



TESTIMONY

Presented by

**Lorraine Cortés-Vázquez
Commissioner**

on

**Oversight:
Home Care and Caregiving Strategy**

before the

**New York City Council
Committee on Aging**

on

**November 19, 2021
11:00 AM**

Good morning, Chairperson Chin and members of the Committee on Aging. I am Lorraine Cortés-Vázquez, Commissioner of the New York City Department for the Aging (DFTA). I am joined today by Jocelyn Groden, Associate Commissioner for Social and Direct Services. I am happy to discuss the topic of Home Care and Caregiving Strategy. It is timely that we have this topic in November, which is National Caregiver Month.

Consistent with DFTA's overarching goal of making New York City age-inclusive, the 5-year Community Care Plan released earlier this year provides innovative roadmaps for meeting the needs of a growing and diversifying older adult population. This plan centers on supports that allow older adults to safely age in place, including home care, caregiver and technology supports.

We appreciate the past advocacy and support of the Council that has allowed us to expand services and implement the first year of the Community Care Plan. We look forward to your continued support to realize these future goals and investments.

Caregiving Programs

New York City has a large and diverse unpaid caregiver population as well as a growing population of older adults. In accordance with Local Law 97 of 2016, DFTA conducted a survey of unpaid, informal family caregivers in order to create a comprehensive plan to address their needs. DFTA developed and administered this survey in partnership with the Administration for Children's Services (ACS), the Mayor's Office for People with Disabilities (MOPD), their respective provider networks, the Mayor's Office of Operations, and Westat, a social science research firm. Based on this survey and study process, DFTA estimated that there are roughly 900,000 to 1.3 million New Yorkers including those caring for older adults, someone with dementia, disabled adults, and kinship caregivers. Based on this study, in 2018 and revised in 2021, DFTA issued "*A Plan to Support Unpaid Caregivers in New York City.*"

DFTA also ran several citywide month-long, multi-lingual 'Caregiving Support' media campaigns to aid in caregiver self-identification, learning that the personal care tasks performed are, in fact, caregiving, and that help is available in their community. These campaigns ran in May 2018 and June 2021. This campaign has opened many doors for the caregivers so that they know the resources available to them. Since the start of the campaign, there have been over 2,800 calls to 311 regarding caregiver support, which put them in contact with the corresponding provider to address their needs. The caregiver strain index is one means of measuring the level of stress of a caregiver. As a result of these campaigns and services, caregivers showed an improvement of 15% in stress levels.

Through these programs, over 5,200 unduplicated caregivers served over FY 2021. That includes 2,100 who received virtual and/or telephonic trainings, counseling and support groups services. DFTA and our providers have also been conducting wellness calls throughout the pandemic to combat social isolation and share information and resources. As of November 1st, over 6 million wellness calls to clients have been conducted.

Regular technical assistance is provided to caregiver programs to ensure the programs can pivot and meet the changing needs of caregivers. During the pandemic, DFTA conducted weekly check-in calls with program directors to offer support and encouragement as they pivoted to virtual services. Monthly meetings are also held with providers as well as presentations by subject matter experts to increase awareness about caregiver related topics and resources available. At the height of the pandemic, program staff were struggling to help caregivers cope with loss and grief. DFTA responded by providing additional trainings so more staff could lead support groups to meet these new needs.

The programs also found innovative ways to conduct virtual community outreach, virtual respite and joint social engagement events to target social isolation among caregivers and their care receivers. One program offered a virtual tour of the Brooklyn botanical gardens, and virtual concerts; while another offered sign-a-long play written by the program director which the clients performed, and delivered pies during the holidays. DFTA worked closely with programs to ensure that these innovations could be implemented while still adhering to program standards.

Caregiver programs provide essential assistance to caregivers struggling with their caregiving tasks. For example, one program helped a caregiver purchase a needed refrigerator as it broke during the stay-at-home order. Several programs ensured that food and essential supplies were delivered to the home of care receivers when caregivers were unable to drop off the items themselves. Urgent needs also arise, such as an inability to cover the cost of durable medical equipment, assistive devices, funeral expenses, or a need for emergency respite. DFTA promptly reviews these client files in order to prevent delays in caregivers receiving the needed support services.

DFTA also runs the Grandparent Resource Center (GRC). The GRC has over 1,000 kinship caregiver clients and serves thousands of older adults and families across the five boroughs. GRC provides a range of resources including help in accessing benefits, trainings, advocacy, and case assistance. The program is currently operating a hybrid model, providing virtual and on-site programming at 15 NYCHA developments and surrounding communities.

Case Management and Home Care

Providing in-home care is essential to allow older adults to age in place. There are roughly 20,000 clients served through DFTA's case management providers. Currently, DFTA works with 21 case management and five homecare agencies across the five boroughs. Once referred for services, the case management agency conducts a phone assessment and coordinates services to best serve each client.

For those who are identified as homebound, a trained specialist will determine services to help homebound older adults remain safely at home. Some of these services may include home-delivered meals, home care, such as housekeeping and personal care, bathing and dressing. Additional services might also include in-home counseling and access to community resources, friendly visiting, and help paying bills. DFTA currently has roughly 3,000 clients receiving in-home care. Shifts for staff providing these services are typically 4 hours long. Given the current contracts, our programs seem to align with the intent of A315A, for which a resolution is also being heard today.

Vaccination Efforts

Finally, I would be remiss not to speak about all the efforts of DFTA—and the Administration as a whole—on the vaccine front. As we know, homebound individuals and older adults are most vulnerable during the pandemic. Our continued engagement with clients, has included current information about COVID and vaccine access, such as, assistance with scheduling appointments. Additionally, as in-home vaccinations became available, and then expanded eligibility, our Case Management Agencies and DFTA staff engaged with all homebound individuals to notify them of this program and help them sign up for in-home vaccine appointments as desired.

We have continued to work with the Department of Health and Mental Hygiene as well as the Vaccine Command Center on vaccine outreach and access. Thirty-three older adult centers operated as temporary vaccine hubs and 36 centers hosted the vaccine van over the summer. Additionally, in partnership with the Vaccine Command Center, we established temporary vaccine distribution hubs at a number of Naturally Occurring Retirement Centers and participated in collaborative initiatives to reach out to older adults in underserved communities to schedule vaccine appointments. According to the Vaccine Command Center, so far 30,000 New Yorkers have had 46,000 doses administered through the at home vaccination program. We are committed to doing our part to continue to raise awareness about the benefits of the vaccine and access to all New Yorkers.

Conclusion

I would again like to thank you for the opportunity to discuss home care and caregiving in celebration of National Caregiver Month. I also want to thank our providers, who are fundamental in providing these essential services to older New Yorkers. And, as always, I especially appreciate to the Council's advocacy, support, and deep commitment to older New Yorkers.



November 19, 2021 Testimony from Gray Panthers NYC regarding City Council resolutions to motivate the State of New York to formally reimagine long term care.

It's indisputable that covid-19 has opened every wound in society, especially in America's long term care systems. It's indisputable that reform and systemic change for America's long term care system is long overdue.

Gray Panthers NYC (www.graypanthersnyc.org) applauds the two resolutions calling on the Governor to create an essential vehicle for change – “reimagining long term care task force act”, and supports limitations on home care aide work¹.

The emphasis must always be on the long term care recipient. They are the beneficiaries of legislative change – not just the facilities, not just the providers, not just the staff. We must always strengthen robust accountability, fully enforce existing statutes and regulation, ensure humane administration and provision of long term care services.

The human rights of every person receiving long term care had not been considered a policy priority until the past 1½ years. Covid-19 wreaks unimaginable waves of death among long term care recipients. The pain of loss among those without adequate outlets is staggering. We urge you to ensure that these resolutions do not become mere window dressing. During the pandemic, windows to the outside world became portals to the incarceration of too many long term care recipients. Honor their lives, their families, their memory by reimagining long term care in New York so that they can thrive.

Gray Panthers NYC's initiative – Honoring Nursing Home Lives – is committed to ensure that the rights of those in long term care are protected and that their individual voices are the agent of change. Our award winning grassroots initiative poignantly brings home this point.

https://www.youtube.com/watch?v=JB9yU_MACL8&t=11s

Jack Kupferman, President jack@graypanthersnyc.org

¹ Resolution calling upon the New York State Senate to pass S.598B and for the Governor to sign S.598B/A.3922A, which would enact the "reimagining long-term care task force act" to create a task force to study the state of long-term care services in New York.

Resolution calling on the New York State Legislature to pass, and the Governor to sign, A.3145-A/S.359, placing limits on the maximum amount of hours a home care aide may be required to work.



**Testimony of United Neighborhood Houses
Before the New York City Council Committee on Aging
Council Member Margaret Chin, Chair**

Oversight – Home Care and Caregiving Strategy

**Submitted by Tara Klein, Senior Policy Analyst
November 19, 2021**

Thank you for hosting today’s important hearing on home care and caregiving strategy in New York. United Neighborhood Houses (UNH) is a policy and social change organization representing 45 neighborhood settlement houses, including 40 in New York City, that reach over 765,000 New Yorkers from all walks of life. A progressive leader for more than 100 years, UNH is stewarding a new era for New York’s settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers.

This testimony will focus on the home care workforce and the economic crisis facing nonprofit home care providers due to New York State funding and policies that perpetuate near-poverty wages. While the State plays the largest role in regulating and funding this sector, New York City also has a direct role in some cases and can support efforts to strengthen the overall sector. New York City and State must take urgent action to stabilize the home care sector and fairly compensate its workforce.

Settlement Houses

Three UNH member organizations provide nonprofit home care services to their communities as state licensed home care services agencies (LHCSAs): Chinese-American Planning Council, St. Nicks Alliance, and Sunnyside Community Services. Together, every year these settlement houses provide services to over 4,500 individuals with nearly 7,500 workers throughout New York. While the home care industry is comprised of both for-profit and nonprofit home care agencies, these community-based organizations serve distinct roles. They serve their neighborhoods with culturally competent care and offer many important wrap-around services and programs beyond home care including early childhood education, youth development programs, adult literacy classes, senior centers and more.

As multi-service nonprofits, these programs operate on lean budgets and struggle to maintain fair home care wages given reimbursement rates and State policies. For years, these organizations have been advocating together on behalf of the sector, ensuring the State does not

pit home care workers and employers against one another and instead reform unfair State funding and policies.

Importance of Home Care

According to federal studies and modeling, over half (52%) of Americans turning 65 today will develop a condition serious enough to require long-term services and supports.¹ There are also over a million New York State residents with disabilities, chronic illnesses, or other complications that require direct long-term care. With such a significant population of New Yorkers that will require long-term care to age with dignity, it is in our government's best interest to ensure these services are as appropriate and sustainable as possible.

Direct care in homes and communities is either provided by unpaid family caregivers, paid family caregivers, or home health workers through an agency. New York's home care employees work tirelessly to help older adults and people with disabilities and chronic illnesses who require assistance with daily activities. Home care allows vulnerable community members to remain living at home with dignity and high-quality individualized care, which the vast majority of individuals prefer over being sent to institutionalized settings such as nursing homes. Further, many immigrant seniors and families prefer home care because they can receive language-accessible and culturally competent care that they would not find in institutionalized settings.

With the demand for home care increasing, and with the nursing home crisis in New York that escalated during the COVID-19 pandemic, it is clear that the home care model should be preserved and elevated if New York is to remain dedicated to healthy aging and keeping older adults in their homes and communities.

Industrywide Workforce Challenges

As the State's population continues to age, the need for long-term care is growing rapidly. Statewide projections show² that the number of New Yorkers age 65 and over is expected to grow by nearly one million from 2016 to 2026, and by another half a million from 2026 to 2036 – to about 4.5 million by 2036. As the population grows, the need for long-term care and the long-term care workforce will also grow.

The home care sector currently employs hundreds of thousands of people in New York, and by 2025 the sector is expected to see a 33% growth in demand and a net workforce shortage of 23,000 workers.³ This shortage is in large part due to a systematically underpaid workforce comprised largely of women of color and immigrants. Home care workers had a median pay of \$28,750 in 2020,⁴ with an estimated one in four workers living below the Federal poverty line, making them some of the most economically disadvantaged employees in the State.

These poor wages are predominantly due to State policies including low Medicaid and MLTC reimbursement rates and the NYS Department of Labor's "13 hour rule" of 13 hours of pay for a

¹ <https://aspe.hhs.gov/basic-report/long-term-services-and-supports-older-americans-risks-and-financing-research-brief>

² <https://pad.human.cornell.edu/counties/projections.cfm>

³ www.mercer.us/our-thinking/career/us-healthcare-labor-market-interactive-map.html

⁴ <https://dol.ny.gov/labor-data#31-0000>.

24 hour work shift. Nonprofit home care providers in particular are stymied by these policies, unable to pay the fair wages they know their workers deserve due to a lack of funds. These economic policies were especially insulting as the home care workforce and providers navigated the COVID-19 pandemic, continuing to provide services despite fearful workers and clients and rapidly-changing state guidance.

Medicaid Challenges

Home care is funded substantially by government payors, with the State's Medicaid program representing 87% of home care and personal care services,⁵ including through managed long-term care plans (MLTCs). Exacerbating the sector's low wages are depressed Medicaid reimbursement rates. Particularly for nonprofit providers, home care agencies are beholden to the rates and requirements laid out by Medicaid and the State, making it extremely difficult for providers to compensate their workers adequately or competitively when faced with unfunded regulatory mandates.

Medicaid itself is a significantly underfunded State program, with many health care services competing for limited funds that under State rules are only permitted to grow by a certain percentage tied to the medical inflation rate each year under the Global Cap. Further, as mass unemployment swept our State throughout COVID-19 and people were forced to give up their employer-sponsored healthcare, hundreds of thousands more people enrolled in Medicaid⁶, putting even more strain on the system. Finally, before COVID-19 hit in early 2020, former Governor Cuomo tapped a second Medicaid Redesign Team (MRT II) to propose additional cuts to the Medicaid program to save money. This included a 1% across-the-board cut to home care agencies that went into effect in the FY 2020-21 budget, which was especially painful for nonprofit providers.

The 13-hour rule

The New York State Department of Labor (DOL) has established that residential home care employees who work for 24 hours shifts can only be paid for 13 of those hours in most cases, with the remaining hours exempt and intended to be reserved for sleep (8 hours, 5 of which must be uninterrupted) and meals (3 hours). In practice, many 24-hour shift workers are frequently interrupted by their patients' various needs, with work stretching throughout the night and rarely affording real meal or sleep breaks. An employee can be paid for 24 hours of a 24-hour shift if the employee can demonstrate they received less than 5 hours of uninterrupted sleep. In practice, however, these additional hours can be difficult for employees to quantify, and it can be difficult for providers to obtain additional reimbursement from their insurance plans.

This "13-hour rule" also sets Medicaid reimbursement rates, so providers who want to pay workers fairly for the full 24 hours must find 11 hours of pay in their own budgets. For many home care providers, especially those that are nonprofit organizations on lean budgets, this is impossible. This means that employees often end up doing more than 13 hours of work for only 13 hours of pay. While less than 10% of home care workers currently work 24-hour shifts (at least in UNH's network), the 13-hour rule remains a leading contributor to the poor pay scales for 24-hour home care workers.

⁵ <https://hca-nys.org/wp-content/uploads/2019/02/HCA-Financial-Condition-Report-2019.pdf>

⁶ <https://medicaidmattersny.org/wp-content/uploads/2021/04/global-cap-MMNY-statement-4.6.21.pdf>

Recommendations

UNH offers the following policy recommendations to stabilize and strengthen the home care workforce while ensuring nonprofit providers are able to remain financially viable. These solutions all require some financial investment, in most cases by the State. Home care workers are currently forced to accept dire wages because of State regulations; it is therefore the State's responsibility to cover these costs and rectify a system it has neglected for decades, to the detriment of workers. We hope the City will help advocate for these reforms and support local efforts to bolster the home care sector:

Support Fair Pay for Home Care (State bill S.5374/A.6329)

UNH supports S.5374 (May) / A.6329 (Gottfried), the Fair Pay for Home Care bill, which would ensure home care workers are paid uniform and fair wages across the State. This bill would establish a base wage for home care workers at 150% of the regional minimum wage, whether that wage is set by statute or a wage order, and requires annual adjustments via the Department of Health. Critically, the bill includes a funding mechanism by establishing the Fair Pay for Home Care Fund and subsidizing Medicaid payment rates when necessary. This will ensure pay rates are funded through reimbursement rates and do not unfairly fall on providers.

This bill will not be feasible without a financial commitment, which likely includes an adjustment to the Medicaid Global Cap. However, the bill is ultimately an economic development program. A recent report from the CUNY School of Labor and Urban Studies found that this legislation would create 20,000 additional home care jobs per year for the next decade, create nearly 18,000 new jobs within local businesses due to the increased spending capacity of these home care workers, and result in net economic gain of billions of dollars for the State.⁷

Support City Council Resolution 1784-A and Split Shifts bill (State bill S.359/A.3145A)

UNH supports S.359 (Persaud) and A.3145A (Epstein) (not currently same-as), which would cap home care worker shift hours at 12 hours in most cases (informally known as split shifts), and City Council Resolution 1784-A in support of this legislation. This bill seeks to rectify the unfair pay structures that result from the Department of Labor's 13-hour rule by capping the number of hours an employer can require a home care worker to work at 12 hours, with a cumulative limit of 50 hours of work per week (shorter shifts would also be permissible, such as 8 hours). There are limited exceptions to go over this cap, with clear worker protections added for these cases including an anti-retaliation clause and a right to civil action for law violations. The bill would massively reduce if not eliminate the number of 24-hour shifts.

We strongly support the bill's intentions, and believe that shorter shifts should be the norm and not the exception for individuals who require 24-hour care. However, as currently drafted we have several concerns involving funding, staffing, and flexibility. We are actively working with the bill sponsors on these concerns:

⁷<https://static1.squarespace.com/static/58fa6c032e69cfe88ec0e99f/t/6022ae8312cfd1015354dbee/1612885635936/Executive+Summary+CUNY+REPORT.pdf>

- **Funding:** There is a major fiscal component to the bill that remains unaddressed, with the availability of Medicaid funds extremely uncertain. Industrywide estimates to cover existing 24-hour cases for 24 hours of work have been cited at an additional \$1-1.2 billion at current wage levels, and this figure could be similar for split 12-hour shifts, even with the likelihood of reduced overtime hours. Without this investment the bill could have dramatic unintended consequences.
- **Staffing:** The bill requires more workers to fill the split 8- or 12-hour shifts which are currently filled by one 24-hour worker, yet there is nothing in the bill to encourage the creation or retention of these jobs. We are already at a point of a pending workforce shortage, and without attention this bill could exacerbate the problem. For this reason, it is critical that this bill be packaged with other workforce reforms, including Fair Pay for Home Care and others.
- Finally, the bill should allow additional flexibility for those clients who would benefit from a consistent, 24-hour aide, like those with dementia or complex care regimes, while ensuring those employees are paid for the full 24 hours of work. This bill must find balance to support both employees and clients.

Reform State Policies: End the 13-Hour Rule, Fully Fund 24-Hour Care, and Adjust Pay Structures

Home care workers should be paid for every hour they work, even if that means 24 hours in a 24-hour shift. Without additional industry reforms or legislation such as the split shift bill, this is a necessary reform to address the current exploitative working conditions perpetuated by the State. This will require a multi-pronged approach. First, the State Department of Labor must end the 13-hour rule so that Medicaid and MLTCs can legally reimburse for all 24 hours in a 24-hour shift. Second, the State should increase Medicaid reimbursement rates and the availability of funding in the State Budget to cover the full and actual hours worked, including potential overtime hours that may result from these 24-hour shifts. Finally, the criteria currently used by Medicaid plans to evaluate need and approve coverage for round-the-clock care needs reevaluation so more New Yorkers in need can receive care. At the same time, we strongly oppose mandating employees to work 24-hour shifts. Should limited 24-hour shifts continue into the future, care must be taken to ensure these are not consecutive shifts, and that meaningful days off are the norm.

Additional State Recommendations

UNH has put forth additional recommendations to the State to bolster the home care sector, including the need for better data collection and evaluation, developing strong training and mentorship programs for the workforce, and exploring new mechanisms for industry-wide oversight. We also support the New York Health Act (S.5474 Rivera/A.6058 Gottfried) which would provide universal long-term care coverage for all New Yorkers. Finally, any significant home care pay reform will require additional funding and Medicaid support, which cannot happen without increasing or eliminating the State's policy of a Global Cap on annual spending increases that is tied to medical inflation rates. We are happy to follow up with more information on these recommendations upon request.

City Recommendations

The City's Human Resources Administration (HRA) plays a role in the home care sector, including by authorizing Medicaid cases, though it manages fewer cases than in previous years. Notably, the pandemic has exacerbated a delay in HRA authorizations and especially reauthorizations, leaving some organizations waiting for up to a year to receive authorization and payment, causing cash flow concerns. We have raised this issue with HRA and are working with them on a smoother process to avoid these delays.

In addition, the City can play a role in alleviating the home care workforce shortage by focusing on recruitment, training, and making home care an attractive career. This can include building on existing workforce development and training programs, such as a program at HRA that works with cash assistance recipients. There are additional opportunities to partner with CUNY programs and NYC Small Business Services (SBS). Further, many home care agencies have employer-led training programs, which are not supported by government contracts. A City investment in these programs could help them expand their work.

In addition, county-run, non-Medicaid home care cases are experiencing high demand, and as a result many counties are keeping waiting lists for home care services, as well as waiting lists for related case management and home delivered meals services. This includes New York City's DFTA cases. Both the State and the City need to provide additional funding to alleviate these wait lists, building upon an \$8 million State investment in the FY 2021-2022 budget for these unmet aging needs.

Thank you. To follow up, please contact me at tklein@unhny.org.



Making New York a better place to age

**New York City Council
Committee on Aging
Chair Council Member Chin
November 19, 2021
Oversight - Home Care and Caregiving Strategy**

Thank you for the opportunity to testify.

LiveOn NY's members include more than 100 community-based nonprofits that provide core services which allow all New Yorkers to thrive in our communities as we age, including senior centers, home-delivered meals, affordable senior housing, elder abuse prevention, caregiver support, NORCs, and case management. With our members, we work to make New York a better place to age.

Background

Today, we have an opportunity to discuss a key pillar in the continuum of care that enables thousands of older New Yorkers and people with disabilities to age in place: home care. In many ways home care, along with the entire continuum of community-based services, are the critical bulwarks to ensuring individuals can age in communities, rather than in institutional settings, as research has shown to be preferred.

Unfortunately, like much of the network of services that supports an individual's ability to age in place, our home care system relies on a workforce that is both underappreciated and underpaid. Even further, waiting lists, due to inadequate government investment, limit the reach that our non-Medicaid funded home care program could have for older New Yorkers.

Historically, and even more so during the pandemic, the unmet need for home care for older New Yorkers and people living with disabilities was exacerbated by high turnover and staff shortages due to low wages. Further, COVID-19 disproportionately impacted older adults, and individuals of color, revealing existing inequities and the overburdened state of our long-term care system.

Evidence of the inequitable, underappreciated nature of care work — which is predominantly executed by women and Black, Indigenous, and People of Color (BIPOC) individuals — the median annual earnings of New York's home care workers are only \$22,000. In comparison to other industries, the home care industry will require significant resources and investments to ensure *all* workers receive a livable, competitive wage.

The high rates of turnover in the home care industry can greatly impact the quality of care for older adults and people living with disabilities. A 2019 qualitative study by BMC Health

Services found that high turnover rates can be costly and negatively contribute to “both the quality of care for patients and staff- patient relationships.” Along with rapid turnover and low wages, the physical and emotional toll home care workers face creates a challenge to retain and recruit new workers.

Recommendations

Today, we have the opportunity to address the challenges that arose during the pandemic to provide improved and long-lasting care services for older adults. Many of whom prefer to age in place. It is crucial to stress the importance of improving and expanding our long-term care system in our City. In order to tackle these important issues, LiveOn NY recommends the following:

- 1. Full funding and an outyear plan to consistently eliminate home care and case management waiting lists.** Waiting lists for home care and case management remain a chronic issue in New York City, with waiting lists for services existing for years, despite modest investments. Notably, the two programs are inextricably linked, with a waiting list for one service impacting the accessibility of the other, as case management is first required in order to assess an individual for home care eligibility. Together, these services enable older adults in all five boroughs to age safely and independently in their communities, avoiding unwanted moves to costlier institutional care settings. Further, given the exacerbated strain from the pandemic, the City must address unmet need for critical services with significant long-term investments and solutions. Finally, given the chronic nature of these waiting lists, the City must articulate a five year plan for increased investments based on historical and demographic data that make clear the likelihood of continued growth in demand.
- 2. The City should advocate to the State to pass and fund Fair Pay for Home Care.** The purpose of this legislation is to “establish a base wage for home care workers at 150% of the regional minimum wage,” thereby ensuring the role of home care workers remains competitive, at least in comparison to positions funded at minimum wage. Without such a mandate and corresponding funding from the government, wage compression will continue to diminish the viability of this demanding, highly emotional role, thereby exacerbating the existing home care attendant shortage.
- 3. \$48 Million Cost of Living Adjustment (COLA) for essential human services workers, including those that execute the DFTA caregiving, case management and home care programs.** Throughout COVID-19, human services workers across sectors have stepped up to provide critical services in new ways, including to keep New Yorkers older New Yorkers fed, assist older adults in receiving vaccinations, and combating the life-threatening effects of social isolation. Despite this, the wages of these workers, the



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majority of whom are women and Black and brown individuals, are slated to remain stagnant in a City where costs are notoriously high.

Legislative Positions

LiveOn NY strongly supports Council Member Chin’s Resolution in support of Senate Bill 598B and Assembly Bill 3922 which seeks to create a task force to reimagine long term care and study the long run impacts of long-term care services in New York State. We join in echoing the Resolution’s call for the Governor to sign this important legislation into law. LiveOn NY has long advocated for the emergence of a Task Force to seize the opportunity to emphasize the cost-effective, community-based long term care models that already exist and could be further expanded. For example, one of LiveOn NY’s members, Selfhelp Community Services, have designed the Selfhelp Active Services for Aging Model (SHASAM) which provides a culturally competent social worker in affordable senior housing to serve their diverse residents. This model also provides other supportive services such as benefits and entitlement assistance and health programming. Additionally, Naturally Occurring Retirement Communities (NORCs) offer the NORC model which employs social workers, nurses, and in programming to encourage physical activity and combat social isolation. By mobilizing a dedicated Task Force to oversee the growth and expansion of these models and others alike, New York will contribute to the larger cause of enabling older adults to age in place with their care needs addressed.

LiveOn NY is actively reviewing Council Member Chin’s Resolution in support of Assembly Bill 3145A and Senate Bill 359, which would require non-sequential split shifts for care workers. Home care workers are essential in assisting older adults with daily responsibilities in their home. Having this service allows older adults to remain in their homes and have extra support. Currently, care workers are entitled “to eight hours of sleep and three hours for meals during a 24-hour shift under the ‘13-hour rule.” This state implemented rule creates significant challenges for both home care agencies and workers alike, as it does not accurately capture the extra hours that may be served should the client need services during the night or at another point in the unpaid working hours. Given this challenge, LiveOn NY looks forward to fully reviewing and determining a position on this potential legislative solution, and all other solutions that may be brought to light, to determine a path forward that ensures full compensation for hours worked across home care workers and full state reimbursement towards such wages.

Thank you for the opportunity to testify.

LiveOn NY’s members provide the core, community-based services that allow older adults to thrive in their communities. With a base of more than 100 community-based organizations serving at least 300,000

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older New Yorkers annually. Our members provide services ranging from senior centers, congregate and home-delivered meals, affordable senior housing with services, elder abuse prevention services, caregiver supports, case management, transportation, and NORCs. LiveOn NY advocates for increased funding for these vital services to improve both the solvency of the system and the overall capacity of community-based service providers.

LiveOn NY also administers a citywide outreach program and staffs a hotline that educates, screens and helps with benefit enrollment including SNAP, SCRIE and others, and also administers the Rights and Information for Senior Empowerment (RISE) program to bring critical information directly to seniors on important topics to help them age well in their communities.