CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH,
DISABILITIES AND ADDICTION
JOINTLY WITH COMMITTEE ON AGING

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April 8, 2019
Start: 10:17 a.m.
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HELD AT: Council Chambers- City Hall

B E F O R E: DIANA AYALA
Chairperson

MARGARET CHIN
Chairperson

COUNCIL MEMBERS:
Fernando Cabrera
Jimmy Van Bramer
Robert Holden
Alicka Ampry-Samuel
Ruben Diaz, Sr.
Paul Vallone
Mathieu Eugene
Mark Treyger
Chaim M. Deutsch
Deborah Rose

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

Alan Hom, Deputy Assistant Commissioner
for the Bureau of Long-Term Care
New York City Department for the Aging

Annette Home, Chief Special Services
Officer
New York City Human Resources
Administration

Tara Klein, Policy Analyst
United Neighborhood Houses

Tara Cortez, Executive Director
Hartford Institute

Wayne Ho, President and CEO
Chinese-American Planning Council

SERGEANT-AT-ARMS: Check. Check. Check. Check. Check. Today is April 8th, 2019. Today's hearing is on mental health and disability joint with aging being recorded by Charisse Torres.

CHAIRPERSON AYALA: Good morning, everyone. We are going to call this hearing to order. Sorry.

[gavel]

CHAIRPERSON AYALA: I'm trying to see. I've been having glasses issues for months now. So, good morning everyone. I am councilmember Diana Ayala Chair of the Committee on Mental Health, Disabilities, and Addiction. I would like to thank my colleague, Council member Margaret Chin, Chair of the Committee on Aging, for co-chairing this hearing with me today. Today we are here to learn more about the healthcare workers in New York City in the services they provide such as personal assistance and healthcare support to older adults, persons with disabilities living at home, and in community-based settings. We know that the home healthcare workforce is primarily comprised of women and people of color and has doubled in size over the last 10 years. The

greater demand for home care services driven in part by an aging population, has and will continue to create significant shortages of skilled nursing home-- skilled home healthcare workers and we know this field experiences a high rate of turnover and often struggles to find and retain qualified workers. In fact, some researchers have estimated that there will be a national shortage of 151,000 home care workers by 2030 and 355,000 workers by 2040. Because we know the need for these important services will continue to grow, today we hope to understand how to better support our home care age and ensure the needs of those individuals who depend upon their critically important services will also continue to be met. It is our hope that we can provide and strengthen the necessary supports to help our home health aides and citizens they serve. I want to thank the administration and the advocates here today and I look forward to hearing more about all of the work that they are doing and the role that the city Council can play in supporting their efforts. I also want to think committee staff counsel, Sarah Liss, policy analyst Kristi Dwyer, financed analyst, Lauren Hunt, and my legislative director, Bianca Almedina,

for making this hearing possible. Chair Chin will now give her remarks.

CHAIRPERSON CHIN: Good morning.

PANEL: Good morning.

CHAIRPERSON CHIN: I'm Council member Margaret Chin, Chair of the Committee on Aging. Thank you for joining us today for our oversight hearing joined with the Committee on Mental Health, Disability, and Addiction on home health aide services. I want to thank Chair Ayala for co-chairing this hearing today. Studies show that programs that support aging in place produce a host of benefits for older adults including improving their health outcomes, increasing their financial savings, and helping decrease the advancement of memory loss as they age at home. New York State provides home care programs which are designed to help eligible older adults and individuals with disabilities remain safely at home. These long-term care options include Medicaid funded home care and personal care services, consumer directed personal assistant programs, managed long-term care programs, assisted-living programs, care at home programs, and long-term home health aide care programs. In the

city, the Department for the Aging, or DIFTA, works with caged management agency to offer in-home care services to older adults. These services include an evaluation of benefits, home delivered meals, personal care, housekeeping, advisement on long-term care challenges, DIFTA's friendly visiting programs, and referrals to resources. According to the 2018 Mayor's management report, DIFTA provided over 1.1 million hours of home care services and nearly 544,000 hours of case management service in fiscal year 2017. Despite these figures, hundreds of city seniors are on waiting lists for case management services. Further, there is little public information available about both HRA and DIFTA's home care service programs. This is very concerning considering the rapid growth of our cities older adult population and the increasing demand for home care services. As reported in a 28 team New York City consumer affair report, analysts predict by 2040 New York City will be home till 1.4 million seniors with 70 percent of them needing long-term care during some point of their lives. Today's hearing will provide an opportunity for the committee to better understand the landscape of home care programs in New

York City through the testimony of the administration, providers, and advocates. I'd like to thank the committee staff for their help in organizing this hearing. Our counsel, Noosa Tandoori (sp?), Policy analyst, Colima Johnson, and financed analyst, Daniel Croup, and finance unit head, Dohini Zapora (sp?). And I would also like to think of my legislative and deputy chief of staff, Marian Geera (sp?). I'd also like to introduce the councilmember on the aging committee, Council member Vallone and Council member Dromm. Thank you.

CHAIRPERSON AYALA: And I'd like to recognize Council members Samuels and Holden from the heath-- mental health Committee. Thank you. Our General Council is going to administer the affirmation now. Thank you.

LEGAL COUNSEL: 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?

ALAN HOM: I do.

ANNETTE HOME: I do.

LEGAL COUNSEL: Thank you.

ALAN HOM: Good morning Chairpersons Chin and Ayala and members of the Committees on Aging and Mental Health, Disabilities, and Addiction. I am Alan Hom, Deputy Assistant Commissioner for the Bureau of Long-Term Care at the New York City Department for the Aging. I am joined this morning by my colleague, Annette Home, Chief Specialist Services Officer of the New York City Human Resources Administration. On behalf of acting commissioner, Karen Resnick, I would like to thank you for this opportunity to discuss DIFTA's work in home care. DIFTA's overarching mission, as you know, is to work to eliminate ageism and ensure the dignity and quality of life in New York City's diverse older adults through service, advocacy, and education. We accomplish this by partnering with hundreds of community-based organizations to provide services to senior centers, naturally occurring retirement communities, case management, and home care agencies, home delivered meal programs, mental health and friendly visiting programs across the five boroughs. Additionally, DIFTA directly operates our care-giver resource center, senior employment services unit, elderly crimes victims resource center, foster

grandparent program, volunteer resource center, and a whole host of other supportive services ultimately designed to keep New York City age-friendly and to help seniors age in place. The expanded in-home services for the elderly program, or ISEP, through which DIFTA's home care program is funded, was established by New York State. Chapter 894 of the laws of 1986. Access to and the availability of appropriate and cost-effective nonmedical in-home support services for older adults who are not eligible for services through Medicaid. As a state funded endeavor, DIFTA's contracted homecare programs are required to abide by a comprehensive set of standards described by the New York State Office for the Aging, NYSOFA, including oversight of client eligibility, cost sharing, training requirements, and other operational mandates. DIFTA has a program monitoring road to ensure out homecare agencies are in compliance with these standards. This includes a yearly assessment of each agency by DIFTA program officers. Through DIFTA's contracted homecare agencies, older New Yorkers are provided services that support their functioning in their homes, their daily living, and ultimately, their ability to age in

place. Individuals must first contact our case management agencies prior to accessing important DIFTA in home services such as home delivered meals and homecare. In FY 18, more than 33,000 older New Yorkers received case management, an increase of three percent compared to the previous year. That same year, a total of 3600 unduplicated clients received homecare services. A typical DIFTA homecare client may be someone who needs support with laundry, light housekeeping, preparing meals, grocery shopping, and/or someone who needs personal care assistance such as assistance with bathing, grooming, and dressing. In addition to our 21 case management agencies across the city, DIFTA contracts with four homecare agencies to directly provide homecare services. These agencies include Personal Touch Homecare of New York INC., contracted to support Brooklyn and the Bronx, the New York Foundation for Senior Citizens, contracted to serve Manhattan, People Care INC. in Queens, and Richmond Home Needs Incorporated of State Island. As required by ISEP, each contracted homecare agency must be licensed as a licensed homecare services agency, otherwise known as LHCSA, by the New York State Department of Health to

assure care is provided within health and safety standards established by article 36 of the public health law. The core functions of LHCSAs are to identify the client's needs and capabilities through a comprehensive in-home assessment to develop a comprehensive care plan in collaboration with clients and caregivers and prescribe appropriate interventions to reconcile the care plan with the CMA assessment, particularly if they identified needs and the service [inaudible 00:11:26] to implement the care plan itself and to ensure that the performance of the home care worker is meeting expectations. Consistent with NYSOFA regulations, individuals authorized for DIFTA funded homecare must meet specific eligibility requirements. In order to be eligible for homecare, a senior must be 60 years of age or older, have functional limitations as shown by the need for the assistance of another person with at least one activity of daily living such as bathing, personal hygiene, dressing, eating, toileting, mobility, and transferring, or two instrumental activities of daily living, otherwise known as IADLs, such as housework, cleaning, shopping, laundry, use of transportation, preparing and cooking meals,

telephone use, and self-administering medications, have unmet needs for assistance with ADLs and/or IADLs, be able to live safely in the home if support is provided, and to self-direct care and be ineligible for housekeeping, a home attendant, or home health aide services under any other government program including Medicaid or Medicare. Additionally, clients are required to share the costs of services based on income, determined by a NYSOFA-imposed formula, clients will either be required to pay a sliding scale fee or asked to make a voluntary contribution. The sliding-scale rate ranges from a dollar to 25 dollars for each hour of service. Clients who elected not to provide any financial information will be required to pay the highest cost share. Failure to pay the agreed upon cost share may result in termination of service. Eligible clients will be authorized a specified number of weekly hours of home care. Clients may periodically be authorized additional hours or days of service for special circumstances. A client in need of an escort to a doctor’s office, for example, may qualify for addition hours of service. DIFTA-funded homecare generally is available Monday through Friday and up

to eight hours per week for housekeeping chores services and 20 hours per week for homemaker personal care services. Night or overnight services are not available through DIFTA's homecare program. Finally, all of DIFTA's homecare providers work to match the most appropriate worker to clients. The New York State Department of Health also dictates the provision of timely, reliable, and consistent service in a backup system which provides replacement or substitute workers to at-risk clients whose current workers are unable to provide care. In addition to client eligibility, the state also dictates the standards by which the homecare workforce is hired and trained. LHCSAs are required to adequately and appropriately screen their workforce, including homecare workers and supervisors prior to employment. Each LHCSA must have a demonstrable and systematic process for screening all applicants for such competencies and qualities as ability to read and write, ability to record messages, and keep simple records in the language of the client, ability to communicate with clients, their families, and other care givers, and the ability to understand and carry out instruction. Applicants must also have a

positive attitude towards older people with physical and/or mental impairments and undergo a criminal history check. As prescribed by the State Department of Health, homecare workers must also meet required training requirements upon hire. Proof of successful completion or trainings must be provided prior to the time of employment or within three months of being hired. This includes the New York State Department of Health 40 hour basic training program which covers such fundamental topics as working with the elderly, body mechanics, personal care skills, safety and accident prevention, and food and nutrition preparation. Home care workers must also complete an elder abuse training. Ongoing education and training are also mandated by the New York State Department of Health in order to maintain and improve staff confidence. Compliance includes a development of an in-service training plan to help workers develop techniques and skills not covered in basic training. In addition to abiding by these licensing, hiring, and training requirements, our homecare agencies must comply with a variety of operational mandates. LHCSAs, for example, must have a written client complaint procedure that includes timeframes for

responding, investigating, and resolving client complaints. DIFTA home care clients are encouraged to report complaints to their homecare agency, case management agency, or to DIFTA directly. DIFTA also conducts an annual client satisfaction survey of a random sample of approximately 45 clients per homecare agency. In an effort to improve overall quality of care, these results before part of the agency's annual program evaluation. As we look to the future, when older New Yorkers are projected to reach 1.86 million by 2040, our commitment to the older adult population, including those who are homebound, remain steadfast. Although our homecare program is small relative to the much broader Medicaid homecare landscape, continuing to fund high-quality homecare remains among DIFTA's top priorities. Maintaining a positive working relationship with various state partners and oversight agencies allows us to accomplish this important endeavor. Thank you for this opportunity to offer testimony on DIFTA's behalf and I am pleased to answer any questions you may have.

ANNETTE HOME: Good morning. Thank you, Chairperson Ayala, Chairperson Chin, and member

of the City Council's Committees on Aging and Mental Health, Disabilities, and Addiction for inviting us to testify and respond to questions today. I would also like to thank my colleague, Alan Hom, from the New York Department for the Aging for his partnership and for his testimony today. My name is Annette Home and I am the Chief Special Services Officer of the New York City Human Resources Administration. The New York City Human Resources Administration Department of Social Service is the nation's largest social services agency assisting more than 3 million New Yorkers annually through the administration of 12 public assistance programs. Every day, in all five boroughs, HRA provides essential programs and support to low income New Yorkers. We work to ensure that our services and benefits provide low income New Yorkers the assistance they need through a wide range of supports, including cash assistance and employment services, the supplemental nutrition assistance program, eviction prevention, rental assistance, and Medicaid. As part of our array of social services, HRA administers Medicaid-funded fee for service long-term care services through our homecare services program. I would like to take a moment to

contextualize the current state of home care services program by briefly outlining the state takeover of Medicaid in the state of New York and how it has directly affected the homecare service program. Prior to the implementation of New York state Medicaid redesign, HRA homecare was the local entity responsible for the determination of Medicaid and personal care service eligibility for all New York City residents seeking personal care assistants. The implementation of the New York State Medicaid redesign, otherwise known as MRT 90, required the mandatory transition and enrollment of certain community-based long-term care services recipients into managed long-term care. This state project, which was initiated in 2012 with approval from the centers for Medicare and Medicaid services, was designated to integrate services and improve health outcomes for individuals in need of community-based long-term services and support. Within two years of MRT 90, the overwhelming majority of HCSP homecare cases were transitioned to the managed long-term care plans. Medicaid eligible clients in receipt of Medicare and whose home care needs exceed eight hours per week, were required to seek homecare services

from New York State contract to managed care and managed long-term care plans. However, clients under the New York State nursing home transition and diversion waiver or traumatic brain injury waiver or in active receipt of hospice services are exempt from managed care and can receive HRA homecare services. Currently, the homecare services program determines Medicaid eligibility for all applicants seeking long-term care who are in receipt of Medicare age 65 or over, and disabled, and/or blind including those enrolling in the MLTC plans. Citywide, a total of 192,740 New Yorkers are in receipt of personal care services. Of these cases, homecare service program is responsible for the direct administration of only 5050 fee-for-service cases. This is as February 2019. This subset is two point six two percent of all state personal care cases in New York City. The use cases on exempt from mandatory managed long-term care enrollment in New York City. For this population, HRA assesses homecare eligibility and develops a care plan to meet the specific needs of each person. HCSB contracts with 28 licensed homecare providers to administer the services. The providers with whom we contract are licensed by the

state. The long-term care state regulations dictate the protocol for training and qualifications of personal care aides in New York State. HRA homecare services permits clients to remain at home in the community with assistance and possibly avoid nursing home placement. These services provide assistance with activities of daily living which includes bathing, grooming, and dressing, ambulation, taking of medication, laundry, grocery shopping, house cleaning, and escorting to medical appointments. Through our five community alternatives systems agency is, otherwise known as CASA offices, HRA provides case management for clients receiving fee for service Medicaid homecare services. The case managers assist clients with Medicaid renewal applications, homecare service renewals, applications for SNAP benefits, and rental assistance and makes referrals for additional services provided by Adult Protective Services, HIV and AIDS services, and important city agencies such as DIFTA as needed. For the approximately 5000 cases that HRA administers, the homecare contracts division within HCSP conducts fiscal and programmatic monitoring of the 28 contracted New York State license homecare service

providers. To ensure program integrity, we conducted annually three programmatic monitoring visits of each homecare contractor. During which, we assess compliance with contractual service requirements and New York State homecare regulations. For example, we check to make sure the homecare providers, nurses, are visiting clients at least every 90 days to assess the homecare worker's performance and semiannually to assess each client's care plan to ensure it meets the needs of each individual. In cases where any deficiency is found, we require providers to develop corrective action plans and conduct follow-up visits to ensure the issue has been properly addressed. Other examples of performance indicators are fingerprinting and criminal background checks of homecare workers, and you'll homecare worker evaluations, and medical examinations with drug testing, client contacts and client satisfaction surveys. In terms of fiscal compliance, HRA staff conducts fiscal monitoring visits to evaluate the adequacy of contract internal controls, visits her fraud, and assess contractor compliance with laws, state regulation, and HRA requirements. And similar to our programmatic compliance monitoring, we also

monitor corrective action plans and conduct follow-up visits to ensure that any issues have been addressed. Any suspicion of Medicaid fraud is reported to the HRA chief program accountability officer and the New York City Department of investigation. I would like to reiterate that HRA only contracts with and overseas vendors that provide homecare services in the category of Medicaid funded fee for service which represents approximately 2.62 percent of New York City's homecare caseload. The overwhelming majority of homecare cases in New York City are provided through managed-care organizations which are contracted with state Department of Health and with whom HRA has no contractual or oversight relationship. In order to give clients the opportunity to voice any concerns about the HRA contracted homecare services, HRA also administers a complaint hotline. HCSP's complaint tracking unit investigates all complaints to determine if the individual is on HRA's caseload and to assess what, if any actions, can be taken to assist the client and remedy the situation. Where appropriate, vendors are required to file a corrective action plan to ensure they have policies and procedures in place to prevent

the same issue from happening again. Vendors are monitored and given annual performance scores based on the number of complaints and resolution of complaints which encourages adherence to programmatic guidelines. In the event a client calls HCSP for a complaint related to managed long-term care, the caller is provided with the number to the state managed long-term care hotline, which is 1-866-712-7197. HRA is committed to helping all individuals in need access high quality services for which they are eligible. Even though HRA administers a very small portion of the homecare universe in New York City, we take pride in the work we do to link vulnerable New Yorkers to services which can be provided in the home and help them to remain in the community. Thank you for the opportunity to testify today and I look forward to your questions.

CHAIRPERSON AYALA: Thank you. I also want to recognize Council member Cabrera and Council member Chaim Deutsch. Thank you for your testimony here today. I have actually been waiting for this hearing for a really long time. It is a hearing that is really, you know, important to me for several personal reasons, but, more specifically, I will

share his story of an incident that occurred in November of that really reinforced my interest in learning more about this process and how it affects countless of New Yorkers that are completely dependent on care. I have a constituent who suffers from-- she has muscular dystrophy and she is 100 percent dependent on care. She cannot they, as she cannot walk, she cannot even feed herself. She needs someone to cut up her food and feed it to her. She was raised by her parents who are deceased. She is now middle-aged living alone. Very little family and, again, completely dependent on a homecare worker to come in and provide her all of-- you know, mean all of these needs for her. Thanksgiving I called. I was making rounds and calling people and I called her. It was, maybe, 1:30, almost 2 o'clock in the afternoon, to wish her a happy Thanksgiving and, you know, she mentioned to me that she was she was home alone because her home care attendant did not show up that morning. Now, she has a split shift and I know that this kind of falls into the managed care, but I wanted to kind of-- I really need to share her story because I think it is a story of countless New Yorkers. And so, her homecare worker who was

supposed to be there at 7 AM is not there. She is a diabetic, so the nurse from the visiting nurse program came in that morning and gave her her insulin and left and so, now, it was almost 2 o'clock in the afternoon and she has any and she hasn't had anything to drink. Nothing. So I happened to live a few blocks from her home and I asked her if she wanted something and I picked her up something to eat and when I spent a couple of hours with her feeding her because she doesn't have anyone. You know, she can't-- She has very limited mobility in her arms, so she is barely able to, maybe, answer her phone. And I was shocked, you know, the fact that when I walked in, the first observation was that her door was open and reasoned that her door was open is because she can't get up to physically open and close it. So she has to leave the door open 24 hours a day so that the homecare workers can look themselves in and out. Because the homecare worker is not a consistent person, they rotate people, that she can even give a person a key to come in because that may not be the person that is showing up tomorrow. Right? Where that is coming in later on in the afternoon. So we, you know? I listened to her

story. I was really just, you know, heartbroken in that the system has failed her in the way that it has, but I was at least comforted by the fact that her homecare worker at seven would be there and someone would be with her until the next morning. The next day I called her and she informs me that the 7 o'clock P.M. homecare worker didn't show up, either. Had I not called her that afternoon, she wouldn't have had anything to eat the entire day and this is not uncommon for her. It's also not uncommon for her to spend countless days in bed because she can't get up and she had no one to pick her up and put her in her chair. But it's also common, you know, theme for her to sleep in her wheelchair because she's been out and about because she is actually very active in the community and, when she gets home, she has no one to put her in bed. So now she has to spend the night in her chair. And that, to me, is inexcusable. That is somebody's child. That is somebody's friend. That is somebody's aunt. And the fact that she is completely dependent on care and that no one is picking up on the fact that this is a significant failure in the system to me, it's very impactful. So, I was hoping that this hearing

would shed a light on this and better guide that discussion moving forward in terms of, you know, where our advocacy needs to be channeled, be it at HRA, at DIFTA, at the state, but that no one is really addressing this or speaking about it as publicly as maybe we should be is the problem. And so, I wonder and in cases like the one that I just explained, who is she expected to contact? Is this client expected to then pick up the phone and call a one 800 number and file a complaint?

ANNETTE HOME: For HRA, we value those that we provide service and hearing your story is quite difficult and I am that this happened to this individual. If she would have contacted HRA, we would have helped her to contact the state. For example, in a case like this where someone should have 24 hour split shift service, in our program, one home attendant does not leave until another home attendant is in place. So she should not have been left alone. We do have a system in place where, if a home attendant is not-- has not clocked in by within an hour of reporting time, we log it because we have electronic verification of attendance and we would know that that home attendant did not show up and the

vendor has three hours, which they have to, send a backup home attendant. But in this particular case that you described to us, the home attendant that was there should not have left her alone until another home attendant was there. It's considered abandonment of a client. So we would contact the state on behalf of her, if she called us and we would let the state know and the state would contact the managed long term care and the provider and address that situation. We have had similar cases like this that they contact us and we would intervene. We do provide the 1-800 number for those who want to advocate for themselves, but if they aren't able to, we will assist.

CHAIRPERSON AYALA: Is there special priority given the clients who are immobile who are completely dependent?

ANNETTE HOME: So, if they received 24 hour care just like you said, split shift, our process is one a does not leave until the replacement is there.

CHAIRPERSON AYALA: But have there been cases where that is happened?

ANNETTE HOME: Not for HRA. I cannot speak to--

CHAIRPERSON AYALA: [interposing] Never in the history of HRA has a client been left alone because a replacement was not available?

ANNETTE HOME: I cannot say that never in the history, but I am saying that in the process that we have now, with verification of attendance, we will know if that aide did not report to work and we will ensure that a replacement is there.

CHAIRPERSON AYALA: Now when a replacement is called in because-- And, again, I will focus primarily on the disabilities component of this and I will allow Margaret to really hammer in her questions regarding the older adult population, but when an individual-- and this is another real-life story. It is actually my nephew has cerebral palsy. He is 19. He is completely bedbound, nonverbal. Completely dependent on care. As his mother who is his primary caregiver as to war, has a homecare worker, often times a homecare worker who she loves is not-- she's had cases-- she's had workers who have come in that are like nine months pregnant that cannot lift him. Right? Great

workers. You know, great people dedicated to what they do, but not necessarily able to deal with people with disabilities and she has been told that the home care workers don't necessarily know what type of situation they are walking into until the moment that they walk in because of, I guess, fear that they will discriminate and the client case is based on the individual client's needs. And she understands that, but, however, feels that after the home care workers in the home, now there are certain tasks that need to be performed because the client is not able-bodied and nonverbal, so cannot communicate and give directive. So, there's a-- She says there's a lack of communication from the agency to the workers and even from the worker-- from the agency to the caregivers who, oftentimes, are not told within enough that a replacement is coming in and so there have been incidents where she has had to like personally either not show up to work that day to stay and care for her son or scramble at the last minute to try to find somebody else that can. So I think just kind of two questions in one is: How prepared are the workers before they come into a home of a person with a severe disability to adequately

treat them because, assuming that the pool of workers work with a variety of clients that are able-bodied clients, clients that need more help. Before they come into a specific household, however, are they instructed on the level of care of that particular client?

ANNETTE HOME: It is our contract troll responsibilities at HRA that aids are informed of the needs of the client before they are assigned to a case.

CHAIRPERSON AYALA: So, if a person is told, how would it ever happened that a person in that is, maybe, nine months pregnant or whatever, pregnant enough that they cannot or should not be left in a client that needs to be, you know, moved, how does that happen then?

ANNETTE HOME: I cannot answer to for this specific case, but I can--

CHAIRPERSON AYALA: [interposing] But it--

ANNETTE HOME: tell you--

CHAIRPERSON AYALA: That's not a-- I'm saying-- I'm using that as an example, but I've heard that same scenario where it's either, you know,

a person who has a back injury and cannot move a client, is too elderly to move or, you know, or, you know, physically move a person from the bed to the chair or from the chair to the bathtub. And individual who just physically can't perform those tasks but are consistently being sent to care for those clients?

ANNETTE HOME: So, we work with our providers to ensure-- with our contracted vendors to ensure that they provide the best quality of-- and level of service that they can. We require that they speak and consult with the client or with whoever is representing the client that, when we are sending aides out, the aides that are sent out are there to meet the needs of that individual client and any replacements that are sent out should be held to that same standard, as well.

CHAIRPERSON AYALA: Do you see a lot of turnover?

ANNETTE HOME: I could say with, you know, the homecare world, the landscape, there is turnover. I wouldn't say there is a great deal of turnover, but there is turnover.

CHAIRPERSON AYALA: But there is a great need for additional workers?

ANNETTE HOME: There's always need for workers in this field. As the population ages, there is need for additional workers in this field.

CHAIRPERSON AYALA: And how is HRA prepared to recruit new workers?

ANNETTE HOME: So, the vendors are the ones who actually recruit workers. They are the ones who train the workers. It is the feel of the providers, be there child providers or if they're home attendant providers, personal care providers, that they reach out to the community at large and obtain workers.

CHAIRPERSON AYALA: Now, I know that the focus is really on the homecare, but I wonder, if a child is disabled and is able to go to school, and receives a lot of those services during the day and another setting, once that child gets a certain age and no longer qualifies for those services, it's kind of like a gap in services. Is the homecare field prepared to deal with kind of filling in those gaps or is it just focus on the homecare needs. Like is there ever a conversation? Is there a discharge

plan? You know, the child is no longer getting physical therapy at the school, so that the service is-- Is that the coordination that happens at the homecare level?

ANNETTE HOME: So, we do assess our cases on an annual basis. If it's a split shift case, we assessed every six months and we review the needs of all of our clients. If at any time their situation changes, they come let us know. Submit current doctor's orders and we will review the case and assess the case then reassess them for the level of care that they need.

CHAIRPERSON AYALA: And how many cases does HRA oversee now?

ANNETTE HOME: 5,050.

CHAIRPERSON AYALA: 5,050. Okay. And what is the total budget?

ANNETTE HOME: 32 million.

CHAIRPERSON AYALA: Can you explain what the training process is for your aides?

ANNETTE HOME: Personal care aides are trained by the homecare providers. They are required, as a new home attendant, to receive 60 hours of training and, subsequent to that, they get

trained every-- six hours every year for renewal training.

CHAIRPERSON AYALA: Okay. All right. I'm going to allow Council member Chin to ask some question.

CHAIRPERSON CHIN: Thank you. We were also joined by Council member Eugene earlier. The Youth Committee is having a hearing at the same time, so that's why you see Council members running back and forth. Thank you for your testimony. I wanted to ask a question. And your testimony, HRA, you testified that you contract with 28 agencies?

ANNETTE HOME: That is correct.

CHAIRPERSON CHIN: Licensed home care providers?

ANNETTE HOME: That is correct.

CHAIRPERSON CHIN: And DIFTA, who has more clients and you only contract with four agencies in the five boroughs.

ALAN HOM: We have four agencies over-- providing services in five area, five boroughs, but I believe HRA has more clients. Did I hear that correctly?

CHAIRPERSON CHIN: Well, HRA said they only have like 5000 clients.

ALAN HOM: Correct.

CHAIRPERSON CHIN: And DIFTA, through the ISEP program, do you serve more than that?

ALAN HOM: We serve-- We currently serve about 2900 clients, but last year we served 3600 unduplicated clients.

CHAIRPERSON CHIN: Okay. So a little bit less than HRA, but they have 28 providers?

ALAN HOM: In our last RFP, we had-- we had only inquired for five contracts, one for each of the boroughs. And based at that time, we contracted it based on the amount clients that, you know, we were currently serving and intended to serve. In a, based-- based, again, on the population data that we had at that time.

CHAIRPERSON CHIN: So, in the HRA testimony, you said that Saturday why there is a total of 192,740 New Yorkers that are in receipt of personal care services.

ANNETTE HOME: That is correct.

CHAIRPERSON CHIN: So, out of that population, HRA only took care of about 5000 and then DIFTA about 3000?

ALAN HOM: Around that. Yes.

CHAIRPERSON CHIN: So, then the rest is taken care of by state oversight?

ANNETTE HOME: That is correct.

ALAN HOM: That is correct.

CHAIRPERSON CHIN: Wow. Okay. I think that's where there is a lot of abuse going on. That is something that is-- before the Medicaid redesign, was that population served under HRA?

ANNETTE HOME: Before medicated redesign, the population that HRA actually directly provided services to was 45,000 individuals. With the implementation of Medicaid redesign, our caseload shrunk to 5000. Approximately 5000.

CHAIRPERSON CHIN: Okay. And that of fact DIFTA at all with the Medicaid redesign? I wouldn't think so.

ALAN HOM: No. Because through our state funding source, ISEP, we were always only able to serve non-Medicaid eligible seniors.

CHAIRPERSON CHIN: But with the-- Okay. But with the ISEP program, there is always a waiting list. Because there's a waiting list for case management because right now the data that we've gotten from provides, there's about 1000 seniors on waiting list for case management and there's about-- maybe about 100 that is waiting for home care.

ALAN HOME: There-- Yes. There's currently a waiting list. For anyone who is on the waiting list for case management, all the clients are eligible for home delivered meals. Anyone who is on the waitlist for case management, it basically means that they've at least has an interview over the telephone. The case management agency has at least an understanding of, you know, what their needs are over the phone and if they need a meal, it's going to be given to them directly. For the homecare waitlist, those clients have at least been seen by their case manager and an in-home assessment has been done and it was determined that they needed, you know, some sort of home care. Our agencies have been able to do quite a bit and we are proud to say, you know, with what they have at the moment. But even while the client is waiting for home care, our case

managers, funded through the case management agencies, well look to see what other resources in the community available through benefits, entitlements, other resources so that the clients can still at least get some services while they wait for home care.

CHAIRPERSON CHIN: So, who does fact? So you're talking about the case management agency helps to that assessment?

ALAN HOM: Correct.

CHAIRPERSON CHIN: So, if someone-- If a senior calls and says I don't qualify for Medicaid--

ALAN HOM: Uh-hm.

CHAIRPERSON CHIN: But I need some homecare--

ALAN HOM: Yes.

CHAIRPERSON CHIN: service.

ALAN HOM: Yes.

CHAIRPERSON CHIN: But they don't care access start away?

ALAN HOM: Uh-hm. Well, what we are--

CHAIRPERSON CHIN: because there is a waiting list.

ALAN HOM: What would happen and is the case management agency will still speak with the client over the telephone to get as much information as he can and still trying to find-- and tried to link them up with appropriate resources and referrals while they are waiting for an in-home assessment by the case management agency.

CHAIRPERSON CHIN: But if the senior needs homecare--

ALAN HOM: Uh-hm.

CHAIRPERSON CHIN: I'm basing on constituents that we've been working with, right? The reason that they contact the case management agencies is because we refer to them because we know about the ISEP program.

ALAN HOM: Uh-hm.

CHAIRPERSON CHIN: But a lot of people don't even know about the program, but need the help.

ALAN HOM: Uh-hm.

CHAIRPERSON CHIN: But by the time they call they really need the help. Like one of the seniors file and his wife cannot manage.

ALAN HOM: Uh-hm.

CHAIRPERSON CHIN: So, they only resources they have visiting their families or friends or they have to pay someone that might not be trained by it be very expensive because now they have to wait, right?

ALAN HOM: Right.

CHAIRPERSON CHIN: So, that's why, you know, we really want to get rid of the waiting list because seniors, usually by the time they call, they need the help then.

ALAN HOM: Yeah.

CHAIRPERSON CHIN: Right?

ALAN HOM: Absolutely. Absolutely. I mean, we and our case management agency partners, we certainly value everybody who contacts them. And we really do our best to make sure that our case management agencies are involved. Case management agencies also work with-- Let's say in the case of a caregiver, they also work with the caregiver resource centers. They are in DIFTA contracted caregiver programs that they can also link up with. So, you are right. We, in the system--

CHAIRPERSON CHIN: [interposing] My saying is that they shouldn't be on waiting lists and

every year there is a waiting list. So we are trying, you know, with the city budget, trying to figure out-- and I think we are asking DIFTA, OMB, and working with the provider to figure out how to eliminate that way list because the senior, especially the seniors who don't qualify for Medicaid, right?

ALAN HOM: Uh-hm.

CHAIRPERSON CHIN: And they-- A lot of times they think that they can't get home care service. And when they find out about the ISEP Graham, they're very surprised and when they can serve as, they are very happy. Because, in your testimony, is great because DIFTA to provide oversight and really work with this agency. There are much than what the private sector is offering. I think with Medicare-- Medicaid redesign, there is a lot of abuse going on.

ALAN HOM: Uh-hm.

CHAIRPERSON CHIN: And I don't know if HRA-- Are you or DIFTA tracking on the new home care agencies that are popping up that are to gather with the-- my biggest issue. The social adult day care that is popping up all over the city and there are

more than they end senior centers. There are over 300 social adult day cares and we only have about 249 senior centers. So is anyone-- Is HRA monitoring on these new home care agencies that are opening up? I know we passed a law for DIFTA to have the social adult day care to register so at least we know how many there are and we're doing, you know, more to provide some oversight because they are supposed to be under the state jurisdiction. So now we've got the health department to go out and now inspecting, you know, every social adult day care program. But now we also have these new home care agencies that are popping up. So is HRA doing anything? Because the client, and to get the Medicaid, they have to go through HRA to apply for Medicaid, right?

ANNETTE HOME: Yes. So anyone that is receive the Medicaid funded personal care, we will-- we are responsible for the processing of their Medicaid. However, we are only-- We contract with the 28 providers that provide services to the five-- the approximately 5000 clients we provide services to. However, any new provider that is coming on a LHCSA, a licensed home care services agency must be

licensed with the state. So the state has oversight of any licensed provider that is coming on board.

CHAIRPERSON CHIN: But you-- But HRA don't have that information?

ANNETTE HOME: No. We do not con-- We do not keep track of that because we do not provide licensure of these providers, but we do keep track of the 28 that we contract with.

CHAIRPERSON CHIN: Okay. I think we would have-- We would have to do something, maybe through legislation like what we did for the social adult daycare.

CHAIRPERSON AYALA: Does the state keep track?

CHAIRPERSON CHIN: Because-- Yeah. The state keeps track, but whether they would share the information and may be HRA can ask the state.

ANNETTE HOME: Well, the state has said on their website. So on their website and he licensed home care providers that are out there in the state, it is listed on their website.

CHAIRPERSON CHIN: But I think that-- I mean, one of the-- The issue that came up in preparing for this hearing was also trying to get

more understanding about the training process the because what we have heard complain about-- right now, the latest thing is family care. Right? Family member who can apply to be a home care attendant to take care of their elderly parents and we have heard that they are abused where they actually were not doing their job. They are not providing the care, but they, you know, they clock in, they clock out and they go and do something else. So the senior is not getting the services they are supposed to be getting in, because it's a family member, they can't complain. So there are abuse going on and we want to make sure that there are oversight because there are a lot of new home care agencies that are popping up together with social adult daycare because the scene near the goes to the social adult daycare, the complaint that we have also heard that they also have to sign up for home care service. Even though they might not need it. Because they should be going there in the first place. They should be going to our regular senior center. So there are, you know, in these abuse going on and the complaint that we filed, that we have people who filed through DIFTA, DIFTA sends it up to OMEG and we get a report back

every year. So, with HRA, do you get any kind of reporting back from complaints that you refer up to the state?

ANNETTE HOME: So, any complaints that we directly referred to this day, yes. They will report back to us and let us know the outcome of that report.

CHAIRPERSON CHIN: Can you share this information with us? Or do you have-- Are those?

ANNETTE HOME: I will have to get back to you on that because, generally, quite honestly, and it is a case by case basis, so we get a call from someone and we report the case to the hotline and we will contact our colleagues in the state and then they will get back to us as to how that case was resolved.

CHAIRPERSON CHIN: Yeah. I think it would be good to-- If we can, you know, get some information so the public knows that when they do file a complaint, then there are investigations and they can get some results. It's not like people saying, well, what can I do? I-- Nothing is going to happen. So that's why I think it's important that we were able to get data about the social adult

daycare. At least people know that, when they file a complaint, that it's being investigated. Do we have the Council member questions? Oh, okay. Okay. I'm going to pass it onto my colleague, Council member Holden.

COUNCIL MEMBER HOLDEN: Thank you--

CHAIRPERSON CHIN: I'll come back later.

COUNCIL MEMBER HOLDEN: Chair Chin. I have some questions on-- While campaigning in 2017, I came across so many individuals, shut-ins, who obviously needed help, but nobody was providing them any help whatsoever and I could see that by just the way their homes looked, the way their-- Even walking up the step of like a stoop, it would almost collapse on you. So there's through many seniors out there-- And there shouldn't be a waiting list, by the way. But so many seniors out there that need help that we don't know about. What's HRA doing in outreach? Are they doing a mailing to seniors? Because I don't remember getting one. I'm a senior, myself, but I don't remember getting anything in the mail and my mom is 95 and I provide for her. She's got dementia.

She never gets anything in the mail. So could you tell us what outreach you are doing?

ANNETTE HOME: So, in terms of HRA, generally what we do is our community alternative systems agency, what we call CASA offices. They go out into the community and they conduct presentations in regards to the services that we provide. Again, I just would like to reiterate that our services that we provide are quite limited. We provide, basically, housekeeping services and we provide services to anyone who is otherwise exempt from managed long-term care. But for the services that we to provide, we need to go out to seniors centers. We go out to senior citizen buildings, to community presentations. We just tried to get the word out that the service is available. And, by doing that, we have received some referrals based on those presentations that we present in the community at large.

COUNCIL MEMBER HOLDEN: But there's no mailing? Why doesn't the city do a mailing to seniors saying here's what's available for you. If you can't do this, can't do that, you can't get around, you can't walk. You-- Or you can't cook.

Nothing like that is being done in the city of New York?

ANNETTE HOME: Currently, no. But it's something we could discuss with the Council. I mean, it's something that we would definitely consider. We would love to get the information out there to let people know that this service is available.

COUNCIL MEMBER HOLDEN: All right. Now, this 90 day survey that you do with your clients, is that with a nurse, right? That's with a nurse? Every 90 days-- your testimony.

ANNETTE HOME: Yes.

COUNCIL MEMBER HOLDEN: Is there a--

ANNETTE HOME: It's not a--

COUNCIL MEMBER HOLDEN: physical?

ANNETTE HOME: survey. It's a nurse that goes out into the home. So it's not just like somebody calling on the phone. We actually have a--

COUNCIL MEMBER HOLDEN: Yeah.

ANNETTE HOME: nurse that goes into the home that assesses the case to ensure that the service provision is of the quality that they are contracted to provide.

COUNCIL MEMBER HOLDEN: Yeah. I've seen that. I've been with a nurse with some constituents when they visited. But do they do a physical? Is there any-- like are they taking blood pressure or are they doing a physical?

ANNETTE HOME: Well, this is not a certified home health aide service. This is personal care. So the only time that they would look something, like if something has a wound, they would look to see what the wound looks like, but they are not providing any hands-on care. If they determine that someone is at risk at that moment, they will contact 911 or contact the medical provider if needed.

COUNCIL MEMBER HOLDEN: Okay. On the in-home services that these not=for-profits are providing, do-- When an attendant can't go to the home, for whatever reason, is there a backup person provided at all? That's that-- Yeah. I'm sorry.

ANNETTE HOME: For DIFTA?

COUNCIL MEMBER HOLDEN: Yeah. The home.

ALAN HOM: Oh, okay. Sure. The homecare agency is required to offer a backup. Yes.

COUNCIL MEMBER HOLDEN: To offer a backup or just automatically send a backup?

ALAN HOM: They contact the clients to see, you know, what happened and they will ask the client, you know, we can get someone for you today. If you're okay today, we can, you know, send someone another day, but they must offer a backup.

COUNCIL MEMBER HOLDEN: And how often is there a survey like HRA does? Is it every 90 days or is it once a year?

ALAN HOM: Well, the survey meaning, you know, we contact the client and ask are you happy with s-- you know, are you happy with aides? That's done about once a year, however, the depart-- the homecare agencies that we contract with, they are required to have a nurse or a supervisor visit the client every six months to make sure that the aide, you know-- that the aide is doing what he or she is supposed to do, that the client is satisfied with the service. In addition, because the client also has a DIFTA-funded case management agency, the case manager-- the case management agency will also contact the clients every two months to determine how satisfied they are with their service, whether it's

home delivered meals or homecare. So the clients are checked out pretty regularly, I have to say, in the case managers really do a good job and they have a great communication with the homecare agency because they have been partnered with them for so long that many of the case managers in the homecare agency, they know the clients. They know what they are-- what their needs are, what the client's personalities are. So, they make a great team.

COUNCIL MEMBER HOLDEN: So, your office provides just once a year oversight on an individual case? So they will send somebody over to the residents?

ALAN HOM: DIFTA does not actually provide the direct service. We contract with the homecare agencies to provide that direct service, but we have a program monitoring responsibility.

COUNCIL MEMBER HOLDEN: So, let's say you don't contract with the visiting nurse service, let's say, to go and check once a year?

ALAN HOM: Oh, no. No, sir. We don't have a contract with visiting nurse service. Only with the four homecare agencies that provide the ISEP-funded homecare services. So, this is the home

care services provided through the state Office for the Aging funding.

COUNCIL MEMBER HOLDEN: Okay. Is there a physical checkup once a year with the client?

ALAN HOM: Um--

COUNCIL MEMBER HOLDEN: By whatever agency?

ALAN HOM: Oh. Our homecare agency, the nurses, they don't do a physical because, again, that's-- Again, it's not that level of--

COUNCIL MEMBER HOLDEN: Right.

ALAN HOM: care.

COUNCIL MEMBER HOLDEN: Uh-hm.

ALAN HOM: But our case managers and the supervisors, the aides who serve the clients, they do observe the clients. They do observe, you know, how strong they look. They typically know what-- Excuse me for saying, what the baseline of the client is and if the client looks more, you know, tired or just not herself or himself, the case management agencies would contact, perhaps, the clients, you know, daughter or son. They may reach out to the doctor and say, hey, you know, something is going on with

the client. Let's try to figure out, you know, what she means.

COUNCIL MEMBER HOLDEN: Right. So-- So, let's say-- they don't do a blood test? Nobody is taken?

ALAN HOM: Oh, no.

COUNCIL MEMBER HOLDEN: Nothing like that?

ALAN HOM: No.

COUNCIL MEMBER HOLDEN: Do you see that that might be a problem because the person is not going to the doctors, if they are homebound and if they are not getting out enough, maybe they are not-- You know, they are missing something here. So, I think we might look into and it might possibly be something we have to, the Council, look at to actually giving the physical and actually looking at individual cases and doing the simple blood test.

ALAN HOM: Our homecare agencies into a magnificent job as far as providing the personal care. Taking blood, that is more of a medical model and our funding, ISEP, was never meant for that, you know, type of medical care.

COUNCIL MEMBER HOLDEN: Right. Okay. Thank you.

CHAIRPERSON AYALA: I have a follow-up question. So-- Because I'm really concerned about this whole correlation between the state and the city and, of the 40,000 plus-- because there were 45,000 individuals that were receiving home care services prior to the Medicaid redesign, right? So, of the 40,000 plus cases that were transferred over to the state since HRA stated-- based on your testimony today, you do provide some level of interference. So, if a client is not satisfied or is having issues with their services, HRA Canon has, in fact, then contacted the state on behalf of the client?

ANNETTE HOME: Absolutely. So is a managed long-term care client calls us and we look into the case and we determine it is a managed long-term care case, then we would provide them with a number, as I stated in testimony. But if the client is in imminent risk, we will contact the state on their behalf.

CHAIRPERSON AYALA: How would the client know to contact HRA?

ANNETTE HOME: Well, sometimes clients get the-- you know, they received the complaint hotline tracking number and they may just say, I have homecare and, as you stated, they may not know that it is a managed long-term care. All they may know is that I am receiving a homecare from a provider. So, somebody may give them this number and they call us. But, if by chance, the call gets directed to her us, we will ensure that it gets to the right entity.

CHAIRPERSON AYALA: do you know how many of those calls have been made from HRA to the state on behalf of clients?

ANNETTE HOME: we don't track those numbers.

CHAIRPERSON AYALA: You don't track them?

ANNETTE HOME: No.

CHAIRPERSON AYALA: Do you track the number of-- the types of complaints that you are receiving so that there is better coordination between the city and the state in terms of the level of services that are being provided to clients?

ANNETTE HOME: So, again-- I guess I just have to go back to the fact that when they call

us, if it's a case that is for HRA, that case is tracked. If it is a case that we have two eventually shift to the state, we do not track that case.

CHAIRPERSON AYALA: I understand that. I think that my concern is that, because you are not tracking it and no one else is tracking it, that there is a fine line, right? And there's a gap, again, and services and an opportunity for clients to kind of fall into some sort of doughnut hole where no one is really assessing how appropriate or not a service is. And so, is HRA-- is the city is not tracking Mac, then who is?

ANNETTE HOME: Well, the state will track it. So, and the person calls us and we funnel them to the state, the state will track those calls because they track all of the calls that come in related to managed long-term care providers.

CHAIRPERSON AYALA: All right. All right. Margaret, do you have any other questions?

CHAIRPERSON CHIN: So, for DIFTA, the ISEP program, what is the total budget now? And you got-- I think we got some good news from the state that we got a little bit more money?

ALAN HOM: Well, our budget is about 30 million dollars and we do expect to receive a portion of the 15 million increase for I set up that we will use torrents our waitlist.

CHAIRPERSON CHIN: Do you know how much?

ALAN HOM: We don't know yet, but we are waiting. We are in talks with the state, I believe. And-- But we don't know, yet. Bottom line is we don't know what the number is from the state yet.

CHAIRPERSON CHIN: Wasn't there like a projection about three point something million? 3.5 or?

ALAN HOM: Yes. I think it's projected to be about that amount.

CHAIRPERSON CHIN: Is that enough to eliminate the waitlist? Or how much does DIFTA-- Does DIFTA sort of like us to me getting rid of the waitlist how much money do we need to put in?

ALAN HOM: You know, our case management agencies, our homecare agencies were proud of when they were able to do with the current budget. And we aren't talking with OMB to figure out, you know, how much would be needed for the wait list.

CHAIRPERSON CHIN: Because we've got to have a solution. We can't have a waitlist every year and I know that the administration did put in money in the past. You know, whether it is 2 million dollars, 1 million dollars. But we've got to figure out so that we can supplement and make sure that seniors who call for the service, that they don't have to wait. Right? Because it already took some time to do the assessment, the home visit, but waiting for that, I mean, that is really unacceptable.

ALAN HOM: Yeah.

CHAIRPERSON CHIN: So, we really have to really work on-- because it's a wonderful program because there are many seniors-- the senior population is growing and there are many seniors who work on their lives and made the contribution, paid their taxes don't qualify for Medicaid. So, and they thought that, oh, I-- and I can't afford to pay some money personally and also, you know, the person might not be trained. So this program offers quality services at a cost that they could afford or no cost, which is great, and the seniors that we were able to help, they really rave about the program. I mean,

they love the homecare attendant because the agency to send people who can speak their language and rally were trained and they are not-- You know, they're not like a lot of hours. You know, sometimes these seniors only need, you know, 10 hours a week, but that 10 hours that they get is life saving for them. Right? So, we've got to make sure that a program like this gets the support it needs and also the publicity to a lot more people now, more seniors now that this is available to them and more caregivers and family members that they know that, wow, I can call and get this help, you know, for my elderly parents or relatives. So we've got to work on eliminating a waitlist and then work on expanding the program.

ALAN HOM: I want to do-- Thank you, Council person Chin because it's wonderful to hear that your constituents like this service. You know, the department acknowledges that you also love the service and everyone in the Council loves this service. And as seniors get older, we will definitely see, you know, more and more need to serve our seniors. You're absolutely-- You know, I think we agree on that.

CHAIRPERSON CHIN: Yeah. So if that's a really work together, you know, with the state, but also to figure out, you know, the investment from the city. You know, from the administration that-- Look, senior populations are growing. They are part of our future and when we want them to continue to stay-- You know, age at home. Stay in the community that they helped to build and, in the long run, you are saving the government a lot more money when they are not in the nursing home. When they are healthier. So, it's a good investment to start making now. And I'm glad the state, you know, put in more money, but 15 million is just a little bit, right? So we need to continue to advocate from the state level, but the city administration, the city also has to make that investment.

ALAN HOM: Yes, ma'am.

CHAIRPERSON CHIN: And the city should match it. So that we can eliminate, you know, the wait list this year and years to come. You know? Well, we still have other questions, but we will send it over to the agencies. But I really think that the population that qualifies for Medicaid, it's really alarming that it is such a huge population and HRA is

only taking care of such a small number and, meanwhile, there is not enough oversight that really helps seniors who are on Medicaid. I know it's the state, but a lot of times, state oversight is not enough. So we had to figure out a way of how do we work with the state to make sure these homecare agencies are providing, you know, the training and doing what they're supposed to do. It's the same thing with these social adult day care because some of them are not doing what they are supposed to do and nobody is, you know, overseeing the then we really have to fix that. So I don't know if Chair Ayala, you have any other questions? Oh. And we've been joined by Council member Treyger. Do you have any questions? Okay. Why don't you go ahead?

COUNCIL MEMBER TREYGER: Thank you to the Chairs for holding this very important and timely hearing. Welcome. I'm just-- And forgive me if this was covered earlier, but I'm just curious to hear about any type of data or information you have with regards to those seniors or people who, with disabilities, who require homecare longer than eight or 10 hours. People that need folks with them 24 hours all throughout the week. These are some of the

cases that we here are very complex and very difficult at times for folks to navigate the process to secure that type of assistance. There was a case I was working on recently where speaking with someone to the state on providing care for a young adult who needed assistance, basically, 24 seven, but we seem to hear that the person who was supposed to live with the young adult cannot be a recipient of any type of housing subsidy. In order for them to live and provide care. And the last time I checked, many of these homecare workers, they are not receiving a major substantial salary. Some of them require the assistance of a housing subsidy to afford to live in New York City. Have you heard of cases such as this and any type of information or data you can provide in terms of why is it difficult to secure assistance 24 hours a day, seven days a week?

ANNETTE HOME: In New York City, HRA, when we says cases, we assess cases based on need.

COUNCIL MEMBER TREYGER: Right.

ANNETTE HOME: So, based on whatever your medical need is, as long as you are Medicaid eligible and you are medically eligible and we determine you have a need for any level of service,

the from eight hours a week of housekeeping to split shift, which is 24 hours around the clock, two aides, we will provide that service. I cannot speak to the state. I can just tell you what we need to and HRA and, in terms of the housing subsidy, I don't fully understand the question.

COUNCIL MEMBER TREYGER: Uh-hm.

ANNETTE HOME: That's a little bit confusing to me.

COUNCIL MEMBER TREYGER: Neither do I.

ANNETTE HOME: Oh. Okay.

COUNCIL MEMBER TREYGER: Because--

ANNETTE HOME: So, we are both on the same page.

COUNCIL MEMBER TREYGER: I asked if you know anything about this because we were shocked to learn that the home care providers, apparently, as they are recipients of a housing subsidy, then the state is giving them a difficult time providing substantial care to folks who needed at home and that was kind of news to us. Maybe I will follow up with your office after this hearing.

ANNETTE HOME: Yeah. I was saying maybe we could connect afterwards and we could to discuss it because I am a little bit--

COUNCIL MEMBER TREYGER: Right.

ANNETTE HOME: confused as to--

COUNCIL MEMBER TREYGER: As was my office.

ANNETTE HOME: Okay.

COUNCIL MEMBER TREYGER: So, I--

ANNETTE HOME: All right.

COUNCIL MEMBER TREYGER: I appreciate that.

ANNETTE HOME: Okay.

COUNCIL MEMBER TREYGER: Thank you very much. Thanks.

ANNETTE HOME: You're welcome.

CHAIRPERSON AYALA: I just have a question around mental health. Is the training that is provided to the home care workers, does it, and any way shape involve some sort of mental health training identifying, you know, early signs of dementia, depression?

ANNETTE HOME: Yes. It does.

CHAIRPERSON AYALA: It does? Okay. That's good to hear. And then, I also wanted to hear a little bit about this because this is a complaint that I get from my seniors. I thought Margaret would probably bring it out. But I get a lot of complaints of seniors that have bedbugs that are unable-- So, you know, it-- Bedbugs are a problem in and of itself, but when a person who is a little bit more frail and unable to do the necessary home housekeeping that is required to remediate the conditions-- I know the landlord well calm. They will exterminate, but there is a lot of work that needs to be done in the home in order to truly remediate the bedbug condition. And, often times, these older adults are unable to perform those tasks on their own. The home care workers often times, in my district I hear this a lot, refusing to come back to the home until the bedbug epidemic or issue is remediated and so we have clients that are being last without services for an uncertain, you know, number of days or weeks because the client is unable to really truly address this. So I wonder-- I know this is a very specific kind of a problem, but I'm sure that, you know, considering the number of people

who have had an issue with bed bugs in their lives, you know, 10 years, I'm sure that you have come across cases like this and I wonder why it is the alternative? Is either agency advocating with, maybe, a community-based group to help bring in those services that the homecare worker is unable or unwilling to assist in that way?

ALAN HOM: For DIFTA-funded clients, if that is happening, they work very closely with the case management agency to find, as you were saying, resources in the community that would be able to, you know, helped the senior remediate the bedbug issue. I mean, frankly, bedbugs are-- is a chronic problem in some areas of the neighborhood and personal care workers and the home care agencies obviously are afraid, are concerned of, you know, passing along bedbugs to another senior or to another client. But for DIFTA-funded clients, our case management agencies, because they work with the homecare agencies, because they share those clients, one of their main tasks then would be, well, how to we helped the senior? How do we figure out, you know, how to pay for the remediation? Is it up to the landlord? Advocacy may be needed with the landlord.

They may need to find a company and maybe even try to find some way to help pay for that service.

CHAIRPERSON AYALA: And that-- I think that's kind of where the issue lies is that, you know, most of my seniors are living on, you know, under 9000 dollars a year in income and so it becomes, you know, difficult, nearly impossible for them to pay for that level of service. But because, again, you know, if you are receiving home care, that means that you have a specific, you know, unmet need and the homecare worker, the person that is tasked with helping you with those needs is unable or unwilling to deal with, you know, whatever remediation work is happening in the house because, for whatever restrictions they have in terms of the duties that they are assigned to do, is APS being called in to come in and say, hey, you know, this client needs somebody to help them wash all of, you know, their clothes, pack things up. I can't do that. It's not part of my job description, but somebody needs to do it. I'm not hearing that at all and I have had clients that have been without services for over a month because they cannot-- and that doesn't change from day to day. If you can't do

it today, you are not going to be able to do it tomorrow. And the job of the providers is to really-- not only to recognize that, but to then make the necessary arrangements to have somebody that can fulfil that come in. And so, I would love if-- You know, and probably this is one of the follow-ups. If you would share with us some of the ways in which, you know, the agencies are doing that because there is no reason why any older adult or anyone who is, you know, really dependent on care should be without services because they have an issue that could easily be remediated by bringing in another organization or agency.

ANNETTE HOME: So, on behalf of HRA, when we have a client that requires personal care services and they are at risk without those services, and there is a situation of bedbugs, we have often relied on respite care to try to get them short-term care respite while we address the bedbug situation so they are not in the home at risk without personal care. We have done that in the past. We can get back to you. We have also reached out to eight community agencies to see if they could assist us with clients who, after they get the bedbug situation

eradicated, there are still other things that need to be done. But we can definitely get back to you with that information.

CHAIRPERSON AYALA: I would appreciate it because the-- it seems tedious, but it's a really big deal in my community. I mean, I have had seniors that, you know, have been banned from their local senior centers because they have fed dogs and now the homecare worker who is not providing this service at home went and told the senior center that the senior has bedbugs and now the senior center doesn't want them at the senior center, so now they are completely without services. And so, you know, we hope and we assume that the people that are tasked with caring for these vulnerable populations are doing it in a very holistic, you know, manner. So, I think you for your testimony today. I don't know is Council member Chin has any other questions, but I am done with questions for today. Thank you.

CHAIRPERSON CHIN: Thank you for your testimony and if there is any other questions, we will forward it to you and I hope that HRA and DIFTA to, you know, really work together on this collaboration in terms of home care services and

really tries to figure out a way to work with the state so that is more oversight to really protect our seniors and the vulnerable population. But thank you for being here.

ANNETTE HOME: Thank you.

ALAN HOM: Thank you.

CHAIRPERSON CHIN: We're going to call the public. Okay. Tara Klein from the United Neighborhood Houses and Tara Cortez from the Harvard is-- Hartford Institute of geriatric nursing at NYU.

TARA KLEIN: Okay. Hi. Good morning. Thank you, Chair Chin.

CHAIRPERSON CHIN: Good morning.

TARA KLEIN: Chair Ayala and the committee members for the opportunity then testified today. My name is Tara Klein. I am a policy analyst at United Neighborhood Houses which is a policy and social change organization representing 42 neighborhood settlement houses in New York. Three of our members provide nonprofit homecare services to their communities as state licensed homecare services agencies in the city and that's Chinese-American Planning Council, Saint Nick's Alliance, and Sunnyside Community Services. Together, every year,

the settlement houses provide services to over 4500 individuals with nearly 7500 workers throughout New York. Today I would like to provide an update on the legal challenges surrounding New York state regulations on homecare employee pay structures, specifically on the 13 hour payroll and argue that this is the time to put pressure on the state to make policy changes that will support low income home care workers while simultaneously supporting the financial sustainability of nonprofit homecare providers. There are more details in my testimony. I'm going to skip through some of it. So under a long-standing New York State Department of labor regulations, a residential home care employee who works for 24 hours must only be paid for 13 of those hours with the remaining hours exempt and reserved for sleep and meal time. There are some exceptions to this but, in practice, what happens is that most employees who are working for 24 hour shifts are working far more than 13 hours and only being paid for 13 hours of work. In some cases, employers will take a loss because they are not reimbursed by their plans for additional hours, but they want to pay the workers. But really this is all because state regulations set those rules

and those are reflected in insurance reimbursement rates. And so, in 2017, a series of state court decisions brought by workers and validated the DOL's 13 hour rule finding that employees must be paid at least the minimum wage for all 24 hours of the 24 hour shift regardless of sleep or meal time. These cases were appealed and this led to a long period of uncertainty for the homecare industry. Providers fear that, if the courts ruled in favor of the plaintiffs and the 13 hour roll was abolished, they would be responsible for approximately 1 billion dollars per year industry wide and new payroll costs. These cases were not expected to compel insurance plans or the state to cover these costs leaving those costs on the provider. For nonprofit providers that rely on Medicaid reimbursement rates, this was a devastating prospect with many fearing bankruptcy. Even further, the lawsuits were expected to include a retroactive back pay component for the last six years, adding another 6 billion dollars to that tab. On March 26th, about two weeks ago, the state court of appeals ruled on these cases to overturn the decision of the lower courts, effectively preserving the status quo of the 13 hour rule. While the legal

door is not completely closed, providers are breathing a small sigh of relief. However, especially for nonprofit providers who serve vulnerable community members and seeks to promote social justice, a decision that perpetuates near poverty wages is not one to celebrate. And so, UNH has developed a series of policy recommendations to New York State that we believe the state should consider to help stabilize the homecare workforce. These solutions all require some financial investment, however, the sectors employees are currently forced to accept dire wages, in large part because of those state regulations. And so, therefore, it should be the state's responsibility to cover these costs and rectified the system it has neglected for decades to the detriment of workers. We hope the city Council will act as a partner in advocating to the state legislature this year to advance some of these policy ideas. And, again, more details are in the testimony. But, briefly, first is very simple. We think the state should consider funding fall 24 hour pay through Medicaid reimbursement rates. Next, the state should explore expanding the use of multiple split shifts for 12

hours or maybe eight hours for certain cases. As we have heard today, this is already used for many patients. But expanding this model would improve working conditions by making sure that employees are paid for all the hours that they work, effectively making that 13 hour rule irrelevant. And this would also reduce overtime pay, costs for providers. However, split shifts are appropriate for all clients, especially those with complex care regimes who prefer a consistent aide. So this cannot be the only solution. Next, the state could explore using variable on call pay rates for sleep and meal times. So, for example, certain nurses are paid at three fourths of their rate for their on-call hours. This could also work as sort of a per diem system, which would provide relief to workers while also minimizing additional overtime expenses to providers. And finally, given the unique challenges facing the homecare workforce, including this 13 hour pay structure, workforce conditions and a pending workforce shortage that we've heard a little bit about today, the state should consider coordinating oversight of the industry and developing best practices moving forward. We think that this should

start with a short term task force of relevant stakeholders to create a comprehensive reform plan to stabilize the industry and support the workforce and that a task force could also advise on the need for a permanent public homecare advocates office to act as a central liaison and resource hub for employers, employees, and homecare recipients. So we would love to be a partner with the Council on this. We would love your support and advocating to the state on this very important topic. So thank you for your time.

CHAIRPERSON CHIN: Thank you. I would like to also ask Wayne Ho from the Chinese-American Planning Council to join the panel. Thank you.

CHAIRPERSON AYALA: You may begin, Tara.

TARA CORTEZ: Two Taras here.

CHAIRPERSON AYALA: I can get that wrong, Tara.

TARA CORTEZ: Oh. You turned me on. Good morning Chairperson Ayala and Chairperson Chin and all Council member present. My name is Dr. TARA Cortez. I'm the Executive Director of the Hartford Institute for Geriatric Nursing which is the geriatric arm of New York University Rory Myers

College of nursing. And I think you for the opportunity to testify today and share my expertise on the topic of nursing health aide services. As we've heard today, the number of older people in New York City is growing rapidly. 10,000 people across America turned 65 every day and this number is reflected in New York City. Our present direct care workforce cannot possibly meet the needs of our frail and vulnerable aging population and the gap between the need and demand will only grow over the next two decades. Unless we begin to address the workforce now, the gap will grow to crisis proportions. To address the gap, we believe that we must address two issues and one is recruitment and one is retention to ensure we have an adequate and well prepared workforce.

First, we must support policies which expand visas to include all members of the healthcare team and specifically direct healthcare workers. One of four direct care workers today in New York City is an immigrant. This approach increases not only in the number of potential direct caregivers we have, but also increases the cultural diversity of the workforce to meet the cultural diversity of our aging

population. Also, to increase recruitment, we should start working with high school students. We need to do more in terms of our students coming out of high school to make jobs in healthcare sector a reality for them. And certainly many of our nurses are registered nurses today as well as physicians started us direct caregivers. Home health aides is a very common place for healthcare workers to begin and certainly this is a wonderful opportunity for our high school graduates. So we do believe this is another target area for us to increase recruitment.

Second, we must rethink the education of direct caregivers. Their work requires much more than just the skills of mechanics, nutrition, cooking, and feeding. There is a large turnover and direct caregivers in all the environments of long-term care. With the increased complexity of aging, and the increased complexity of caring for adults living at home, it is essential that home health aides be trained and, all say educated, not trained, to understand the unique needs of older adults. For example, we did talk today about depression and dementia and care of patients with dementia. We at the Hartford Institute, through a grant, trained 1200

home health aides in one LHSCA in New York City. One week before we started we asked them their confidence level in caring for people with dementia and their response rate was 30 percent of them felt slightly comfortable or not at all comfortable. We provided them with a course designed evidence-based care of people with dementia and, at the end of it, 30 days later, we asked them what their comfort level was of caring for people with dementia and increased to 80 percent of them felt very comfortable or comfortable. So I think there is a need for distinct type of education which is more than just skills, but to understand that, when somebody kicks you, when someone hits you, when someone curses you, it's not because they don't like you, but it's because of the disease. And I think this is something that needs to be, even year after year, instilled in our direct care workforce. It is a major reason for turnover in the long-term care workforce.

There are other areas of education. We talk about the age health-- age friendly health system which includes the four M's and that's what matters to the patient. Are we teaching home health aides to address what matters and, if it matters to

them to get out that 9 o'clock instead of 7 o'clock, matters to the patient. Are we addressing medication that different medications the patient is on might cause certain behaviors? How is the pharmacist working with the direct caregiver to provide packets that the caregiver could actually administer themselves? How are we dealing with mobility? We can teach them, you know, how to walk a patient, but what is the importance of mobility in the patient? If we let someone sit in their chair for 16 of the 24 hours or be in bed for 20 of those 24 hours, they're going to lose mobility and they will be bedbound. How do we avoid that? They need to understand the house and the wives of all of that there is a division, I think, between what they know and what they need to know and I think this needs to be a policy that their educational needs are addressing these kinds of issues. Thank you very much.

Good morning. And like to thank the Chairs of this joint committee hearing, house while city Council members for holding this hearing on home care. My name is Wayne Ho. I'm the president and CEO of the Chinese-American planning Council. We are the nation's largest Asian American social services

nonprofit and we have a wholly owned subsidiary known as the Chinese-American planning Council home attendant program, CPCHAP, which is a licensed not-for-profit home care agency based here in New York City. Every year, or actually every day, we serve 3000 consumers through our homecare and we employ over 4500 homecare workers. These workers span a range of ethnicities and languages reflecting our belief in cultural competence in this area ranging from Chinese, Spanish, English, Russian, Korean, and other languages throughout the five boroughs of New York City. As a licensed homecare agency that's a non-profit, often times we feel that we are caught between state regulations, city regulations, legal and court issues, as well as contractual obligations. We have contracts with the human resources administration of New York City. We also have contracts with 26 managed care organizations or manage long-term care organizations. But the key of where the funding comes from each of these contracts is its state Medicaid dollars, so I'm here today to ask that we partner with the city Council to make sure that we have a solution on how we can address retroactive issues in the home care sector which and

facts not just-- affects not just home health aides, but also the consumers. But also we have a forward-looking solution to figure out how we can work together to stabilize the sector, stabilize the not-for-profit licensed homecare agencies that are doing our best caring these very complicated issues and, at the end of the day, how do we make sure that our workers are properly supported and compensated while, at the same time, our consumers receive and continue to receive the highest quality of care. Asian Americans, we are the fastest growing group in New York City. One out of every three Asian American seniors lives below the poverty line and about two out of three are limited English proficient. What this means and are quickly aging population and quickly growing population is that there is a need for home health aides because we are the ones that are able to provide culturally competent and linguistically appropriate services. While there are about 187,000 homecare workers throughout the city and about twice that amount New York State, we already know that there is a shortage of home health aides to meet not just the current needs, but the projected needs of this growing population moving

forward over the next 10 years. So we know that in the sector where the home health aides are predominantly immigrant women or women of color, and that there is a need to stabilize the sector by providing better wages and better benefits. But, once again, as a licensed homecare agency, we are only able to do that if the Medicaid rates will allow us to compensate everyone fairly for all the hours that are worked in that we are able to have stable operations. And that's where it leads to the recommendations and I have today. Medicaid, as I mentioned, is the biggest payer of home care and long-term care in New York State and, unfortunately, the low rate have been exacerbated-- or exacerbated the unfair conditions for our workers, as well as the limits that we face in serving our consumers. So one of the most stark examples of this is what's known as the 13 hour rule and our colleague, Tara Klein over at United Neighborhood Houses already mentioned that and I just want to say that we support the recommendation that UNH had put on the table around how to support 24-hour care for not just the consumers, but also for the workers. There was a recent court decision a couple weeks ago which

determined that the 13 hour rule, as set by the New York State Department of labor should be upheld, but in that opinion, but also stated that there are more expectations on licensed homecare agencies to make sure that those 11 hours that these 24-hour workers are not paid, that we have to comply with lots of regulations monitoring and check ins. And that's where, once again, through the low rates, we have very small administrative staff in order to follow through. So, as we move forward on these contracts or recommendations, I think it's very important to, once again, emphasize how we are caught in the middle of regulations, contracts, lawsuits in order for us to do what we want to do, which is to better serve older adults and individuals living with disabilities in supporting their family members, as well as her workers. So, in order to address the retroactive issues and better stabilize the sector, we are asking to partner with the city Council and with the city to have a coordinated advocacy effort and educational effort to go to the state together. Specifically, the state Department of Health to make sure that they invest more in this sector. It's, once again, all Medicaid funded and if we look at the Medicaid

dollars are at the state controls, having an investment, a greater investment, as possible into the home care sector. We recommend that there is an intervention into this sector, on behalf of not just a home health-- homecare agencies, but also providers in the consumers and, and ornamented that, we need to create a permanent solution to support her workers. The first one is we need a legislative solution. Now that the courts have decided about the 13 hour rule, what that means is that we would still like to see quality care and support for her workers. So we are recommending to 12 hour shifts. So moving towards split shifts. Then instead of having just one person working 24 hour shifts, that we all know it's better services for the consumer as well as its better care for the workers themselves says they could work to 12 hour shifts in making sure that is that quality care for some who is high needs for home care. Secondly, in order to make the two 12 hour shifts work, we need full funding for the 24 hours in the New York State Department of Health had not been public for the longest time on what some out would cost. They would actually not even shared with us the total number of cases of 24-hour cases throughout

the entire state of New York, we've found out during the budget associations over the last few weeks the total investment from the state through their Medicaid in order to have 24 hour care-- sorry. Pay. 24 hour pay the 1.2 billion dollars 1.2 billion dollars, when you have a Medicaid budget, that 70 some billion dollars, we think that is possible and a Medicaid budget also increased by over 4 billion dollars this past year, so that would have been possible in the increase take at the 1.2 billion dollars. And, again, we want to work with the city Council to make these legislators and budgetary recommendations happen. Moving forward, we also need to have best practices in this sector. In order to do that, we would like to work with the city Council and have a work group where we can look at not just managed-care and long-term care, but how we can work together as a non-- not-for-profit licensed homecare agencies working with individuals supporting the workers and advocates supporting the workers, as well as elected officials where we can come together and really create a permanent solution for this growing population that needs homecare, but we need to invest in the workers as well as the agencies. While I've

been focusing a lot of time about how we can work together at the city level to advocate for changes of the state, I'd also like to point out that there are some recommendations of how HRA can do its work better. So, I know the Council is very familiar with a lot of the contractual issues and procurement issues that exist for human services nonprofits, homecare agencies are not excused from these issues, too. So, for example, our contract with HRA starts on the-- it lines up with the state fiscal year, so the contracts actually start on April 1st. We were providing services for 11 months before we even saw a contract for that year and then we did not get the funding until the contract was registered. And when we are dealing with millions and millions of dollars in trying to pay, not just administrative staff, but the home care workers, many of which were family members, we need to see the money moving faster than the procurement process moving faster. Also, not just with HRA, but with the MCOs and MLTCs, we're not allowed to get advances through that and, because a lot of this is billing, and we have many of our claims are 90 days old, 180 days old , 360 days old. And, is a nonprofit, while we're going through

closing our books and going through audits, we're still trying to draw down these monies on our over a year late. So, having a way for us to stabilize the sector, once again, it's not just supporting the workers, but it's also supporting the not-for-profit licensed homecare agencies that rely on HRA contracts and MCO contracts. In this other recommendations that in my testimony today, but I think the key is I think that we would like to work together with the city Council and we are glad there is more attention coming to this area and we want to make sure as we move forward and not just supporting the not-for-profit, but also supporting the workers that, inevitably, that's a better way to support homebound seniors and disabled populations and their families. Thank you.

CHAIRPERSON CHIN: Thank you so much for your testimony and the recommendations. So we will see how we can work together. You know, we'll contact you and follow up and make sure that we do something to really improve the situation for the workers and the clients. But thank you for being here today.

CHAIRPERSON AYALA: I have one quick question.

CHAIRPERSON CHIN: Oh. Yeah.

CHAIRPERSON AYALA: The number-- Do we know what the number of people receiving 24 hour care is?

WAYNE HO: Yeah. State wide, and has been-- Yeah. From my agent-- We don't know the state wide number. I think we can back into it with the 1.2 billion and try and play some math around it, but from my agency, out of our 3000, it's 266 receive 24 hour care.

CHAIRPERSON AYALA: And what is the-- What is the current salary for home care workers that's pretty standard or does it vary by agency?

WAYNE HO: It could vary by agency based on how they handle supplemental wages for wage parity. But generally speaking, the wages are minimum-wage and we are expected to follow through on what is known as wage parity, so whether you are union employee or you go through the consumer directed program, you get equivalent to four dollars and nine cents of supplemental wages on top of it. Some of that four dollars and nine cents per hour can

be accomplished, at least through if you take health insurance or if you get educational benefits or retirement plans that it does lower the supplemental wages hourly, but generally speaking, the way the sector looks is minimum wage plus four dollars and nine cents an hour.

CHAIRPERSON AYALA: Does that include employer-based healthcare service-- or-- Yeah. Healthcare. Because I think one of the complaints that we received many years ago was that there really wasn't any healthcare coverage as part of these contracts and so--

WAYNE HO: It-- It--

CHAIRPERSON AYALA: retention became an issue.

WAYNE HO: Right. It depends on whether the employee is the union employee or nonunion employee. So, for us, for those who are personal care assistants, are all part of SEIU 1199. So they have the option of taking the health insurance the union. For those who are the consumer directed, so the family members, mostly family members that provide for their relatives, it really depends on the agency. For us at CPC HAP, we need to provide health

insurance and they have the option of taking it or not taking it. We have heard from our work-- many workers, they would rather take Medicaid because they feel the coverage is better as they take Medicaid themselves and they are eligible. One of the challenges is-- I think a lot of what we've heard throughout many sectors, not just homecare, is, as minimum-wage goes up, they start hitting the benefits cliff towards Medicaid and are they still eligible for Medicaid.

CHAIRPERSON AYALA: Perfect. Thank you guys so much for coming and testify.

CHAIRPERSON CHIN: Council member Holden?

COUNCIL MEMBER HOLDEN: Yes. I want to think you for your testimony and certainly great recommendations, all of you. I just want to do is shout out to Sunnyside community services. They do a great job in my district. I love them. They are wonderful. They saved Alanis seniors and I can't say enough about them. So thank you for that. Dr. Cortez, thank you for mentioning that dimension issue, which my mom has, like I mentioned before. She-- I constant-- You know, when I bring her out

to healthcare or outside, I have to always apologize for her behavior, but people-- the healthcare workers don't understand. Many of them don't that this is what comes with dementia. Thank you for doing that. Thank you for mentioning that. And homecare workers are woefully underpaid and we will support you. I know I while. Anything that we can do with the state, but just knowing all the workers, many of the workers in my district, they do-- they travel long distances. They get minimum wage, most of them, and it's-- we're at a situation where we, if we doubled their pay, that wouldn't be enough. So, I want to thank you all for your testimony. Thanks.

CHAIRPERSON AYALA: Okay. Thank you guys for your testimony. This meeting is adjourned.

[gavel]

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 May 14, 2019