

**Testimony of Karen Taylor, Program Director, Selfhelp Northridge/Brulene/Southridge
Neighborhood NORC Program**

Joint Legislative Budget Hearings

**Fiscal Year 2025-2026 Executive Budget Proposal
Health and Human Services**

**Submitted by Karen Taylor
February 12, 2025**

Thank you for the opportunity to provide testimony on the impact of health and human service programs in New York State, particularly those that support older adults in their communities. My name is Karen Taylor, Program Director for the Selfhelp Northridge/Brulene/Southridge Neighborhood NORC Program, and my comments today will focus on the important supportive service programs that Naturally Occurring Retirement Communities (NORCs) and Neighborhood NORCs¹ provide for older New Yorkers. **Specifically, I support adding \$4 million in new funding for the N/NORC program, which will support health and nursing services in N/NORCs and provide funding to pilot several new N/NORC program sites across the State.** This is in addition to the proposed \$8.055 million for N/NORC programs in the Executive Budget, which is vital to ensure that State funded N/NORCs can continue to provide services. **Furthermore, the Legislature must invest in the human services workforce with a 7.8% cost-of-living adjustment (COLA), and ensure ALL human services workers are included by passing S.1580/A.2590.**

First, I would like to thank the Legislature for ongoing support of N/NORCs. Because of your enthusiasm for this program, we have been able to bring resources and attention to the needs of a large and rapidly growing older adult population.

N/NORCs are integrated care models bringing together social services and health care to meet the needs of older adults in their homes and communities, promoting aging in place with dignity. N/NORCs were founded with the ultimate goal of transforming residential complexes and neighborhoods to meet the needs of a growing cohort of older residents and enable them to remain living independently in their homes, thrive in their communities, and delay hospitalization or nursing home placement. N/NORC programs provide case management services; health and nursing services; recreational, social and cultural activities; volunteer opportunities, and ancillary services tailored to meet the needs of each community. Programs actively encourage healthy aging by providing access to health care, promoting health and wellness activities, addressing disease prevention, and responding to chronic health conditions.

I am an active member of the Northridge/Brulene/Southridge N/NORC Program, which serves 8 cooperatives in Queens. We have 530 active members who engage with our NORC. Our members reflect the diversity of our community, with 25% white, 25% Hispanic, 20% Asian, 12% Black, and the rest of mixed race. Our staff speak multiple languages so we can better serve our community, and members themselves also help out. We have activities led by limited-English speaking NORC members whose neighbors and friends help translate so everyone can participate. These activities break down language barriers, reduce social isolation, and increase

¹ N/NORC indicates both NORC and Neighborhood NORC programs

a sense of community and belongingness. We also work with a local afterschool program, where our members volunteer with elementary school children, which gives our members a chance to enjoy time with children, and for the children, many of whom do not live near their grandparents, important connections for their development.

A key component of the N/NORC program model is health care management and assistance, and most programs employ nurses to fulfill this requirement. Nurses provide services to N/NORC residents that might not otherwise exist in the community, such as medication education, diabetes testing, flu shots, mobility and balance screenings, and helping clients get in touch with doctors. Many residents rely on these services as a main source of health care and value the consistent, quality care they provide. Despite this service being required by NYSOFA contracts, it remains an unfunded mandate.

N/NORCs were previously able to secure nursing hours pro-bono by partnering with hospitals, retired nurses, or supervised student nurses. However, following Medicaid Redesign and billing changes, these arrangements are now unstable, and many nursing services providers have cut their pro-bono hours. With many of these partnerships greatly diminished or fully terminated, N/NORCs must find funding to pay for hours that were previously free, essentially spending more to maintain the same level of service. In addition, this year one major nursing partner increased their rates to charge \$100/hour for these services.

Our community nurse visits our program three days a week. She makes home visits, ensures NORC members are following up with their medical appointments, and meets one-on-one to discuss any health concerns a member may have. When we surveyed members last year, we learned that diabetes/pre-diabetes was a big concern for a lot of our residents, so our nurse started a monthly support group, which is very popular. We are also lucky to have a nutritionist join us weekly for a Healthy Eating class. Over 30 people regularly attend the class each week, and the nutritionist will tailor her discussions based on topics offered by the NORC members. Last year, these programs served 154 of our members. If funding were not available to provide this support, I am concerned that the health of our clients would be negatively impacted.

Since FY 2019-2020, the Legislature has provided additional funding specifically to support nursing services in N/NORCs, most recently at \$1 million. Each N/NORC receives \$23,256 from this funding, and crucially it is not subject to unit of service hour increases. Unfortunately, the Governor once again did not include this nursing enhancement in the Executive Budget. **I strongly urge the Legislature to allocate funding for N/NORC nursing this year.** This will account for the reduction in pro-bono nursing hours, the recent increase in nursing rates (which has increased by 18% since the Legislature first began providing these funds), and the growing demand for health care services in N/NORCs as the State's population grows older.

N/NORC programs are incredibly cost effective for the state as compared to alternatives. In New York, a private room in a nursing home can cost nearly \$159,000 a year, according to Genworth's 2021 Cost of Care Survey. Meanwhile, NYSOFA estimates the average cost of serving an older adult in a New York State N/NORC program is just \$480 a year. If the N/NORC were not there, that person might require nursing home placement or increased visits to the emergency room, adding even more costs. Few individuals can afford to pay out of pocket for nursing home care. As a result, nursing home residents become reliant on State and Federal support and subsidies such as Medicaid. Investing in N/NORCs limits these increased costs to the Medicaid system.

There is high demand for the State to increase the number of N/NORCs to help older adults continue living in their homes and communities. The N/NORC program last underwent an expansion in 2019, adding 14 new programs into NYSOFA's portfolio of 43 total N/NORCs. At that time there were more applicants to the program than the State could afford to fund. With a modest investment, NYSOFA will be able to pilot several new N/NORC programs across the State, which will serve hundreds if not thousands of older adults. Notably, in 2023 the Governor signed S.3392 (May)/A.5915 (Kim), which updates the NORC statute to increase flexibility on building height restrictions that limited eligibility for the program in the past. This update is especially relevant for upstate cities, where certain buildings have expressed interest in becoming NORCs or Neighborhood NORCs in the past but were ineligible. **I implore the Legislature to fund this expansion.**

To sustain critical N/NORC programs, **the Legislature must also invest in the human services workforce with a 7.8% cost-of-living adjustment (COLA) in the FY 2025-2026 budget and ensure all human services workers are included in the COLA.** This COLA will provide the necessary resources to address rising costs from inflation, such as food, supplies, and utilities and ensure liveable wages for human services workers, such as case managers and nurses who are integral to N/NORC programs. For many years, the COLA was deferred, contributing to an industry-wide staffing crisis and high turnover that negatively affects and compromises the consistency of care for older adults. While last year's 2.8% COLA increase was a step forward, many human services workers across the State were excluded from the increase due to COLA statutory language that has remained unchanged since 2005. The State's COLA statute must be amended to be inclusive of all State-contracted human services programs, including contracts held by DOH and NYSOFA. **This is why I also urge the Legislature to pass S.1580 (Persaud)/A.2590 (Hevesi) to ensure all state-contracted human services workers receive a COLA.** With a fully funded 7.8% COLA expanded to state-contracted programs including N/NORCs, New York can fortify the sustainability of aging services across the state.

Older adults across New York State rely on N/NORC services to remain healthy and stably housed, while defraying millions in Medicaid costs to the State. Thank you for your consideration.

For further questions, please contact me at (718) 396-5425, or ktaylor@selfhelp.net.

Sincerely,



Karen Taylor
Program Director
Northridge/Brulene/Southridge NNORC Program