

I♥NY Senior Tourism

With seniors living longer, healthier lives, travel is at the top of the list for many retired and soon-to-be retired seniors. This growing phenomenon has been the catalyst for senior tourism programs that were first successful in Europe and are now growing in popularity in the United States.

With more than 3.7 million New Yorkers over the age of 60, it is important that our state's iconic I Love New York program also include senior-oriented travel opportunities. Toward that end, we in the Legislature passed legislation this year to create the New York Senior Tourism program. This measure, A.8161/S.6694, has passed both houses of the Legislature and now awaits the Governor's signature. When it becomes law, the Senior Tourism Program will join other I♥NY special promotions such as the Path Through History and Taste NY, as well as wine trails, family fun, camping, skiing and the 11 regional travel publications.

What makes a good senior tourism program? Research has provided some insights. Older tourists are generally more flexible in regard to travel times and often prefer to travel during off-peak seasons. Guided tours are popular, especially if there is an educational element to the trip. Tours need to be well-paced with walking and restful attractions. Accommodations must be made for single travelers - the widowed, divorced, or unattached - who inevitably end up paying more for lodging accommodations, because many facilities do not cater to single tourists. Provisions must also be made for health concerns and other issues.

Senior tourism is a win-win for New Yorkers. It not only supports local jobs and businesses but it provides opportunities for older travelers to explore and enjoy our state's rich cultural heritage, historic places and natural wonders.

New York State Assembly, Albany, New York 12248



*Helpful Information from
Assemblyman
Robin
Schimminger*

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60 Plus!

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Assemblyman Robin Schimminger*

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Dear Friend,

60 Plus! affords an important opportunity for me to share some helpful information that may be of interest to senior citizens. If you have any questions or comments on any of these items, of course please feel free to contact my local office at 873-2540.

Sincerely yours,



Measures to Prevent Elder Abuse

Elder abuse happens more than we think. In New York State, approximately 260,000 - or 1 in every 13 - seniors experienced some form of elder abuse annually.

While elder abuse is not a new phenomenon, the problem will escalate as the number of older adults is projected to double by 2030. Therefore, it is important that awareness and resources be directed to the problem.

Toward that end, on June 21st the Assembly passed legislation, A.6395, directing the Department of Financial Services to develop materials to train employees of financial institutions to recognize and report signs of financial exploitation. This proposal would also protect financial entities from liability when suspected cases of financial abuse are reported in good faith. This bill has been transmitted to the Senate for its consideration.

Another measure, A.8258/S.6676, directs the Office of the Aging to create guidelines to help health care providers and workers to identify abuse and maltreatment of seniors. These guidelines will include information on common signs and symptoms of abuse, screening tools, sample interview questions, training materials, resources for victims and procedures for reporting suspected cases of self-neglect or abuse and maltreatment. This measure has been passed by both the Assembly and Senate and has just recently been signed into law by the Governor as Chapter 328 of the Laws of 2017.

Both of these measures would strengthen existing procedures so that cases of elder abuse can be identified sooner and victims can be afforded the protection they deserve.

Changes in Medicare Hospital Coverage

When someone enters the hospital for a few days, we assume the patient has been admitted to the hospital. That tried and true adage may no longer be true today. Medicare recently put in place a new level of care for hospital admission called observation care.

Observation care is the designation given to patients who are not well enough to go home but not sick enough to be admitted as an inpatient. Observation care can include short-term treatment and tests to help doctors decide whether the patient meets the medical criteria for inpatient admission. Under a new Medicare rule, patients who stay in the hospital through two midnights are classified as admitted inpatients, and patients who stay for less time are under observation care.

With these two different hospital designations, there are now two different Medicare benefit levels. For patients who are admitted as inpatients, Medicare Part A - Hospital Insurance covers hospital care, skilled nursing, lab tests, surgery, home health care and some other services.

However, if an individual is admitted to the hospital for observation care, he or she is considered an outpatient and the medical services received are covered by Medicare Part B - Medical Insurance. Part B covers medically necessary doctors' services, preventive care, hospital

outpatient services, laboratory tests, x-rays, and other services. The major difference is that Part B services have higher out-of-pocket expenses and fewer Medicare benefits.

Observation care patients are responsible for co-payments for doctors' fees and each hospital service. Medicine to treat the symptoms that brought a patient to the hospital may be covered as an outpatient service under Medicare Part B, but other routine drugs that a patient takes at home and are administered during the hospital stay are not covered. Also, observation care patients cannot receive Medicare coverage for follow-up care in a nursing home.

If a person is originally admitted for observation care, but the attending doctor determines that the patient is too sick to go home and is receiving services that can be provided only in a hospital, the patient's status can be reclassified from observation to inpatient care.

As of March 8, 2017, all hospitals have been required to provide patients receiving observation care with a Medicare Outpatient Observation Notice (MOON). These notices advise a patient that he or she is an outpatient receiving observation care services and lists a clinical rationale for why observation care was chosen instead of inpatient care.

Grandparents Raising Grandchildren

The number of grandparents raising their grandchildren is rising. The average age of grandparent caregivers is 56 years of age, with 39 percent of the caregivers being over the age of 60. Experts predict that this trend will continue due to a variety of difficult circumstances that may exist in the parent's home.

That being the case, it is essential that grandparents be aware of support systems in place to assist them with their possible new roles and responsibilities. In New York, help is available through the Kinship Guardian Assistance Program (KinGAP).

KinGAP provides legal protections and financial assistance for grandparent caregivers and is governed by various state laws and regulations. Application to the KinGAP program is made through the local social services department that has custody of the child. After the required

background checks and court hearings, a KinGAP agreement is entered into with social services that details financial assistance, medical coverage and other benefits for which the child and grandparent may be eligible. This completed document, along with a guardian petition, is filed with the court so that the letters of guardianship can be issued.

Should a family need additional assistance after the kinship guardianship is in place, supportive services can be found through the NYS Kinship Navigator, an online statewide resource for information and referral. An individual can access information on laws, legal rights, custody and visitation issues, eligibility for benefits, tax credits, respite care, counseling, support groups and other services. The Navigator's website is www.nysnavigator.org and the toll-free phone helpline is 877-454-6463.