

CITY COUNCIL  
CITY OF NEW YORK

----- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING

----- X

November 12, 2015  
Start: 10:30 a.m.  
Recess: 11:37 a.m.

HELD AT: 250 Broadway - Committee Rm,  
14th Fl.

B E F O R E:  
MARGARET S. CHIN  
Chairperson

COUNCIL MEMBERS:  
Maria del Carmen Arroyo  
Karen Koslowitz  
Deborah L. Rose  
Chaim M. Deutsch  
Mark Treyger  
Paul A. Vallone

## A P P E A R A N C E S (CONTINUED)

Caryn Resnick  
Deputy Commissioner  
External Affairs  
New York City Department for the Aging

Eileen Mullarkey  
Assistant Commissioner  
Long-Term Care  
New York City Department of Aging

Janice Handler  
Attorney  
AARP Volunteer

Sandy Myers  
Director  
Government and External Relations  
Selfhelp Community Services

Deborah Bernstein  
Case Management Supervisor  
Services Now for Adult Persons (SNAP)

Molly Krakowski  
Director of Legislative Affairs  
Jewish Association for Services for the  
Aged (JASA)

Reva Gillman  
Student  
Institute for Senior Action (IFSA)  
Jewish Association for Services for the  
Aged

CHAIRPERSON CHIN: Good morning.

[background comments] I'm Council Member Margaret Chin, Chair of the Council's Aging Committee.

Older New Yorkers, as we know, overwhelmingly wish to age in place in their homes and communities; these are often the places where they raised their family, the places where they do their shopping and eating, the places where their friends and their other loved ones live close by; however, as many senior become increasingly frail or suffer from acute and chronic illness, staying in their homes without assistance becomes a significant challenge. The City's responsibility to care for them will only increase as the senior population grows in the coming years.

For those seniors who do not qualify for Medicaid or who cannot afford private home care and who need assistance with activities of daily living, DFTA's Home Care Program provides a vital service. DFTA-contracted home care providers help seniors with tasks ranging from cleaning, laundry and shopping assistance, to bathing, dressing and eating. Home care workers are not only essential for the seniors

receiving care, but also for their family, friends and neighbors in need of respite from providing care.

Despite the importance of this program, home care has long been underfunded by the City. For the FY2016 budget, the Council was able to negotiate with the administration to add an additional \$4.25 million to the budget to clear the wait list of 504 seniors in need of this service. I urged the administration to baseline these funds in the FY2017 budget and to assure that no senior in need of home care find himself or herself on a waiting list, unsure of when they will receive such care. If we truly wish to make New York City a place where people can age in their homes, then greater public investment is necessary in those programs, like home care, which allow them to do just that in a safe and comfortable manner.

Before we begin I would like to acknowledge my colleagues on the Aging Committee; Council Member Vallone, who's Chair of the Subcommittee on Senior Centers and Council Member Debi Rose from Staten Island.

I also would like to take this opportunity to thank our committee staff; Eric

Bernstein, our Committee Counsel and Tahini Sappora [sp?] and Brittany Morrissey from the Finance Division.

Finally, I would like to also take this time to acknowledge and thank my Chief of Staff, Yume Kitasei, as this is her last hearing with the committee as my chief of staff. She has been a tireless advocate for seniors, not only in my district, but citywide and the gains that we have made for New York City seniors in the past two years would not have been possible without her. But she's not going too far; she's actually going over to the administration side to work on the city's Legislative Affairs, so I hope that we will have a friend over there [background comments] and that will help us with our fight for more services and funding for seniors.

So I welcome all of you to be here and I look forward to your testimony.

First panel will be Caryn Resnick, the Deputy Commissioner at DFTA, and also [background comment] [laughter] and also Eileen [background comment] Hm? [background comment] Oh Mullarkey,

okay, from DFTA. So before you start, Eric, our Counsel, will swear you in. Thank you.

COMMITTEE COUNSEL: Can you raise your right hand, please? Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before this committee and to respond honestly to council member questions?

[background comment]

CARYN RESNICK: Good morning, Chairperson Chin and members of the Aging Committee. I'm Caryn Resnick, Deputy Commissioner for External Affairs at the New York City Department for the Aging, and I am joined by Eileen Mullarkey, our Assistant Commissioner for Long-Term Care at DFTA.

On behalf of the Commissioner, Donna Corrado, I would like to thank you for this opportunity to testify today about the agency's Home Care Program.

Just a little background and history. DFTA's Expanded In-home Services for the Elderly Program (EISEP) is one of the primary services offered through DFTA-funded case management. EISEP is designed for low-income seniors, 60 years and older, that have unmet needs in activities of daily

1 living and do not qualify for Medicaid-funded home  
2 care. The goal of the program is to help clients  
3 achieve the greatest level of comfort in the friendly  
4 and familiar environment of his or her own home for  
5 as long as possible. Home care services are provided  
6 to help functionally impaired older adults remain  
7 safely at home who need assistance with at least one  
8 activity of daily living, such as dressing, bathing  
9 and personal care or two instrumental activities of  
10 daily living, such as shopping, cooking and  
11 housecleaning. As part of a comprehensive  
12 assessment, case managers evaluate the needs of older  
13 adults and if home care is needed, clients are  
14 authorized for home care services.

16 Client income and expenses are considered  
17 when determining if a client requires a cost-share or  
18 a suggested contribution for their home care. If a  
19 client is eligible for DFTA-funded home care, the  
20 client provides documentation of income to enable the  
21 case manager to determine whether he or she is above  
22 the current threshold for contribution status and  
23 will be required to pay a cost-share. Thresholds are  
24 provided annually by the New York State Office for  
25 the Aging.

Unlike Medicaid-funded home care, EISEP allows deducting housing costs, up to \$588, and deducting monthly income up to \$1,471 and does not consider resources, such as savings accounts.

Approximately 80% of clients receiving DFTA-funded home care are contribution clients who are not required to pay for the services, but are asked to make a contribution. The remaining 20% of clients are required to pay an hourly fee up to \$18.50 based on a state formula.

DFTA issued a solicitation for home care services in October 2013; contracts were awarded to qualified home care providers and contract terms began in July 2014. The DFTA-contracted home care providers are Personal Touch, which covers the Bronx and Brooklyn; The New York Foundation for Senior Citizens, which covers Manhattan; People Care, which covers Queens, and Richmond Home Needs, which covers Staten Island.

For FY16, DFTA Home Care Program is funded at \$22 million, which includes \$4.2 million of one-time funding designated to eliminate the home care waiting list.



Currently there are 3,000 clients who are authorized for DFTA's Home Care Program, approximately; 70% of the clients receive homemaker or personal care services and 30% receive housekeeping or chore services. The maximum number of hours per week for housekeeping had been 4 hours and the maximum hours per week for homemaker or personal care was 12 hours. Due to expanding funding, the maximum home care hours were increased up to 8 hours per week for housekeeping and up to 20 hours per week for home care and personal care services.

At the end of FY15, DFTA case management agencies reported 316 clients on the waiting list for DFTA-funded home care services. After a concerted effort on behalf of community providers to enroll clients and to expand hours for existing home care clients, I am pleased to report that there is currently no longer any waiting list for home care services. [clapping] [background comment]

This has been a great accomplishment, considering the process to refer clients for home care and it's a comprehensive and time-intensive program; I thank the Council for the funds that have

helped us to reach our goal and I thank you again for this opportunity to testify today and we are pleased to answer any questions that you may have.

CHAIRPERSON CHIN: Thank you. I mean it's good hear that we have... because of the extra funding that we have [background comment] eliminated the wait list, but the funding from FY16 was not baseline; it was not allocated in the out year, so that's why it's really critical that we get the administration to put that money in in all the out years so that we can ensure that the senior who got the program now will not be in danger of losing that program. So can you just maybe tell us a little bit on how that is going?

CARYN RESNICK: Well we are still very early into this fiscal year; we of course will approach the administration and ask that funds be baselined and we won't know that until later this year.

CHAIRPERSON CHIN: Later this year?

CARYN RESNICK: Next year.

[laughter] [background comment]

CHAIRPERSON CHIN: We wanna get an early start, you know; we wanna make sure that it's gonna

be in there and increased, because... I mean does the department expect the amount of individuals seeking home care services to increase over the next couple of years?

[background comment]

CHAIRPERSON CHIN: Eileen?

[background comments]

EILEEN MULLARKEY: We would anticipate there would be more needs; I mean we... currently the home care in our system is used by about 15% of our clients and we would expect there to be more of our existing case management clients who would need the service.

CHAIRPERSON CHIN: So in the testimony you talk about the total funding for the program right now is at \$22 million; how much of that is from the state?

CARYN RESNICK: Oh, all of it; no? The majority... [crosstalk]

EILEEN MULLARKEY: I think we'd have to get back to you, 'cause part of it is city and part of it is state, but we can get back to you on that.

CHAIRPERSON CHIN: Yeah, be... I mean the 4.25; that was from the city, from the City Coun...

1 [background comment] that we pushed the  
2 administration to put in, [background comment] but I  
3 guess it would be good to know how much contribution  
4 comes from the state, and also, whether that has  
5 increased in the past couple years or not, because in  
6 your testimony you also talked about expanding the  
7 services and that... where did that funding come from?  
8 Did you utilize the same funding to expand the  
9 program?  
10

11 CARYN RESNICK: No, that's the title of  
12 the program; it's called Expanded In-home Services  
13 for the Elderly... [crosstalk]

14 CHAIRPERSON CHIN: No, no, no, I know,  
15 but in your testimony you talked about originally  
16 like, for housekeeping was only 4 hours and it was  
17 doubled to eight hours... [crosstalk]

18 CARYN RESNICK: Oh...

19 CHAIRPERSON CHIN: So was that expansion  
20 for the hours in the last year, last two years?

21 [background comment]

22 EILEEN MULLARKEY: That's something  
23 recent and we had heard from our case management  
24 agencies that oftentimes clients need more than 4  
25 hours of housekeeping, and they had advocated for 6-8

hours, and the same thing with personal care. We had a cap at 12 hours and by exception we would allow 20 hours, so we recently decided to allow the case management agencies to use their judgment to go up 20 hours if the senior needed that much care in a week.

CHAIRPERSON CHIN: Okay, so just explain to me then, so for the amount of funding that... the extra funding that we were able to get, [background comment] the purpose was to eliminate the wait list...

EILEEN MULLARKEY: Yes.

CHAIRPERSON CHIN: so the wait list was less than what we thought it was, 'cause we thought it was over 500?

EILEEN MULLARKEY: That was a point in time and at the end of the year it was around 300 and then when the case management agencies knew they could bring everybody on, they brought everybody on who really wanted the care and were ready to receive it; I mean there were some clients who, they had been waiting for maybe an extended period of time and they worked out another arrangement with family or some other service, but everyone else who was left that needed the service, they were able to receive it.

CHAIRPERSON CHIN: Okay. Yeah, because I think in course of the discussion, the number that we had was [background comment] 504, [background comment] that was on the wait list and the focus was to clear the wait list...

EILEEN MULLARKEY: Yes.

CHAIRPERSON CHIN: but we didn't just clear the wait list; we also were able to expand the services...

EILEEN MULLARKEY: Yes.

CHAIRPERSON CHIN: That's good to know.

EILEEN MULLARKEY: Yes.

CHAIRPERSON CHIN: So it means that there is a greater need out there, [background comment] so it means that we have to get the administration to continue to put more money is there, and that's why this money needs to be baselined in the out year, because what happens if we don't get that money and you've gotta cut back people's hours; I mean that's unacceptable. So going forward we really need to continue to advocate for that.

We've also been joined by Council Member Deutsch from Brooklyn. Council Member Vallone, I'll let you ask a couple of questions before I go back.

COUNCIL MEMBER VALLONE: Thank you Madame Chair. Good morning Caryn; how are you...

CARYN RESNICK: Good.

COUNCIL MEMBER VALLONE: Eileen? So great topic, lots of things to talk about. Why don't we just start off... I think with... for some of the people who are here and understanding the process in the first place. When you get the first phone call and you have to make the determination of whether it's home care or additional assistance at the house; what happens?

EILEEN MULLARKEY: At the first phone call to the case management agency there's an intake process and part of the in... [interpose]

COUNCIL MEMBER VALLONE: Oh we've been talking about that intake process for years... [crosstalk]

EILEEN MULLARKEY: Yes. Yeah. So... [interpose]

COUNCIL MEMBER VALLONE: and... and that has also changed; correctly, the case management, the intake, the type of questions that are being asked?

EILEEN MULLARKEY: Yes, it's very comprehensive. So part of the questions are about

unmet need, including home care and then the next step would be the -- let's say a client indicates that there is a need for home care and the EISEP Home Care Program is explained to them, because as Caryn said, there could be a contribution or a cost-share involved and then the case manager will visit the client at home and do a comprehensive assessment...

[interpose]

COUNCIL MEMBER VALLONE: The timeframe there between the call and the visit?

EILEEN MULLARKEY: If there's no wait list for an in-home assessment, it's within 10 days; if there's a wait list, generally someone who calls and needs home care is put at the top of the list, as opposed to someone who has supports and needs a meal, they get the meal fast-tracked, but they're not seen... it's not seen that there is as much of a priority as someone who has an unmet need for home care...

[interpose]

COUNCIL MEMBER VALLONE: Okay. And there's also a determination of whether there's a temporary emergency assistance needed?

EILEEN MULLARKEY: I mean any... any time there would be... [crosstalk]



COUNCIL MEMBER VALLONE: 'Cause I see some of the testimony that emergenc...

EILEEN MULLARKEY: emergency situations -- elder abuse, any of these, you know like high-risk things that would either bump someone to the top of the list or it would mean you have to go out within a couple days to see them.

COUNCIL MEMBER VALLONE: And that would require cross-agency involvement also; correct?

EILEEN MULLARKEY: Sometimes. Sometimes.

COUNCIL MEMBER VALLONE: 'Cause we might have a housing issue or landlord-tenant immigration or court issue somewhere or guardianship issues; something may come up where it would happen [sic]... [crosstalk]

EILEEN MULLARKEY: Yes, that could happen... [crosstalk]

COUNCIL MEMBER VALLONE: Okay, so the decision's made and within 10 days -- if it's an emergency, how quick is someone seen?

EILEEN MULLARKEY: I can get back to you, but I think we say 48 hours.

COUNCIL MEMBER VALLONE: I think it's 48 hours...

EILEEN MULLARKEY: Yeah, it's...

COUNCIL MEMBER VALLONE: that was one of  
the things... [sic]

EILEEN MULLARKEY: it's pretty quick. So  
then... [interpose]

COUNCIL MEMBER VALLONE: And where are  
you getting most of your referrals from?

EILEEN MULLARKEY: You know it's  
different in every community, the relationships that  
people have with other community agencies; you know,  
some agencies get referrals from hospitals, some  
because they're delivering meals to a building and  
there's a lot of seniors and then they say, oh how'd  
you get that and then they go to the case management  
agency; case management agencies are on interagency  
meetings; they, you know, develop relationships like  
that; sometimes it's through calling 311 and they get  
directed to case management, so it's a lot of  
different ways.

COUNCIL MEMBER VALLONE: Okay. So now  
the case manager's out there in 10 days; what happens  
next?

EILEEN MULLARKEY: Then they do a  
comprehensive in-home assessment, including assessing

1  
2 for what the person's home care needs are; they also  
3 need to see some documentation in terms of their  
4 finances; this is dictated by the state, and there's  
5 a state form that's part of their assessment process...  
6 [interpose]

7 COUNCIL MEMBER VALLONE: Do they know  
8 that at the time of the hearing to have all these  
9 documents ready...

10 EILEEN MULLARKEY: Uhm...

11 COUNCIL MEMBER VALLONE: or is this gonna  
12 require a secondary meeting?

13 EILEEN MULLARKEY: Usually, if during the  
14 intake it's apparent that they need home care,  
15 they'll let them know what's needed; if it wasn't  
16 clear at the intake and they go to their home, they  
17 could not be... it's possible that they're not  
18 prepared.

19 COUNCIL MEMBER VALLONE: Well that might  
20 be something we can do is right off trigger an email  
21 and a letter saying that your visit's been scheduled  
22 for, please have, as best as you can, the following  
23 things ready; I think that would be a big help to me,  
24 if I knew someone was coming, I could have those, you  
25 know simple steps to prepare to maybe minimize the

time so I don't have to come back and go get a bank statement, go get a letter from my doctor, all the rest I need and... [crosstalk]

EILEEN MULLARKEY: Yeah. Okay.

COUNCIL MEMBER VALLONE: I think that might be some... go ahead, I'm sorry, yeah.

EILEEN MULLARKEY: Okay. Unlike... I'm glad you said that about the letter from the doctor, 'cause unlike Medicaid, it's not a doctor's order for this, so it's the case manager's assessment of the client and the client indicating what their needs are, determining if they are someone who's a contribution client, that they wanna voluntarily contribute, and about 80% of our clients fall into that category, or they're a cost-share client, and the cost-share could be \$0.25 an hour up to \$18.50 an hour. Then the case manager sends a referral to the home care agency; the home care agency then calls the client to... [interpose]

COUNCIL MEMBER VALLONE: So there's no time the home care agency meets at that meeting at the same time the case manager meeting is set up?

EILEEN MULLARKEY: No, they do it separately... [interpose]

COUNCIL MEMBER VALLONE: 'Kay.

EILEEN MULLARKEY: so when the home care agency calls the client to schedule an appointment, a visit, the nurse comes and the aide at the same visit... [crosstalk]

COUNCIL MEMBER VALLONE: Okay.

EILEEN MULLARKEY: and the home care agency has reviewed the referral and they're approaching it in terms of the case manager said this client needs 12 hours or 8 hours or 4 hours... [interpose]

COUNCIL MEMBER VALLONE: So do we know if there's anything that's asked to be presented at that visit, 'cause that might be something we can have the... also to say now you have someone coming and in 10 days please have...

EILEEN MULLARKEY: No, they don't need to present anything; it really is about the nurse also assessing and on a very rare occasion would the nurse get back to the case manager and say, I don't think the client's safe for the hours you authorized, but that's a very rare instance, and the nurse, while she's there comes up with a care plan, which is generally put on the refrigerator and the aide is

there so the nurse can also go over the care plan with the aide, meaning, you know if there are three days a week of home care, you know, when are they getting help with their laundry; they need help with X, Y and Z across the span of three days.

COUNCIL MEMBER VALLONE: Okay, so you have two points then; you have the point when the first call comes in... [crosstalk]

EILEEN MULLARKEY: Uhm-hm.

COUNCIL MEMBER VALLONE: when the case manager takes the call, and you have a point when the assessment is made 10 days later... [crosstalk]

EILEEN MULLARKEY: Uhm-hm.

COUNCIL MEMBER VALLONE: where do you find most of the denials come from, if someone is not deemed eligible for services?

EILEEN MULLARKEY: Honestly, it could happen at intake or it could happen in the home, because with the cost-share, when the case manager goes over what's involved in terms of the cost-share, there are some clients who really don't wanna share finances; I mean, you have to be comfortable with that, so there could be some clients like that.

There also could be some clients that realize that

1  
2 their cost-share would be so high; this is not  
3 something they wanna do; I mean there's other  
4 opportunities for home care, and then when you go to  
5 the home it could be the same thing, it could be a  
6 client who has now decided they don't wanna show any  
7 documentation on their finances; that doesn't happen  
8 as much, because, you know, generally when someone  
9 needs home care they really need it and if you don't  
10 have family that are available to help, I mean that's  
11 why this program is such a benefit to the seniors.

12 COUNCIL MEMBER VALLONE: Well it's  
13 clearly a benefit, I mean it's probably one of the  
14 number one things... [interpose]

15 EILEEN MULLARKEY: Uhm-hm.

16 COUNCIL MEMBER VALLONE: that were asked  
17 for on many different levels, whether it's on the  
18 legal capacity or the council capacity. But is there  
19 a protocol in place upon a denial at either stage  
20 that it's reviewed by anyone other than the original  
21 case manager?

22 EILEEN MULLARKEY: It would always be  
23 reviewed by the case manager's supervisor.

24 COUNCIL MEMBER VALLONE: Okay. And do we  
25 have data on how many cases, I guess for this year or

1  
2 this quarter were denied either at the intake versus  
3 at the original assessment?

4 EILEEN MULLARKEY: We don't track that,  
5 no.

6 COUNCIL MEMBER VALLONE: Or how 'bout  
7 just cases that were denied in general?

8 EILEEN MULLARKEY: I mean we could ask  
9 the case managers; I don't think that's a significant  
10 number, but if it's of interest we can certainly look  
11 at seeing... [crosstalk]

12 COUNCIL MEMBER VALLONE: No, I think we  
13 should know the reasons why that... [crosstalk]

14 EILEEN MULLARKEY: Uh-huh.

15 COUNCIL MEMBER VALLONE: for people being  
16 denied and I also think there's a difference for  
17 someone who's a repeat call... [crosstalk]

18 EILEEN MULLARKEY: Uhm-hm.

19 COUNCIL MEMBER VALLONE: right, if  
20 someone's been denied and now December comes and now  
21 January comes and I have Mrs. Smith down on the  
22 corner calling... [crosstalk]

23 EILEEN MULLARKEY: Uh-huh.

24 COUNCIL MEMBER VALLONE: and I have the  
25 cousin calling from Texas... [crosstalk]



EILEEN MULLARKEY: Uh-huh.

COUNCIL MEMBER VALLONE: and I have a guardian calling...

EILEEN MULLARKEY: Uh-huh.

COUNCIL MEMBER VALLONE: I think there should be a different level if there's recidivism involved and there's been... [crosstalk]

EILEEN MULLARKEY: Uhm-hm.

COUNCIL MEMBER VALLONE: continual denials, I think something should escalate...

EILEEN MULLARKEY: Uh-huh.

COUNCIL MEMBER VALLONE: at that point. Do we have any data on how many clients that would call that were denied on multiple occasions?

EILEEN MULLARKEY: No, we don't track that.

COUNCIL MEMBER VALLONE: Okay. So I think we should though, I think we should... [crosstalk]

EILEEN MULLARKEY: Okay.

COUNCIL MEMBER VALLONE: especially if we're at the point where now we're dealing with a wait list... [background comment] yeah, that's alright; we can get applause for that; [background comments]

1  
2 that's good... [clapping] See the great thing is you  
3 have Margaret and I, who are [background comment]  
4 wonderful advocates [background comment] on fighting  
5 to try to get these things into the budget  
6 [background comment]; we're on the same page on that  
7 and I think with the budget... [crosstalk]

8 EILEEN MULLARKEY: Okay.

9 COUNCIL MEMBER VALLONE: and I think with  
10 the budget season coming up, these are areas with  
11 increased staff and hours; so many different areas  
12 that we can work for to expand [background comment].  
13 One of the things that comes up with clients, whether  
14 it's in self-help or in a district, is the language  
15 barriers, so what happens when someone makes that  
16 additional call, especially in my district, whether  
17 it's Korean or Chinese, and there is a language  
18 barrier from the phone call or at the assessment  
19 interview; what's the next step?

20 [background comments]

21 EILEEN MULLARKEY: We do expect that the  
22 case management agencies are able to communicate with  
23 clients on the phone, whether through their own staff  
24 or if they need use a language access line..  
25

COUNCIL MEMBER VALLONE: Well that's your contractors, but what about within DFTA itself, do we... same thing?

EILEEN MULLARKEY: Uhm-hm.

COUNCIL MEMBER VALLONE: Is there a... How would that work, if I called you in Korean and the person that's speaking to me is not speaking Korean, what happens next?

EILEEN MULLARKEY: Then they would have to access like a language line; they would have to do a conference call to be able to bring... [crosstalk]

COUNCIL MEMBER VALLONE: Is that language line someone that's also knowledgeable in the case manager process or it just an interpreter?

EILEEN MULLARKEY: No, it's just an interpreter.

COUNCIL MEMBER VALLONE: See I think that's something we have to look at too, because there is a need for someone to understand the process to properly interpret, especially it comes up in my world all the time, when it's legal or not; someone can just translate a question, but someone may not be able to give the advice or the help as to the process 'cause they understand the process in the native

language and I think that might be something that we can look to expand; I know the Chair had brought this up on a few of our previous hearings also. Anything on that, Caryn?

CARYN RESNICK: Yeah, in addition to Language Line, which we have available at DFTA, we do require and ask that all of our contract agencies provide culturally competent services and so the majority do have people that speak the language that's predominant within whatever community they're serving, and sometimes we know about salaries and social workers and especially if it's special language, it can cost more money, so no everybody always has all of the languages spoken, but generally there is the capacity to handle multiple languages.

COUNCIL MEMBER VALLONE: The current...

CARYN RESNICK: And then we have staff as well for multi-lingual... [crosstalk]

COUNCIL MEMBER VALLONE: The current contracts that are out there; when's the next time they come up for RFP or something that we can look at?

[background comments]

CARYN RESNICK: Oh, that's right; we are at this very moment making decisions about the new case management agencies.

COUNCIL MEMBER VALLONE: Well that's good.

CARYN RESNICK: Yeah.

COUNCIL MEMBER VALLONE: So this would be something that I'd ask that you maybe add in on the process, on how much of the cultural competency there is -- language, additional -- and I think the... just to... there's so many things, and I know Margaret's gonna go back to it, but as our aging population is skyrocketing, you're not going to have a steady line of calls; it's gonna continually increase and I think this was our cry last year at budget time, that anything that's not increased in our eyes is a cut because as our seniors age our budget has to increase also, just to keep it steady, [background comment] so we're gonna have to increase just to keep up with the numbers right off the bat, so to me, just staying level is not enough; we have to increase every level [clapping] and I think that's important too.

When it comes to the increasing of those services, I think we should work together on the

1  
2 expanding, and one of the areas I know, besides  
3 language, is weekend services; I know there's a drop-  
4 off; what if something happens just on a Saturday and  
5 there is an emergency that comes in or what happens  
6 if someone's week-long provider or care nurse comes  
7 and then they don't come for the weekend, is there  
8 any looking at expansion for weekends?

9 EILEEN MULLARKEY: The EISEP Home Care  
10 Program is a Monday to Friday and there is... we have,  
11 as Caryn described, we have four providers that serve  
12 five of the boroughs and one of the providers is  
13 willing and able to also do weekends; other  
14 providers, it would be a cost differential, so that  
15 prohibits them doing weekends, but it is something  
16 we've also realized that it would be a good idea to  
17 be able to offer this during the weekends.

18 COUNCIL MEMBER VALLONE: I would think  
19 that would be something else to look at [background  
20 comment] in this process, especially on a Saturday,  
21 at least one of the two days somebody knows someone's  
22 coming, 'cause otherwise it's a long 72 hours  
23 [background comment] before you see [background  
24 comment] some help coming to the door.

1  
2           You mentioned at the beginning that it is  
3 [sic] a very complicated difference, but when it  
4 comes to Medicaid versus DFTA; if that decision, and  
5 we're talking about activity detail, living [sic] now  
6 or if someone's now gonna have state funding versus  
7 [background comment] city services; who makes that  
8 determination? Right, if someone's now eligible for  
9 Medicaid benefits versus home care through DFTA; how  
10 is that made?

11           EILEEN MULLARKEY: The state requires  
12 that if the client is eligible for Medicaid that the  
13 case manager can help them apply for Medicaid; they  
14 can get our home care on a temporary basis..  
15 [interpose]

16           COUNCIL MEMBER VALLONE: Your case  
17 manager can help them apply? [background comments]  
18 Okay.

19           EILEEN MULLARKEY: and they can get our  
20 home care on a temporary basis until the Medicaid  
21 authorized home care comes through and that's  
22 basically our process and people who are above the  
23 Medicaid level, especially if they can't afford the  
24 surplus, they're more the clients who end up getting  
25 the EISEP-funded home care.

1  
2 COUNCIL MEMBER VALLONE: It'd be  
3 interesting conversation one day; [background  
4 comment] to see the differences between the  
5 recipients for Medicaid and the recipients for home  
6 care through DFTA and what the main separating line  
7 is.

8 EILEEN MULLARKEY: Right, income is one  
9 of them and the other thing that's interesting is  
10 with the EISEP program they don't look at resources,  
11 so if a client was income eligible under Medicaid,  
12 but not resource eligible, they would be eligible for  
13 the EISEP home care program.

14 COUNCIL MEMBER VALLONE: Is it just  
15 income; what about the tests of the activities of  
16 daily living; is that the same?

17 EILEEN MULLARKEY: They're very similar,  
18 they're very similar, the tests. And also, with the  
19 EISEP program you can deduct up to \$588 in housing  
20 expenses, which you can't do that under Medicaid;  
21 they allow certain amount of deduction for monthly  
22 income. So it's definitely a more flexible program,  
23 when you compare it to Medicaid.

24 COUNCIL MEMBER VALLONE: I think there's  
25 a lot of fear out there for the seniors for meeting



1  
2 the ADL requirements and what steps are involved and  
3 understanding the process and what knocks them out of  
4 the box if they answer the wrong question the wrong  
5 way and I think there might be some room to look at  
6 that list itself [background comment], and when was  
7 the last time that has ever been looked at, whether  
8 changes, loosening of some of the requirements,  
9 adding requirements, changing what's needed to prove  
10 that you've met some of the steps of the ADL?

11 EILEEN MULLARKEY: It's a... [interpose]

12 COUNCIL MEMBER VALLONE: Do you  
13 understand when I say ADL, what that means; the list  
14 of activities of daily living...

15 EILEEN MULLARKEY: 'Kay, it's...

16 COUNCIL MEMBER VALLONE: there's a  
17 checklist and if you don't meet them, then you're not  
18 getting these services.

19 EILEEN MULLARKEY: You're right, the  
20 state dictates it, but if there's... I feel like our  
21 program is fairly loose; if you say and show flexible  
22 that there's... [interpose]

23 COUNCIL MEMBER VALLONE: Flexible see.  
24 [sic] [laughter]

1  
2 EILEEN MULLARKEY: you know, an unmet  
3 need, you generally are approved for the service. I  
4 can't think of times clients have called and said I  
5 needed help with shopping and my case manager came  
6 and they said no. I mean if you get reports like  
7 that, we would definitely wanna hear that, 'cause we  
8 do feel like it's pretty flexible.

9 COUNCIL MEMBER VALLONE: 'Kay...  
10 [crosstalk]

11 CARYN RESNICK: Yeah, I think... you know  
12 your question about denials and not meeting the  
13 criteria, I think that's an incredibly small  
14 percentage. I mean the issue we really had was  
15 either a bottleneck or the wait list; more that with  
16 the service, we don't have the hours available to  
17 give you at that moment that you're in need, as  
18 opposed to that you're not eligible and that's what  
19 we've been able to accomplish by raising the hours  
20 and having more availability.

21 COUNCIL MEMBER VALLONE: Thank you.

22 CARYN RESNICK: And we did once take a  
23 very hard look at our whole caseload to see who could  
24 potentially could be Medicaid eligible, because it's  
25 a much more generous benefit if you're on Medicaid.

1  
2 And as it turns out, you know, EISEP was designed for  
3 people just above the Medicaid eligibility level, so  
4 while we had people who potentially qualified, the  
5 spend-down would be so great that they'd become  
6 unable to pay their rent, they would become sort of  
7 housing poor or not able to meet their monthly  
8 expenses, or just simply not wanting to participate  
9 in that program.

10 COUNCIL MEMBER VALLONE: Okay. And thank  
11 you, and I'd like to see maybe that follow-up with  
12 the notice from the case management to the time of  
13 the actual interview and some type of steps that  
14 people can do to prepare and I think that would be a  
15 great way to make it city-friendly; age-friendly for  
16 people to not fear the process and understand  
17 there'll be help along the way. Thank you.

18 CHAIRPERSON CHIN: Thank you. We were  
19 joined by Council Member Koslowitz earlier; Council  
20 Member Deutsch has questions.

21 COUNCIL MEMBER DEUTSCH: Thank you,  
22 Chair. I'm also proud to be a strong advocate for  
23 closing this gap during the budget season working  
24 with our chair.  
25

What information does a client need; what financial information do they need to prove to show that they're eligible?

EILEEN MULLARKEY: The information they need really is around their finances, so they have to show some sort of proof of income and if they have housing expenses, they need to show that as well.

COUNCIL MEMBER DEUTSCH: So what would happen if a client cannot come up with those figures and the paperwork, and when the person's at intake they see that there is an issue and also [sic] the person cannot take care of themselves?

EILEEN MULLARKEY: That's something the case manager would help with; like, perhaps the client says well I get Social Security, but I don't have any paperwork to show you; they could help them call Social Security and say send the client an award letter; I mean they don't just walk away, they help the client to try to gather the documentation.

COUNCIL MEMBER DEUTSCH: Okay. You also mentioned that the waiting list is prioritized by emergency basis; is that correct?

EILEEN MULLARKEY: So waiting list for the case manager to do an in-home visit.

COUNCIL MEMBER DEUTSCH: That's...

[crosstalk]

EILEEN MULLARKEY: It...

COUNCIL MEMBER DEUTSCH: Okay. So now that the budget gap is... Oh, so the in-home visit, so once they're approved, so you have... in the budget you're able to take care of everyone; it's not just an emergency basis; anyone that's eligible...

[interpose]

EILEEN MULLARKEY: Right. Right.

COUNCIL MEMBER DEUTSCH: You take them in right away. And how easy or how difficult it is to receive these services; is this only through 311 or how does it work?

EILEEN MULLARKEY: Through 311 they can be directed to the case management agency, but it's also through... each case management agency has their own network of agencies they deal with, whether it's the local hospital, other social service agencies; faith-based organizations who know the services in the community -- the home-delivered meal program -- all these agencies can refer to the case management agency.

1  
2 COUNCIL MEMBER DEUTSCH: So what happens  
3 if you have an individual who is not involved with  
4 any social service agencies or they don't get Meals  
5 on Wheels? See, you know I have one of the highest  
6 population of seniors in my district and I reach out  
7 to a lot of seniors and they don't have family around  
8 or they don't have family at all or they're out of  
9 state, out of the country and they're basically  
10 isolated; they don't have computers, many of them, so  
11 how do we reach out to those individuals to let them  
12 know that there is a program when you have difficulty  
13 taking care of yourself and to make sure that they're  
14 aware of these services and who they reach and... you  
15 know, how do we get that education making [sic]...  
16 [crosstalk]

17 CARYN RESNICK: So at the department we  
18 do have an outreach unit and we go out to wherever we  
19 are invited, even places that we're not invited, and  
20 you know table and distribute literature; I'm out  
21 often, many of the staff, trying to educate  
22 communities and we get calls from your office, from  
23 neighbors, we get a lot of phone calls from concerned  
24 neighbors, family, relatives often not in New York,  
25 but you know, could be across the country. So we get

referrals in many, many different ways and we continue to do as much outreach as we can.

COUNCIL MEMBER DEUTSCH: So I represent approximately... probably about a 169,000 people; I'm not sure how many of that 169,000 are senior citizens who might be eligible for this who are not on Medicaid, but if I do like a major, major outreach to my district, would you figure those numbers of home care services will go up or you would say that it's gonna remain the same?

CARYN RESNICK: It should go up; I don't know... [crosstalk]

COUNCIL MEMBER DEUTSCH: It should go up.

CARYN RESNICK: Yeah.

COUNCIL MEMBER DEUTSCH: So what I'm trying to say is that you probably have a lot of people out there that are not aware of these services. So now we close the gap, which is great, you know we close the gap for whoever's eligible for this, but I think it is important, what's important is for us to do like a major outreach working with Department of Aging and to make those numbers go up, because anyone that is eligible should have these services.

[clapping]

I fund a program which is called Entitlement and there's a number, probably about 30, 40 different city services that people may be eligible to that they don't know about, so I send out notices, I put it on my newsletter and I ask them to come into my office and they work with a caseworker one on one who goes through the finances with them and if need be, we go down to their homes and we try to get them whatever services that might be eligible to that they may not know and when I go around to my community events, I mention to people if you have friends, neighbors that, you know people, it's very difficult for them to make ends meet these days, so I encourage people to reach out to my office to sit down with my Entitlement experts to find out. But that is only, you know the meetings I go to, so we're limited [background comment]; 169,000 don't attend meetings; I wish they do, and so I think that reaching out to people is crucial and let's make these numbers go as high as possible and let's close the gap for the next budget season as well.

And I just wanna thank you, Commissioner, you've always been very accessible and working very



1  
2 closely, like you said, with my office and myself and  
3 I'll say myself too, because sometimes people tell  
4 me, yes, it's nice to work with your office, but I  
5 wanna work with you, [laughter] so I am very  
6 accessible as well and I look forward to working  
7 together with you in the future and accomplishing  
8 many great things. Thank you very much.

9 CARYN RESNICK: Thank you.

10 CHAIRPERSON CHIN: Thank you, Council  
11 Member Deutsch. If the audience supports what we're  
12 saying, do this, 'cause the sergeant doesn't want any  
13 other clapping noise.

14 Does DFTA keep track with the agencies in  
15 terms of amount of revenues that's generated from  
16 contributions or cost share?

17 EILEEN MULLARKEY: Yes, the home care  
18 agencies have to report that on their invoices.

19 CHAIRPERSON CHIN: So do you have any  
20 idea what has been, the revenues that generated?

21 EILEEN MULLARKEY: I don't know, but  
22 that's something we can get back to you; we can talk...  
23 [crosstalk]

24 CHAIRPERSON CHIN: Yeah.

25 EILEEN MULLARKEY: with our fiscal area.

CHAIRPERSON CHIN: That would be good;  
I'm pretty sure it's not a big amount, but I think  
it's something to take a look at.

And when does the department expect to  
issue an RFP on home care again? When is the next  
round?

[background comments]

EILEEN MULLARKEY: The contracts are  
fairly new; they've only been... this is the second  
year of their contract, so we're not scheduled to do  
it for a number of years.

CHAIRPERSON CHIN: So the contract has  
what, one more year and then extension [background  
comment] for another how many years?

EILEEN MULLARKEY: Three.

CARYN RESNICK: Three usually [sic].

CHAIRPERSON CHIN: Three.

CARYN RESNICK: In case management, the  
awards are gonna be made very shortly.

CHAIRPERSON CHIN: So right now you're  
gong through the... [interpose]

CARYN RESNICK: **[inaudible]**

1

2

CHAIRPERSON CHIN: the case management.

3

Okay. Because we also allocated... we were also able

4

to get extra \$3 million to eliminate the... [interpose]

5

CARYN RESNICK: Home care.

6

CHAIRPERSON CHIN: the case management

7

wait list... [crosstalk]

8

EILEEN MULLARKEY: Case management.

9

Right, the waist list.

10

CARYN RESNICK: Yes.

11

CHAIRPERSON CHIN: But that wait list is

12

gonna start again, I mean so that's why it's

13

continuous funding.

14

So in terms of the home care agencies,

15

like in your RFP, how do you ensure that they follow

16

the living wage law and the compensations for the

17

home care worker and the fringe benefits; how is that

18

taken into consideration in terms of the budget?

19

EILEEN MULLARKEY: I think that's

20

something more for our Budget Department to answer; I

21

don't know how they review that.

22

CHAIRPERSON CHIN: Wasn't there... I mean

23

think from the union, what I was able to get some

24

information, was that the wages for the home care

25

worker under EISEP program became the same amount as the home care worker under Medicaid, so that was...

EILEEN MULLARKEY: That's right.

CHAIRPERSON CHIN: Right? But what about the fringe... in terms of the healthcare benefits for the home care workers; how does that work? 'Cause a lot of them, okay, they work four hours 'cause they have to add up the hours; right... [interpose]

EILEEN MULLARKEY: Right.

CHAIRPERSON CHIN: in order to qualify or?

EILEEN MULLARKEY: There is a certain threshold before they get fringe and on the budget, fringe is a separate item; I think kind of the nitty... [crosstalk]

CARYN RESNICK: ...our fiscal department.

EILEEN MULLARKEY: Yeah, Joy's gonna have to...

CHAIRPERSON CHIN: Yeah, if you can get us those information, 'cause we also wanna make sure that you know the home care workers are also, you know, compensated fairly, that they also get health benefits and, I mean since the money is coming from the city, taxpayers, we wanna make sure that we're

1  
2 paying them a living wage so that they can really  
3 take care of our seniors. So if you can get that  
4 information to us, that would be helpful.

5 Do you have any other... [background  
6 comments]

7 Okay, so we talked about it a little bit  
8 earlier, so what do you anticipate the amount of  
9 funding that you're gonna be seeking for the EISEP  
10 program in FY2017 so that we can collaborate and work  
11 together?

12 CARYN RESNICK: I think you know at this  
13 point we're sort of one quarter in, so I think we  
14 need to see a little more how the wait list is  
15 managed and where we are before we can sort of come  
16 up with a figure.

17 CHAIRPERSON CHIN: But that's only the  
18 amount that we got last year; that should be a  
19 starting point, right?

20 CARYN RESNICK: Absolutely.

21 CHAIRPERSON CHIN: And then we have to  
22 figure out how many more people; I mean as Council  
23 Member Vallone mentioned and Council Member Deutsch,  
24 once we get the word out, more people will have an  
25 interest, you know, if they're watching the hearing

1 they might call 311 or call DFTA to find out, because  
2 when my staff and I, when we went on a home-deliver  
3 meal one morning and we visited a couple of seniors  
4 and two of them really need... could use some help, but  
5 they didn't think that they qualify and because now  
6 we're eliminating the wait list, we might be able to  
7 sort of generate more interest and encourage more  
8 people to apply. So we need to factor in, you know  
9 in terms of the increased funding that we should you  
10 know push for besides you know baseline how much more  
11 we need, because [background comment] by the time you  
12 do the next RFP we wanna make sure that we have  
13 substantial funding, and also, getting more funding  
14 from the state to really help with this program,  
15 'cause it's so critical that we wanna make sure that  
16 every senior who needs it gets it. So we look  
17 forward to really working with you on the next budget  
18 and we wanna start early so that we are prepared so  
19 that in the preliminary budget I hope to see it there  
20 so we don't have to like spend so much time you know  
21 advocating and fighting to be in the Executive  
22 Budget, right? We can always fight for more in the  
23 Executive Budget.  
24

Any other questions, Council Member  
Vallone?

[background comments] [laughter]

CHAIRPERSON CHIN: Yeah. Okay. So we...  
[crosstalk]

EILEEN MULLARKEY: Thank you.

CHAIRPERSON CHIN: we thank you for being  
here this morning and we also are gonna hear from  
some advocates who can maybe share some of their  
strategies with us. Thank you.

CARYN RESNICK: Thank you.

CHAIRPERSON CHIN: The next panel; Janice  
Handler, [background comment] from AARP, Sandy Myers,  
Selfhelp Community Services, Deborah Bernstein from  
SNAPP. [background comments] Oh no, because they're  
testifying. [background comment] Only council  
members and coun... yeah, staff can be here.  
[background comment] Okay.

And if anyone else would like to testify,  
[background comment] please fill out one of these  
forms with the sergeant over there; then you can  
speak. Please start.

[background comments]

CHAIRPERSON CHIN: Oh and make sure you identify yourself, for the record... [crosstalk]

JANICE HANDLER: Yes... Yes. My name is Janice Handler; I'm an attorney and I'm a volunteer for AARP; I live in New York City. Good morning, Chairperson Chin and members of the committee.

AARP is a membership organization that represents Americans 50 and older. We have over 2.5 million members in New York State and about 750,000 members living in New York City.

My statement today will focus on the importance of home care and caregivers and how home care programs keep older people living in their homes and communities.

AARP believes that supporting family caregivers having strong home care programs and providing additional resources for EISEP program in New York will improve older New Yorkers' quality of life while also saving taxpayers a considerable amount of money by allowing people to avoid expensive taxpayer institutional settings. Enhancing these programs will allow older New Yorkers to continue to live with independence and dignity in their homes,



where the vast majority wish to stay for as long as possible.

Based on an AARP analysis of census data, over the next two decades the share people living in New York City who are age 65 and over will grow from 1 in 8 to 1 in 6. Overall New York's 60 plus population will increase exponentially to a projected 1.84 million by 2030, a 47% increase from 2000. The growth of this population brings opportunities and challenges. What we know for certain is that we must prepare for the growing needs of this population and the clear desire of people over 60 to age in place in the city.

A recent AARP Commission poll revealed that the majority of New York State residents age 50 and over would prefer to receive care services at home rather than go to a long-term care facility. We believe that the poll shows strong support for government to make an investment in home and community-based services.

In addition, AARP believes that family support is a key factor in determining an older person's ability to remain in home and community.

Home care services must work side by side with resources targeted at family caregivers.

AARP believes that the New York City budgeting process offers a great opportunity to adequately address the needs of an ever growing aging population by providing adequate front end services and avoiding high costs down the road.

A 2014 AARP poll of New York City voters 50 and over and the state of 50 plus in New York asked questions to family caregivers. I'd like to note that New York City caregivers, like most in the nation, are more likely to be female; many are younger than 65 and tend to be working while caring for a loved one.

Some of the points that resulted from the survey that we would like to put in the record. Among all New York City 50 plus voters, 39% have been caregivers in the past five years or are currently providing care to a family member. New York City voters age 50 and over do not see their caretaking responsibilities diminishing; more than half believe they are likely to provide care within the next five years. Most New York City 50 plus voters, 79%,

believe supporting family caregivers should be a priority for New York elected officials.

Our position is that New York City must continue to make additional investments in non-Medicaid home and community-based care. If continued support and commitment to older persons and their caregivers is not maintained, it comes at the wrong time with current demographic trends of an aging population.

In previous testimony before this committee, Eileen made the point that EISEP serves fewer than 3,000 of the almost 80,000 low-income seniors with care needs in the city; we would like to see this number expanded and the resources provided to do that.

AARP research clearly shows that the majority of New Yorkers age 50 and over would prefer to receive long-term care services in their home; we believe that our 50 plus voter survey demonstrates strong support for the City Council to make investments in aging services.

We thank you for allowing us to testify on this issue; the programs that are under review today will not only help thousands of New Yorkers and

their families, but will save New York taxpayer money from more expanded and expensive services up the road. Thank you.

[clapping]

SANDY MYERS: Okay, good morning. My name is Sandy Myers; I'm the Director of Government and External Relations at Selfhelp Community Services.

I'd like to thank Council Member Chin; members of the Aging Committee; Council Member Vallone and Deutsch for attending today's hearing.

DFTA currently funds Selfhelp for two case management programs -- Selfhelp Queens North is located in Flushing and serves elders in Community Board 7 and Selfhelp Project Pilot, located in Manhattan, serves elders on Manhattan's West Side. Together through these two programs we serve more than 2,000 seniors.

I just wanna highlight -- oh, I don't think that one's working. I just wanna highlight three main concerns that we've heard from a number of our clients and our case management staff.

So in Queens, where many of our clients speak Korean or Chinese, it's been difficult for

1  
2 DFTA's contractor, People Care, to provide aides who  
3 are proficient in the same language as the client;  
4 we'd like to thank Council Member Vallone for raising  
5 this point as well. Selfhelp is proud to provide  
6 culturally competent services and we wanna be sure  
7 that DFTA is doing the same for the clients who are  
8 receiving home care.

9           Second, we've also noticed that in  
10 certain neighborhoods in Queens in particular that  
11 are less accessible and further from transportation  
12 it's been more challenging for aides to get to those  
13 clients. For example, we've had this issue in  
14 Bayside, in particular. So we wanna make sure that  
15 with the Council's support that we have geographic  
16 accessibility and that aides are able to get to  
17 clients regardless of where they're living in all  
18 five boroughs.

19           And lastly, we would like to see weekend  
20 hours added to this contract, which we know was also  
21 discussed while DFTA was testifying. Many of our  
22 clients will go without coverage for the weekend and  
23 for the small number that we have who are able to  
24 secure alternatives, it oftentimes places a burden on  
25

other caregivers or they end up depleting resources to hire additional care on the weekends.

So to wrap up, I just wanna thank the Council for their extra funding last year; we support your effort to get this money baselined so we can continue to service clients in need of these services. Thank you.

[clapping] [background comment]

DEBORAH BERNSTEIN: Good morning distinguished members of the Council Committee on Aging and colleagues in... [crosstalk]

CHAIRPERSON CHIN: Can you speak into the mic?

DEBORAH BERNSTEIN: Okay, got it now. Good morning distinguished members of the Council Committee on Aging and colleagues in aging services. My name is Deborah Bernstein, Case Management Supervisor for Services Now for Adult Persons (SNAP).

SNAP is a multiservice social services agency dedicated to improving and enhancing the quality of life for older adults in Queens. SNAP strives to maintain older adults as viable community residents and assist them in aging with dignity and

independence, thereby preventing premature institutionalization.

I've been working in case management for the past seven years; I supervise five case managers and oversee adult protective service clients who are receiving home-delivered meals. In this role I have seen how DFTA-funded home care is a crucial part of case management and is vital to keeping older adults safely in their home, allowing them to age in place. The need for senior services continues to expand as individuals age 85 and older are amongst the fastest growing of the elderly population; the need for home care is particularly significant for these older and frailer seniors. The current DFTA home care funding has allowed SNAP to provide these much-needed services for many clients over the years and the need continues to grow. The DFTA-funded home care program assists seniors with personal care, housekeeping, chore escort and temporary care; it also provides family caregivers who are overwhelmed or working full-time much-needed assistance. Many caregivers struggle to find care for their older loved ones while trying to juggle the demands of work and family. Private home care costs often prohibit

caregivers from being able to secure reliable help for their loved ones; DFTA-funded home care is a viable option for many, as it allows clients and caregivers to secure affordable care. Home care provides these caregivers with the reassurance that their loved one is safe and supported.

Another important aspect to consider regarding caregivers is that their ability to secure services through DFTA-funded home care keeps caregivers from leaving the workforce to care for their frail loved one. When caregivers leave the workforce to care for a loved one, it impacts their financial future and helps to perpetuate the cycle of poverty; this is especially true for women, as women make up the majority of informal caregivers. When these caregivers reach retirement age and need assistance for themselves, their Social Security will be greatly limited, which will impact their ability to secure help when they are older and in need.

The DFTA-funded home care program is a cost-effective program for those seniors who are eligible, enabling them to obtain vital home care services at a price they can afford. This program meets the needs of those clients whose income is not



low enough to be Medicaid eligible, but not high enough to sustain paying for private care; it addresses those individuals who fall into the gap and would otherwise be at risk without services.

Securing ample funding for home care will assure that service is readily available to seniors without a wait list; home care is a core case management service; this crucial component of a client's care plan prevents them from needing a higher level of care and going into a long-term care facility. Baselining home care in the budget is essential, as it will secure funding for future years and protect our most vulnerable seniors by ensuring that services will be available when needed.

Thank you for the opportunity to speak to all of you today and we know that you will continue to work hard on behalf of seniors throughout the city.

CHAIRPERSON CHIN: Thank you; thank you for testifying today and I have a couple of questions. In your assessment, what is the biggest gap in home care services that are provided by the DFTA-funded?

DEBORAH BERNSTEIN: The problems which we see relatively repeating themselves relate often to location; not being able to secure aides to go into the... one of the areas we work with is Littleneck and it is not well-served with the shape of the community district, you know for public transportation; we find problems with that. We know that the limitations of EISEP is a challenge sometimes for the clients to work around; if they're being covered for four hours, then some of the limitation is, you know, those who are on that middle line of making it on their own for the next four hours of the day, it's a 24-hour day, and a family doesn't arrive home until 6:00; there may be a challenge, you know in these four-hour blocks where clients are served; it's wonderful that it's there, but it is a limit within itself.

CHAIRPERSON CHIN: Now I asked DFTA earlier and they didn't have the statistics, but they said that the home care providers are the ones that are supposed to collect the contributions and the cost-sharing; how effective is that and do you know, like what's the amount of revenue that's generated from... [crosstalk]

DEBORAH BERNSTEIN: I don't know the amount of revenues that come in from that, so I don't have a specific number to give you.

CHAIRPERSON CHIN: From Selfhelp?

SANDY MYERS: I don't have that.

CHAIRPERSON CHIN: I think it'll be good if you can ask your agencies so that we can sort of... and also, how effective is that, you know, in terms of like, is it an added responsibility and how do you sort of deal with people who don't do it, you know even if they're asked to do a contribution?

DEBORAH BERNSTEIN: What happens with contributions is that it really is a contribution; they don't have to pay that, but with those who have a cost share, that's where it really is a bill that the client is receiving. So there's that subtle but very important difference between voluntarily contributing to their care versus getting a bill for the care.

CHAIRPERSON CHIN: That's true, but it also means that it's extra work on the agency; you have to... are the agencies the ones that issue the bills?

DEBORAH BERNSTEIN: No. No.

CHAIRPERSON CHIN: No. That comes directly from DFTA?

DEBORAH BERNSTEIN: It comes from People Care; we're served by People Care. [background comment]

CHAIRPERSON CHIN: Oh okay, the...

DEBORAH BERNSTEIN: Yeah, the contract.

CHAIRPERSON CHIN: The contract, the home care agency. Alright. And you guys, your agency does the case management assessment?

DEBORAH BERNSTEIN: Yeah.

SANDY MYERS: Yes.

[background comment]

CHAIRPERSON CHIN: Okay. So do you have any data in terms of the age of the seniors, percentage of people over 65, over 85 that are on this program?

DEBORAH BERNSTEIN: I don't have those statistics, no.

CHAIRPERSON CHIN: But do you collect those statistics, your agencies?

SANDY MYERS: I think we have it; I... [crosstalk]

DEBORAH BERNSTEIN: I would imagine we do, but I'm not going to commit to that answer and saying yes; I think we do... [crosstalk]

CHAIRPERSON CHIN: Okay. If you have it, it'll be good if you can share with us, just give us a better idea.

Do you know if... I mean we still have a large percentage of seniors who are not on this program, so do you have any idea how people are getting that care, whether it's from... you know, besides family, are there like unlicensed home care agencies that are providing these types of services?

DEBORAH BERNSTEIN: For the clients serviced by SNAP, many clients prefer, if they have the resources, to hire privately, so they may be hiring a friend, they may be hiring via another agency so that we have that balance between those who really need EISEP services versus those who have the resources to pay for private home care.

CHAIRPERSON CHIN: And there is really no... right now there is no guidance or regulations regarding the private home care, so it is really up to the... [background comment] the clients themselves to figure out which one... [interpose]

DEBORAH BERNSTEIN: Exactly. We will share resources that we have of agencies serving our areas to help them, 'cause sometimes people need that assistance; that's a big part of what we do, we resource people; we're doing referral and linkage all the time.

CHAIRPERSON CHIN: Okay, that's good to know.

SANDY MYERS: I also just wanna add that in our experience a lot of these clients just go without the services, whether it be on the weekend or the hours that they're not getting coverage, because they just don't have the means to hire outside help.

CHAIRPERSON CHIN: I mean that is a great point that, you know Council Member Vallone raised earlier; same thing with the weekend meals...  
[crosstalk]

SANDY MYERS: Right. Right.

CHAIRPERSON CHIN: and we had to... you know the last fiscal year we had to fight to get more resources for the weekend, you know, what do you do... you don't have to eat on Saturday and Sunday; I mean that's... [background comments] that's ridiculous; same thing too of getting assistance and care and so we

definitely... something that we really have to look at and how to expand services and funding for that.

SANDY MYERS: Yeah.

CHAIRPERSON CHIN: Thank you for that suggestion also. [background comment] Council Member Vallone.

COUNCIL MEMBER VALLONE: Thank you, Madame Chair.

Janice, Sandy, Deborah, thank you, as always the three of you always give us great advice and testimony and I'd like to welcome -- it's a fancy title right now; he just told me to read it [sic] -- the Director of Government and External Relations at Selfhelp Community Services, Sandy Myers, welcome to your new position... [interpose]

SANDY MYERS: Thank you.

COUNCIL MEMBER VALLONE: you did a good job there. And also, Council Member Deutsch said make sure you welcome Sandy for me as he was leaving out the door, so I wanted to make sure we do that.

SANDY MYERS: Sure. Thank you.

COUNCIL MEMBER VALLONE: I guess I'm concerned because most of the areas that all three of

you talked about that are having issues are all in my district...

SANDY MYERS: Yeah.

COUNCIL MEMBER VALLONE: Bayside, Littleneck, those are some of the areas that are difficult to. Has there been any discussion with DFTA or within yourselves on how best to address areas that are geographically challenged or have issues with case managers getting out there; how can we tackle this problem?

DEBORAH BERNSTEIN: Well for the case managers it is not a question of case managers having difficulty; all our case managers are required to have cars and drive, so they get out there, they do what they need to do. It really becomes more of a problem for the home care workers [background comment] who are usually relying on public transportation.

COUNCIL MEMBER VALLONE: So what is their option now; just to take the 17 buses like we all have to do to get out to Bayside and wait for them to never show up or the train that doesn't come and... or doesn't exist anyway, unless you're taking the Long Island Rail Road, but...



DEBORAH BERNSTEIN: It is an ongoing issue and I know that the agencies have discussed it with the home care agency in terms of it as a problem.

COUNCIL MEMBER VALLONE: Well I look forward to working with you on that. And you also mentioned especially the issues with the service provider, whether it's a family member, the actual person that's stepping up to do the work to help the person that's frail or aging or issues at home; there really isn't a lot in the world right now for that classification and I think what Margaret and I want to start to look at is expanding resources for the caregivers so that they can have a break, [background comment] they can have some help; that they realize that they don't have to go without work; that they do have children below them that they have to take care of as well parents above them or a loved one and I think that stress has amplified without data exponentially, because it's the hidden crime now that's happening, that it's all three generations' problems now combined together; it really wasn't like that; now everyone, because of financial limitations and everyone's working and everyone has the kids in

1  
2 schools and everyone has their parents and no one has  
3 the dream that we all felt we were gonna have;  
4 finances aren't there anymore, so every little step  
5 that's there to help, especially with four hours or  
6 eight hours, is a huge help, but then the caregiver's  
7 lost in all this. Is there anything, before you step  
8 off the panel, that we could look at for the future  
9 of getting some additional resources to our  
10 caregivers that we could start to look at?

11 DEBORAH BERNSTEIN: Years ago there were  
12 very limited, but they did exist, respite services  
13 for family and if that could be looked at again,  
14 where the family person really would like to schedule  
15 a vacation, after all of the caregiving and going to  
16 work, that they could actually do so; that some  
17 respite services could be put in place; that would be  
18 lovely.

19 COUNCIL MEMBER VALLONE: I know at the  
20 Samuel Field Y by me they have a very limited respite  
21 type of care program where someone can just  
22 disconnect for an hour and just get a break and I  
23 think that's a huge help, but nobody knows it though.  
24 Sandy, you were about to...

1  
2 SANDY MYERS: No, I was gonna echo the  
3 same and I know that AARP has done a lot of research  
4 on the impact on caregiver and I think if we can also  
5 start to think about this as a workforce issue too,  
6 that we wanna support people who might need to have a  
7 flexible work arrangement in their full-time job so  
8 that they can care for an elderly parent. So I wanna  
9 start thinking about this issue more broadly and that  
10 might help us come up with some solutions.

11 COUNCIL MEMBER VALLONE: Well 'kay, thank  
12 you everyone; I appreciate it. Thank you, Madame  
13 Chair.

14 CHAIRPERSON CHIN: Yes, thank you to this  
15 panel.

16 COUNCIL MEMBER VALLONE: And thank you to  
17 Yume, 'cause I know I'm about to leave for my next  
18 12:00, so her Chief of Staff, Yume's last hearing;  
19 she's been a big help personally to me and to my  
20 staff and she will be missed.

21 CHAIRPERSON CHIN: Thank you. The next  
22 panel -- Molly Krakowski from JASA, Reva Gillman,  
23 also from JASA and Eleanor Fine. [background  
24 comments] Molly, you wanna start?  
25

1  
2 MOLLY KRAKOWSKI: Good morning. Molly  
3 Krakowski, Director of Legislative Affairs at JASA  
4 and I am really pleased to be here this morning, but  
5 also to recognize that there are a number of people  
6 here from a group that we train on how to become  
7 increased advocates and leaders and so I wanna just  
8 recognize that some of them are here, including Reva.

9 So I really wanted to just take an  
10 opportunity this morning to thank the Council for  
11 adding all that funding this past year because it did  
12 eliminate any wait list that we've had and it's been  
13 incredible actually to see with full funding what  
14 we're able to do and so really, we wanted to take the  
15 opportunity to acknowledge the Council, say that we  
16 will be 100% with you in advocating for additional  
17 funds and also for baselining the funding, because as  
18 we see what we can do and accomplish when we are  
19 flushed with money in the program currently and where  
20 we don't have [background comments] the wait list and  
21 people are being increased with hours, we're very  
22 concerned about what might happen if in fact that  
23 funding disappears or is reduced.

24 And so I wanted to just give an example  
25 of an individual who is 90 years old, been on EISEP

1 since 2011; initially she was referred for home-  
2 delivered meals in EISEP; she has a lot of health  
3 issues and in 2011 initially she was on a wait list  
4 for four months and then once she did receive the  
5 eight hours that she was waiting for, it was  
6 initially for housekeeping and chore services and  
7 then in the past four years there's been an increase  
8 in what she needs and so we've been able to, as  
9 recently as two months ago, get approved for 20 hours  
10 now that she needs personal care and has all sorts of  
11 additional things pop up, in addition to changes in  
12 what kind of other supports she had. So when you  
13 talk about these individuals who are patching  
14 together how they're receiving their caregiving  
15 support, it's not just the EISEP worker, it's the  
16 neighbor, the granddaughter; the daughter-in-law, but  
17 when things change in those people's lives, that  
18 can't be the sole system that we rely on to allow for  
19 this person to exist in the community.  
20

21 And I think you mentioned it before and  
22 it's one of our bigger concerns, is that there are  
23 these people who are eligible for Medicaid and then  
24 there are the people who can afford care and then  
25 there are a lot of people that fall in-between. Our

big concern is how do we assist those people from being impoverished in order to be eligible for Medicaid, but have the services that they need in order to remain in their homes and obviously AARP has all of the studies to support it, but I don't think any of us have ever encountered somebody who didn't wanna age in place in their home and not be institutionalized or find themselves really in a crisis and facing eviction in order to really provide for them. So I think that this is one of the areas that's really been created and has been so vital in maintaining people in the community without looking at the resources, but just recognizing that they have needs that need to be met, whether it's homekeeping or personal care and whatever we can do to maintain the funding and increase it, recognizing the numbers that are really exploding, I think we have a duty to do that. So I thank you for the opportunity to testify.

REVA GILLMAN: Okay. Hi. [noise] Oh I'm sorry... [interpose]

MOLLY KRAKOWSKI: That's okay.

REVA GILLMAN: Yeah, my name is Reva Gillman; I'm a student in IFSA, the Institute for Senior Action at JASA, and Molly is the leader.

Yeah, I felt the calling to speak because it impacted me personally; a caregiver for my mom, and how it affected my life. I had to choose whether I wanted to be a teacher or care for my mother and I'll let you imagine which one came first. My mom was a dear, dear mother and a friend and she sacrificed many things for me in my life; I would never leave her.

I'd like to talk about the -- it's a mental health issue; it affects sons and daughters as well; it's often left sometimes to the child that's youngest or closest to the mother or the father. I was living independently, I was a teacher; when I was about 40-45, and I loved my mother dearly, we spoke all the time; I was divorced at the time, I didn't have a social life because I was teaching and we often had dinner every night; I'd go to her house, and I had my own place too, but I knew things were changing when she called me one night and she said, if you're in the neighborhood, could you pick up a quart of milk, and I knew she had the number of a

1  
2 grocery that delivered, so I knew there was something  
3 more than that; she was lonely, she needed me around.

4 I'd like to talk about the depression  
5 that I experienced; I was hospitalized at Maimonides  
6 Hospital during the time that I cared for my mother  
7 -- I like to say I was the glove, my mother was the  
8 hand; I was her glove and when she passed over, for  
9 probably the last five years of her life, and even  
10 when she passed, I was again hospitalized for anxiety  
11 because my whole structure of life disappeared; I  
12 lived for her and I became her mother in many ways  
13 and I would do it over again in a second.

14 I just wanna talk about the... there's a  
15 silence of aging, we don't want to talk about it;  
16 it's the fear and anxiety of getting older in our  
17 society, fear of being useless, being pushed aside,  
18 no respect; loss of meaning in our lives. My  
19 daughter's 35; she told me when she was a teenager  
20 that she would find me the best nursing home. Now  
21 she's married and two kids, great job, great life in  
22 Pennsylvania, married; I wanted to move closer to  
23 her; I called her and I made arrangements to go down  
24 and look for some places near her. I told her, I'm  
25 coming down this weekend to look at some condos and



1  
2 she said, "Why?" I said, well tell me now; do you  
3 want me to move or don't you want me to move closer  
4 to you and we'll just finish the... "Mom, I don't want  
5 you to move to Pennsylvania." I said, "Anywhere in  
6 Pennsylvania?" I mean how far do your boundaries go?  
7 Anyway, I got off the phone and I cried like I never  
8 did; you know, it's the gift that keeps giving, 35  
9 years old; I wanted... You know, anyway that's what I  
10 wanted to speak about; there's the silence that...  
11 mental health issues, and also I'd like to work  
12 towards mental health and... thank you.

13 CHAIRPERSON CHIN: Thank you. Thank you  
14 very much for your testimony. We've been joined by  
15 Council Member Treyger; Council Member Treyger has a  
16 question or comment.

17 COUNCIL MEMBER TREYGER: I just have a  
18 brief comment. I wanna thank both Chair Chin and  
19 Council Member Paul Vallone, who I think have really  
20 just held very important, critical, very in-depth  
21 hearings on very important topics in our city that  
22 often don't get on the front pages of media outlets,  
23 but are certainly critical in day to day lives of  
24 many families.  
25

I just wanna just echo the comments we just heard from the panel with regards; particularly, there are many seniors in my district that I've heard from, for example, that are feeling an impact of a policy I think nationally, statewide and locally; for example, of this idea of mainstreaming folks who have lived in long-term institutions; for example, people with mental illness and other types of conditions and they've been mainstreamed back at home because the movement is to kind of have them in the least restrictive environment, which I understand that, but on the other side you have seniors who are in their 80s and their 90s now being told to care for a daughter or a son who suffers from bipolar or schizophrenia and who is there for them? And so this is what I keep hearing time and time and time again and so I agree with you; I believe that home care is a critical under the radar issue that we just don't really hear much about, but it is an absolute necessity if we are to keep our promise to our... our seniors -- I've said this before; I'll say it again -- they worked hard all their lives, they raised their families, they've done their part; now it is up to us to do our part to care for them during the most

1  
2 vulnerable important years of their lives. So I  
3 thank the Chair, I thank my colleagues for really  
4 highlighting an issue that I think does not get the  
5 attention and the coverage that it should and  
6 definitely historically has not gotten the resources  
7 that it definitely needs. So I wish to lend my name  
8 in support of the Chair's initiative. Thank you very  
9 much.

10 CHAIRPERSON CHIN: Thank you, Council  
11 Member Treyger. And you know Molly, thank you for  
12 your testimony. And I mean last year we were  
13 successful and it took a lot of, you know people  
14 working together, all the advocates, everyone here  
15 and community to really fight to eliminate the wait  
16 list, because it was really ridiculous to have  
17 seniors waiting for services that they need, and I  
18 think we also wanna thank the Mayor on this, because  
19 I like kind of stalked him; everywhere he went, every  
20 time we did a bill signing, I reminded him, you know,  
21 Mayor de Blasio, we need more funding for seniors and  
22 no senior should be on a waiting list and I think  
23 that he heard us loud and clear and then he made a  
24 point, said, you know Margaret, we're gonna work on  
25 this and we're gonna make sure that we put the

1 funding in, and he did. And so we wanna remind him  
2 that that was a good start and we've gotta continue  
3 to advocate for more funding and we hear today's  
4 testimony from AARP; it's a long-term investment and  
5 I think that we really have to get that out there,  
6 that the City will be saving taxpayers money if we  
7 provide these services; we don't have to put, you  
8 know, seniors in institutions; that's gonna cost so  
9 much more and people wanna stay in their homes, they  
10 wanna stay in their community and the kinda help that  
11 we offer, I mean it's not a lot, but it's a start and  
12 definitely make sure that we have also weekend  
13 services and to provide support for the caregiver; I  
14 mean that will be another hearing where we will kind  
15 of really deeply explore that issue; how do we  
16 support the caregivers in our community? I remember  
17 my mother, when she was in her 70s, she was taking  
18 care of my grandfather who was like in his 90s, so  
19 it's kinda like... it's very, very hard for the senior  
20 to have to take care of their elderly parents and at  
21 the same time, as Council Member Treyger, some of  
22 them have to take care of their children, so we've  
23 gotta make sure that the services are there for  
24 caregivers... [crosstalk]  
25

REVA GILLMAN: May I just add [sic] one more point?

CHAIRPERSON CHIN: Yeah.

REVA GILLMAN: I think it could help solve the unemployment problem, when people can be trained to become home caregivers.

CHAIRPERSON CHIN: Yeah, definitely and we have a growing number of homecare workers, but we also have to make sure that they are paid, you know, [background comments] you know, that they get a decent wage, it should not be like, you know, minimum wage; that's unacceptable. We have to make sure that they have a decent living wage and benefits and healthcare. So that is something that we have to continue to fight for, 'cause the people who are caring for our parents, our seniors, they need to be taken care of. But the money is there, the resource is there; how do we direct it to the services that are critical and the long-term investment look [sic]. So I also urge AARP to help us, you know with research and really show the long-term investment and the savings that we are able to save taxpayers if we invest in these type of programs so that we can send a strong message that we need to increase funding for

these type of important programs. So I thank all of you for being here today to testify and people in the audience today; thank you for taking your time to come and support us and let's all work together to make this happen... [interpose]

COUNCIL MEMBER VALLONE: And thank you for your personal story, [background comments] thank you, Molly. [background comment] Yeah, you can clap. I think my wife's taking care of me already.

[clapping]

CHAIRPERSON CHIN: Alright. [background comments] So the hearing is now adjourned.

[gavel]

[background comments]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date November 27, 2015