a percentage of total persons with disabilities within an age group, the highest rates of poverty were found in the 5-15 years (25.38%) and 16-20 years (25.19%) cohorts with the lowest rates found in the elderly (11.1%). The highest disparity in percentages between the disabled and non-disabled was found in the 5-15 years age cohort, with a difference of 14.1%.

During 1999, 32,927 or 27.3% of Albany County households received Social Security income, 4,533 (3.8%) received SSI income, and 24,245 (20.1%) had retirement income. The highest rates of receipt of SSI income were in the

urban centers: City of Albany - 6.1%, City of Cohoes - 5.8%, City of Watervliet - 5.7%. However, the Village of Ravena also had a high rate of 5.2%. Of all of the municipalities for whom information was reported, the City of Albany had the lowest percentage of households in receipt of retirement income, at 16.3%.

CHART 1
SENIORS, DISABLED, AND SELECTED ECONOMIC CHARACTERISTICS BY MUNICIPALITY
Source: 2000 Census

Note: Data for Towns with Villages include the Village data
*Represent % of total in age group

	Albany County		**City of Albany**		**Town of Berne**	
	#	**%**	**#**	**%**	**#**	**%**
Total Population	294,565		95,658		2,846	
Total 5+ years	277,916	94.3%	90,274	94.3%	2,695	94.7%
60-64 years	10,922	3.7%	2,914	3.0%	115	4.0%
65-74 years	20,783	7.1%	5,674	5.9%	209	7.3%
75 to 84 years	15,826	5.4%	4,781	5.0%	105	3.7%
85 years and over	5,985	2.0%	2,326	2.4%	28	1.0%
Households with Persons 65+						
Total Persons Ages 65+	42,594		12,781		342	
Households with Persons Ages 65+	29,708	24.7%	8,836	21.7%	248	22.6%
Householders Ages 65+ Living Alone	13,563	11.3%	4,676	11.5%	81	7.4%
Non-Institutional Civilian Population With a Disability						
Total Persons Ages 5+	273,158		88,027		2,690	
Total Disabled Persons 5+	48,863	17.9%	18,802	21.4%	572	21.3%
5-20 years	5,623	8.7%*	2,516	11.4%	68	10.5%
21-64 years	28,879	17.1%	11,404	21.0%	376	22.1%
65 and over	14,361	36.1%	4,882	42.2%	128	37.4%

	Albany County		City of Albany		Town of Berne	
	#	%	#	%	#	%
Poverty Status for Individuals 65 and Older Based on 1999 Income						
# 65 + Poverty Status determined	39,755		11,581		342	
# 65 +Below Poverty	2,884	7.3%*	1,443	12.5%	10	2.9%
# Households With Income in 1999 from Selected Sources						
Social Security Income	32,927	27.3%	9,960	24.4%	327	29.6%
Mean $	$12,009		$11,116		$11,744	
SSI Income	4,533	3.8%	2,476	6.1%	20	1.8%
Mean $	$6,144		$5,977		$7,835	
Retirement Income	24,245	20.1%	6,632	16.3%	231	20.9%
Mean $	$17,643		$16,900		$16,696	

	Town of Bethlehem		Town of Coeymans		Village of Ravena	
	#	%	#	%	#	%
Total Population	31,304		8,151		3,369	
Total 5+ years	29,271	93.5%	7,587	93.1%	3,155	93.6%
60-64 years	1,125	3.6%	292	3.6%	115	3.4%
65-74 years	2,139	6.8%	504	6.2%	235	7.0%
75 to 84 years	1,688	5.4%	357	4.4%	196	5.8%
85 years and over	691	2.2%	90	1.1%	44	1.3%
Households with Persons 65+						
Total Persons Ages 65+	4,518		951		475	
Households with Persons Ages 65+	3,195	26.4%	718	23.0%	355	25.7%
Householders Ages 65+ Living Alone	1,415	11.7%	311	10.0%	171	12.4%
Non-Institutional Civilian Population With a Disability.						
Total Persons Ages 5+	29,013		7,617		3,169	

	Town of Bethlehem		Town of Coeymans		Village of Ravena	
	#	%	#	%	#	%
Non-Institutional Civilian Population With a Disability.						
Total Disabled Persons 5+	4,099	14.1%	1,416	18.6%	688	21.7%
5-20 years	471	6.4%	170	8.7%	65	8.9%
21-64 years	2,390	13.8%	828	17.6%	395	20.2%
65 and over	1,238	28.9%	418	44.7%	228	47.7%
1999 Poverty Status for Individuals Age 65 and Older Based on 1999 Income						
#65+ Poverty Status Determined	4,289		935		478	
#65+ Below Poverty	121	2.8%	65	7.0%	26	5.4%
# Households With Income in 1999 from Selected Sources						
Social Security Income	3,394	28.0%	818	26.2%	374	27.2%
Mean $	$13,280		$12,454		$12,669	
SSI Income	116	1.0%	109	3.5%	71	5.2%
Mean $	$7,851		$5,557		$5,973	
Retirement Income	2,763	22.8%	582	18.7%	270	19.6%
Mean $	$21,821		$26,533		$13,148	

	City of Cohoes		Town of Colonie		Village of Colonie	
	#	%	#	%	#	%
Total Population	15,521		79,258		7,916	
Total 5+ years	14,556	93.8%	75,258	95.0%	7,515	94.9%
60-64 years	575	3.7%	3,400	4.3%	401	5.1%
65-74 years	1,231	7.9%	6,622	8.4%	835	10.5%
75 to 84 years	1,091	7.0%	4,756	6.0%	425	5.4%
85 years and over	365	2.4%	1,554	2.0%	106	1.3%
Households with Persons 65+						
Total Persons Ages 65+	2,687		12,932		1,366	
Households with Persons	1,966	28.4%	8,678	28.0%	979	30.8%

	City of Cohoes		Town of Colonie		Village of Colonie	
Ages 65+						
Householders Ages 65+ Living Alone	1,082	15.6%	3,431	11.1%	297	9.4%
Non-Institutional Civilian Population With a Disability.						
Total Persons Ages 5+	14,414		73,397		7,513	
Total Disabled Persons 5+	3,393	23.5%	11,132	15.2%	1,170	15.6%
5-20 years	366	11.9%	1,023	6.1%	69	4.5%
21-64 years	1,936	22.0%	6,425	14.3%	652	14.2%
65 and over	1,091	42.8%	3,684	30.8%	449	32.7%
1999 Poverty Status for Individuals Age 65 and Older Based on 1999 Income						
#65+ Poverty Status Determined	2,547		11,963		1,371	
#65+ Below Poverty	160	6.3%	719	6.0%	58	4.2%
# Households With Income in 1999 from Selected Sources						
Social Security Income	2,270	32.8%	9372	30.2%	1018	31.9%
Mean $	$11,179		$12,561		$12,976	
SSI Income	400	5.8%	694	2.2%	96	3.0%
Mean $	$6,585		$6,308		$5,729	
Retirement Income	1,508	21.8%	7,093	22.9%	849	26.6%
Mean $	$14,795		$17,112		$19,180	

	Village of Menands		Town/Village of Green Island		Town of Guilderland	
	#	%	#	%	#	%
Total Population	3,910		2,278		32,688	
Total 5+ years	3,735	95.5%	2,140	93.9%	30,892	94.5%
60-64 years	208	5.3%	85	3.7%	1,250	3.8%
65-74 years	376	9.6%	172	7.6%	2,258	6.9%
75 to 84 years	303	7.7%	132	5.8%	1,549	4.7%
85 years and over	118	3.0%	45	2.0%	492	1.5%
Total Persons Ages 65+	797		349		4,299	

	Village of Menands		Town/Village of Green Island		Town of Guilderland	
Households with Persons Ages 65+	576	30.2%	271	25.3%	2,953	22.0%
Householders Ages 65+ Living Alone	296	15.5%	138	12.9%	1,156	8.6%
Non-Institutional Civilian Population With a Disability						
Total Persons Ages 5+	3,764		2,138		30,643	
Total Disabled Persons 5+	785	20.9%	301	14.1%	4,636	15.1%
5-20 years	31	5.3%	19	4.5%	505	7.2%
21-64 years	464	20.0%	197	14.4%	2,726	13.9%
65 and over	290	34.0%	85	24.6%	1,405	34.9%
1999 Poverty Status for Individuals Age 65 and Older Based on 1999 Income						
#65+ Poverty Status Determined	854		346		4,023	
#65+ Below Poverty	94	11.0%	18	5.2%	162	4.0%
# Households With Income in 1999 from Selected Sources						
Social Security Income	614	32.2%	294	27.4%	3,344	24.9%
Mean $	$12,485		$11,731		$12,937	
SSI Income	60	3.1%	20	1.9%	274	2.0%
Mean $	$6,935		$4,080		$6,892	
Retirement Income	463	24.3%	246	22.9%	2,792	20.8%
Mean $	$18,051		$12,620		$19,769	

	Village of Altamont		Town of Knox		Town of New Scotland	
	#	%	#	%	#	%
Total Population	1,737		2,647		8,626	
Total 5+ years	1,637	94.2%	2,490	94.1%	8,149	94.5%
60-64 years	50	2.9%	89	3.4%	415	4.8%
65-74 years	114	6.6%	130	4.9%	665	7.7%
75 to 84 years	82	4.7%	87	3.3%	379	4.4%

	Village of Altamont		Town of Knox		Town of New Scotland	
	#	%	#	%	#	%
85 years and over	19	1.1%	18	0.7%	93	1.1%
Households with Persons 65+						
Total Persons Ages 65+	215		235		1,137	
Households with Persons Ages 65+	157	24.3%	181	19.0%	807	24.2%
Householders Ages 65+ Living Alone	75	11.6%	60	6.3%	242	7.2%
Non-Institutional Civilian Population With a Disability						
Total Persons Ages 5+	1,637		2,529		8,126	
Total Disabled Persons 5+	245	15.0%	334	13.2%	1,103	13.6%
5-20 years	37	7.9%	34	5.1%	140	7.3%
21-64 years	128	13.5%	203	12.6%	557	11.0%
65 and over	80	36.5%	97	38.0%	406	36.3%
1999 Poverty Status for Individuals Age 65 and Older Based on 1999 Income						
#65+ Poverty Status Determined	219		255		1,118	
#65+ Below Poverty	13	5.9%	28	11.0%	45	4.0%
# Households With Income in 1999 from Selected Sources						
Social Security Income	179	27.3%	242	24.6%	843	25.4%
Mean $	$12,908		$11,510		$13,436	
SSI Income	12	1.8%	30	3.1%	51	1.5%
Mean $	$5,692		$5,155		$5,224	
Retirement Income	139	21.2%	181	18.4%	680	20.5%
Mean $	$18,128		$16,737		$16,334	

	Village of Voorheesville		Town of Rensselaerville		City of Watervliet	
	#	%	#	%	#	%
Total Population	2,705		1,915		10,207	
Total 5+ years	2,569	95.0%	1,809	94.5%	9,537	93.4%
60-64 years	142	5.2%	108	5.6%	389	3.8%
65-74 years	189	7.0%	165	8.6%	798	7.8%
75 to 84 years	126	4.7%	99	5.2%	641	6.3%
85 years and over	27	1.0%	27	1.4%	197	1.9%
Households with Persons 65+						
Total Persons Ages 65+	342		291		1,636	
Households with Persons Ages 65+	242	23.2%	213	27.3%	1,316	28.2%
Householders Ages 65+ Living Alone	68	6.5%	83	10.7%	764	16.4%
Non-Institutional Civilian Population With a Disability						
Total Persons Ages 5+	2,580		1,781		9,524	
Total Disabled Ages 5+	314	12.2%	303	17.0%	2,057	21.6%
5-20 years	39	6.1%	16	4.2%	225	11.0%
21-64 years	158	9.9%	185	16.7%	1,269	21.7%
65 and over	117	34.4%	102	34.8%	563	34.6%
1999 Poverty Status for Individuals Age 65 and Older Based on 1999 Income						
#65+ Poverty Status Determined	340		293		1,626	
#65+ Below Poverty	8	2.4%	10	3.4%	92	5.7%
# Households With Income in 1999 from Selected Sources						
Social Security Income	232	22.5%	251	32.1%	1,425	30.4%
Mean $	$13,575		$11,924		$10,060	
SSI Income	26	2.5%	32	4.1%	268	5.7%
# Households With Income in 1999 from Selected Sources						
Mean $	$6,435		$8,174		$5,496	

	Village of Voorheesville		Town of Rensselaerville		City of Watervliet	
	#	%	#	%	#	%
# Households With Income in 1999 from Selected Sources						
Retirement Income	210	20.3%	171	21.9%	1,116	23.8%
Mean $	$15,268		$12,007		$13,786	

	Town of Westerlo	
	#	%
Total Population	3,466	
Total 5+ Years	3,258	94.0%
60-64 years	165	4.8%
65-74 years	216	6.2%
75 to 84 years	161	4.6%
85 years and over	59	1.7%
Households with Persons 65+		
Total Persons Ages 65+	436	
Households with Persons Ages 65+	326	24.6%
Householders Ages 65+ Living Alone	124	9.4%
Non-Institutional Civilian Population With a Disability		
Total Persons Ages 5+	3,259	
Total Disabled Ages 5+	715	21.9%
5-20 years	70	9.0%
21-64 years	383	18.8%
65 and over	262	60.0%
1999 Poverty Status for Individuals Age 65 and Older Based on 1999 Income		
#65+ Poverty Status Determined	437	
#65+ Below Poverty	11	2.5%
# Households With Income in 1999 from Selected Sources		
Social Security Income	387	29.4%
Mean $	$11,287	
SSI Income	43	3.3%
Mean $	$5,649	
Retirement Income	250	19.0%
Mean $	$10,147	

CHART 2
POVERTY STATUS BY AGE AND DISABILITY
Source: 2000 Census

Albany County	**# Individuals**	**% Total**
Total Ages 5 and older:	**263,397**	
With a disability:	***48,183***	***18.29%***
Income in 1999 below poverty level	8,156	16.93
Income in 1999 at or above poverty level	40,027	83.07
No disability:	***215,214***	81.71
Income in 1999 below poverty level	18,800	8.74
Income in 1999 at or above poverty level	196,414	91.26
5 to 15 years:	**40,989**	
With a disability:	***2,896***	***7.07***
Income in 1999 below poverty level	732	25.28
Income in 1999 at or above poverty level	2,164	74.72
No disability:	***38,093***	***92.93***
Income in 1999 below poverty level	4,260	11.18
Income in 1999 at or above poverty level	33,833	88.82
16 to 20 years:	**16,275**	
With a disability:	***2,200***	***13.52***
Income in 1999 below poverty level	552	25.09
Income in 1999 at or above poverty level	1,648	74.91
No disability:	***14,075***	***86.48***
Income in 1999 below poverty level	2,465	17.51
Income in 1999 at or above poverty level	11,610	82.49
21 to 64 years:	**166,378**	
With a disability:	***28,726***	***17.27***
Income in 1999 below poverty level	5,273	18.36
Income in 1999 at or above poverty level	23,453	81.64
No disability:	***137,652***	***82.73***
Income in 1999 below poverty level	10,790	7.84
Income in 1999 at or above poverty level	126,862	92.16
65 years and older:	**39,755**	
With a disability:	***14,361***	***36.12***
Income 1999 below poverty level	1,599	11.13
Income in 1999 at or above poverty level	12,762	88.87
No disability:	***25,394***	***63.88***
Income in 1999 below poverty level	1,285	5.06
Income in 1999 at or above poverty level	24,109	04.94

CHART 3
TYPE OF DISABILITY BY AGE
Source: 2000 Census

Albany County	**# Individuals**	**Percent of Total**
Total Population Age 5+	**273,158**	
With one type of disability	***27,278***	***10.0%***
Sensory disability	3,419	1.3%
Physical disability	7,128	2.6%
Mental Disability	4,062	1.5%
Self-care disability	162	0.1%
Go-outside-home disability	3,176	1.2%
Employment disability	9,331	3.4%
With two or more types of disability	***21,585***	***7.9%***
Includes self-care disability	6,589	2.4%
Does not include self-care disability	14,996	5.5%
No disability	**224,295**	**82.1%**

APPENDIX C
ALBANY COUNTY
AVERAGE MONTHLY MEDICAID ELIGIBLES BY CATEGORY OF ELIGIBILITY

Year	Total Monthly Average Eligibles	SSI Aged	SSI Disabled	MA-Only Aged	MA-Only Disabled
2006	37,124	682	6,313	2,593	2,410
2005	38,496	699	6,485	2,554	2,351
2004	37,392	755	6,425	2,161	2,168
2003	35,389	804	6,309	2,153	1,985
2002	31,478	844	6,200	2,045	1,907
2001	28,820	921	6,220	2,063	1,770
2000	27,921	1,007	6,143	2,140	1,705
1999	28,005	1,105	5,998	2,208	1,546
1988	28,464	1,159	5,786	2,285	1,363
1997	28,627	1,228	5,406	2,349	1,306

APPENDIX D

ALBANY COUNTY – NY CONNECTS DATA
JULY – DECEMBER 2008

Type of Caller	Total # Inquiries	% Total Inquiries
Caregivers	1204	33%
Consumers	982	27%
Professionals	1025	28%
Other (neighbors, friends, non-caregiver relatives)	315	9%
Unknown	110	3%
Total	3636	100%

Age of Consumer	Total # Inquiries	% Total Inquiries
18 years of age or less	31	1%
19-59 years	792	22%
60+ years	2128	58%
Unknown	685	19%
Total	3636	100%

Categories of Inquiry	Total # Inquiries	% Total Inquiries
Consumer/Caregiver Supports	124	3%
Child-Specific Supports	2	0%
Nutrition and Wellness	116	3%
Support Groups/Counseling	11	0%
Home Based Services	1117	27%
Facility Based Services	55	1%
Insurance/Benefit Information and Counseling	475	11%
Protective/Preventive	584	14%
Residential/Housing Options and Support	842	20%
Home Repairs and Modifications	59	1%
Transportation	298	7%
Other	527	13%
Total	4203	100%

TOPICS FOR SELECTED CATEGORIES

	Total # Inquiries	% Total Inquiries
Home Based Services		
Companionship	15	1%
Home Delivered Meals	82	7%
Home Health Care	386	35%
In-Home Attendants for people with disabilities	64	6%
Personal Care	337	30%
Personal Emergency Response Systems	215	19%
Private Duty Nursing	11	1%
Telephone Reassurance	7	1%
TOTALS	1117	100%
Insurance/Benefit Information & Counseling		
Government Subsidized Prescription Drug Programs	22	5%
HIICAP	151	32%
Long Term Care Insurance Information and Counseling	15	3%
Managed Health Care Information	17	3%
Medicare Information & Counseling	105	22%
Medicaid (General Info)	120	25%
Prescription Drug Patient Assistance Programs	24	5%
Veterans Benefits Assistance	5	1%
Welfare Rights Assistance	16	4%
TOTALS	475	100%
Residential/Housing Options and Supports		
Adult Residential Care Homes	41	5%
Assisted Living Facilities	71	8%
Congregate Living Facilities	18	2%
Low Income/Subsidized Rental Housing	124	15%
Utility Payment Assistance	517	62%

Residential/Housing Options and Supports		
Weatherization Programs	71	8%
TOTALS	842	100%
Transportation		
Automobile/Van Adaptations	1	Less than 1%
Disability Related Transportation	114	39%
Escort Programs	8	3%
Medical Transportation	70	23%
Senior Ride Programs	105	35%
TOTALS	298	100%
Consumer Caregiver Supports		
Advocacy	17	14%
Assistive Technology Equipment	15	12%
Caregiver Training	4	3%
Case/Care Management	17	14%
Centers for Independent Living	1	1%
Friendly Visitor	4	3%
Outreach Programs	3	2%
Respite Care	13	10%
Senior Centers	50	41%
TOTALS	124	100%
Facility Based Services		
Adult Day Health Programs	11	20%
Adult Day Programs (Social)	8	15%
Nursing Facilities	36	65%
TOTALS	55	100%
Nutrition Specific & Wellness		
Congregate Meals/Nutrition Sites	12	10%
Food Stamps	67	58%
Food Pantries	11	9%
Nutrition Assessment Services	16	14
Nutrition Education	2	2%
Wellness Programs	8	7%
TOTALS	116	100%

APPENDIX E
SKILLED NURSING FACILITIES

Source: NYSDOH Website (with County modifications)

Facility Name	**# Beds**
Albany County Nursing Home/Ann Lee Home	250 *Census targeted by June 2008
Daughters of Sarah Nursing Center	201
Eddy Cohoes Rehabilitation Center	57
Eddy-Ford Nursing Home	120
Good Samaritan Lutheran Health Care Center, Inc.	120
Guilderland Center Nursing Home, Inc.	127
Julie Blair Nursing and Rehabilitation Center	200
Our Lady of Hope Residence – Little Sisters of the Poor	36
Our Lady of Mercy Life Center	160
St. Margarets Center	58
St. Peters Nursing and Rehabilitation Center	160
Teresian House Nursing Home Co., Inc.	300

APPENDIX F
NYSDOH-REGULATED ADULT CARE FACILITIES
Source: NYSDOH Website

Name	# Beds	# ALP Beds	Facility	Type
Atria, Crossgate	50	0	EHP	PPHA
Atria, Guilderland	120	0	AH	PPHA
Atria, Shaker	129	0	EHP	PPHA
Cedars Rest Home for Adults	24	0	AH	PPHA
Colonie Manor	94	0	AH	PPHA
Delmar Place, Inc.	106	0	EHP	PPHA
Good Samaritan Lutheran Home, Inc.	67	0	AH	NFP
Loudonville Home	80	0	AH	PPHA
Marjorie Doyle Rockwell Center	52	0	AH	NFP
Massry Residence at Daughters of Sarah	64	0	EHP	PPHA
McAuley Residence	48	48	AH/ALP	NFP
Millview of Latham, LLC	49	0	AH	PPHA
Terrace at Beverwyck	48	0	EHP	NFP
Westmere Home	18	0	AH	PPHA

AH – Adult Home – Provides long-term residential care, room, board, housekeeping, personal care and supervision to five or more adults unrelated to the operator.

EHP - Enriched Housing Program - Provides long-term residential care to five or more adults, primarily persons age 65 or older, in community-integrated settings resembling independent housing units. Program provides or arranges for the provision of room, board, housekeeping, personal care and supervision.

ALP – Assisted Living Program – Designed as an alternative to nursing home placement for individuals who have historically been admitted to nursing facilities for reasons that are primarily social, rather than medical. Is available in some adult homes and enriched housing programs, and combines residential and home care services. Operator must provide or arrange for room, board, housekeeping, supervision, personal care, case management and home health services.

NFO – Not For Profit

PPHA – Private Proprietary Home for Adults

APPENDIX G
SUBSIDIZED HOUSING SITES
Source: Housing Options for Senior Adults (2005-2006)
Publication of Albany Guardian Society and Senior Services of Albany

Name	Location	# Units	Age/Disability Requirement
Bishop Broderick Apartments	Albany	100	62+ or mobility impaired
B'nai B'rith Parkview Apartments	Albany	177	62+
Brandle Wood Apartments	Altamont	32	62+ or handicapped/disabled
Brandywine Park	Guilderland	64	62+
Cabrini Acres Senior Apartments	Watervliet	50	62+ or mobility impaired
Carondolet Commons	Watervliet	50	55+ or mobility impaired
Cayuga Plaza	Cohoes	127	62+ or handicapped/disabled
Civill Senior Housing	Ravena	28	55+
Colonie Terrace	Colonie	38	55+
Columbia Crest	Cohoes	90	60+
Creighton Storey Homes	Albany	128	62+
Daniel P. Quinn	Watervliet	60	62+ or handicapped/disabled
Dr. Jay McDonald Towers	Cohoes	89	62+ or 55 with disability
Drake Manor Senior Apartments	Albany	30	62+
Eugene Hanratta Apartments	Watervliet	68	62+ or handicapped/disabled
Feura Bush Senior Apartments	Feura Bush	24	62+ or handicapped/disabled
Fontbonne Manor Senior Apartments	Watervliet	50	62+
Good Samaritan Apartments	Delmar	36	60+ or handicapped/disabled
Green Island Senior Housing	Green Island	13	50+
Holy Wisdom	Albany	50	62+
Hudson Shores Plaza	Watervliet	136	62+ or handicapped/disabled
Idlewild Terrace	Albany	20	62+ or mobility impaired

Name	Location	# Units	Age/Disability Requirement
Louis Senior Apartments	Ravena	24	62+ or handicapped/disabled
Marie Rose Manor	Slingerlands	49	62+
Ogden Mill Apartments	Cohoes	115	62+
Ohav Shalom Apartments	Albany	211	62+ or mobility impaired
Omni Senior Living Community	Colonie	96	55+
Sanderson Court Senior Apartments	Watervliet	50	62+
Sheehy Manor	Watervliet	50	62+
South Mall Towers	Albany	343	55+
St. Joseph's Apartments	Latham	48	60+
St. Sophia Apartments	Albany	90	62+
St. Vincent Apartments	Albany	59	62+ or mobility impaired
Steamboat Square	Albany	381	62+ or handicapped/disabled (1 bldg. only)
Thurlow Terrace Apartments	Albany	137	62+ or handicapped/disabled
Townsend Park	Albany	158	50+
Van Allen Senior Apartments	Glenmont	110	55+
Westview Homes	Albany	185	55+
Whitehall Court Senior Apartments	Albany	72	62+
The Beltrone Living Center	Colonie	249	55+
The Cornerstone	Green Island	34	55+
Serafini Vilage	Guilderland	96	50+

Retirement Living Facilities

Name	Location	# Units
Avila	Albany	128
Beverwyck	Slingerlands	184

APPENDIX H
ALBANY COUNTY 2002 – 2006 NURSING HOME UTILIZATION

	2006	2005	2004	2003	2002
Total Recipients	2,182	2,302	2,353	2,509	2,477
Albany County	1,452 (69%)	1,610 (70%)	1,653 (70%)	1,874 (75%)	1,870 (75%)
Out of County	730 (33%)	692 (30%)	700 (30%)	635 (25%)	607 (25%)
Out of State	68 (3%)	54 (2%)	51 (2%)	33 (1%)	38 (2%)
Total Bed Days	515,089	524,692	545,562	561,675	580,765
Albany County	350,823 (68%)	376,623 (72%)	397,805 (73%)	415,388 (74%)	438,383 (75%)
Out of County	164,266 (32%)	148,069 (28%)	147,757 (27%)	146,287 (26%)	142,382 (25%)
Out of State	12,882 (3%)	10,471 (2%)	10,312 (2%)	7,518 (1%)	8,684 (2%)
Average LOS	236	228	232	224	234
Albany County	242	234	241	222	234
Out of County	225	214	211	230	235
Out of State	189	194	202	228	229

APPENDIX I
ALBANY COUNTY DEPARTMENT FOR AGING
SERVICE AND EXPENDITURE DATA

Program	2005-06 Units of Service	Total 2005-06 Expenditures	2006-07 Units of Service	Total 2006-07 Expenditures
Home Delivered Meals	203,827	$992,436	204,213	$1,056,758
EISEP	36,123	$614,096	49,353	$888,353
Transportation	42,469 (trips)	$414,756	33,990	$340,080
Congregate Meals	72,349	$303,485	72,713	$322,418
Caregiver Programs (no PERS)	340	$173,048	432	$219,389
Adult Social Day Care	32,302	$155,824	26,657	$125,107
Info and Assistance: Insurance Info and Counseling	1,455	$110,617	1,495	$114,175
Weatherization Referral and Packaging	-	$60,402	-	$69,513
Group Recreation and Education (3+ persons)	1,001	$49,749	1,330	$49,628
Health Maintenance	634	$18,400	799	$18,356
Personal Response Units (PERS) by unit, per month	526	$15,778	1,053	$31,546
Legal Services	1,334 (hours)	$40,000	1,334	$40,000
In-Home Contact and Support: Friendly Visitor, Telephone Reassurance, Shopping Assistance	2,776	$30,663	2,726	$31,008
TOTAL	**395,136**	**$2,979,253**	**396,095**	**$3,306,331**

APPENDIX J – SPARCS DATA
ALBANY COUNTY HOSPITAL DISCHARGE DATA

2000-2006 Inpatient Discharge Dispositions by Age Group

AGE GROUPS	0-5	6-19	20-64	65-84	85+
Home Health Service Organization					
2000	491	141	1873	3306	804
2001	767	216	2424	3616	870
2002	1000	254	2911	4050	942
2003	978	275	3243	4041	1037
2004	938	301	3233	4077	961
2005	711	323	3327	3817	915
2006	700	295	3287	3866	1035
Intermediate Care Facility (ICF)					
2000			5	34	52
2001			10	63	60
2002	1		18	36	45
2003	1	6	89	32	17
2004	1	4	105	43	13
2005		5	114	39	14
2006	1	6	137	63	46
Skilled Nursing Facility (SNF)					
2000	22	11	140	980	767
2001	3	2	196	1072	795
2002	5	17	293	1443	1028
2003	47	36	392	1666	1205
2004	48	27	425	1794	1237
2005	40	36	506	2169	1385
2006	31	36	448	2169	1460
Hospice – Home and Medical Facility					
2000			4	39	22
2001			9	23	9
2002		1	63	168	93
2003	1	2	95	253	158
2004			132	254	145
2005	5	2	130	294	157
2006	1	1	127	269	160
Other Rehab Facility					
2000					
2001					
2002			32	73	15
2003	5	33	463	1094	227
2004	13	33	668	1484	327
2005	8	38	688	975	257

AGE GROUPS	0-5	6-19	20-64	65-84	85+
Other Rehab Facility					
2006	5	36	645	1031	279
Other Facility for Long Term Care					
2000					
2001		1	5	1	
2002	1	1	26	43	9
2003		11	114	31	8
2004	5	14	182	25	8
2005			1	3	1
2006	1		3	2	1

2000-2006 Inpatient Discharge Dispositions by Average Length of Stay

AGE GROUPS	0-5	6-19	20-64	65-84	85+
Home Health Service Organization					
2000	12.44	6.3	8.18	8.94	8.13
2001	13.22	6.69	8.44	8.94	8.37
2002	10.63	5.84	8.21	8.84	8.08
2003	12.54	6.27	8.71	8.78	7.43
2004	13.82	6.28	8.3	8.52	8.43
2005	18.3	6.96	8.67	8.46	7.61
2006	18.85	6.14	8.72	8.4	7.31
Intermediate Care Facility (ICF)					
2000			7.2	8.06	8.33
2001			35.1	10.85	8.4
2002	3		14.45	7.61	10.16
2003	1	2.83	11.69	15	9.12
2004	2	3	14.61	10.56	5
2005		8.4	10.51	14	8.14
2006	15	4.83	9.78	10.97	7.41
Skilled Nursing Facility (SNF)					
2000	11.79	7.28	15.1	13.8	9.88
2001	6.99	5	21.25	13.5	10.09
2002	6	5.41	18.79	12.81	9.53
2003	16.62	8.42	16.54	12.16	8.75
2004	21.38	7.55	17.63	12.37	8.78
2005	13.55	6.08	17.28	12.04	8.53
2006	9.94	7.2	19.18	11.11	8.54
Hospice – Home and Medical Facility					
2000			9.25	10.82	8.91
2001			18.67	8.78	17.22
2002		20	10.43	9.77	9.72

AGE GROUPS	0-5	6-19	20-64	65-84	85+
Hospice – Home and Medical Facility					
2003	34	3	15.06	10.53	6.99
2004			10.42	9.11	9.23
2005	8	2	16.79	10.69	7.5
2006	39	3	10.3	10.91	8
Other Rehab Facility					
2000					
2001					
2002			10.35	7.47	7.53
2003	32.8	13.45	13.13	9.03	7.55
2004	8.62	12.4	12.46	9.04	6.98
2005	10.87	18.87	11.46	8.21	6.93
2006	40.4	14.08	13.41	8.75	7.17
Other Facility for Long Term Care					
2000					
2001		3	15.8	3	
2002	7	9	12.93	17.05	11.11
2003		2.37	16.15	12.94	21
2004	17.4	4.64	11.45	13.56	5.25
2005			2	8.67	4
2006	3		11.33	19	27

APPENDIX K

Albany County Home Care Service Utilization
2003 Annual – All Payment Sources
Source: NYSDOH Bureau of Licensure and Certification

All Service	CHHA		LTHHCP		LHCSA	
	Visits	Cases	Visits	Cases	Hours	Cases
Social Services	1145	717	4114	374	2 (MSW)	2 (MSW)
Nursing	92151	7038	22717	743	117,433	654
Nutrition	720	348	580	112	0	0
Occupational Therapy	5559	1140	1548	149	46	10
Physical Therapy	24925	3203	6594	366	552	64
Speech Pathology	1286	191	265	32	0	0
Home Health Aide	23834	852	17203	271	400928	688
Respiratory Therapy			555	84	0	0
Personal Care			30519	463	372182	1045
Homemaker			2960	92	5229	18
Housekeeper			688	26	0	0
Other					21273	11

APPENDIX L
ALBANY COUNTY CY 2006 MEDICAID EXPENDITURES AND UTILIZAITON FOR LONG TERM CARE* POPULATION

Source: DOH/OMM AFFP Datamart (based on claims paid through 4/2007)

*Long Term Care Population defined as individuals who received institutional or non-institutional long term care, nursing services or hospice in CY 2006.
Note: Medicaid expenditures by category do not add up to "Total Expenditures" as some infrequently used categories of service are not shown (i.e. therapists, nurse practitioners and clinical social workers).

Category of Service	Total Medicaid Expenditures	Total Service Units (Claims or Days)	Total Medicaid Recipients
Total All Medicaid Categories of Services	**138,787,412**	**n.a.**	**3,818**
Physicians	1,160,425	82,635	3,022
Psychology	173,751	4,606	370
Eye Care	33,496	2,283	726
Nursing Services	1,699,746	8,914	35
Hospital Based Clinics and ER	826,113	6,540	1,636
D&TCs Clinics	1,908,160	14,064	647
OMH Operated Clinic	74,556	379	29
OMR Operated Clinic	280	4	1
School Supportive Health Services Program	273,350	783	59
Early Intervention	86,769	1,138	24
Inpatient	11,849,362	8,290	1,284
OMH Inpatient	215,766	339	2
OMR Inpatient	59,109	18	1
Skilled Nursing Facilities	77,172,530	524,261	2,157
Residential Treatment Facilities	0	0	0
Dental	195,929	2,145	469
Pharmacy	4,824,625	63,733	2,448

Category of Service	Total Medicaid Expenditures	Total Service Units (Claims or Days)	Total Medicaid Recipients
Non-Institutional Long Term Care:	17,989,095	163,193	1,677
Personal Care	7,159,394	47,681	573
CDPAP	3,800,804	9,575	170
LLHCSA	7,634	42	1
Home Care (CHHA)	3,216,028	14,477	1,104
LTHHCP	6,789,652	98,178	536
ALP	775,058	1,203	72
PERS	48,964	1,654	198
Laboratories	87,110	9,302	762
Transportation	2,120,106	43,221	2,135
HMO - Managed LTC	0	0	0
CTHP	40,489	812	131
DME and Hearing Aid	788,638	13,108	1,145
Child Care	17,582	782	9
Family Health Plus	14,524	29	7
Referred Ambulatory	175,867	3,580	1,044
ICF-DD	280,592	2,470	15
Hospice	3,704,648	1,166	294
Community/Rehab Services	8,204,568	26,751	232
Case Management	989,339	5,359	282

THIS PAGE INTENTIONALLY LEFT BLANK

APPENDIX M
SUBSIDIZED HOUSING FOR THE ELDERLY AND DISABLED BY MUNICIPALITY

Municipality	# Subsidized Housing Units	# Persons 65+	# Persons 65+ below Poverty	# Disabled Adults 65+	Housing Units Per Person 65+	Housing Units Per Person 65+ Below Poverty	Housing Units Per Person 65+ Disabled
Albany County	4,017	42,594	2,884	14,361	1 : 10.6	1.4 : 1	1 : 3.6
Albany City	2,141	12,781	1,443	4,882	1 : 6.0	1.5 :1	1 : 2.3
City of Watervliet	514	1,636	92	563	1 : 3.2	5.6 : 1	1 : 1.1
City of Cohoes	421	2,687	160	1,091	1 : 6.4	2.6 : 1	1 : 2.6
Town of Colonie	431	12,932	719	3,684	1 : 30.0	1 : 1.7	1 : 8.5
Town of Guilderland	192	4,299	162	1,405	1 : 22.4	1: 1.2	1 : 7.3
Town of Coeymans	52	951	65	418	1 : 18.3	1: 1.3	1 : 8.0
Town of Green Island	47	349	18	85	1 : 7.4	1: 2.6	1 : 1.8
Town of Bethlehem	195	4,518	121	1,238	1 : 23.2	1: 1.6	1 : 6.3
Town of New Scotland	24	1,137	45	406	1 : 47.4	1: 1.9	1 : 16.9
Town of Berne	0	342	10	128	NA	NA	NA
Town of Knox	0	235	28	97	NA	NA	NA
Town of Rensselaerville	0	291	10	102	NA	NA	NA
Town of Westerlo	0	436	11	262	NA	NA	NA

APPENDIX N - **2000 – 2006 ALBANY COUNTY MEDICAID EXPENDITURES FEE FOR SERVICE**

Service Category	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**
Skilled Nursing Facility	$65,733,440	$70,744,688	$73,275,713	$75,536,835	$76,556,132	$74,960,038	$79,388,478
ICF DD	$4,825,207	$5,281,498	$6,375,794	$6,684,661	$6,346,477	$2,310,129	$2,517,783
Personal Care	$4,411,584	$4,539,303	$5,903,868	$6,461,243	$7,137,156		
Home Care Services*						$7,973,215	$8,995,979
Home Health Services	$5,660,535	$5,752,918	$5,509,171	$6,364,552	$5,390,413	$5,501,515	$5,237,850
Waived Services	$21,203,058	$25,588,053	$29,150,715	$34,508,389	$40,294,926		
Long Term Home Health Care Program Waiver						$1,200,484	$1,247,081
Home and Community Based Services Waiver						$47,824,777	$54,681,499
Rehab Options Services			$13,622,467	$14,973,484	$15,184,538		
Rehabilitation and Therapy						$1,079,404	$1,079,063
OMH Restorative Rehabilitation						$14,610,709	$20,275,509
Transportation	$2,355,568	$1,749,695	$2,961,921	$2,527,516	2,824,703	$1,574,946	$1,625,360
Assisted Living	$389,610	$561,788	NA	NA	NA		
Total All	$234,357,481	$261,728,444	$286,476,588	$328,457,875	$346,252,903	$350,588,757	$351,732,525

Source: NYSDOH *Home Care Services includes Personal Care, PERS, Skilled Nursing