

COMMITTEE ON AGING

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CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

OF THE

COMMITTEE ON AGING

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Wednesday, April 16, 2025

Start: 10:05 A.M.

Recess: 12:16 P.M.

HELD AT: Committee Room - City Hall

B E F O R E: HON. CRYSTAL HUDSON, CHAIR

COUNCIL MEMBERS:

CHRIS BANKS

LINDA LEE

DARLENE MEALY

YUSEF SALAAM

LYNN C. SCHULMAN

SUSAN ZHUANG

Other Council Members Attending: Ayala

COMMITTEE ON AGING
A P P E A R A N C E S

John Rojas,
Chief Special Services Officer at New York City
Human Resources Administration (HRA), New York
City Department of Social Services (DSS)

Thomas Catapano,
Deputy General Counsel, Office of Legal Affairs
at New York City Human Resources Administration
(HRA)

Gili (Galit) Hershkovich-Kim,
Deputy Commissioner of Adult Protective Services
(APS)

Eileen Mullarkey,
Assistant Commissioner for Supportive Services
Department for the Aging

Jeannine Cahill-Jackson,
Director of Elder Law Civil Practice, The Legal
Aid Society

Eric Lee,
Director of Public Policy for Volunteers of
America-Greater New York (VOA-GNY)

Marcus Jackson,
Age Friendly Community Organizer at Encore
Community Services

Sharon Brown,
Self

Christopher Leon Johnson,
Self

COMMITTEE ON AGING
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2 SERGEANT AT ARMS: Good morning, and welcome to
3 the New York City Council Hearing of the Committee on
4 Aging. At this time, please place all electronic
5 devices to vibrate of silent mode.

6 If you wish to testify, please go to the back
7 of the room to fill out testimony slip. At this time,
8 and going forward, no one is to approach the dais, I
9 repeat, no one is to approach the dais.

10 Chair, we are ready to begin.

11 CHAIRPERSON HUDSON: [GAVEL] Good morning
12 everyone; I'm Council Member Crystal Hudson, Chair of
13 the Committee on Aging, and my pronouns are she/her.

14 Welcome to today's Oversight Hearing - *Adult*
15 *Protective Services Referrals*.

16 We will also hear Resolution Number 16,
17 sponsored by Council Member Vickie Palladino, calling
18 on the New York State Legislature to pass, and the
19 Governor to sign, State Legislation to increase
20 personal needs allowance amounts for individuals who
21 are deemed eligible.

22 We're joined today by Council Member Salaam
23 and Council Member Schulman.

24 In New York, protective services for adults,
25 known as Adult Protective Services or APS, are

1 provided to individuals 18 years of age or older who,
2 because of mental or physical impairments, meet all
3 of the following criteria. One, they are unable to
4 meet their essential needs for food, shelter,
5 clothing, or medical care, secure entitlements or
6 protect themselves from abuse, active neglect or
7 passive neglect by others, self neglect or financial
8 exploitation, and two, are in need of protection from
9 actual or threatened harm due to abuse or active or
10 passive neglect by others or self neglect or
11 financial exploitation or by hazardous conditions
12 caused by the action or inaction of either themselves
13 or other individuals. And three, have no one
14 available who is willing and able to assist them
15 responsibly.
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17 In New York City, HRA operates an APS program
18 designed to assist adults, regardless of their income
19 who meet the state's eligibility criteria. Services
20 provided through APS include case management,
21 financial management, medical and psychiatric
22 referrals, legal interventions, housing assistance,
23 assisting clients and their families in navigating
24 complex systems, and addressing personal challenges
25 through counseling, ensuring that clients have access

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2 to entitled benefits and services, and arranging
3 cleaning services.

4 Along with community based elder justice
5 programs operated by New York City Aging partners,
6 APS is available to assist vulnerable older New
7 Yorkers and protect them from unsafe situations.

8 Today's hearing serves as an opportunity to
9 check on the program's recent performance and to see
10 how APS can better serve older adults and their
11 families.

12 APS faces significant challenges in meeting the
13 needs of vulnerable adults, particularly in the
14 context of housing instability and service
15 eligibility. Despite a notable increase in referrals,
16 the proportion of individuals deemed eligible for APS
17 assistance has declined, raising concerns about the
18 program's capacity and criteria.

19 Between July and October of 2024, APS received
20 1,668 more referrals compared to the same period in
21 2023. However, during this time, the number of
22 individuals receiving APS services decreased by 32.
23 This trend suggests that while more individuals are
24 being identified as potentially in need, fewer are
25 being approved for the necessary support.

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2 In the first four months of FY25, the average
3 number of days to initiate home attendant and
4 housekeeper services through APS was 44 days, an
5 increase of 14-and-a-half or 49.2% compared to the
6 same period in FY24. Additionally, since FY22, both
7 the total number of referrals and number of days APS
8 clients must wait to receive housekeeping services
9 have steadily increased. These indicators reflect a
10 growing demand for APS services coupled with delays
11 in service provision.

12 Staffing shortages within APS exacerbate these
13 challenges. The number of employees specifically
14 assigned to APS dropped from 469 at the end of Fiscal
15 Year 2019 to 352 at the end of 2024, a roughly 25%
16 decrease. This reduction in staff limits the
17 program's ability to conduct timely assessments and
18 provide necessary services, further straining its
19 capacity to support our city's vulnerable adults,
20 including older adults.

21 In addition, many low-income New Yorkers seek
22 APS intervention as a pathway to obtain city funded
23 housing vouchers, such as CityFHEPS, without first
24 entering a homeless shelter. However, the requirement
25 to demonstrate a specific impairment often results in

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2 denial of services, leaving individuals at risk of
3 homelessness without viable support options.

4 Before I close, I want to acknowledge the very
5 real threat to federal funding for APS programs
6 across the country. Prior to congressional passage of
7 the most recent continuing resolution to fund the
8 federal government, the US House version of the bill
9 completely eliminated federal funding for APS
10 programs. Ultimately, on March 14th, Congress agreed
11 to preserve federal APS funding through September 20,
12 2025.

13 Cutting federal funding for APS would be
14 devastating for vulnerable New Yorkers and their
15 families. FY25 46% of the APS budget – or \$29.6
16 million – came from federal funding sources.

17 It is no exaggeration to say that APS's ability
18 to serve our communities is heavily dependent on
19 continued federal support. We must remain vigilant
20 and ensure that federal funding for APS is guaranteed
21 beyond September 30th, and we must also advocate for
22 more resources at the state level to improve program
23 performance and assist our city's most vulnerable
24 residents.

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2 Following this hearing, the Committee hopes to
3 better understand the role of Aging Connect and other
4 city agencies in supporting individuals who may not
5 meet APS eligibility and whether greater interagency
6 collaboration, transparency, and investment could
7 strengthen New York City's safety net for at risk
8 older adults.

9 I want to thank the representatives from the
10 Administration for being here and testifying today.
11 Thank you to the members of the Aging Committee
12 who've joined us. I'd also like to thank my staff,
13 Andrew Wright, Elika Ruintan, and Omar Richardson.
14 And the committee staff, Christopher Pepe, Chloë
15 Rivera, Julia Haramis, Saiyemul Hamid, and Elisabeth
16 Childers-Garcia.

17 I will turn it over to the Committee Counsel to
18 administer the oath to the Administration.

19 COMMITTEE COUNSEL: Thank you, Chair.

20 Good morning, could you all please raise your
21 right hand? Now in accordance to the rules of the
22 Council, I will administer the affirmation to the
23 witnesses from the Mayoral Administration.

24 Do you affirm to tell the truth, the whole
25 truth, and nothing but the truth, before this

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2 committee, and to respond honestly to council member
3 questions?

4 *PANEL AFFIRMS*

5 COMMITTEE COUNSEL: You may proceed.

6 CHIEF SPECIAL SERVICES OFFICER ROJAS: Good
7 morning, Chair Hudson, and members of the Committee
8 on Aging. My name is John Rojas and I serve as the
9 Chief Special Services Officer at the Human Resources
10 Administration (HRA) within the Department of Social
11 Services (DSS). My portfolio, among other programs,
12 includes oversight of Adult Protective Services
13 Program (APS). I would like to thank the Committee
14 for the opportunity to testify today on our work to
15 deliver eligible clients the services and support
16 they need to live independently and safely in their
17 homes and our communities.

18 I am joined by my colleagues, Deputy General
19 Counsel Thomas Catapano and Deputy Commissioner of
20 Adult Protective Services Gili (Galit) Hershkovich-
21 Kim, and from the Department for the Aging, Assistant
22 Commissioner for Supportive Services, Eileen
23 Mullarkey.

24 Adult Protective Services (APS) is a New York
25 State-mandated program (New York State Social

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2 Services Law Section 473) that helps New Yorkers 18
3 years of age and older, regardless of income and
4 assets, who: Are mentally and/or physically impaired;
5 and Due to these impairments, are unable to manage
6 their own resources, carry out the activities of
7 daily living, or protect themselves from abuse,
8 neglect, exploitation or other hazardous situations
9 without assistance from others; and have no one
10 available who is willing and able to assist them
11 responsibly.

12 Criteria, mandates, and timeframes, the rules
13 and regulations, that govern how APS operates are
14 dictated by New York State. The State sets forth the
15 criteria to abide by. The New York State Office of
16 Children and Family Services (OCFS) provide oversight
17 and their guidance governs the APS referral process,
18 eligibility criteria, and how APS works.

19 When someone makes a referral to APS, our
20 Central Intake Unit asks a range of questions to
21 gather an understanding of the risk factors present
22 and whether the individual may be eligible for
23 services.

24 If you or someone you know needs help, you can
25 refer them to APS by calling 311, calling the DSS One

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2 Number at 718-557-1399 – Monday through Friday from
3 nine to five – or by completing a web referral at
4 nyc.gov/apsrefer. APS does accept self referrals. If
5 a situation is an emergency or life threatening, APS
6 advises calling 911.

7 If the Central Intake Unit decides that the
8 referred individual meets presumptive eligibility, he
9 or she will be visited at home to initiate the
10 assessment within 24 hours if the situation presents
11 as life threatening, or within three business days in
12 all other situations.

13 At an initial APS home visit, an APS caseworker
14 will review an individual's physical and mental
15 health living conditions, household budget and
16 sources of income, status of rent and utility
17 payments, ability to handle the activities of daily
18 living, and any reported or unreported risk factors.
19 The caseworker will evaluate if there is evidence of
20 abuse and/or neglect, financial exploitation, or
21 other potential hazards.

22 When an individual is determined eligible for
23 APS services, the caseworker develops a service plan
24 that can include any of the following:
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- Referral for psychiatric and/or medical examination and ongoing care
- Assistance in obtaining and recertifying Medicaid and Home Care
- Applications for payment of rental and utility arrears
- Assistance in obtaining public assistance benefits and obtaining and recertifying Supplemental Security Income (SSI) or Social Security Disability (SSD) benefits
- Petitioning Housing Court for a Guardian ad Litem to assist with eviction prevention
- Identification of alternative living arrangements
- Financial management of Social Security benefits
- Referrals to the NYPD and District Attorney to address allegations of exploitation and abuse
- Heavy-duty cleaning services
- Petitioning Supreme Court for Community Guardians to manage property and personal affairs

Returning focus to referrals now – APS receives referrals from a broad range of sources including but not limited to:

- Family, friends, concerned citizens
- Landlords and building managers
- Hospitals and medical personnel
- FDNY and EMS
- Housing Court judges and NYC Marshals
- Community based organizations
- Financial institutions
- Legal services providers
- Law Enforcement
- Self referrals
- Anonymous referrals

All information provided in an APS referral, including the identity of the referral source, is confidential pursuant to Section 473-e of NYS Social Service Law. The APS Central Intake Unit obtains information by phone, online, email, or by fax.

At intake, if the case meets presumptive eligibility, it is transferred to a borough field office. There is at least one APS office in each borough of New York City to complete a comprehensive assessment.

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2 Alternatively, the Central Intake Unit may let
3 a referrer know there is another social services
4 program more appropriate to address the risks being
5 reported.

6 Assessment determines eligibility. State law
7 grants APS up to 60 days to determine eligibility.
8 APS may or may not use all that time, one visit could
9 be enough to determine eligibility.

10 Each time APS interacts with clients, we
11 continue to assess if the client continues to meet
12 the criteria State law sets out. During the course of
13 putting a service plan forward, that may mean a case
14 is eligible at one point in time and no longer
15 eligible at another point in time, or vice versa. The
16 criteria State law sets out answers why APS was
17 unable to find an individual eligible for services or
18 why a case did not remain with APS.

19 Again in brief, that is: (1) mentally and/or
20 physically impaired and (2) due to these impairments
21 unable to manage their own risks/resources and (3)
22 has no one available who is willing and able to
23 assist them responsibly. An individual must meet all
24 three criteria State law sets out, not just one or
25 two of the three.

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2 APS serves clients aged 18 and older who meet
3 the three-part eligibility criteria set forth in
4 State law. An advanced age does not supersede the
5 assessment caseworkers are obligated to conduct.

6 While we recognize the unique challenges older adults
7 face, the vast majority of older adults referred to
8 HRA do not meet the APS standards New York State's
9 definition directs us towards in assessing
10 eligibility.

11 Our staff is trained to observe and be mindful
12 of the vulnerabilities and risk factors, those
13 associated with age among others, ask the appropriate
14 questions, and make a holistic assessment guided by
15 the laws and regulations the State Office of Children
16 and Family Services sets forth.

17 *Note also that the majority of APS services
18 are on a voluntary basis; consent is a critical
19 factor in the majority of cases and New York State
20 Social Services Law requires APS to apply the least
21 restrictive measures.

22 That said, the referral process is not an all
23 or nothing enterprise. Staff pays attention to the
24 needs of the individual concerned and the basis for
25 the referral. At each point in the assessment

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2 process, staff are trained to seek to connect
3 individuals to the resources, social services
4 programs, and community-based organizations that are
5 suited to the needs of the individual. Those
6 individuals who do not meet the APS eligibility
7 criteria can be referred for other social services.
8 That can take the form of referral to Homebase, an
9 older adult center, home delivered meals, case
10 management, NYC Aging, or any number of programs and
11 services that assist individuals live independently.
12 That kind of referral may occur early on in the
13 process if it is clearly apparent that APS criteria
14 are not met and APS is found to be the incorrect
15 resource to meet the individual's needs.

16 With regard to other social service needs, APS
17 clients are assessed in the round for the programs
18 that best match their individual circumstances. Cash
19 Assistance, one-shot deals, supportive housing,
20 assisted living, NYCHA, and CityFHEPS all have
21 eligibility criteria separate and apart from APS.
22 There can be referral, guidance, and further
23 assessment of eligibility insofar as the nature of
24 different laws, regulations, and funding sources
25 allow.

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2 We endeavor to make the connections as seamless
3 as possible for stakeholders and the communities we
4 serve. There are a variety of venues through which
5 that work takes place. One example, the Cabinet for
6 Older New Yorkers serves as one venue for building
7 connections between the 23 participating City
8 agencies. We continue to think through how we can
9 further connect intake, assessment, and case work
10 across agencies – building more streamlined processes
11 to deliver the appropriate help to New Yorker.

12 There is no doubt that APS serves as a crucial
13 piece of our social services safety net. Guided by

14 New York State Social Services Law, APS has a
15 distinct role to play in assisting some of the most
16 at-risk individuals in our communities. Alongside the
17 work of colleagues at HRA, DSS, NYC Aging, numerous
18 sister agencies, and countless community
19 organizations and stakeholders, we seek to ensure New
20 Yorkers connect to the help they deserve.

21 Thank you for your attention to this topic. We
22 welcome your questions.

23 CHAIRPERSON HUDSON: Thank you so much for that
24 testimony.

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2 I do want to acknowledge that we have also been
3 joined by Council Member Banks.

4 And, then, I want to ask just, I think, two
5 questions from your testimony specifically.

6 You mentioned home visits. Do you know how many
7 home visits you've made this fiscal year so far?

8 CHIEF SPECIAL SERVICES OFFICER ROJAS: Don't
9 have the (INAUDIBLE)... (CROSS-TALK)

10 CHAIRPERSON HUDSON: Specifically in assessing
11 whether or not somebody is eligible for APS?

12 CHIEF SPECIAL SERVICES OFFICER ROJAS: We do
13 have the number of individuals who've been referred
14 and assessed. We don't have the number of home
15 visits, but it would be at least the number of folks
16 who were referred who we assessed.

17 CHAIRPERSON HUDSON: Okay, and is that keeping
18 up with... Is that the same rate, I suppose, of home
19 visits that have occurred in other... in previous
20 fiscal years?

21 Meaning, the number of people who are in the
22 APS system have all had a home visit. Correct?

23 CHIEF SPECIAL SERVICES OFFICER ROJAS: Gili, do
24 you want to talk about...

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2 DEPUTY COMMISSIONER HERSHKOVICH-KIM: The number
3 of people that are in the our APS caseworkers conduct
4 home visits on a monthly basis. There is a group of
5 clients that are not required home visit on a monthly
6 basis, but the majority of the APS case clients,
7 either if they are clients or under assessment will
8 have a monthly home visit. Sometimes the home visit
9 is unsuccessful because of the availability of the
10 client. Sometimes the home visit is unsuccessful and
11 the client will meet the worker either in the office
12 or in another safe location. But our case workers
13 conduct home visits on a monthly basis to all of the
14 APS clients.

15 CHAIRPERSON HUDSON: So is the caseworker the
16 only person who would be visiting the client?

17 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Not
18 necessarily. Sometimes the case supervisor, if the
19 situation is challenging, the supervisor will visit
20 the client. We also have licensed social workers on
21 staff and nurse practitioners on staff who will
22 conduct home visits depending on the situation. If
23 there is a need for a more clinical approach to
24 engage with the individual, we will request the

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2 assistance of either our nurse or our social work to
3 work on the engagement process with the individual.

4 We also have access to visiting psychiatric
5 services provided by the Department of Social
6 Services where we can request a psychiatric
7 evaluation to be conducted. So a psychiatrist or a
8 nurse practitioner who conducts those psychiatric
9 evaluations may be visiting the client as well.

10 CHAIRPERSON HUDSON: So what would be the causes
11 for somebody not being at home and a home visit not
12 being able to be completed?

13 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So Adult
14 Protective Services, many of our clients have been
15 unsuccessful receiving services from other entities,
16 like community based organizations, and the
17 assistance that they needed they may not have been
18 receptive to.

19 Many of our clients are not necessarily
20 receptive to our services and we have to really work
21 on engaging with them. Again, most of our services
22 are voluntary, uh, on a voluntary basis, but many of
23 our clients do not necessarily, uh, are excited for
24 our involvement with their case because oftentimes we
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2 are the last resort referral for those individuals
3 with the risk that they are facing.

4 CHAIRPERSON HUDSON: Okay. Thank you.

5 And then just going back to your testimony, you
6 said that those individuals who do not meet the APS
7 eligibility criteria can be referred for other social
8 services.

9 Is there any required follow-up with that to
10 confirm whether or not somebody has actually received
11 the services that they might have been referred to?

12 DEPUTY COMMISSIONER HERSHKOVICH-KIM: There is
13 no required follow-up. We will make the connection
14 with most of the cases that are not eligible for
15 Adult Protective Services unless the client displays
16 full capacity to manage their affairs and are not
17 interested in additional referrals.

18 But we will make referrals, some referrals that
19 are made for example for our partners at Aging
20 Connect. We will have a communication prior to us
21 closing the case or rejecting the case.

22 But in general, the clients have the right to
23 accept or decline any referral that we either offer
24 or make on their behalf when a case is rejected.

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CHAIRPERSON HUDSON: Okay, thank you.

Can you please describe the current resources available to older adults, concerned family members, friends, and caregivers to report suspected elder abuse and get victims of elder abuse connected to support services?

DEPUTY COMMISSIONER HERSHKOVICH-KIM:

Absolutely. So APS is part of the... is a core member of the Enhanced Multidisciplinary Team, which is a team of... (CROSS-TALK)

CHAIRPERSON HUDSON: Sorry? The Enhanced what?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: Enhanced Multidisciplinary Team.

CHAIRPERSON HUDSON: Thank you.

DEPUTY COMMISSIONER HERSHKOVICH-KIM: We are a group of professionals from legal advocates, attorneys, physicians, community based organizations, APS, the New York Center of Elder Abuse. We meet on a regular basis for clients in each borough who are either victims or alleged victims of elder abuse, neglect, or exploitation. And we really utilize a collaboration approach to address their needs - if it's by referring them for legal services, providing them with an emergency placement in a elder abuse

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2 shelter, assisting them with relocation, with order
3 of protection, or any other variety of services that
4 may be suitable for the situation.

5 CHAIRPERSON HUDSON: Thank you. And how does
6 Aging Connect assist individuals seeking more
7 information about elder abuse or referrals to support
8 service for vulnerable older adults?

9 CHIEF SPECIAL SERVICES OFFICER ROJAS: I am
10 going to ask our colleague from Aging to join us.

11 CHAIRPERSON HUDSON: Sure. Thank you. Okay, and
12 counsel will just swear you in.

13 COMMITTEE COUNSEL: Good morning, please raise
14 your right hand. In accordance with the rules of the
15 Council, I will administer the affirmation to the
16 witness from the Mayoral Administration.

17 Do you affirm to tell the truth, the whole
18 truth, and nothing but the truth, in your testimony
19 before this committee, and to respond honestly to
20 council member questions?

21 ASSISTANT COMMISSIONER MULLARKEY: I do.

22 COMMITTEE COUNSEL: You may continue.

23 CHAIRPERSON HUDSON: Thank you. How does Aging
24 Connect assist individuals seeking more information

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2 about elder abuse or referrals to support services
3 for vulnerable older adults?

4 ASSISTANT COMMISSIONER MULLARKEY: So Aging
5 Connect receives referrals from a variety of sources,
6 calls from individuals concerned on someone's behalf
7 or their own behalf. And then their role is really to
8 provide contact information, to provide resources to
9 the people who were calling. And internally they also
10 connect directly to our programs, uh, connecting the
11 person who is in need of that help.

12 CHAIRPERSON HUDSON: Thank you. What resources
13 or programming are available at older adult centers
14 regarding elder abuse?

15 ASSISTANT COMMISSIONER MULLARKEY: So all of our
16 programs are trained in understanding elder abuse and
17 the resources that are available. And our programs
18 know about our contracted elder abuse/elder justice
19 programs that can provide the services that they
20 need.

21 CHAIRPERSON HUDSON: So it's the folks running
22 the older adult centers, are they all receive that
23 training, you're saying?

24 ASSISTANT COMMISSIONER MULLARKEY: It's a
25 requirement that staff receive training on elder

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2 abuse at a certain cadence. I don't remember the
3 exact cadence...

4 CHAIRPERSON HUDSON: Okay.

5 ASSISTANT COMMISSIONER MULLARKEY: But there is
6 that training requirement.

7 CHAIRPERSON HUDSON: And is there anything is
8 there any information provided directly to clients?

9 ASSISTANT COMMISSIONER MULLARKEY: Uhm...

10 CHAIRPERSON HUDSON: How they might be able to
11 identify or recognize whether they might be...

12 ASSISTANT COMMISSIONER MULLARKEY: So for our
13 elder abuse providers do, uh, not trainings, but they
14 present at Older Adult Centers...

15 CHAIRPERSON HUDSON: Okay.

16 ASSISTANT COMMISSIONER MULLARKEY: you know,
17 some number of them to talk about their services.

18 CHAIRPERSON HUDSON: Okay. Can you just describe
19 NYC Aging's partner's role in reporting issues to
20 APS?

21 ASSISTANT COMMISSIONER MULLARKEY: So our
22 partners can make direct referrals to APS referring
23 clients who are in need of their services. We also
24 have a partnership with APS where they can refer to
25 our partners, for example, to our case management

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2 agencies. And case management -- our case management
3 agencies are able to provide to eligible clients home
4 delivered meals because there's no waiting list. And
5 APS stays in contact with case management if there's
6 any changes in the case. And in that scenario, APS
7 remains the primary case manager.

8 CHAIRPERSON HUDSON: And then just going back to
9 the training for OAC staff, you'll get back to us on
10 the cadence you said? And their trained by NYC Aging,
11 or who are they actually trained by?

12 ASSISTANT COMMISSIONER MULLARKEY: My
13 understanding is it's training New York City Aging
14 has. I believe it's a virtual training, but we can
15 get back to you on that.

16 CHAIRPERSON HUDSON: Okay, great, thank you.

17 What protocols are in place for responding to
18 urgent or life threatening situations involving older
19 adults?

20 DEPUTY COMMISSIONER HERSHKOVICH-KIM: For Adult
21 Protective Services, if an individual, if a case
22 worker or an APS staff member enters a situation
23 where they feel that the client is at any type of
24 risk, they will call 911 and address the issue.

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2 Also, it's important to note that APS is the
3 only mandated reporting entity. So when we identify
4 any type of elder abuse or we suspect that there is
5 elder abuse or any crime committed against a referred
6 person or a client, we are required to report it to
7 both the DA's office and NYPD.

8 CHAIRPERSON HUDSON: And what are the specific
9 eligibility criteria used by APS to determine whether
10 an individual qualifies for protective services? Have
11 these criteria changed over the past five years?

12 DEPUTY COMMISSIONER HERSHKOVICH-KIM: There
13 hasn't been any changes to criteria.

14 CHAIRPERSON HUDSON: Okay.

15 DEPUTY COMMISSIONER HERSHKOVICH-KIM: The
16 individual must be 18 or over. They have to have some
17 sort of impairment. It could be cognitive, mental
18 health, and or physical impairment. As a result of
19 their impairment, they are unable to either manage
20 their resources, carry out their activities of daily
21 living, address the risk that they are facing, and in
22 addition to that, have no one who is willing and or
23 able to assist them responsibly.

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2 The client, the individual must meet all three
3 criteria and there has to be you know a correlation
4 between the impairment and the risk.

5 CHAIRPERSON HUDSON: Thank you. And how does APS
6 determine that an individual referred is not
7 eligible? And is there any required documentation?

8 DEPUTY COMMISSIONER HERSHKOVICH-KIM:
9 Absolutely. APS will determine that an individual is
10 not eligible if they either if they do not meet one
11 of the criteria. So for example, if they have
12 sufficient capacity to manage their risk, their
13 resources, their activities of daily living, or if
14 APS identified that there is somebody who is willing
15 and or able to assist them responsibly, APS will
16 document their findings that are being reviewed by
17 supervisory staff prior to the case being rejected or
18 closed.

19 CHAIRPERSON HUDSON: How exactly do you make the
20 determination that someone doesn't meet the criteria?

21 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Our APS
22 staff member will conduct home visit, will discuss
23 the case with any collaterals, family members,
24 community based organizations that are involved. We
25 will search multiple systems to identify if there is

1
2 an eviction situation. We may contact landlords to
3 identify if the client is compliant with their rent
4 payments. We may contact utility companies to assure
5 that the client is not in any type of arrears.

6 The assessment is really comprehensive to
7 determine the risk, again, as related to the
8 individual's impairment.

9 CHAIRPERSON HUDSON: Okay, thank you.

10 DEPUTY COMMISSIONER HERSHKOVICH-KIM: And of
11 course we may request, as mentioned before, we may
12 request the assistance of our social work nurses or
13 for a psychiatric evaluation if cognitive impairment
14 is in question.

15 CHAIRPERSON HUDSON: Okay. In fiscal 2024, how
16 many referrals were made?

17 DEPUTY COMMISSIONER HERSHKOVICH-KIM: In fiscal
18 2024, we have 29,381 referrals.

19 CHAIRPERSON HUDSON: So 29,381?

20 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Yes.

21 CHAIRPERSON HUDSON: Okay. And how many were
22 found eligible for services?

23 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Uh, 3,135
24 clients were found eligible for APS services.

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2 CHAIRPERSON HUDSON: So, that's three-one-three-
3 five?

4 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Correct.

5 CHIEF SPECIAL SERVICES OFFICER ROJAS: Which is
6 11%.

7 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Eleven
8 percent.

9 CHAIRPERSON HUDSON: Eleven percent.

10 And how many have been eligible for services so
11 far in Fiscal Year 2025?

12 DEPUTY COMMISSIONER HERSHKOVICH-KIM: One
13 second, please.

14 CHAIRPERSON HUDSON: Or the same questions for
15 Fiscal 2025 so far, how many referrals were made,
16 and, then, how many have been found eligible so far?

17 DEPUTY COMMISSIONER HERSHKOVICH-KIM: One
18 second...

19 CHIEF SPECIAL SERVICES OFFICER ROJAS: I have
20 the data for calendar year 2025. I know that you
21 asked for Fiscal, for calendar year 2025, to date as
22 the end of March, we have 7,345 referrals made, and
23 with a 5% acceptance rate.

24 CHAIRPERSON HUDSON: And that's for the calendar
25 year, not the fiscal...

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2 CHIEF SPECIAL SERVICES OFFICER ROJAS: January,
3 February, March, the first three months of this
4 calendar year.

5 CHAIRPERSON HUDSON: Okay. What do you all
6 account for the huge discrepancy or or difference
7 between referrals being made and folks being accepted
8 into the APS program?

9 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So there
10 are different reasons why we believe that there are
11 more referrals, but also more referrals for clients
12 who may not be eligible.

13 APS have put a lot of effort in outreach and
14 educational events to really educate community based
15 organizations, the public, clients, and other
16 entities of APS and APS services. So that we believe
17 that this is one of the reasons for increasing
18 referrals.

19 In addition to that, during the pandemic, we
20 have seen lower number of referrals for different
21 reasons. In 2024 and 2025, year-to-date, seems like
22 all of the community based organizations are back to
23 pre-pandemic operation, as well as the housing court
24 and marshals actions. So we see a lot of referrals
25 that come to us with some type of eviction component.

1
2 And to add to that, the education that APS is a
3 CityFHEPS provider may contribute for an increase in
4 referrals for us to assess if an individual may
5 qualify for APS and potentially can be eligible for
6 CityFHEPS subsidy.

7 CHAIRPERSON HUDSON: And then are you having
8 conversations with with colleagues in your agency and
9 other agencies around some of these trends and
10 patterns, specifically around housing? If you're
11 seeing an increased number of people who are being
12 referred to you with eviction cases or housing court
13 cases that aren't necessarily eligible for APS, what
14 does that process look like in terms of getting them
15 housing assistance specifically?

16 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So, again,
17 if an individual is not eligible for APS services and
18 in need for a subsidy, we will provide them with
19 referral to either home based services, any type of
20 applications that are available, if they need
21 relocation like to NYCHA, to supportive housing. It
22 wouldn't be really supportive housing, but any type
23 of assisted living or any type of other case
24 management agency that can assist them with
25 relocation.

1
2 So one, we really care about New Yorkers and we
3 really care about New Yorkers being housing stable.
4 So when we are not the right entity, we we take every
5 effort possible to assure that the client has the...
6 individual has the information of how to access
7 services from other entities.

8 CHAIRPERSON HUDSON: Thank you...

9 CHIEF SPECIAL SERVICES OFFICER ROJAS: Would
10 also add on the administrative level, you know, not
11 just the client level, we work with our colleagues in
12 our housing side of HRA, as well as our DSS Office of
13 Civil Justice to ensure individuals have right to
14 counsel as well as other means of obtaining CityFHEPS
15 that may not be through APS if you're a veteran or if
16 you have a rent stabilized apartment.

17 So we want to ensure that folks are aware of
18 the other means to get other types of housing
19 assistance other than coming through the door of APS,
20 because there are other mechanisms to obtain other
21 services.

22 CHAIRPERSON HUDSON: Great, thank you.

23 What are the most common referrals APS receives
24 involving older adults and how are those cases
25 prioritized?

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2 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Referrals
3 to APS are all treated the same. Of course, if there
4 is an emergency, we react within 24 hours. We conduct
5 our initial visits. But every referral that is made
6 to APS goes through the same process of a
7 comprehensive assessment to assess not only for the
8 risk that is being the individual is being referred
9 for, but any other risk. All of the referrals go
10 through a review of systems for what services they
11 might be receiving, really assessing their situation,
12 their environment, their cognitive capacity, their
13 cognitive ability, and really looking at the full
14 picture of where the individual (sic) and what the
15 situation is.

16 CHAIRPERSON HUDSON: What are the most common
17 reasons cited for rejecting referrals?

18 DEPUTY COMMISSIONER HERSHKOVICH-KIM: One
19 second...

20 CHAIRPERSON HUDSON: And sorry, just before you
21 answer, I do want to acknowledge that we've been
22 joined by Council Members Zhuang and Ayala. Thank
23 you. Thank you.

24 CHIEF SPECIAL SERVICES OFFICER ROJAS: So for
25 the for the most common reasons we have, 44% is due

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2 to... the referred person retains decision making
3 capacity and 22% is unable to locate. And then third,
4 at 17%, someone else is willing and able to
5 responsibly assist them.

6 CHAIRPERSON HUDSON: Sorry, what was the first
7 one? The top one?

8 CHIEF SPECIAL SERVICES OFFICER ROJAS: The
9 referred person has the decision making capacity.

10 CHAIRPERSON HUDSON: Got it, okay, thanks.

11 How are referrals triaged or prioritized based
12 on need or vulnerability?

13 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So our
14 referrals, all referrals are made through our center
15 intake unit, regardless if you call us or if you make
16 a web referral or if you contact us directly. They go
17 through our central intake unit that will assess for
18 presumptive eligibility. At that point, basically we
19 will look to identify if there is an impairment and
20 there is a risk. If it is identified that the
21 individual meets presumptive eligibility, the case
22 will then be transferred to one of our field offices
23 to conduct a comprehensive assessment. The staff
24 members will initiate the assessment by visiting the
25 client within three business days for routine

1
2 referrals or 24 hours, if there seem to be an
3 emergency such as food insecurity or any type of...
4 no utilities or any type of emergency situation. From
5 that point, we have 60 days to conduct our
6 assessment, which we will go through the
7 comprehensive process of really assessing the
8 individual's impairment as well as the risk and there
9 any person who is involved with the individual who
10 may potentially be able to assist them and any other
11 elements that are related to the to the client and
12 their situation.

13 CHAIRPERSON HUDSON: Can I just go back quickly
14 to the referrals and the statistics? I know you
15 mentioned field offices— you have at least one in in
16 every borough. Are you seeing any trends, or do you
17 have numbers that you can share per borough in terms
18 of the referrals and also the acceptance rate or
19 those who are not being...

20 CHIEF SPECIAL SERVICES OFFICER ROJAS: Sure, I
21 can share data for you on calendar year 2024 data on
22 a current APS breakdown by borough, and then I can
23 also do it by referrals.

24 So for a current APS cases by borough in
25 calendar year 2024, 23% of cases were in the Bronx;

1
2 22% of the cases were in Brooklyn; 27% of the cases
3 were in Manhattan; 23% were in Queens, and 5% were in
4 Staten Island.

5 CHAIRPERSON HUDSON: And, sorry, just to be
6 clear, those are referrals or clients?

7 CHIEF SPECIAL SERVICES OFFICER ROJAS: Those
8 are...

9 CHAIRPERSON HUDSON: In your...

10 CHIEF SPECIAL SERVICES OFFICER ROJAS: In 2024,
11 the active cases that APS...

12 CHAIRPERSON HUDSON: Active cases...

13 CHIEF SPECIAL SERVICES OFFICER ROJAS: ruled
14 where the client was found eligible.

15 CHAIRPERSON HUDSON: Okay.

16 CHIEF SPECIAL SERVICES OFFICER ROJAS: And a
17 case was opened during... at least part of Calendar
18 Year 2024.

19 CHAIRPERSON HUDSON: Okay.

20 CHIEF SPECIAL SERVICES OFFICER ROJAS: And then
21 for referrals, it follows a similar trend for
22 Calendar Year 2024 referrals by borough. Again, we
23 see the Bronx at 23%; Brooklyn is 21%; Manhattan is
24 26%; Queens is 25%; and Staten Island stays at 5
25 percent.

1
2 CHAIRPERSON HUDSON: And then what about
3 rejections?

4 CHIEF SPECIAL SERVICES OFFICER ROJAS: I don't
5 have the breakdown by borough by rejections, but we
6 can get that information for you.

7 CHAIRPERSON HUDSON: Okay, great, thank you.

8 The percentage of referrals that come from
9 another agency, like NYC Aging versus private
10 entities or individuals?

11 CHIEF SPECIAL SERVICES OFFICER ROJAS: So for
12 referrals 83% of our referrals come from other city
13 agencies or community based organizations; 5% of our
14 referrals are anonymous; 9% of our referrals are from
15 a family member, friend or neighbor; and 3% are self
16 referrals.

17 CHAIRPERSON HUDSON: Are there any internal
18 benchmarks or targets for referral review timelines?

19 DEPUTY COMMISSIONER HERSHKOVICH-KIM: APS has 60
20 days to complete their assessment, and then we are
21 required, our staff is required to conduct monthly
22 visits and contacts with the individual. We review
23 monthly reports to assure that the staff is in
24 compliance with the requirement. Sometimes, as it was
25 mentioned by Chief Rojas, there is no need for the 60

1
2 days to conduct our assessment, and we will complete
3 our assessment in a lesser time.

4 CHAIRPERSON HUDSON: So you would say that these
5 benchmarks are being met?

6 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Yes.

7 CHAIRPERSON HUDSON: And how is APS ensuring
8 that communities with limited English proficiency are
9 aware of available services?

10 DEPUTY COMMISSIONER HERSHKOVICH-KIM: We have
11 access to translation services. All of our forms are
12 translated to the required languages. We have
13 brochures that are translated to various languages,
14 and we assure that we distribute them to communities
15 where English is not the first language.

16 CHAIRPERSON HUDSON: And what is the current
17 staffing level of APS? Can you compare it to both
18 fiscals 2024 and 2023?

19 CHIEF SPECIAL SERVICES OFFICER ROJAS: Our
20 current budgeted headcount is 486, and we have 404
21 staff on board, which is roughly around 84% with 80
22 vacant positions.

23 I don't have prior year headcount numbers with
24 me, but of the 486 current headcount that we have,
25 387% (sic) of those, 387 of those staff around 80% are

1
2 case management staff. Either it be case workers and
3 their associated supervisors. So almost all of our
4 staff are direct service staff.

5 CHAIRPERSON HUDSON: Sorry, you said 387 are
6 case managers and supervisors?

7 CHIEF SPECIAL SERVICES OFFICER ROJAS: Case
8 management staff, case workers or their supervisor,
9 correct.

10 CHAIRPERSON HUDSON: Okay. What about social
11 workers?

12 CHIEF SPECIAL SERVICES OFFICER ROJAS: The
13 social workers? I did not include that in the case
14 management staff, but we could pull that. Do you know
15 how many social workers we have?

16 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Yes. We
17 current have six social work staff.

18 CHAIRPERSON HUDSON: And okay, sorry, active
19 cases are 29,381 for right now? No those are the
20 referrals...

21 CHIEF SPECIAL SERVICES OFFICER ROJAS:
22 (INAUDIBLE) the referrals are...

23 CHAIRPERSON HUDSON: How many active cases...
24 3,135?

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2 CHIEF SPECIAL SERVICES OFFICER ROJAS: Our
3 caseload in the month of, ending March 31st, we have
4 9,105 cases. We should state that that number is
5 inclusive of roughly 3,500 new cases that were either
6 new either in the month of March or were currently in
7 the assessment phase where we were determining
8 eligibility. The remaining 5,600 were active cases
9 which were assessed and already enrolled and accepted
10 into APS.

11 CHAIRPERSON HUDSON: And do you think six social
12 workers is an adequate number for that number of
13 cases?

14 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So our
15 social workers do not visit every client. Their scope
16 is really to focus with the most challenging
17 situations. If it's challenging for, uh, because of
18 engagement issues or resistance to accepting
19 services. So the scope of the Social Work Unit is not
20 to conduct ongoing clinical intervention, but if
21 there is a need for that they will refer.

22 We have at least one social work staff in each
23 one of our boroughs, which seems sufficient to the
24 number of interventions that are required by the
25 social work staff.

1
2 CHAIRPERSON HUDSON: Okay. But I'm just gonna
3 ask you the same question just a little bit more
4 directly. Are six social workers adequate? I hear
5 what you're saying that they're not making visits to
6 every everybody, but do you think six is enough to
7 even assess the most challenging cases that might
8 need a social worker?

9 CHIEF SPECIAL SERVICES OFFICER ROJAS: I would
10 respond that we haven't not serviced the client
11 because of lack of social workers. If we come to that
12 situation and if we need a higher level of care, we
13 access our visiting psychiatric services through the
14 DSS Office of the Medical Director. So we also access
15 psychiatric nurse practitioners and psychiatrists
16 through that office.

17 So, yes, have six social workers, but we also
18 have the backing of our visiting psychiatric
19 services, who really help us for those most
20 challenging clients.

21 CHAIRPERSON HUDSON: Okay. And then the 486...
22 well you have 404 current positions, 80 vacant
23 positions. Are you actively trying to fill those 80
24 vacancies?

1
2 CHIEF SPECIAL SERVICES OFFICER ROJAS: Yes,
3 that's a great question.

4 We currently, of those 80, we have 14 case
5 workers in the pipeline. And we're happy to report
6 that in our collaboration with the Department of
7 Citywide Administrative Services with DCAS, we have,
8 or DCAS has established a case worker civil service
9 list. So we've already attended two civil service
10 pools to recruit case workers and we have another one
11 coming up next Thursday, not this Thursday, next week
12 Thursday.

13 So, since DCAS has established a (INAUDIBLE)
14 pools, we can now quickly identify candidates and
15 begin the hiring process.

16 Prior to the civil services, we were hiring
17 provisionally, uh, case workers, but now there's
18 there's a civil services that actually expedites our
19 hiring process because we'll have a pool and we could
20 have 50 candidates in one city and then do round
21 robin interviewing and select the candidates that
22 best qualify for APS. Not every person who comes to
23 the pool is is adequate for for APS, and we try to do
24 our best to verify those who we think are the best
25 suited for this work.

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CHAIRPERSON HUDSON: Thank you.

Thank you. And then can you just give me numbers for Fiscals 2024 and 2023 in terms of head count?

CHIEF SPECIAL SERVICES OFFICER ROJAS: I'm gonna have to get back to you on 23/24. I don't have that in front of me, I can provide that after the hearing.

CHAIRPERSON HUDSON: Okay.

CHIEF SPECIAL SERVICES OFFICER ROJAS: Thank you.

CHAIRPERSON HUDSON: Thank you. And can you share how caseload ratios have changed over the past three fiscal years?

CHIEF SPECIAL SERVICES OFFICER ROJAS: I have the average for calendar year, Council Member. I don't have it for fiscal year. Is that okay?

CHAIRPERSON HUDSON: I'll take that, yes.

CHIEF SPECIAL SERVICES OFFICER ROJAS: Sure, so for...

CHAIRPERSON HUDSON: And then maybe you can follow up with the Fiscal Year numbers?

CHIEF SPECIAL SERVICES OFFICER ROJAS: Definitely. And you may have that, Gili, my colleague will look that up. But for Calendar

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2 Year 2024, the caseworker caseload ration was
3 40 in 2024; in 2023 it was 43; and in 2019 we
4 wanted to do a pre-pandemic reference, we had 39. And
5 to date in Calendar Year 2025, it's 41, closer to 42.

6 CHAIRPERSON HUDSON: Thank you. Can you describe
7 the training APS staff receive to evaluate complex
8 elder abuse, mental health, and neglect cases?

9 DEPUTY COMMISSIONER HERSHKOVICH-KIM:
10 Absolutely. So APS invests a lot in training. We
11 acknowledge the importance of training the staff on
12 an ongoing basis. When staff are onboarded, they go
13 through two series of trainings. They go through a
14 training that is provided internally by our training
15 department to start the process of identifying their
16 professional needs and training them on different
17 modules that are required as part of their role as an
18 APS caseworker.

19 In addition to that, we receive training funded
20 through the Office of Children and Family Services
21 that is a required training for any new staff member.

22 We provide our staff with ongoing training
23 opportunities as it relates to elder abuse,
24 engagement skills, safety in the field, various other
25 trainings that are relevant for their for their role.

1
2 Just for a little bit of a number of
3 preference, in 2024 we trained a 160 new hires for
4 our new-hire training. We provide our staff with
5 opportunities to attend trainings that are provided
6 by other entities, like community based
7 organizations, when they offer any type of training
8 that relates to elder abuse, resources, or any other
9 opportunities that are available.

10 CHAIRPERSON HUDSON: Thank you. And can you
11 please describe current staff turnover rates?

12 CHIEF SPECIAL SERVICES OFFICER ROJAS: That data
13 I don't have with me. We can get that information for
14 you, particularly for case workers because I think
15 that would be most relevant. But we can pull that
16 information and get that to you.

17 CHAIRPERSON HUDSON: Okay. Yeah, because I'm
18 just curious about retention and how you address
19 retention.

20 CHIEF SPECIAL SERVICES OFFICER ROJAS: I can
21 comment, one thing that we saw the reason Ms.
22 Hershkovich-Kim talked about the over a hundred staff
23 that we hired, and those are the provisional staff
24 that we hired.

1
2 Across HRA, and I oversee various programs, but
3 particularly in the APS, we're lucky to have a lot of
4 very dedicated employees who have been with HRA for
5 many years. So a lot of our attrition has really been
6 due to retirement. We have a lot of staff with thirty
7 plus years commitment to HRA, it's amazing, and we're
8 in awe of our staff and thankful to them.

9 We also, during the pandemic, lost a lot of
10 staff to be quite honest. A lot of staff felt it was
11 time to go during the pandemic So we had to replace a
12 lot of staff, both due to the pandemic as well as
13 retirement, leading us to hire the over hundred staff
14 that we have hired provisionally.

15 But we can get the concrete numbers for you,
16 but I would say, I would gather to say anecdotally,
17 that a lot of our retirements were retirement-based.

18 CHAIRPERSON HUDSON: Thank you. That's helpful.

19 Has APS conducted any internal assessments on
20 whether current staffing levels meet the volume and
21 complexity of referrals received? I know you got a
22 little bit to this before.

23 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Sure. So
24 we monitor our caseloads on an ongoing basis. We work
25 with our field offices to assure that distribution of

1 cases are as even as possible. We sometimes change
2 the type of cases or case rotation to allow a more
3 even distribution and to assure that there are
4 more... that if there are more challenging cases,
5 those caseloads will be a little lower.
6

7 It's important to note when you look at our
8 caseload ratio, that once APS becomes involved with
9 an individual, with a hope of course that we
10 stabilize the situation, and the risk is eliminated
11 or reduced, and the client's situation is now stable,
12 they sometimes transition into a more preventive
13 services approach. Those will be for clients who have
14 supports in the community, and their involvement with
15 them will be less intense as it is when there is an
16 imminent risk that has to be identified. So we also
17 take that into consideration when we discuss the
18 ratio of the caseloads and really the case
19 distribution.

20 CHAIRPERSON HUDSON: Thank you. And then what is
21 the City's plan to address the potential increase in
22 referrals due to the growing older adult population,
23 housing instability, and mental health needs?

24 CHIEF SPECIAL SERVICES OFFICER ROJAS: So I
25 think that's something we're looking at with our

1 partner agencies, as well as internally looking at
2 what other resources we have.

3
4 Since we do see that a lot of the referrals we
5 have currently, the 11% acceptance rate, how do we
6 better triage our cases or work with our referring
7 agencies— both sister city agencies as well as CBOs,
8 to see how we could better educate them to connect
9 the individual to the services that they need— rather
10 than going through APS. Because APS actually, in many
11 cases, may delay the process of connecting to the
12 services that they need. So if they need a one-shot
13 deal, coming to us, if they need the services, great,
14 but if they don't necessarily need the services, they
15 rather need someone in a system with a one-shot deal,
16 Homebase might be a better fit for them or it might
17 be case manager and program elsewhere.

18 So I think what we're looking at is how we
19 triage our referrals, how do we work, who are the
20 providers who are referred most to us? We have a lot
21 of legal services providers referring to us, so we
22 work closely with our Office of Civil Justice, our
23 Right to Counsel to see how we can address that.

24 We also have services in the courts, many times
25 either through us, or a judge will have a guardian ad

1
2 litem, to assist particularly with housing cases
3 because we do see housing cases. And many times that
4 is an avenue to a faster resolution to the housing
5 crisis that an individual may be facing than coming
6 through APS. Because as Ms. Hershkovich-Kim stated,
7 the assessment process is very extensive, and having
8 someone come into your home, talk to your neighbors,
9 and your loved ones may actually delay you accessing
10 services. Well, we could help you do that, but at the
11 same time if you're not eligible, we would connect
12 you to that.

13 So we want to make sure that the referrals that
14 are coming to us are for those who most need them,
15 but we will never not take a referral because we know
16 that that's necessary. And we never want to take the
17 risk of not assessing someone who may be at risk or
18 who is eligible for our care.

19 CHAIRPERSON HUDSON: I appreciate all of that,
20 and would just like to get a little bit more into the
21 weeds on it. Because, what if somebody, you know, is
22 being referred to you and may need a one-shot deal or
23 a voucher or something? But, I guess what I'm trying
24 to ask is, is there a chance that people who have
25 those needs, and may also be eligible for APS

1
2 services, are being referred out elsewhere solely for
3 the housing piece because it might...

4 CHIEF SPECIAL SERVICES OFFICER ROJAS: Oh, I see
5 what you're...

6 CHAIRPERSON HUDSON: You know, are there people
7 that you aren't catching who for a, you know, because
8 they're...because you might be assessing the fastest
9 way for you to get this particular assistance is to
10 go through this other program.

11 CHIEF SPECIAL SERVICES OFFICER ROJAS: I see
12 what you're saying, Council Member.

13 So I'll start, and I'll kick it over to my
14 colleague. As Ms. Hershkovich-Kim stated, everybody
15 is... the comprehensive assessment that comes when
16 you refer to us is applied to all individuals. So we
17 wouldn't fast triage, you only... and state, "Oh you
18 only need this, so we're gonna refer you out." It may
19 be a shorter assessment, it may not take all sixty
20 days, but everyone receives an assessment of all
21 their needs. I'll turn to you to...

22 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Yes, and
23 if the individual is in need, they may need a
24 voucher, and they may need other assistance.

1
2 If the individual meets our criteria, which
3 means that they have some sort of impairment that is
4 related to their risk or inability to manage parts of
5 their affairs, and they don't have somebody who is
6 willing and able to assist them, regardless of what
7 service they need, they will be accepted for
8 services.

9 So we will not triage a case based on what is
10 the need. We triage a case, we assess a case based on
11 our criteria, and then we develop a service plan that
12 can include voucher or any other, you know -
13 honestly we don't only CityFHEPS, we also utilize
14 other housing alternatives such as supportive housing
15 when appropriate, referrals to rehabilitation or
16 nursing home, when there is a need for that, assisted
17 living, or any other entities that may be... senior
18 housing, or any other entities that appropriate for
19 that. We do have housing unit that works on
20 identifying housing alternatives when that is the
21 need. But we will not... our assessment will be on
22 the eligibility, and then a service plan will be
23 developed and not the other way around.

24 CHAIRPERSON HUDSON: Okay, thank you. And do you
25 know how many people you've connected with CityFHEPS?

1
2 DEPUTY COMMISSIONER HERSHKOVICH-KIM: I actually
3 do. So this is only issues that... this is only for
4 clients that we issued vouchers, so it doesn't
5 include clients that have Shopping Letters or are in
6 the process.

7 So in 2024, we obtained 656 vouchers for
8 eligible APS clients. And we paid arrears close to
9 \$20 million to ensure housing... that their housing
10 is stable.

11 CHAIRPERSON HUDSON: That's \$20 million in
12 arrears for clients, for APS clients?

13 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Mm-hmm.

14 CHAIRPERSON HUDSON: Okay. Is that for the
15 fiscal year, calendar year?

16 DEPUTY COMMISSIONER HERSHKOVICH-KIM:

17 That's for that is for Fiscal Year 2024...
18 calendar in 2024.

19 CHAIRPERSON HUDSON: Calendar Year 2024? Okay,
20 thank you. I have...

21 DEPUTY COMMISSIONER HERSHKOVICH-KIM: We can get
22 you the fiscal year if you want.

23 CHAIRPERSON HUDSON: Either way is fine. Yeah,
24 Fiscal Year additionally would be good. I would also

1
2 love to see, like, the last five years, if you can
3 share that and how much you've paid in in arrears.

4 DEPUTY COMMISSIONER HERSHKOVICH-KIM: It's
5 important to note that APS became a CityFHEPS
6 provider probably ,like, five or six years ago. So
7 initially, the process was more of a manual process.
8 So we have less data for the first few years then we
9 do for the... I do have a 2023 and year-to-date if
10 you want.

11 CHAIRPERSON HUDSON: Okay, yeah.

12 DEPUTY COMMISSIONER HERSHKOVICH-KIM: For 2023
13 we have 315 vouchers, and we paid arrears of
14 \$8,348,560.00. And year-to-date we obtained 152
15 vouchers and paid \$4,635,693.00 in arrears.

16 CHAIRPERSON HUDSON: Okay, thank you. I want to
17 acknowledge that we have been joined Council Member
18 Lee, and then I also have a couple of questions that
19 I want to ask on behalf of Council Member Ayala, who
20 has joined us online, but because we don't have a
21 quorum in the room, unfortunately, she's unable to
22 ask the question herself.

23 So, the first question is, when a referral is
24 made to homebase, is the client expected to attend on
25 their own?

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2 DEPUTY COMMISSIONER HERSHKOVICH-KIM: If a
3 referral is made to homebase for CityFHEPS purposes,
4 that means that either they're not eligible, they
5 were found ineligible, or they are now no longer
6 eligible, and they will be, according to the process
7 of the home-based program...

8 CHAIRPERSON HUDSON: I think the...

9 CHIEF SPECIAL SERVICES OFFICER ROJAS:

10 (INAUDIBLE)

11 CHAIRPERSON HUDSON: Mm-hmm? Go ahead.

12 CHIEF SPECIAL SERVICES OFFICER ROJAS: I was
13 just going to add, for our services, for individuals
14 that are homebound and have other disabilities, we
15 have a HARU, which is our Homebound Assessment
16 Referral Unit. So individuals who need extra
17 assistance or can't come in, we do have a specialized
18 center, Benefits Access Center (BAC90) that can
19 assist with One-Shot Deals and other services if
20 you're homebound or need additional services.

21 CHAIRPERSON HUDSON: Yeah, like, do you walk
22 people through the process? Because ,you know,
23 somebody may not be eligible for APS but they still
24 have challenges.

1
2 CHIEF SPECIAL SERVICES OFFICER ROJAS:

3 Absolutely.

4 CHAIRPERSON HUDSON: Right? So then you're
5 referring somebody to a program essentially with no
6 advocate or assistance in trying to get them to...

7 CHIEF SPECIAL SERVICES OFFICER ROJAS:

8 Absolutely. I think my colleague hesitated because
9 when you said homebased, most of our homebased
10 services are contracted out with community based
11 organizations. So each one of... (CROSS-TALK)

12 CHAIRPERSON HUDSON: And they provide the
13 service...

14 CHIEF SPECIAL SERVICES OFFICER ROJAS: Yeah, so
15 they provide the services directly, and that could
16 take the form of either in person or ,you know, via
17 telephone or electronically.

18 But if you're accessing services at HRA, if
19 you're homebound, you can access service through our
20 HARU unit, our Homebound Assessment Referral Unit
21 where we can assist you with those services
22 translation, et cetera. And if it's a homebased then
23 they would follow the process of the community based
24 organization.

25

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2 CHAIRPERSON HUDSON: Okay, thank you. Second
3 question from Council Member Ayala is, is according
4 to City data and the MMR, the rate of rejections for
5 CityFHEPS applications was significantly higher than
6 those denied in 2023. Why are so many applications
7 being denied, and how many of those who had their
8 applications denied ended up being evicted?

9 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Citywide
10 or just (INAUDIBLE)?

11 CHAIRPERSON HUDSON: What was your question?
12 Citywide or what?

13 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Citywide
14 or for APS clients?

15 CHAIRPERSON HUDSON: We can start with APS
16 clients, since I would think you would have that.

17 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Uh...

18 CHIEF SPECIAL SERVICES OFFICER ROJAS:
19 (INAUDIBLE)

20 DEPUTY COMMISSIONER HERSHKOVICH-KIM: I would
21 have to get back to you on this data, because I
22 can... Our acceptance rate for CityFHEPS vouchers,
23 when the individual is APS eligible, is extremely
24 high, unless the client does not meet the CityFHEPS
25

1
2 criteria. But I don't have the number of rejections
3 to speak to it.

4 CHIEF SPECIAL SERVICES OFFICER ROJAS: Thank you
5 for that question, Council Member Ayala.

6 I would say ,you know, that's a great point to
7 further reinforce that. Although an individual may be
8 APS eligible, the criteria for CityFHEPS is separate
9 and apart from APS. So an individual will still have
10 to meet the standard for CityFHEPS – including the
11 income criteria. APS doesn't have any income criteria
12 requirements, so you can have any income and be part
13 of APS. But the requirements for CityFHEPS are
14 different, and there are income requirements
15 including, I think, more aligned to City to cash
16 assistance.

17 So, but as Ms. Hershkovich-Kim stated, we can
18 pull the data for APS specific, and most of the
19 clients who do apply are granted CityFHEPS if they're
20 deemed eligible and enrolled in the APS program.

21 CHAIRPERSON HUDSON: I think Deputy Speaker
22 Ayala's case, she has had a different experience, in
23 that people who are being referred to homebase or
24 other services are not actually being... They're not
25 receiving the type of care that they should.

1
2 And I wanted to share one example that she has
3 here:

4 The case of an elderly woman with a serious
5 mental health diagnosis who repeatedly came to her
6 office and was having trouble communicating her
7 needs. Upon further investigation, she found that she
8 had been appointed a guardian but was in rental
9 arrears of over \$30,000. And to add insult to injury,
10 her CityFHEPS voucher was about to be terminated
11 because the recertification had not been completed.

12 She personally worked with the DSS
13 Commissioner. The rent was paid and recertification
14 was completed, but then the woman showed up a few
15 weeks later upset because she had no food stamps on
16 her card. After reaching out to DSS, Deputy Speaker
17 Ayala found that her case was closed because her
18 recertification had also not been completed.

19 So she'd love to know how this is possible,
20 because she's one of many older adults who are under
21 guardian care who cannot access their workers who
22 hide behind confidentiality rules when we reach out
23 to try to be helpful?

24 CHIEF SPECIAL SERVICES OFFICER ROJAS: So we
25 could definitely pull data for you and get more

1
2 information on home based. I'm not as familiar with
3 homebased because when we process our CityFHEPS it is
4 with APS. I can say if an individual needs help,
5 that's the bread and butter of APS. They provide
6 that, they visit the client monthly, they provide the
7 case management services if there's a need for legal
8 services...

9 CHAIRPERSON HUDSON: But I think this example
10 was somebody who is in APS care. And, so, she was
11 appointed a guardian, she was in rental arrears of
12 over \$30,000; her CityFHEPS voucher was about to be
13 terminated, because her recertification had not been
14 completed. Then she had no food stamps on her card,
15 and they found that her case was closed because her
16 recertification had also not been completed.

17 So I think what Deputy Speaker Ayala is trying
18 to figure out is how the recertification process
19 happens; how somebody like this who was in APS care
20 would not have their case recertified?

21 DEPUTY COMMISSIONER HERSHKOVICH-KIM: First, if
22 it was... so APS is, uh, our most restrictive measure
23 is to petition the court for guardianship. And we do
24 have three vendors who provide Article 81
25 Guardianship, but they are guardianship outside of

1
2 APS. So if this individual, and I'm not, I don't know
3 who the, of course, who the individual is, I would
4 love to take a look at this case and review it. But
5 if the individual is receiving services under one of
6 our community guardian program vendors, they are
7 required to recertify their benefits and they are
8 required to recertify their CityFHEPS. If we identify
9 that there is a concern or an issue with any of the
10 clients under the guardianship program, we will work
11 with the vendor to identify what the issues are. And
12 when there is a need, we will place them under a
13 corrective action plan to assure that there is no
14 negative effect on the client.

15 I would have to take a look at this case to
16 better understand what happened. But under... if the
17 individual is under our guardianship, or to be honest
18 with you any guardianship, even if it's not through
19 APS, their benefits should be recertified. So that
20 should not be an experience that the individual has.

21 CHIEF SPECIAL SERVICES OFFICER ROJAS: And we
22 could work with our commissioner to get that
23 information, because we definitely don't want this to
24 repeat...

25

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2 DEPUTY COMMISSIONER HERSHKOVICH-KIM:

3 Absolutely.

4 CHIEF SPECIAL SERVICES OFFICER ROJAS:

5 (INAUDIBLE) this case.

6 CHAIRPERSON HUDSON: Okay, thank you. I have a
7 few other questions.

8 Your agency has often referred older adults who
9 are in eviction proceedings in Housing Court. Hold on
10 one second.

11 (PAUSE)

12 What's the eligibility criteria for getting
13 folks into... for referring them to suitable housing?
14 A lot of the people that you talked about already
15 that you refer, if they have a specific housing need,
16 what's the eligibility requirement or criteria for
17 such assistance?

18 DEPUTY COMMISSIONER HERSHKOVICH-KIM: For
19 assistance with referring for housing...

20 CHAIRPERSON HUDSON: Yeah.

21 DEPUTY COMMISSIONER HERSHKOVICH-KIM: options?

22 CHAIRPERSON HUDSON: Yeah.

23 DEPUTY COMMISSIONER HERSHKOVICH-KIM: If the
24 individual is APS eligible, the APS staff member will
25 work with the client to refer them to whatever

1 housing setting is suitable for them. If it's
2 supportive housing there is requirement for a mental
3 health diagnosis. If it's in assisted living, there
4 is an age requirement. If there is a need for a more
5 supportive environment, such as rehabilitation and a
6 nursing home, they will have to have certain skilled
7 nursing needs.
8

9 So we really tailor the service plan and the
10 referrals to housing alternative based on the
11 client's needs and based on the eligibility of the
12 housing program.

13 CHAIRPERSON HUDSON: Okay. Advocates have been
14 made aware of situations in which an older adult may
15 be denied services due to the presence of another
16 adult in the home - despite the fact that the other
17 adult does not or cannot help the older adult in the
18 areas that are the basis for the APS referral.

19 Can you please speak to how your agency
20 assesses whether an older adult has assistance
21 available to them such that it justifies the denial
22 of APS services?

23 DEPUTY COMMISSIONER HERSHKOVICH-KIM:
24 Absolutely.
25

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2 CHAIRPERSON HUDSON: And specifically in that
3 type of case where there might be another adult but
4 an adult that's not capable of caring for the person?

5 DEPUTY COMMISSIONER HERSHKOVICH-KIM:
6 Absolutely. There's oftentimes people in the
7 household who are willing and not able or able and
8 not willing. The APS staff member must assess to
9 assure that the individual that they are referring to
10 as willing is willing and *able* to assist them.

11 So throughout the assessment, there will be
12 conversations with the individual who is identified
13 as willing and able, and it will be determined how
14 able the individual is to assist them.

15 Sometimes there will be a family member that
16 through the referral, that seems to be appropriate to
17 provide the support that there is a need, that the
18 individual needs. And it could be that at a later
19 time they demonstrate that they did not follow
20 through and another referral will come, and this will
21 be assessed as part of the assessment.

22 But in order for the individual to be rejected
23 from APS services for someone who is willing and
24 able, the ability, as well as the willingness of the
25

1
2 other person, are both assessed before making that
3 determination.

4 CHAIRPERSON HUDSON: Okay. And then regarding
5 financial management, we've also been made aware that
6 after a determination is made that an older adult
7 qualifies for this service, it can take upwards of
8 six months for the actual management of their
9 finances to occur even in situations of financial
10 abuse.

11 Can you please explain the process for
12 enrolling an older adult in the Financial Management
13 Program from initial eligibility determination
14 through the final implementation of their finances
15 being fully managed by APS?

16 DEPUTY COMMISSIONER HERSHKOVICH-KIM:
17 Absolutely. So Financial Management Services, so I
18 just want to start and say that if there is financial
19 exploitation, APS will alert any financial
20 institution that the client is associated with, just
21 to make sure that they are aware - if there are any
22 suspicious withdrawals or the client is coming with
23 somebody that is not related to them or any... or the
24 alleged exploiter, which we will alert the financial
25 institution.

1
2 As far as Financial Management Services, we
3 will we submit the applications to become the
4 representative payee to Social Security within thirty
5 days of acceptance. However, it does sometimes take
6 Social Security Administration – it can take between
7 three months, and we have seen even cases that it
8 takes more than six months. And that's, uh, we
9 follow-up regularly with Social Security
10 Administration, but once the request is out of our
11 hands, really the process is conducted by the Social
12 Security Administration.

13 We will advocate and we will follow-up with
14 them on applications that are pending. In addition to
15 that, the client themselves receive notification from
16 Social Security Administration that they do have the
17 right to object the appointment of HRA as the
18 representative payee. And the client may sometimes
19 take action to prevent us from becoming the
20 representative payee.

21 CHAIRPERSON HUDSON: Is there any expedited
22 process or other protections that could be put in
23 place when an older adult is being financially
24 abused?

1
2 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So again,
3 when an older adult is being financially exploited,
4 we alert Social Security Administration and we alert
5 all of the financial institutions that the client is
6 affiliated with.

7 Sometimes the financial institutions will
8 decide to freeze the client's account for APS to
9 start services. But this is an ongoing advocacy, and
10 we really do have ongoing communication with Social
11 Security to alert them when there is a situation like
12 that.

13 CHAIRPERSON HUDSON: Okay. How does NYC Aging's
14 Aging Connect program coordinate with APS on
15 referring individuals for assistance?

16 ASSISTANT COMMISSIONER MULLARKEY: So New York
17 City Aging will directly connect APS... I'm sorry,
18 I'm answering the wrong question - New York Aging
19 Connects receives referrals from APS through calls
20 from individuals, and they can also connect clients
21 to APS by giving the contact info.

22 CHAIRPERSON HUDSON: Are there protocols for
23 follow-up when Aging Connect refers an individual to
24 APS, particularly if that referral is rejected?

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COMMITTEE ON AGING

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ASSISTANT COMMISSIONER MULLARKEY: They are the conveyor of the information to the person calling so they can connect. They don't then follow-up. That's not part of their protocol.

CHAIRPERSON HUDSON: Okay. And then what... so are there no services that someone would be referred to upon receiving a rejection?

ASSISTANT COMMISSIONER MULLARKEY: Can you say that again?

CHAIRPERSON HUDSON: There wouldn't be any services then that someone would be referred to upon receiving a connection I mean, a rejection? That's all done through APS?

ASSISTANT COMMISSIONER MULLARKEY: So...

CHAIRPERSON HUDSON: Somebody wouldn't come back to Aging Connect or NYC Aging if they've been rejected?

ASSISTANT COMMISSIONER MULLARKEY: I mean, if they do come back, they can be advised of...

CHAIRPERSON HUDSON: Go through the system...

ASSISTANT COMMISSIONER MULLARKEY: other services and also connected.

And I have clarification...

CHAIRPERSON HUDSON: Sure.

1
2 ASSISTANT COMMISSIONER MULLARKEY: on the
3 question that you had about elder abuse trainings.

4 So for the staff at OACs, they get refresher
5 courses every three years on elder abuse per the
6 Local Law. And then there's training for the OAC
7 clients twice a year.

8 CHAIRPERSON HUDSON: Got it, thank you.

9 Can you describe the information sharing
10 protocols, if any, between APS and NYC Aging to
11 ensure continuity of care?

12 ASSISTANT COMMISSIONER MULLARKEY: Sure. So
13 currently, there's 371 case management clients, New
14 York City Aging case management clients who are also
15 known to APS. And that's out of nearly 3,200
16 unduplicated clients in a year that receive case
17 management. And...

18 CHAIRPERSON HUDSON: Sorry, you said compared to
19 how many?

20 ASSISTANT COMMISSIONER MULLARKEY: It's 32,000
21 annual clients.

22 CHAIRPERSON HUDSON: Thank you.

23 ASSISTANT COMMISSIONER MULLARKEY: And case
24 management can refer to APS for services. And we also
25 have a working relationship that APS refers directly

1
2 to case management for clients who meet the
3 eligibility criteria for home delivered meals. And
4 those clients, as long as they meet the eligibility,
5 they're authorized for meals while APS stays the
6 primary case manager.

7 CHAIRPERSON HUDSON: What other city agencies,
8 HPD, NYPD, DOHMH, coordinate with APS to prevent
9 vulnerable older adults from falling through the
10 cracks?

11 DEPUTY COMMISSIONER HERSHKOVICH-KIM: APS has a
12 robust roster of city agencies and other entities
13 that we collaborate with. We have relationship with
14 NYPD. We're currently working on enhancing the
15 workflow with NYPD on an ongoing basis when there is
16 a need for NYPD intervention, when our staff goes to
17 the field, or when there is a need to make a report.
18 We have coordinators in each precinct that we
19 communicate with. We have ongoing meetings with HPD
20 to talk about individuals who are shared between the
21 entities to assure housing stability. We collaborate
22 with various community based organization and city
23 agencies as well as the Department of Social
24 Services, different programs within our agency to
25

1
2 assure that the clients are receiving the services
3 that they need.

4 CHAIRPERSON HUDSON: Thank you.

5 Moving on to data, what trends have APS
6 identified in referral sources and client
7 demographics over the past five years?

8 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So we have
9 identified an increase. I don't have the data for the
10 last five years, but I do have the data for the last
11 few years.

12 We identified an increase in of number between
13 2024 and 2023 to referrals that are received through
14 either the marshals, housing courts, and as well as
15 referrals that are received from agencies.

16 CHAIRPERSON HUDSON: And you said that was from
17 20...

18 DEPUTY COMMISSIONER HERSHKOVICH-KIM: That was
19 from 23...

20 CHAIRPERSON HUDSON: from 2023 to 2024?

21 DEPUTY COMMISSIONER HERSHKOVICH-KIM: From
22 calendar year 2023 to 2024, we had a 56% increase of
23 referrals that came from the marshals and a 10%
24 increase from referrals that came from other
25 agencies.

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CHAIRPERSON HUDSON: Sorry, 33...

DEPUTY COMMISSIONER HERSHKOVICH-KIM:

Increase...

CHAIRPERSON HUDSON: A 33% increase from other agencies?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: No 10% increase.

CHAIRPERSON HUDSON: Oh, 10% increase.

(PAUSE) Thank you. And then any other... those are just the increase, but any trends that you've observed? I know you we spoke earlier about the boroughs. It seems like more people are being referred and accepted from the Bronx and Brooklyn. Is it more financial, fraud, mental health? Like are there any trends or patterns that you've noticed?

DEPUTY COMMISSIONER HERSHKOVICH-KIM: The majority of our... many of.... I don't have the exact statistics, but majority of our cases have some type of component of eviction. That's definitely a trend.

We have also seen 50... we've seen increase of referrals of the aging population in the in the last couple of years.

CHAIRPERSON HUDSON: Okay, thank you. How many substantiated cases of elder abuse or neglect were

1
2 identified in the past year and what were the
3 outcomes?

4 DEPUTY COMMISSIONER HERSHKOVICH-KIM: I have to
5 get back to you with statistics for that.

6 CHAIRPERSON HUDSON: How do you measure the
7 success of your interventions? What data can you
8 share about client outcomes especially for older
9 adults?

10 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So we
11 conduct ongoing case reviews on different levels. We
12 have different reviews by internal audits as well as
13 OCFS conducts case reviews on a rotation basis to our
14 cases and all of our field offices.

15 CHIEF SPECIAL SERVICES OFFICER ROJAS: I would
16 also add, I mean, in those assessments what we're
17 triaging is housing stability, income stability, and
18 health stability. Those are three pillars for us to
19 ensure someone is stably housed, they're able to pay
20 for their bills either through themselves or through
21 financial management, as well as health stability,
22 are they accessing the care that they need?

23 CHAIRPERSON HUDSON: Thank you. What additional
24 funding or policy changes at the state level would
25

1
2 APS need to expand services to a greater number of
3 referred older adults?

4 CHIEF SPECIAL SERVICES OFFICER ROJAS: So
5 currently, we're working with the state. On the
6 federal level, they did pass a law to change APS
7 regulations. I think, if I remember correctly, it
8 takes effect in 2028. Calendar year 2028. So, we're
9 working with OCFS.

10 There are changes pertaining to the ability to
11 respond to referrals on a after hour basis, a sort of
12 24-hour to ensure that all counties, not just New
13 York City, but all counties across the United States
14 have access, immediate access to APS services in
15 terms of referrals and I think more aligning services
16 across localities. So if one person moves from one
17 locality to other, it's more streamlined.

18 Since the changes were passed don't take effect
19 in '28, OCFS has started a committee of basically a
20 roundtable to discuss those changes. It's in its
21 starting phase, it's in implementation phase, so Ms.
22 Hershkovich-Kim is part of that as well as other
23 colleagues from APS.

24 CHAIRPERSON HUDSON: Thank you. What specific
25 eligibility guidelines are a barrier to serving more

1
2 older adults in need and what reforms would you like
3 to see?

4 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Our
5 eligibility criteria is mandated by the Social
6 Service Law. So our eligibility criteria is not a
7 barrier. We assess every individual to determine
8 their eligibility to assure to... and if they are
9 not, again, if they are not, then we refer them to
10 the correct entity that can provide the services that
11 they need.

12 CHAIRPERSON HUDSON: Can you share how federal
13 funding cuts would impact APS's ability to operate?
14 What services would be impacted by any such cuts?

15 CHIEF SPECIAL SERVICES OFFICER ROJAS: So, sure,
16 as I stated previously, 46% or 29 million or 46% of
17 our annual budget is federal. Some primarily from the
18 Social Services Block Grant.

19 SERGEANT AT ARMS: [ANNOUNCEMENT]

20 CHAIRPERSON HUDSON: Sorry, just a technical
21 problem, give me one second. (PAUSE) All right,
22 sorry.

23 CHIEF SPECIAL SERVICES OFFICER ROJAS: Sure. The
24 46% of our funding for APS is through the Social
25 Services Block Grant, that's a passthrough through

1 the state, the Office of Child and Family Services.
2 For HRA, APS services are critical. So holistically
3 we're looking at all of our services at HRA and see
4 how all the funding cuts would shake out for us, see
5 what is more critical, what is, I don't want to say
6 less critical, but what pecking order they would be,
7 and then we have to make tough decisions.
8

9 So that assessment process is in play, our
10 commissioner has convened already a brainstorming
11 roundtable with our community providers, and other
12 sister agencies, to try to assess what the highest
13 level is - or what is the input from our community,
14 and what are the most critical services that they're
15 seeing. And then we'll look at our data.

16 And if we do get a cut, I mean tough decisions
17 will have to be made, but we want to look at it
18 holistically. What are all the services that are
19 being offered, not just at HRA but across DSS and
20 across the city to better leverage any cuts that we
21 may get from the federal government?

22 CHAIRPERSON HUDSON: Okay, thank you.

23 Council Member Lee has a follow-up question.

24 COUNCIL MEMBER LEE: So you're talking about the
25 CDBG money, the federal block grant? (INAUDIBLE)

1
2 CHIEF SPECIAL SERVICES OFFICER ROJAS: This is
3 a... it's Social Services Block Grant.

4 COUNCIL MEMBER LEE: Social Services Block
5 Grant? Okay, because that's a lot of funding, and
6 that included the passthrough, all of the money that
7 is coming to your agency, correct?

8 CHIEF SPECIAL SERVICES OFFICER ROJAS: It
9 definitely funds APS and other services, not solely
10 APS, it applies...

11 COUNCIL MEMBER LEE: Okay...

12 CHIEF SPECIAL SERVICES OFFICER ROJAS: to other
13 services as well.

14 COUNCIL MEMBER LEE: So, and forgive me for
15 being late, and if you guys went over this already,
16 sorry about this. So, because obverse you guys are
17 facing a lot challenges, because you have the
18 potential funding cuts, plus a lot of the challenges
19 in terms of the state law. Which, correct if I'm
20 wrong, but the biggest issue is that you're seeing an
21 increase in need; however, due to staffing shortages,
22 the state laws, it's really preventing you guys from
23 enrolling the seniors into APS that need services, or
24 no?
25

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2 CHIEF SPECIAL SERVICES OFFICER ROJAS: So we did
3 go through that a bit.

4 COUNCIL MEMBER LEE: Yeah...

5 CHIEF SPECIAL SERVICES OFFICER ROJAS: Luckily
6 we've made great strides, we're hiring, we are at an
7 84% hiring rate for APS. Our vacancies for case
8 workers, we already have 19 in the pipeline for the
9 60-odd staff, case manager staff, that we have
10 vacant. And we're working with DCAS. They have
11 already started civil service pools for case workers,
12 we've already hired, uh, went to two pools and are
13 attending one next week to pick up more staff.

14 So we're making really great strides on
15 caseworker hires...

16 COUNCIL MEMBER LEE: Okay.

17 CHIEF SPECIAL SERVICES OFFICER ROJAS: Which is
18 the bulk of our staff...

19 COUNCIL MEMBER LEE: Right.

20 CHIEF SPECIAL SERVICES OFFICER ROJAS: in APS.

21 COUNCIL MEMBER LEE: So obviously given the
22 potential challenges, what is the coordination or is
23 there potential coordination happening between other
24 agencies through different programs whether it's
25 through DFTA or even a lot of the adult programs,

1
2 adult day? And then I know a lot of the nonprofits
3 are really awesome like BronxWorks, TSINY
4 (Transitional Services for New York, Inc.) JASA
5 (Jewish Association Serving the Aging).

6 So is there a way to maybe pull resources
7 together or are those conversations happening where
8 potentially if there is sort of a lack and a cut?

9 CHIEF SPECIAL SERVICES OFFICER ROJAS: Most
10 definitely. Through the leadership of our
11 commissioner, we talk about this quite extensively.
12 How do we coordinate services? How do we leverage
13 existing services?

14 And again, as I stated to Council Member
15 Hudson, DSS had basically a round table on this
16 topic, try to strategize how to best prioritize and
17 strategize in the event of cuts.

18 Since it's ever changing, know, one cut is
19 proposed, there's a lawsuit, it's a little
20 challenging, but we are strategizing and coordinating
21 and that coordination is within DSS, HRA, DSS, DHS,
22 as well as with our sister agencies. Because we serve
23 the same clients at the end of day – Aging,
24 ourselves, you know, our clients go through across
25

1
2 the spectrum H+H, DOHMH, so that coordination is
3 ongoing.

4 COUNCIL MEMBER LEE: Because I know that one of
5 the things I always talk about in my own hearings at
6 DOHMH, because being on the nonprofit side before,
7 I'm like silos are what I think... because ,you know,
8 as an individual person that needs multiple services,
9 it doesn't mean that it stops at one agency and then
10 has to restart with another.

11 CHIEF SPECIAL SERVICES OFFICER ROJAS:
12 Absolutely.

13 COUNCIL MEMBER LEE: So I'm glad to hear that
14 you guys are having those conversations...

15 CHIEF SPECIAL SERVICES OFFICER ROJAS: Prior to
16 DSS, I had the privilege and honor for over (TIMER)
17 twelve years working at the Department of Health. So
18 it's a, you know, the health perspective for me is
19 very important, and particularly for this population
20 that we serve, so we take that very seriously.

21 CHAIRPERSON HUDSON: Thank you, Council Member.

22 The Fiscal 2025 Preliminary Mayor's Management
23 Report shows an increase of 17.5% for APS referrals
24 and an increase of 14.9% in assessment cases in the
25 first four months of Fiscal Year 2025.

1
2 How much of this increase is attributed to
3 older adult clients?

4 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So, 51% of
5 the increase is attributed to older adults, which is
6 the 5,496.

7 CHAIRPERSON HUDSON: And what is driving these
8 increases?

9 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So what's
10 driving the increases in the referrals is, as I
11 stated before, APS really puts a lot of efforts into
12 enhanced outreach efforts within different
13 communities, community based organizations, other
14 city agencies to really assure that the public is
15 educated about APS and when to reach out to APS and
16 what services APS can offer. Also it attributed to
17 resuming normal business by both the community based
18 organizations, housing courts, and the marshals.

19 So many of those of those referrals have an
20 aspect of an eviction. And of course being a
21 CityFHEPS provider, uh, so for both the marshals, the
22 housing courts, as well as the communities to attempt
23 to make the referral to see if the individual will
24 meet the APS criteria, and if so, will they be
25 eligible for CityFHEPS voucher?

1
2 CHAIRPERSON HUDSON: As the older adult
3 population increases over the next few years, are you
4 making specific plans to address projected needs? And
5 I guess in other words, are you using population data
6 to inform decisions?

7 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So we
8 serve individuals who are 18 and over. Age is not
9 part of our criteria. Of course if there are any
10 elements that are associated as they relate to age
11 that affect the eligibility criteria they are taken
12 into consideration. We've been consistent with the
13 percentage of older adults who are part of our
14 program. But again, the services that are being
15 provided are based on the eligibility of the clients
16 regardless of their age.

17 APS is part of the Aging Cabinet that focuses
18 on planning for New Yorkers and aging New Yorkers in
19 making sure that New York City is an inclusive city.
20 And we have been part of the one of... one of our
21 initiatives is to apply for SCRIE (Senior Citizen
22 Rent Increase Exemption) benefits for all APS
23 clients. We are in the process of assuring that all
24 of our clients who are eligible for SCRIE benefits
25 have an application that is being processed for them.

1
2 So the discussion is ongoing, and APS is always an
3 active participant to assure that they are part of
4 any services or any new needs that are being
5 discussed.

6 CHAIRPERSON HUDSON: Okay. Do you know of the
7 folks in your care... Sorry, let me just see if I can
8 get to this number. You said you have 9,105 active
9 cases currently. Do you know how many of those are
10 for folks 65 years old and over?

11 DEPUTY COMMISSIONER HERSHKOVICH-KIM: The
12 percentage, for 66 and over for calendar year 2024
13 was 52%; 2023 was 54%; and year-to-date is 26%.

14 CHAIRPERSON HUDSON: Sorry, the 52% was for?

15 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Fifty-two
16 percent for 2024.

17 CHAIRPERSON HUDSON: Okay, 2024; 54% in 2023?

18 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Yes, and
19 year-to-date is 26...

20 CHAIRPERSON HUDSON: Year-to-date this year?
21 Okay. So I mean, my argument would be you've got
22 roughly half or just over half...

23 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Mm-hmm.
24
25

1
2 CHAIRPERSON HUDSON: Of the folks in your care
3 are older adults. So I know that anyone over 18 is
4 eligible...

5 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Right.

6 CHAIRPERSON HUDSON: and age is not specifically
7 an eligibility requirement. But I guess my point is
8 that the older adult population is growing
9 exponentially. So if you know that at least half of
10 the population you serve are older adults, then I
11 would think that you should be planning to have
12 perhaps an increased need as that population grows
13 older.

14 Is that something that you all have been
15 thinking about and preparing for?

16 CHIEF SPECIAL SERVICES OFFICER ROJAS: I mean,
17 when we start... when we plan for AP services, we do
18 focus on all our populations that we serve, since
19 it's not specifically to senior. And the reason I
20 think we pause is, because many times our program is,
21 you know, thought as is exclusively for individuals
22 who are older adults when it's not. So sometimes we
23 hesitate, we just don't want (INAUDIBLE) to
24 picture...

25 CHAIRPERSON HUDSON: Yeah.

1
2 CHIEF SPECIAL SERVICES OFFICER ROJAS: But we do
3 serve a large number of older adults. I think we are
4 that's ongoing. I think really the Aging Committee is
5 where we're having those conversations and then
6 bringing back to inhouse to have those discussions.

7 But as we spoke with Council Member Lee, we
8 want to have that across the board, because we want
9 to make sure we don't duplicate services particularly
10 with Aging, DOHMH.

11 I think those conversations at a broader level
12 citywide allow us to think more internally, a little
13 more concentrated – what is our role in in as we plan
14 for older adults as the number increases in New York
15 City?

16 CHAIRPERSON HUDSON: Okay.

17 DEPUTY COMMISSIONER HERSHKOVICH-KIM: And also
18 just to add to what Chief Rojas has just stated, our
19 services that we provide inhouse are limited to
20 Financial Management and a few other services.

21 Most of the services that we provide to the APS
22 client and oversee are from other entities. That's
23 why the collaboration with other community based
24 organizations, The Aging Cabinet, the New York City
25 Elder Abuse Center, those collaborations are

1
2 extremely important especially in planning for the
3 increase of the aging population.

4 COUNCIL MEMBER HANIF: Thank you, I can
5 appreciate that.

6 And then also, just going back to the increases
7 that you've seen, how has HRA been able to handle
8 this additional caseload and referral volume?

9 DEPUTY COMMISSIONER HERSHKOVICH-KIM: So we work
10 again, we work very closely with our field offices to
11 address the need of the of the offices. We offer
12 overtime to our staff members while we still have
13 vacancies. Our goal is that once we are fully
14 staffed, the case loads will be reduced
15 significantly. But we do offer extensive overtime to
16 our staff members. We sometimes solicit the
17 assistance of trained case workers, who may have been
18 in the past APS staff members, uh, who are interested
19 in assisting with different part, uh, of either
20 visitation or other parts of the program.

21 But we are monitoring very closely the need for
22 either overtime or shifting caseloads or the
23 distribution of cases.

24

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2 CHAIRPERSON HUDSON: And then just given that,
3 is there like burnout that your staff is
4 experiencing? Case management staff specifically?

5 DEPUTY COMMISSIONER HERSHKOVICH-KIM: We don't
6 have a... I don't have a study to present, but this
7 APS is a very... it's a challenging program
8 regardless, you know, it's the nature of the program.
9 We invest a lot in communication with staff. We
10 invest a lot of visiting, listening to staff, hearing
11 their needs, implementing, you know, if it's
12 discussions, or implementing new processes to help
13 staff with different parts of their jobs to really to
14 try to prevent the burnout of the caseworkers.

15 CHAIRPERSON HUDSON: And then has HRA added
16 funding or headcount for APS in the preliminary plan?

17 CHIEF SPECIAL SERVICES OFFICER ROJAS: No, there
18 was no additional funding or headcount in the prelim
19 plan.

20 CHAIRPERSON HUDSON: Is additional funding
21 needed?

22 CHIEF SPECIAL SERVICES OFFICER ROJAS: With our
23 current headcount, and if we fill our vacancies, I
24 think we're adequately equipped to serve the clients
25 that we have.

1
2 CHAIRPERSON HUDSON: Okay. What's the current
3 average caseworker ratio for APS clients? These are
4 the numbers you gave me before. Right?

5 CHIEF SPECIAL SERVICES OFFICER ROJAS: Correct,
6 it's about one to 41, one to 42...

7 CHAIRPERSON HUDSON: Well, yeah, 41 to 42 per
8 one currently. Okay.

9 Is the current ratio addressing the increase in
10 referral volume? And does HRA plan to add caseworker
11 positions for APS beyond filling the vacancies?

12 CHIEF SPECIAL SERVICES OFFICER ROJAS: I think
13 we're, we'll be good if once we fill all our
14 vacancies, we'll be in a good place to have an
15 adequate caseload ratio.

16 CHAIRPERSON HUDSON: Okay. What's the target
17 caseworker ratio? So I know you were as low as 39 in
18 2019.

19 CHIEF SPECIAL SERVICES OFFICER ROJAS: So OCFS
20 doesn't dictate our... (CROSS-TALK)

21 CHAIRPERSON HUDSON: And as high 43 and
22 (INAUDIBLE)...

23 CHIEF SPECIAL SERVICES OFFICER ROJAS: oversight
24 of the Office of Child and Family Services doesn't
25 dictate. Ideally we would want to be in the 30s

1 range, in the mid-thirties. That's what our ideal
2 would be (INAUDIBLE)... (CROSS-TALK)

3 CHAIRPERSON HUDSON: Mid-thirties?

4 CHIEF SPECIAL SERVICES OFFICER ROJAS: to 35
5 ,you know, usually, we...

6 CHAIRPERSON HUDSON: Thirty to 35? When was the
7 last time your ratio was 30 to 35?

8 CHIEF SPECIAL SERVICES OFFICER ROJAS: We were
9 30 to 35... we were 39 in... I have the number...

10 DEPUTY COMMISSIONER HERSHKOVICH-KIM: We were 39
11 in 2018, I think.

12 CHIEF SPECIAL SERVICES OFFICER ROJAS: In 2019,
13 we were 39. So...

14 CHAIRPERSON HUDSON: Yeah.

15 CHIEF SPECIAL SERVICES OFFICER ROJAS:
16 (INAUDIBLE)... (CROSS-TALK)

17 CHAIRPERSON HUDSON: So when were you 30 to 35?

18 CHIEF SPECIAL SERVICES OFFICER ROJAS: I don't
19 have numbers past 2019, but I could pull that for
20 you. But I do think once we fill our vacancies, we
21 will be at that number, in the 35 range.

22 CHAIRPERSON HUDSON: Okay. Could you provide
23 information on the total headcount that relates to
24 case management for Fiscal 2025? That was the 80?
25

1
2 CHIEF SPECIAL SERVICES OFFICER ROJAS: Sure,
3 yeah, of the 486 staff budgeted headcount, we have
4 387 case management staff that are of the... so
5 basically 80% of our total APS headcount is for
6 caseworker or other supervisors – of the 387 case
7 management staff, 321 are on board.

8 CHAIRPERSON HUDSON: Okay. The PMMR stated that
9 in the first four months of Fiscal 2025 the average
10 number of days to initiate home attendant and
11 housekeeper services for HRA clients was 44 days.
12 This is a 51.7% increase from the same period last
13 year. What is the reason for such a drastic increase
14 in the average wait time for APS clients, and what's
15 being done to address this?

16 CHIEF SPECIAL SERVICES OFFICER ROJAS: Sure, I
17 do wanna clarify that statistic is not specific to
18 APS. It's the general home care rate.

19 CHAIRPERSON HUDSON: Okay.

20 CHIEF SPECIAL SERVICES OFFICER ROJAS: So just
21 to clarify, it's not specific to APS. Although they
22 may be APS clients, you are absolutely correct, but
23 it's not specific to APS.

24

25

1
2 Thinking of a couple of things, there are some
3 changes that are occurring, especially when we get
4 immediate need cases.

5 First, the New York State Department of Health
6 who's oversight for Medicaid and home care services,
7 they introduced a new process, it's called the
8 Independent Assessor. So for HRA cases, when we're
9 initiating home care, we would do the assessment, but
10 now the process goes through a third party vendor
11 contracted with the state. So the third party
12 contractor, a contractor with the state does the
13 assessment, then it gets referred to us.

14 So the rollout, you know, it was a transition
15 from our normal processes and it was a little bumpy
16 at the start. I think that's one of the reasons in
17 the increase and that happened this year. As well as
18 the fact that when we get a particularly an immediate
19 needs case, the client may come with no Medicaid. So
20 we have to put up the Medicaid prior until we get the
21 home care in place.

22 CHAIRPERSON HUDSON: How long do those
23 assessments take, and which state agency is
24 responsible for them?

1
2 CHIEF SPECIAL SERVICES OFFICER ROJAS: So a
3 couple of things, if it's through HRA it's for
4 clients who are enrolled in our managed long term
5 care plan and if they're receiving services through
6 our CASA offices. It's separate or a part if an
7 individual is getting care through a managed care
8 organization, that plan is responsible. So the bulk
9 of the clients who are receiving homecare, it's
10 usually through a managed care organization.

11 There are about anywhere on any given day
12 between four to 7,000 clients who are carveouts, who
13 come through HRA directly, who receive what we call
14 cost of services community alternative services. And
15 those services are processed through HRA. That
16 changed when the independent assessor now does the
17 assessment for those clients. So we no longer do the
18 initial assessment, it goes through it, the third
19 party vendor, Maximus, who is conducting that
20 assessment.

21 CHAIRPERSON HUDSON: And did you mention how
22 long it takes?

23 CHIEF SPECIAL SERVICES OFFICER ROJAS: It's
24 supposed to happen within the first 30 days, it's
25 supposed to happen fairly expeditiously. The rollout

1
2 for some of our clients has been a little more bumpy,
3 but we have seen improvement in that process. I could
4 pull numbers for you, I don't have them in front of
5 me.

6 CHAIRPERSON HUDSON: Okay, if you could follow-
7 up that'd be great and I'll go to Council Member Lee
8 with some follow-ups.

9 COUNCIL MEMBER LEE: Yeah, sorry, so sorry if I
10 misunderstood. So you used to do the assessments but
11 no longer do? How long has it been since the state
12 took that process over? So it's a similar...

13 CHIEF SPECIAL SERVICES OFFICER ROJAS: Yeah,
14 that was implemented... (CROSS-TALK)

15 COUNCIL MEMBER LEE: If I'm under...

16 CHIEF SPECIAL SERVICES OFFICER ROJAS: in...

17 COUNCIL MEMBER LEE: Yeah...

18 CHIEF SPECIAL SERVICES OFFICER ROJAS: calendar
19 year 2024 and then it got delayed.

20 COUNCIL MEMBER LEE: Oh...

21 CHIEF SPECIAL SERVICES OFFICER ROJAS: Yeah, in
22 late 2024, and then it got rolled out. But it... they
23 do the bulk of them, there's still some carveout like
24 children we still do in certain case... some carveout

1 cases we still do, but the bulk of them are being
2 done by Maximus.

3 COUNCIL MEMBER LEE: is it...

4 CHIEF SPECIAL SERVICES OFFICER ROJAS: The
5 independent assessor hired by the state.

6 COUNCIL MEMBER LEE: Yeah, no, and just from
7 what I understand, that process can take long
8 depending on what the needs of the client is, right?

9 So if you need someone who has specific
10 language needs or other cultural ,like, meaning, you
11 know, it's not always a perfect sort of... like, it
12 could take days, but it also could take a month or
13 longer I'm understanding...

14 CHIEF SPECIAL SERVICES OFFICER ROJAS: I would
15 also state that sometimes even if the assessment is
16 done quickly and we identify the needs, sometimes the
17 needs of the consumer are not met by the homecare
18 provider for a certain... case in point, if somebody
19 needs 24-hour care and they need split shifts - so
20 finding someone who could do two 12-hour shifts is
21 incredibly challenging.

22 COUNCIL MEMBER LEE: Right, exactly.

23 CHIEF SPECIAL SERVICES OFFICER ROJAS: So it's
24 not as easy always. And also you put on- you lay on
25

1
2 top of that a language need. So you need somebody who
3 needs (UNINTELLIGIBLE) shift, both individuals have
4 to meet, ideally would speak the language of the
5 person that you're serving. So sometimes it's more
6 challenging than one would think to really coordinate
7 that care.

8 COUNCIL MEMBER LEE: Right. Because I know that
9 when the state...also the state nurses, or whoever it
10 is from Maximus, comes and does the assessment, it
11 could take longer, and also, because it's a third
12 party, I would imagine the coordination is a little
13 bit more cumbersome?

14 CHIEF SPECIAL SERVICES OFFICER ROJAS: It's a
15 little bit more cumbersome than us doing it
16 directly...

17 COUNCIL MEMBER LEE: Right.

18 CHIEF SPECIAL SERVICES OFFICER ROJAS: but we
19 follow the State Department of Health rules to use
20 the IA to conduct the assessment.

21 COUNCIL MEMBER LEE: And how the new changes in
22 the contracts with PPL and all of that, has that
23 impacted you guys, or will that impact you all at
24 all, or no?

1
2 CHIEF SPECIAL SERVICES OFFICER ROJAS: So that's
3 a great question. That's currently in place, that's
4 for CDPAP (Consumer Directed Personal Assistance
5 Program) that's specific, not just to general
6 homecare, but who have individuals who... (CROSS-
7 TALK)

8 COUNCIL MEMBER LEE: Oh, right, that's only C...
9 Okay...

10 CHIEF SPECIAL SERVICES OFFICER ROJAS: have a
11 family member or relative or friends who's providing
12 the services for them. We, HRA, if again, if you're
13 in that carveout population, not the general managed
14 care organization, which is about 4,700 clients who
15 receive CDPAP through HRA - they have to... we still
16 continue to do the assessment and the care plan;
17 however; the payments, the fiscal intermediary
18 services... (CROSS-TALK)

19 COUNCIL MEMBER LEE: Right, yeah...

20 CHIEF SPECIAL SERVICES OFFICER ROJAS: are being
21 paid through PPL.

22 So we will still say, you know, "John Rojas
23 needs eight hours of homecare," but the aid will be
24 paid through PPL.

25 COUNCIL MEMBER LEE: Mm-hmm

1
2 CHIEF SPECIAL SERVICES OFFICER ROJAS: And
3 it's... there's been a couple of losses... (CROSS-
4 TALK)

5 COUNCIL MEMBER LEE: Mm-hmm (INAUDIBLE)...

6 CHIEF SPECIAL SERVICES OFFICER ROJAS: and it
7 was extended the end... of the end of this month, so
8 we're currently in that transition.

9 It does require the consumer to sign
10 authorization. And it also requires the aides to work
11 with PPL (TIMER) to do all the tax forms and forms to
12 get them on payroll basically.

13 COUNCIL MEMBER LEE: Mm-hmm. I don't know if
14 this is a factor or an issue with the APS population,
15 but has someone's immigration status been a factor in
16 whether they disenroll in services? Because I know
17 that that's true with some of the HRA, it may not be
18 relevant to the APS, but I just wanted to know if you
19 had seen anything around that?

20 CHIEF SPECIAL SERVICES OFFICER ROJAS: That's a
21 great question. So for APS, immigration isn't a
22 criteria, isn't a factor. Actually we don't even ask
23 immigration status, we provide services regardless of
24 immigration status... (CROSS-TALK)

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COMMITTEE ON AGING

COUNCIL MEMBER LEE: Sorry, sorry, uhm, I should clarify, what I meant was, uh, not on your end, but clients or families of clients wanting them to disenroll out of any sort of issues or fears around... (CROSS-TALK)

CHIEF SPECIAL SERVICES OFFICER ROJAS: Oh, I see what you're saying...

COUNCIL MEMBER LEE: Sorry, sorry, that's what I meant...

CHIEF SPECIAL SERVICES OFFICER ROJAS: Have we seen...

DEPUTY COMMISSIONER HERSHKOVICH-KIM: We haven't... we haven't encountered any issues related to that yet, but you know, things are changing, but we haven't encountered any issues related to that yet.

CHIEF SPECIAL SERVICES OFFICER ROJAS: For APS.

DEPUTY COMMISSIONER HERSHKOVICH-KIM: For APS clients.

COUNCIL MEMBER LEE: (UN-MIC'D) Okay, perfect.

CHAIRPERSON HUDSON: No, no, you're good, thank you, thank you so much. Thank you all so much for your testimony. I am going to go to public testimony.

1
2 CHIEF SPECIAL SERVICES OFFICER ROJAS: Thank you
3 so much.

4 CHAIRPERSON HUDSON: But, thank you, I
5 appreciate your time.

6 DEPUTY COMMISSIONER HERSHKOVICH-KIM: Thank you.

7 (PAUSE)

8 CHAIRPERSON HUDSON: I now open the hearing for
9 public testimony. I remind members of the public that
10 this is a formal government proceeding and that
11 decorum shall be observed at all times. As such,
12 members of the public shall remain silent at all
13 times.

14 The witness table is reserved for people who
15 wish to testify. No video recording or photography is
16 allowed from the witness table.

17 Further, members of the public may not present
18 audio or video recordings as testimony, but may
19 submit transcripts of such recordings to the Sergeant
20 at Arms for inclusion in the hearing record.

21 If you wish to speak at today's hearing, please
22 fill out an appearance card with the Sergeant at Arms
23 and wait to be recognized. When recognized, you will
24 have three minutes to speak on today's hearing topic:

1
2 *Oversight: Adult Protective Services Referrals* – or
3 on Resolution 16.

4 If you have a written statement or additional
5 testimony you wish to submit for the record, please
6 provide a copy of that testimony to the Sergeant at
7 Arms.

8 You may also email written testimony to
9 Testimony@council.nyc.gov within 72 hours after the
10 close of this hearing. Audio and video recordings
11 will not be accepted.

12 I'd like to call the first panel, Jeannine
13 Cahill-Jackson, Eric Lee, and Marcus Jackson.

14 (PAUSE)

15 CHAIRPERSON HUDSON: We can start with Jeannine
16 and then go down the line.

17 (PAUSE)

18 CHAIRPERSON HUDSON: You can start.

19 JEANNINE CAHILL-JACKSON: Okay, thank you.

20 Good morning, Council Member Hudson, and
21 members of the Committee.

22 I'm Jeannine Cahill-Jackson, the Director of
23 Elder Law with the Legal Aid Society. Our clients are
24 often in need of Adult Protective Services assistance
25 to prevent their eviction and remain in the

1
2 community. The assistance APS provides is crucial to
3 so many older New Yorkers, but there are several
4 areas where both we and our clients have experienced
5 challenges.

6 The primary APS service that our clients are in
7 need of is the CityFHEPS rental subsidy. A senior can
8 qualify for CityFHEPS by having an active APS case.
9 Many seniors depend on APS to submit these
10 applications for the subsidy. However, in our
11 experience, it can take from six to nine months for
12 APS to complete the application and obtain an
13 approval, which often places seniors at the precipice
14 of eviction as the housing case moves far more
15 quickly than that.

16 This could be prevented if APS gave Legal Aid
17 permission to submit applications on behalf of these
18 seniors. However, they often refuse to do so, leaving
19 our hands tied and our clients at risk. Additionally,
20 APS has refused to apply for CityFHEPS in some cases,
21 despite extreme rent burden for the senior.

22 Another APS service that our clients are
23 frequently in need of is financial management. This
24 can be essential particularly for seniors
25 experiencing financial abuse. However, in our

1
2 experience, it can take over six months for financial
3 management to start, often causing seniors to remain
4 in unsafe circumstances for extended periods of time
5 while waiting for the approval and management to
6 actually take place.

7 In one specific case, the result is currently
8 delaying in a senior in Brooklyn remaining with zero
9 income because her son continues to take her social
10 security checks that continue to be mailed directly
11 to her. For the last six months, she's had her APS
12 financial management pending and is left with no
13 income. My staff has been told it could take up to a
14 year for this to be completed.

15 Additionally, once financial management starts,
16 it's not uncommon for rent or other bills to go
17 unpaid for the senior at various times with no
18 explanation. This again places the senior at risk.

19 Lastly, a need for many of our clients is unmet
20 by APS, and any other community based organization to
21 which they might seek to refer them, and that is to
22 help them locate alternative housing and to move.

23 Specifically, APS may approve someone for a
24 CityFHEPS voucher, they have the moving voucher, and
25

1
2 then are left with no assistance to locate this other
3 apartment that they might need to move to.

4 With the exception of one client in Brooklyn,
5 who was eventually connected to an individual called
6 a Housing Specialist, we have been told repeatedly
7 that this is not a service that APS provides and they
8 will only intervene moments before the eviction by
9 filing an Article 81 Guardianship, seeking the
10 appointment of a community guardian to be given the
11 power over the senior themselves and their property,
12 despite many less restrictive options to assist the
13 senior (TIMER) and prevent their homelessness.

14 If I may continue, I just had two brief
15 additional points.

16 CHAIRPERSON HUDSON: Sure.

17 JEANNINE CAHILL-JACKSON: Thank you.

18 Additionally, just in regards to the Article 81
19 Guardianship and finding an apartment, it actually
20 remains unclear how this process would prevent their
21 homelessness. And these cases I refer to are still
22 underway with our office.

23 I just had two brief points to address
24 testimony that was given before:

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2 APS did testify that they'll make referrals to
3 other organizations and try to connect when they
4 identify the seniors not eligible for CityFHEPS
5 through them. However, there are no other
6 organizations that either find housing or provide a
7 different subsidy. So if they aren't... if they don't
8 have a history of homelessness, and they're not a
9 veteran, and they don't qualify for APS, their
10 options are waiting on a decade-long NYCHA waiting
11 list, if it happens to be open, and waiting for a
12 Section 8 waiting list to be open and perhaps a
13 housing lottery.

14 So the approval for APS services for clients
15 that are in need of a housing subsidy, and often in
16 need of other things is really crucial, and not
17 actually met by any others, unfortunately.

18 Additionally, Council Member Ayala raised a
19 point I wanted to address a little further regarding
20 the recertification for CityFHEPS and SNAP.

21 In our experience, and it's my understanding
22 that APS, if they have just ongoing APS case
23 management services, not a more restrictive community
24 guardian through the Article 81 process, that APS
25 does not do recertifications for CityFHEPS, SNAP or

1
2 public assistance – even if they initially helped the
3 senior enroll.

4 Thank you very much for your time, and we'll
5 also be submitting a written testimony. Thank you.

6 CHAIRPERSON HUDSON: Thank you so much.

7 ERIC LEE: Hi, good morning or good afternoon.
8 Thank you, Chair Hudson and members of the Committee
9 for allowing me to testify today.

10 My name is Eric Lee. (TIMER)

11 SERGEANT AT ARMS: Sorry.

12 ERIC LEE: Okay. Good afternoon, my name is Eric
13 Lee; I am Director of Public Policy for Volunteers of
14 America-Greater New York. We greatly appreciate the
15 Committee for holding this hearing today on APS and
16 ensuring that our vulnerable and aging New Yorkers
17 are supported and protected.

18 My organization, VOA-GNY, is the fifth largest
19 supportive housing provider in New York City. We have
20 three residences dedicated to caring for older
21 adults. In addition to these buildings, we also house
22 a large number of seniors in our other permanent
23 housing facilities – simply because the buildings,
24 the longer they operate, the longer our tenants get
25 to age in place within the buildings. And given that,

1 while these buildings have some supportive housing
2 services and supportive services in place, the
3 buildings were not initially designed for seniors
4 when we created them or stood them up. Given that, we
5 often look to partner with APS or other agencies to
6 augment our services, and we encourage the Council to
7 prioritize funding in next year's budget to expand
8 headcount within APS.

9
10 I know that the Agency said that they think
11 that they're sufficient. But we really want to see
12 the Agency have adequate staffing to proactively
13 partner with clinical staff within buildings, so that
14 we can implement service rich, progressive care
15 models to ensure that vulnerable residents who are
16 struggling to maintain their housing can get the
17 services they need to stay there.

18 It can be extremely challenging currently to
19 secure APS services for supportive housing residents.
20 APS frequently does not open a case when the resident
21 first does not answer the door – or if they refuse
22 care within the first conversation with the APS
23 worker – rather than the APS worker taking the time
24 to fully assess the circumstances and the ability of
25 the client to make decisions to maintain their

1
2 housing. Even if our clinical staff make the case
3 that APS does need to intervene, we have had cases
4 denied.

5 It's not clear to us if denials are based on
6 the belief that supportive housing residents ought
7 not to receive care from APS or if there's a skill
8 gap in the assessment of the people that are doing
9 the assessment – particularly in assessing the need
10 whether someone lacks the insight to make decisions,
11 or if APS simply doesn't have enough hands and are
12 eager to try to just churn through the massive number
13 of referrals – which they mentioned today.

14 It's critical that they have the sufficient
15 staff at APS to handle the volume of cases being
16 evaluated and that the staff in place take the time
17 to meaningfully engage and encourage all persons
18 referred. Because failure to act appropriately will
19 result in more extremely vulnerable New Yorkers
20 becoming street homeless.

21 When APS does open a case for our supportive
22 housing residents, their involvement can be a very
23 stabilizing force. For example, when it's challenging
24 for building staff to gain entry or access to a unit
25 within a hoarding situation with a resident, APS

1
2 acting as a (TIMER) neutral third party can work with
3 the client to declutter and deep clean the unit as
4 well as bring in exterminators.

5 And one final point, regarding the legislation
6 heard today, we are in support of Resolution 16, by
7 Council Member Paladino, which will call on the State
8 to increase the personal needs allowance. We work
9 with a number of veterans, as well as other people
10 within institutional settings, and this would
11 definitely help them to have more money in their
12 pockets. Thank you.

13 CHAIRPERSON HUDSON: Thank you so much.

14 MARCUS JACKSON: Good afternoon, Chair Hudson,
15 members of the Committee. My name is Marcus Jackson;
16 I'm the Age Friendly Community Organizer with Encore
17 Community Services. I would like to thank you for the
18 opportunity for speaking today.

19 Encore has been serving older New Yorkers for
20 nearly fifty years. Every day we see how
21 affordability determines whether older adults can age
22 with dignity or face instability.

23 At our Aging Through Art Center, and through
24 our Home Delivered Meals program, we support

1
2 thousands of older adults with meals, housing, and
3 connections.

4 I'm here today to talk about affordability on
5 fixed incomes. As a part of my work, I partner with
6 local businesses to create a more age friendly city,
7 uh, recruiting them to offer discounts and other
8 special benefits for older adults within our
9 community to help stretch limited incomes and foster
10 community connections.

11 Encore's Financial Case Management team help
12 older New Yorkers apply for SNAP, SCRIE, rental
13 assistance, fight medical billing issues, avoid
14 eviction. These are lifelines, especially for older
15 adults living on fixed incomes. But the need
16 continues to grow so the City's investment in these
17 services also needs to grow.

18 We also deliver over 750,000 meals a year,
19 including to those who are homebound. For many, that
20 meal is the only meal they receive for the entire
21 day. We can and we should do more to ensure no older
22 adult goes hungry, offering three nutritious meals
23 per day, seven days per week.

24 We urge the City Council to do three things in
25 this budget:

1
2 The first is to protect and expand funding for
3 NYC Aging. This is not a place for cuts. Second would
4 be to invest in aging services workforce and family
5 caregivers. These are the people holding up our
6 system, and they need to be paid and supported like
7 they are. And lastly, to prioritize affordability
8 through case management, housing support, food
9 access, and community based solutions that meet older
10 adults where they are.

11 I'll share more details in the written
12 testimony I submitted today, and I appreciate you
13 guys for the time.

14 CHAIRPERSON HUDSON: Thank you so much. Thank
15 you all so much for your testimony, I really
16 appreciate it, thank you.

17 We will call up the next panel, Sharon Brown
18 and Christopher Leon Johnson.

19 (PAUSE)

20 CHAIRPERSON HUDSON: We'll start with you,
21 Sharon.

22 SHARON BROWN: Hello, my name is Sharon Brown.
23 Before I begin, remember Israel, release the
24 hostages, let Yahweh's people go, defend Israel.

1
2 Okay. The adult protective services needs to
3 respond quickly when they're dealing with seniors.
4 These situations are very important. They need to
5 meet with people who call and are referred promptly.
6 There is a problem with them meeting with them when
7 they're calling.

8 Seniors facing eviction should be prioritized
9 and moved to the top of the list of what APS does.
10 They should help seniors get lawyers that will help
11 stop eviction and cure the initial problems and
12 abuses that cause the evictions.

13 Instead of them looking for the Article 81s and
14 trying to get guardianships, they need to cure what
15 the problem was in the first place, not that there's
16 some kind of problem with the senior that they can't
17 handle themselves. Many a times they're being abused
18 by their landlords, or whoever they are living with,
19 and they need to either get out of the situation or
20 the person be removed.

21 Some of the landlords need to be removed as
22 owners of these buildings. APS needs to help out the
23 seniors, and they should look for home ownership for
24 seniors, vehicle ownership for seniors, business
25 ownerships – instead of trying to put them into

1 guardianship. Many of them are well-capable of taking
2 care of themselves, they are just in abusive
3 situations. So we need APS to protect them and not
4 just try to put them into guardianships. Thank you.

5
6 CHAIRPERSON HUDSON: Thank you. Next?

7 CHRISTOPHER LEON JOHNSON: Yeah, hello, my name
8 is Christopher Leon Johnson.

9 My first question to this committee is, I want
10 to know why the Speaker, or whoever does the
11 committee council, why he didn't add the Committee of
12 Mental Health to this committee, because when it
13 comes to Adult Protective Services it defines when a
14 person who has a serious mental health issue is in
15 risk, too. I understand there's lot of physical, but
16 people who have mental health issues, like serious
17 mental health issues like schizophrenia and
18 psychosis, they are eligible for Adult Protective
19 Services, too.

20 So I want to know from the committee, can he
21 add the... because she was here today, Mrs. Linda
22 Lee, who's the Chair of the Aging Committee (sic).
23 Can you make this a joint committee? There should be
24 a joint committee instead of just, like, one standing
25 committee. There should be a joint committee with

1
2 Aging and the committee of Mental Health instead of
3 just Aging.

4 Let me keep this a 100% that, let me... let me
5 say this right now that, look, the City needs to
6 recognize all mental health issues as mental health
7 issues that just recognize these as serious ones.

8 (sic) Why does a person have to have, like,
9 schizophrenia or major mental health issues to be
10 eligible for all these services in the city? There's
11 people who have like what we call the DB-5 (sic)
12 (*Transcriber Note: DSM-5) as like not that serious
13 mental health issues like bipolar disorder. They
14 don't... they're not eligible to get the same
15 services as the people who have schizophrenia and
16 psychosis.

17 So what needs to start happening more, I know
18 this is more federal, that the City Council needs to
19 start advocate... need to tell the federal government
20 to change the... and with the help of... with Social
21 Security to define the lower level mental health
22 diagnosis as serious mental health diagnosis. Because
23 we have a big mental health problem in the city of
24 New York. A big mental health problem in the City of
25 New York. And these people, they need the same amount

1
2 of help as the people who are diagnosed with the
3 major, serious mental health issues, especially
4 schizophrenia and psychosis. Until this happens, this
5 is... nothing's gonna change here. I think right now
6 in 2025, mental health needs to be a priority in the
7 City Council. They need to dedicate a whole month to
8 Mental Health Awareness Month. Really,
9 (UNINTELLIGIBLE) put in tweets and Facebook postings
10 and photo-ops, they need to act on it. They need to
11 act on what they saying, because it's not funny about
12 mental health, until somebody that we all love or
13 somebody that's well-connected in the city in... the
14 City Council or in the New York City political world
15 gets hurt by someone that's seriously mentally ill.
16 It's not funny until that.

17 So like I said, until you're ready to go to the
18 federal government, talk to your state, uh, your
19 local, your state, and federal legislatures,
20 legislators including the Governor of New York State,
21 Kathy Hochul, to really help reform mental health
22 laws in the city... for the City of New York. Because
23 this Home Rule in Downstate, the Downstate area,
24 (TIMER) nothing never is gonna change.

25 So thank you so much and enjoy your day.

1
2 CHAIRPERSON HUDSON: Thank you both for your
3 testimony. Thank you to everyone who has testified
4 today, and thank you again to the Administration.

5 I would like to call three names from Zoom,
6 Reverend, Dr. John Udoon?

7 (NO RESPONSE)

8 SERGEANT AT ARMS: You may begin.

9 (NO RESPONSE)

10 CHAIRPERSON HUDSON: Okay, no, Reverend, Dr.
11 John Udoon.

12 Moving on to Dr. Jonathan Akeen Jones?

13 SERGEANT AT ARMS: You may begin.

14 (NO RESPONSE)

15 CHAIRPERSON HUDSON: Dr. Jonathan Akeen Jones?

16 (NO RESPONSE)

17 CHAIRPERSON HUDSON: And, lastly, Steven De
18 Castro?

19 SERGEANT AT ARMS: You may begin.

20 (NO RESPONSE)

21 CHAIRPERSON HUDSON: Steven De Castro?

22 If there is anyone else on Zoom that would like
23 to testify, please use the Zoom Raise Hand Function.

24 Seeing no hands, again, I would like to thank
25 everyone for testifying today. This is an important

1
2 topic that we were able to get some more information
3 from the Administration on. And I look forward to
4 receiving additional information from them in their
5 follow-ups.

6 Thanks, again, to everyone who joined us today.
7 And this meeting is now adjourned. [GAVEL]

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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 21, 2025