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THE COST AND SAVINGS OF PERSON-CENTERED GUARDIANSHIP



PROJECT
GUARDIANSHIP
Changing the way we care for people.

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TABLE OF CONTENTS

1	EXECUTIVE SUMMARY
2	INTRODUCTION
2	Guardianship in the State of New York
3	Project Guardianship
3	Costs and Benefits to Medicaid
5	METHODOLOGY
5	Overview and Sample
7	DATA
7	Project Guardianship Financial and Medical Documents
7	Bronx RHIO Data
7	Hospital Costs
8	Nursing Home, Hospitalization, and Homeless Shelter Rates
10	FINDINGS
10	Medicaid Savings
10	Medicaid Avoidance/Delayed Spend-Down
11	Psychiatric Hospitalization Avoidance
11	Hospitalization Avoidance and Reduced Length of Stay
11	Medicaid Liens
12	Homeless Shelter Avoidance Savings
13	LIMITATIONS
14	CONCLUSION
15	APPENDIX
15	Table 1. Demographics of Two Samples
16	Table 2. Cost of Guardianship Per Client
17	REFERENCES

EXECUTIVE SUMMARY

In 2024, Project Guardianship evaluated the financial and societal impact of its court-appointed guardianship services, which target low-income older adults and individuals with disabilities who lack familial or social support. Project Guardianship's multidisciplinary, person-centered approach emphasizes enabling individuals to remain in their communities rather than institutionalized care, promoting dignity, and reducing public costs.

Key Findings

- **Medicaid Savings:** Over a 9.5-year period, Project Guardianship facilitated substantial cost savings for Medicaid, estimated at \$142 million. These savings stemmed from:
 - Avoiding nursing home placements (\$26.9M–\$72.6M net savings)
 - Reducing hospitalizations and lengths of stay (\$1.2M–\$17.4M net savings)
 - Recovering Medicaid liens (\$373,524)
 - Supporting Medicaid avoidance or delayed eligibility through private payments for care
- **Homeless Shelter Avoidance:** By stabilizing clients and preventing shelter placements, the program saved an additional \$6.5M–\$17.6M for New York City's shelter system.
- **Comprehensive Impact:** Combining Medicaid and homelessness savings, Project Guardianship contributed between \$155M and \$166M in public cost reductions for 236 clients over the study period. These savings translate to nearly \$67,000 per year per client, suggesting a broader annual savings potential of \$1.9 billion statewide with effective guardianship.

Challenges and Limitations

The study's findings rely on a relatively small sample (n=86), with only 33 clients included in some analyses. Variability in medical and shelter cost data over time and limited generalizability outside New York City affect precision.

Policy Implications

Project Guardianship demonstrates that investment in person-centered guardianship models addresses critical needs for a rapidly aging population while yielding significant public cost savings. This approach highlights the fiscal and ethical imperative for scaling such programs to meet statewide needs.

By emphasizing community integration over institutional care, Project Guardianship aligns with state and federal objectives to reduce costs and improve outcomes for vulnerable populations.

INTRODUCTION

Guardianship in the State of New York

In New York, guardianship, which is defined by Article 81 of the New York Mental Hygiene Law, helps to safeguard and support people who are unable to care for themselves because of physical or mental impairments. While aiming to uphold their rights and autonomy, the law attempts to ensure their welfare and safety.

When other options or accessible means of protection are insufficient, guardianship is sought after. However, New York law promotes looking into less invasive options before using guardianship, such as powers of attorney or healthcare proxies. The objective is to carry out the least restrictive intervention that satisfies a person's unique demands. To assess guardianship, the court evaluates one's capacities and limitations. Considering elements including cognitive impairments, physical ailments, and mental infirmities, the court evaluates a person's functioning.¹ During the proceedings, the court gives the most consideration to the person's safety and wellbeing while also honoring their choices and preferences.²

Despite a legal mandate, which states that any resident in need of a guardian shall be appointed one, New Yorkers who lack relatives or friends to serve and the resources to pay for a private guardian are routinely unable to obtain a well-equipped guardian. Often, this means that older people with capacity-altering mental illness and/or cognitive impairments are unnecessarily

institutionalized and/or met with overly restrictive arrangements, and that their health, social connectedness, and sense of dignity are compromised as a result. The population of New York City residents affected by this issue are disproportionately women and people of color.

People entering a guardianship arrangement are often experiencing a crisis. Together, hospitals and nursing homes make up nearly 40% of guardianship petitioners in New York State.³ Many individuals with cognitive impairments cannot arrange safe discharge or payment for their own care, so entities such as hospitals and nursing homes seek guardianship in part to secure income, assets, and government benefits. Another major petitioner group is family and friends who often become the guardian—referred to as lay guardians—to step in when a loved one can no longer care for themselves.



Project Guardianship

Operating under Article 81 of the New York Mental Hygiene Law, Project Guardianship is a 501c3 nonprofit that provides court-appointed legal guardianship services to a mostly low-income population of older adults and adults living with disabilities who lack family or other supports to live as independently as possible. Services are provided in the five boroughs of New York City, regardless of a client's economic status. The majority of financial support for Project Guardianship's services is received from mission-aligned government agencies and foundation grants. In addition to providing guardianship services, Project Guardianship works to influence public policy and promote practical approaches to address the critical needs of a rapidly growing older adult population.

Project Guardianship's service model is defined by a continuum of care, from addressing daily needs to end-of-life planning, through a multi-disciplinary staff of attorneys, case managers, housing and benefits coordinators, and finance managers. Staff safeguard the physical, mental, and financial well-being of clients, and address the complex health care, housing, case management, benefits, financial, and legal issues they face. One of Project Guardianship's primary goals is to ensure clients are not languishing in a hospital or nursing home when no one has taken on the challenge to return them to their community homes. Likewise, Project Guardianship helps clients to remain in their communities and avoid placement in institutions.

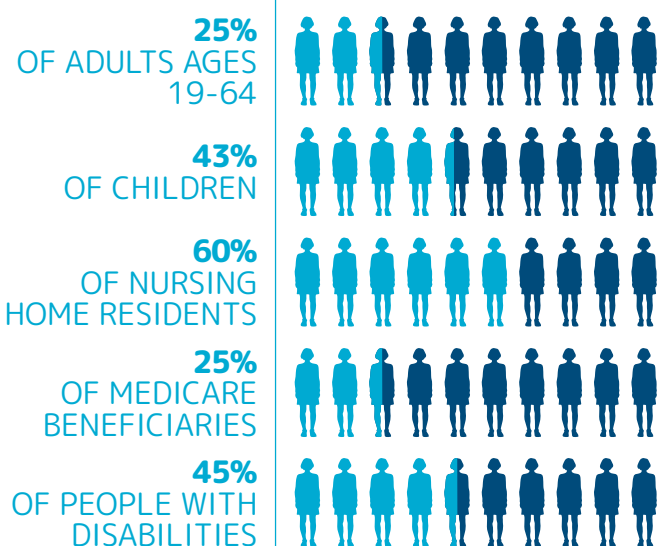
Project Guardianship's guardianship services can help save New York State public dollars via (1) reduced number and length of hospitalizations,

(2) increased home care/decreased nursing home care, (3) delayed spend-down/Medicaid avoidance, and (4) recovery of Medicaid Liens. Additional financial benefits include client debt relief and homelessness prevention/shelter avoidance. Project Guardianship's client population and those in need of guardians often experience difficulty with important areas that directly affect their quality of life, such as getting proper nutrition, accessing regular and preventative medical care, and maintaining safe living conditions.

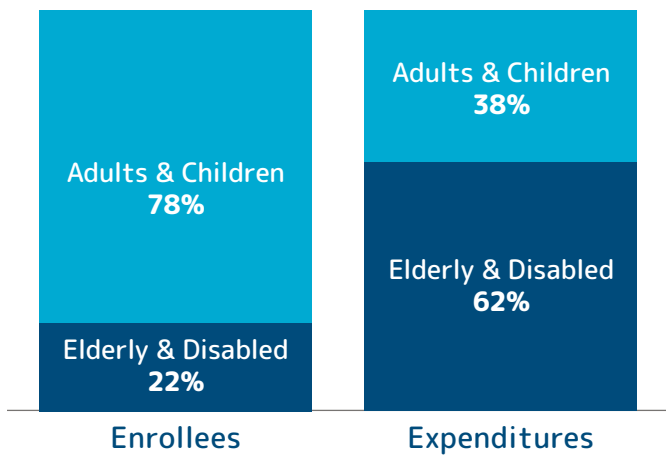
Costs and Benefits to Medicaid

Project Guardianship's program operates in the context of the larger New York State Medicaid program, which provides free health coverage to over 7.5 million low-income New Yorkers.⁴ In 2023, 82% of Project Guardianship's clients were Medicaid recipients. Medicaid pays for a wide range of medical and long-term care services,

In NY, Medicaid Covers:



Medicaid Enrollees & Expenditures in NY

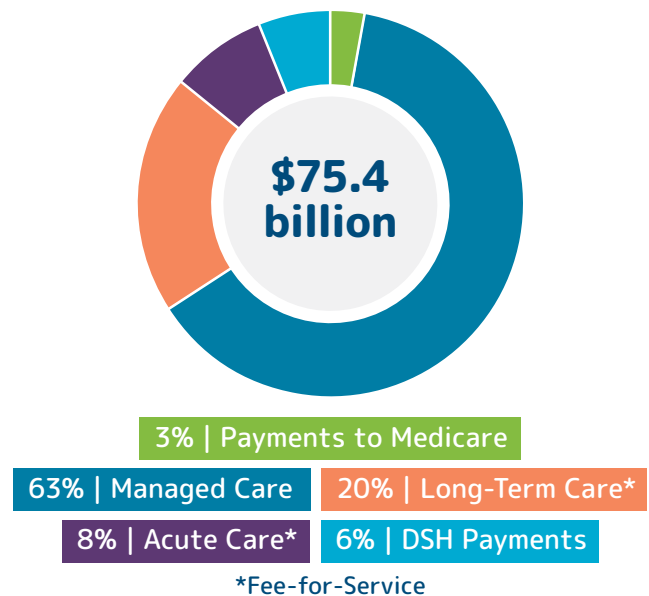


depending on age, financial circumstances, family situation, and living arrangements. Medicaid-funded long-term care services are grouped into three categories: community, home care, and institutional services.⁵ Via home and institutional services, Medicaid serves as the largest payer of long-term care for older adults. Enrollees eligible for Medicaid based on disability or age (65+) comprise 22% of all enrollees, but account for over half of total spending due to higher per person costs. Enrollees eligible based on disability or age (65+) are more likely to use long-term services and supports, thus contributing to higher spending.⁶

New York’s Department of Health uses two methods to pay Medicaid long-term care providers: payments to managed care organizations (MCOs), which contract for needed services and, to a much lesser degree, fee-for-service plans. Under fee-for-service, Medicaid pays providers for each service that is delivered at a predetermined rate. The fee-for-service structure raises concerns that there are incentives to overutilize care, including low value care. In contrast, an MCO receives a monthly payment for each person enrolled, regardless of the

amount of services utilized with risk adjustments according to 3M’s CRG model.⁷⁸ Noting the high cost of institutionalized care, and beneficiary preferences to stay home as long as possible, NY began financing long-term care through specialized MCOs in 2011, thereby increasing the incentive to maintain long term care recipients in the community, receiving care at home at lower cost, rather than in expensive institutional care settings.⁹¹⁰ To illustrate, in 2023 the average nursing home cost in New York City was \$465 daily, or \$169,704 annually.¹¹ In contrast, the 2023 average home care cost in New York City was around \$91 daily.¹² Project Guardianship’s services can augment the incentives created under the long-term care MCOs by supporting clients more comprehensively than hospitals, nursing homes, or fragile family structures. This in turn leads to more clients being able to stay in their homes with proper support, avoiding entry to a nursing home or other long-term care facility before it is necessary.

Total NY Medicaid Spending by Service:



METHODOLOGY

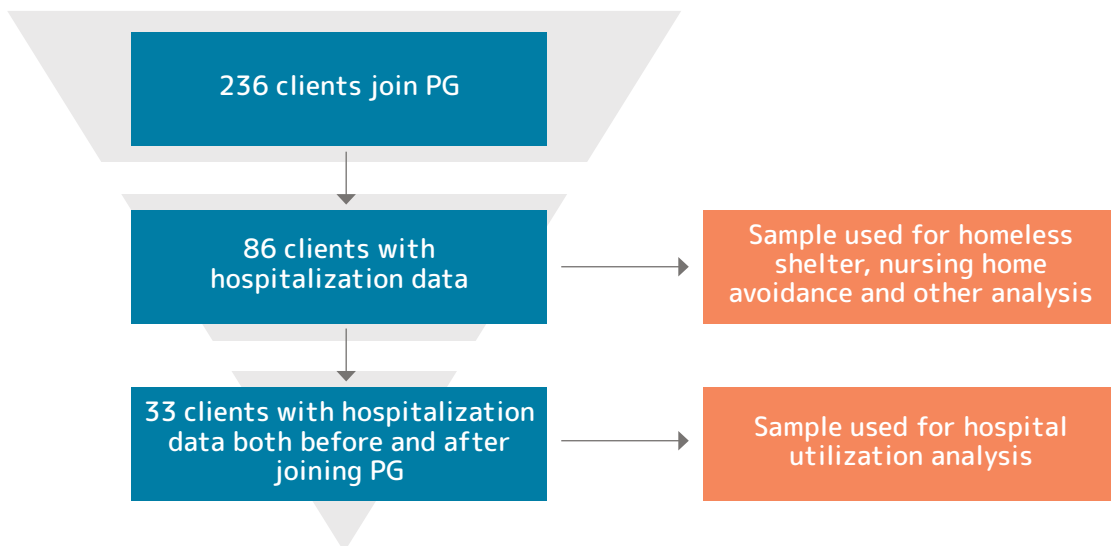
Overview and Sample

The current study assessed clients who entered Project Guardianship’s program from January 1, 2013 through July 1, 2022. Using administrative records from Project Guardianship’s files and local hospital data, the study measured baseline client characteristics at entry into Project Guardianship’s program, Project Guardianship services provided, and key client outcomes, including hospitalizations, nursing home placements, and homeless shelter placements. In total, 236 clients entered Project Guardianship’s program during the study period. Of these, 86 clients had hospital inpatient or outpatient data. Of the 86 clients with hospital data, 33 had such data from both before and after joining Project Guardianship, which we could then compare to assess any meaningful differences in hospitalization frequency. Thus, the final sample size was restricted to 33 clients

for hospitalization analysis but kept at 86 for all other analysis (e.g., homeless shelter placement, nursing home placement, and other key outcomes). See *Diagram 1*.

For each client, the observation window began with the date that Project Guardianship was appointed guardian, as per court order. End dates were defined as (1) date of death, (2) date of guardianship termination, or (3) July 1, 2023, which is one year after the study’s eligibility endpoint. To estimate expenditures, dollar amounts were applied to each outcome (hospital day, nursing home day, homeless shelter day) based on publicly available fee schedules or estimates. To determine approximate cost savings, we compared each client’s services and expenditures to a counterfactual, hypothetical case where such costs were avoided. Descriptive statistics for both the sample of 86 clients and the sample of 33 clients are described in *Table 1*.

Diagram 1. Client Sample Tree





While Gladys sometimes forgets her case manager's name, she consistently expresses gratitude and affection, a testament to the profound impact of PG's person-centered care.

Gladys

Gladys, an elderly woman diagnosed with dementia, depression, and anxiety, was admitted to the hospital after a fall in her community apartment. During her stay, she exhibited confusion and was unaware of her husband's recent passing. Unable to arrange home healthcare due to cognitive limitations, Gladys was discharged to a rehabilitation and nursing center, which filed a guardianship petition. A judge appointed Project Guardianship (PG) to serve as Gladys's guardian.

Within the initial weeks of serving as Gladys's guardian, PG secured a 24-hour home attendant and facilitated her transition home. PG quickly observed that a single

home attendant was not ideal and hired a second attendant to share the week. Two attendants ensured more attentive and consistent care for Gladys. PG also enrolled Gladys in public benefits programs like SNAP and discovered she was eligible for financial benefits as the widow of a war veteran. These payments ensured she could afford her rent indefinitely.

Gladys's situation took a turn when she contracted a urinary tract infection, leading to a two-month hospital stay. Although her doctors hesitated to discharge her due to her condition, Gladys was clear about her desire to return home and PG acted. A plan for hospice care at home was

developed, and PG arranged for a doula service to visit her weekly, providing emotional support and encouraging self-care.

Over time, Gladys began to improve. With a structured care plan and overlapping shifts for her attendants, her nutrition and hygiene needs were met effectively. PG implemented a system to monitor her health indicators, enabling early intervention for potential issues. Today, while Gladys sometimes forgets her case manager's name, she consistently expresses gratitude and affection, a testament to the profound impact of PG's person-centered care.

**Gladys is a pseudonym used to protect the privacy of our client.*

DATA

Study data were derived from several sources, including Project Guardianship administrative files, Project Guardianship case notes, hospital data captured from the Bronx Regional Health Information Organization (RHIO), and payment rate data from public websites and published reports.

Project Guardianship Financial and Medical Documents

At the time of guardianship appointment, Project Guardianship case managers and attorneys document pertinent information on a person's condition. An initial report with this information is due to the court within 90 days of the guardianship appointment and serves as a snapshot of the client's situation at the time of appointment. We examined this document for each of Project Guardianship's clients in order to help determine (1) possible debt or arrears, (2) client's residence, (3) health insurance status, (4) social/public benefits received, and (5) starting cash and assets.

Bronx RHIO Data

Hospital utilization data from the Bronx RHIO was used to determine the number and length of hospital stays before and after Project Guardianship was appointed guardian of each client. The Bronx RHIO is a part of the larger collaboration of eight RHIOs that form the Statewide Health Information Network for New York (SHIN-NY). The Bronx RHIO is based

in and serves the Bronx in New York City. By establishing a secure and interoperable health information exchange, the RHIOs empower healthcare providers to seamlessly access critical patient data from various sources across the state as soon as it becomes available. As guardian, Project Guardianship is able to request medical care data for its clients.

Data were extracted for any of the 236 Project Guardianship clients served by New York hospitals from January 1, 2013 to July 1, 2022. While 86 patients had hospital encounter data, hospital encounters for both before and after entering guardianship were available for 33 of the 236-client sample. See *Diagram 1*. Specifically, encounter ID, date of service, patient class (emergency, inpatient, outpatient), visit type (acute, ambulatory, ancillary, emergency), and disease code were used in the subsequent analysis. The earliest date of service was September 13, 2013, and the latest was August 8, 2023. We obtained Institutional Review Board (IRB) and Bronx RHIO board approval in accordance with privacy and ethical standards.

Hospital Costs

Statewide Planning and Research Cooperative System (SPARCS) collects patient-level and payer information for hospital services. 2018 SPARCS data was used to assign costs to inpatient hospital visits. SPARCS patients and Project Guardianship clients were matched on age and region, with all other visits filtered out. Public access can be found via Health Data NY and

more formal requests for data can be made to the New York State Department of Health.¹³

Project Guardianship Services and Advocacy Costs

Project Guardianship service and advocacy costs were determined by using Project Guardianship’s budgets for years 2013 – 2023.

Nursing Home, Hospitalization, and Homeless Shelter Rates

Medicaid reimbursement rates for nursing homes and hospitals were found on NYC’s

Department of Health website.¹⁴ Homeless shelter rates were found within the Coalition for the Homeless’s annual State of the Homeless reports and Mayor’s Management Report (MMR) from the Mayor’s Office of Operations.¹⁵¹⁶

These rates were averaged over the study period and used to determine the counterfactual gross savings for clients who avoided these facilities, i.e., the cost these clients would have incurred had they been placed in these facilities, instead of retained or remaining in the community. The net savings took this one step further and subtracted out the costs Project Guardianship incurs while acting as their guardian.





Helen's care involves meticulous attention to detail and coordination among her support team, exemplifying the depth of work PG undertakes to keep her safe, comfortable, and out of institutional care.

Helen

Helen, a resident of public housing in New York City, faced significant challenges after being removed from her apartment due to abuse by her son. A legal services organization assisted her in regaining her home, evicting her son, and arranging 24-hour home healthcare. However, Helen needed additional support with financial and daily living tasks, leading her to seek help from Project Guardianship (PG).

Helen's health requires intensive care and supervision. She is bedridden due to a brain aneurysm, has depression, and experiences chronic medical issues, including wounds needing constant treatment.

PG ensured her wound care regimen was managed through regular communication between her medical team and home attendant. To address financial exploitation by a family member stealing her EBT card, PG contacted the Human Resources Administration to reroute Helen's card to a safe address. PG also provided Helen with a secure prepaid credit card for additional expenses.

PG also focused on improving Helen's quality of life. They obtained a supportive bed tailored to her needs, provided lighter blankets for better wound ventilation, and planned for her future with a pre-need insurance

plan. Helen takes pride in her appearance, and PG supports aesthetic preferences, such as dressing monochromatically.

Looking ahead, PG is coordinating the purchase of a reclining chair to improve her mobility once her wounds heal further. They are also training her caregiver to safely assist with transitions between bed and chair. Helen's care involves meticulous attention to detail and coordination among her support team, exemplifying the depth of work PG undertakes to keep her safe, comfortable, and out of institutional care.

**Helen is a pseudonym used to protect the privacy of our client.*

FINDINGS

Medicaid Savings

SAVINGS CATEGORY	GROSS SAVINGS	NET SAVINGS
Medicaid Avoidance/Delayed Spend-Down	\$654,495 (s) \$4,680,630.91 (p)	n/a
Nursing Home Avoidance among Medicaid Clients	\$28,456,472.70 (s)* \$76,751,172.08 (p)*	\$26,948,504.14 (s) \$72,684,062.54 (p)
Mental Health Facility Cost Avoidance among Medicaid Clients	\$1,347,001.45 (s) \$9,536,770.27 (p)	\$712,082.48 (s) \$5,044,718.53 (p)
Inpatient Hospital Avoidance and Reduced Length of Stay	\$4,418,056.50 (s) \$57,434,734.50 (p)	\$1,186,772.44 (s) \$17,366,812.18 (p)
Medicaid Liens Paid (Funds left after death of Medicaid eligible clients that can be used to pay Medicaid)	\$138,152.87 (s) \$373,524.45 (p)	n/a
Savings to Medicaid (Population)	\$142,058,648.48	\$94,474,709.64**

*(s) and (p) refer to (s)ample under analysis and extrapolation to all (P)G clients, respectively.

**sum of net savings column as well as Medicaid Avoidance sample gross savings and Medicaid Liens Paid sample gross.

Often, Project Guardianship’s clients enter guardianship as they reside in a nursing home or are undergoing a hospital stay. It is Project Guardianship’s aim to assess the needs of each client and subsequently support a transition back into the community for all clients for whom it is possible. Other clients enter into Project Guardianship’s care while still living in the community, whether in their own home, with a family or friend, or in a supported housing arrangement. Project Guardianship’s goal for these clients is to ensure they are able to remain living in the community for as long as they desire and as safely as possible.

Medicaid Avoidance/ Delayed Spend-Down

In addition to providing clients a greater measure of autonomy and dignity, moving them into community settings is also, in many cases, substantially less costly to the client than an institutional placement. In cases where a client has some assets and, therefore, would be paying for their own care for some amount of time, our work has allowed their assets to last longer, delaying the date when they would be “spent-down” and eligible for Medicaid.

During the reporting period, 8 clients were privately paying for nursing home care and 5 clients were privately paying for their own home care. \$650,215 was saved in nursing home care and \$4,280 in home care.

The level of support a nursing home provides may be necessary for some clients, but for others it is not appropriate. By transitioning clients from nursing homes back into the community and supporting clients in a way that prevents them from entering facility settings in the first place, Project Guardianship saved between 28 million and 76 million Medicaid reimbursement dollars during the 9.5 years this study covers. This number was calculated after subtracting out the Managed Long-Term Care (MLTC) clients receive in lieu of nursing home placement.

Psychiatric Hospitalization Avoidance

Over half of Project Guardianship clients live with a diagnosed mental and/or cognitive disorder. Sometimes problems associated with these conditions lead to psychiatric hospital stays. For some clients, they have a history of entering and leaving the facility in a revolving door fashion. Using the state psychiatric facility daily rate together with sample clients' history of psychiatric hospital admission, it is estimated that Project Guardianship saved over \$2.5 million by working to stabilize our clients and keep them out of psychiatric hospitals.

Hospitalization Avoidance and Reduced Length of Stay

The vast majority of clients (79%) experienced a reduction in hospital utilization after Project Guardianship became their guardian. Over an average guardianship length of five and a half years, we found that, overall, clients in the sample spent 1,290 less days in the hospital than before they joined Project Guardianship. Using the average Medicaid payment per day for inpatient stays for adults 50 and older in NYC, we see that over \$15 million was saved. Extrapolated to the entire Project Guardianship community, that would be a savings of over \$161 million dollars over nearly 10 years.

Medicaid Liens

When a person has received Medicaid services, it is possible for New York State to recover the funds from the recipient, or their estate, for services provided. Typically, recovery occurs when the guardian has located assets previously unknown to the Department of Social Services, the guardian sells real property, or there are funds remaining in the guardian's hands following payment of the administrative expenses related to the termination of a guardianship after death of the individual. This value, a direct payment out of client assets, was drawn from our database. In the reporting period, this value was \$373,524.45.

All of these categories together represent a total savings of 142 million Medicaid reimbursement dollars.

Homeless Shelter Avoidance Savings

SAVINGS CATEGORY	GROSS SAVINGS	NET SAVINGS
Homeless Shelter Avoidance among Clients	\$ 3,108,321.04 - \$ 7,044,258.99 (s) \$ 8,792,107.97 - \$ 19,925,189.70 (p)	\$ 2,314,672.24 - \$ 6,250,610.19 (s) \$ 6,547,215.65 - \$ 17,680,297.38 (p)

Part of Project Guardianship's work helps clients at risk of homelessness stay out of shelters and avoid street homelessness. This is done by assessing their health and housing needs and then placing them according to their required level of support.

The homeless shelter costs saved is presented as a range. The average homeless shelter stay for a single adult in NYC is about 28 months. This was used to calculate the lower end of shelter savings, while the number of days the sample hypothetically avoided shelter systems until their discharge was used as the upper bound.

Based on the current study, from 2013 to 2022, Project Guardianship has helped saved NYC's overburdened homeless shelter system between \$6.5 and \$17.6 million by avoiding shelter placement for our clients. Taken together with Medicaid savings, Project Guardianship has saved between \$155 and \$166 million.



LIMITATIONS

While the current report demonstrates a significant savings opportunity for New York State, a couple of key limitations should be considered.

The first limitation is the sample's size and makeup. Unfortunately, we were only able to include 33 clients in our hospital utilization analysis. Additionally, Project Guardianship currently operates only in New York City and its immediate surrounding areas, which has a higher cost of living than the rest of the state. Lastly, Project Guardianship clients are often in especially dire need of crisis intervention, while lacking a support system of family and friends, when they enter the guardianship system. They

may use social services at a higher rate, in a more expensive city, than the general population of New Yorkers with a guardian. These reasons may limit our generalizability to the state at large.

The second limitation lies in our analysis of homeless shelter, psychiatric hospital, and inpatient hospital costs. Because of the highly specific nature of medical coding and billing, we averaged the costs of inpatient stays by year, as opposed to labeling costs to each client via diagnoses for each hospital encounter. Psychiatric hospital and homeless shelter costs were not available for all years, and for those missing years an average of the available information was used.



CONCLUSION

Project Guardianship has been using its unique, interdisciplinary model to serve its clients for nearly 20 years. In just half that time, the organization has helped save 160 million public dollars through Medicaid avoidance, reduced hospitalizations, and keeping clients stabilized and living in the community whenever possible. The clients Project Guardianship serves, older adults and people living with disabilities and mental illnesses, make up only 22% of Medicaid enrollees, but they represent 62% of its expenditure.¹⁷

Project Guardianship saved 160 million gross public dollars for its 236 clients served. There are over 28,000 people in guardianships across New York State.¹⁸ With the above information, we can estimate that nearly \$67,000 can be saved per year for each person in guardianship statewide. Put another way, New York State could save \$1.9 billion in public dollars each year if every person who needed a guardian had a good guardian.

An investment in the intensive and comprehensive care Project Guardianship provides some of our most vulnerable neighbors is not only a moral imperative, but fiscally compelling.

APPROXIMATELY

\$67,000

CAN BE SAVED PER YEAR
FOR EACH PERSON IN
GUARDIANSHIP STATEWIDE

THERE ARE OVER

28,000

PEOPLE IN GUARDIANSHIPS
ACROSS NEW YORK STATE

NEW YORK STATE

COULD SAVE

\$1.9 BILLION

IN PUBLIC DOLLARS EACH
YEAR IF EVERY PERSON
WHO NEEDED A GUARDIAN
HAD A GOOD GUARDIAN

APPENDIX

Table 1. Demographics of Two Samples

	Full Sample (n=86)	Subsample (n=33)
Gender		
M	35%	27%
F	65%	73%
Borough		
Brooklyn	16%	3%
Bronx	38%	61%
Queens	15%	12%
Manhattan	29%	21%
Staten Island	1%	0%
Non-NYC	1%	3%
Residence at Entry to Project Guardianship		
Facility	57%	76%
Community	43%	24%
Last Known Residence		
Facility	58%	76%
Community	42%	24%
Medicaid Insured		
	87%	85%
Medicare Insured		
	71%	73%
Age at Entry to Project Guardianship		
Average Age	66	71
Median Age	69	74
% 60 years and above	70%	79%
% 80 years and above	27%	33%
Number of Deaths		
2018	2	0
2019	6	1
2020	12	5
2021	10	3
2022	6	2
2023	4	3
Ethnicity		
Hispanic or Latino or Spanish Origin	45%	45%
Not Hispanic or Latino or Spanish Origin	55%	55%
Race		
Black or African American	55%	57%
White	45%	43%

Table 2. Cost of Guardianship Per Client

	Guardianship Services	Advocacy	Total Client Cost (Annual)	# of clients that yr	Client Cost (Annual)	Client Cost (Monthly)
2013	1,237,632	-	1,237,632	126	9,822.48	818.54
2014	1,389,162	-	1,389,162	137	10,139.87	844.99
2015	1,634,988	-	1,634,988	142	11,514	959.5
2016	1,554,341	-	1,554,341	147	10,573.75	881.15
2017	1,822,543	-	1,822,543	181	10,069.3	839.12
2018	2,147,325	-	2,147,325	178	12,063.62	1,005.30
2019	2,248,208	-	2,248,208	203	11,074.92	922.91
2020	2,502,783	-	2,502,783	206	12,149.43	1,012.45
2021	1,957,365	75,755	2,033,120	179	11,358.21	946.52
2022	1,989,096	186,754	2,175,850	172	12,650.29	1,054.20

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