

THE CITY OF NEW YORK
OFFICE OF THE MAYOR
NEW YORK, N.Y. 10007

**Testimony of the Mayor's Office to the City Council Committee on Aging
Jointly with Committee on Health**

Re: Regulation of Social Adult Day Care, Intro. 1052

Wednesday, June 19th - 1:00 PM

Chairpersons Arroyo and Lappin and members of the Committees on Health and Aging, thank you for inviting us to speak to you today about Intro 1052, a proposal to create an oversight function at the Department of Health and Mental Hygiene (DOHMH) for Social Adult Day Care programs operating in the City, and an ombudsperson function at the Department for the Aging. I am Andrea Cohen, Director of Health Services in the Mayor's Office, and I am joined at the table by Caryn Resnick, Deputy Commissioner of External Affairs at DFTA; Eilleen Mullarkey, Assistant Commissioner of Long Term Care at DFTA; and Frank Cresciullo, Assistant Commissioner in the Bureau of Childcare for DOHMH.

We share the concerns prompting the introduction of this bill, namely, the recent opening of large numbers of new Social Adult Day Care (SADC) programs in the City, and evidence that some of the new programs are not providing quality services but are aggressively recruiting participants away from high quality providers. However, recognizing that these programs are paid for almost entirely through State Medicaid managed care arrangements, and that City agencies lack the infrastructure and funding to oversee potentially hundreds of SADC programs in the City, we do not support the specific approach set out in this legislative proposal. In addition, we understand that the State has taken some specific actions to address reported abuses among SADC programs, and we will be watching carefully to determine whether those actions are having the intended effects.

Let me first describe the current financing and regulatory arrangements for SADCs in New York City, and the reasons for a spike in new program openings. As you know, the Council funds approximately eight SADC programs, which serve about 80 New Yorkers through contracts with the Department for the Aging (DFTA). As part of these contracts, SADCs are required to meet the standards set out in State Office for the Aging (SOFA) regulations, and DFTA provides oversight in the form of contract enforcement on those standards for the eight programs. Social Adult Day Care also is a covered benefit under Medicaid Managed Long Term Care (MLTC) plans and used less frequently, through a smaller Medicaid waiver program known as the "Lombardi Program," or "Nursing Home without Walls." As a result of changes made through the Governor's Medicaid Redesign Team process, many more Medicaid beneficiaries needing long term care services while living in the community are enrolling in these Medicaid MLTC plans, and therefore are becoming eligible to receive SADC services. For example, since May 2011, enrollment in Medicaid MLTCs in NYC has nearly tripled, from fewer than 30,000 enrollees to almost 90,000 enrollees today. To serve this influx of new enrollees, Medicaid MLTC plans are quickly expanding their capacity by contracting with new community based long term care service and support providers, like SADC providers. It is reported that some are also using SADC centers as recruiting centers for their managed care plans.

Because these new SADC providers are being paid for, and contracted through, the State Medicaid program, we believe that the State should be responsible for ensuring the quality of the services provided and the integrity of the taxpayer funded program. We are in discussions with the State about steps they are taking to address reported problems with the surge in programs, and will continue to monitor the impact of the recent steps they have taken, which include:

- Requiring MLTC plans to attest that all SADC providers in their networks meet SOFA requirements;
- Modifying eligibility for MLTC plans, and therefore for SADC, so that Medicaid beneficiaries who only need light housekeeping services cannot be automatically eligible; and
- Auditing and requiring plans to audit eligibility for enrollees who were referred by SADCs or for whom SADC is the only service on their care plan

We are hopeful that these actions, as well as proposals being debated in Albany to provide more active regulation and oversight of SADCs by or funded by the State, will quickly curb the abuses that have been reported.

While we actively engage with the State to urge them to regulate SADCs and Medicaid MLTCs more comprehensively, we have serious concerns about the City unilaterally taking on this responsibility. Presently, DOHMH lacks the infrastructure and the expertise to oversee a new large inspection program related to overseeing, inspecting and regulating reimbursable social and cognitive therapeutic services by a provider type they do not currently interact with. DOHMH would incur a substantial expense – roughly estimated at \$ 1 million per year – once the inspection program was up and operational. There would also be significant startup expenses and delay associated with developing a brand new oversight and registration program, including costs accrued writing regulations, hiring staff, and allocating space for this new unit of the Department.

Another concern is that DOHMH would lack any effective mechanism to enforce its rules and oversight. While Intro 1052 would authorize DOHMH to impose new civil penalties on non-compliant SADCs, it would have no mechanism to enforce payment of those penalties. It would not have contract enforcement authority that DFTA currently has with the programs it funds. In its current inspection programs, like restaurants and child care, DOHMH issues permits, can suspend or refuse to renew those permits when violations are present or fines go unpaid and ultimately can seek the revocation of operating permits for those establishments that persistently fail to comply with regulations. Because there is no permitting regime in Intro 1052, poorly operated SADCs could continue to operate, and the Council's expectations of effective oversight may be unrealized.

DFTA would also have to expand from its role enforcing contract terms for eight programs and 80 individuals to serving as an ombudsperson or entity for 200 programs and thousands of participants. This could also be a costly expansion.

We will continue to monitor this issue, engage with the State, and work with you to identify alternative approaches to addressing these recent problems. However, at this time we do not support incurring substantial costs and taking on major new regulatory roles that can and should be the responsibilities of the State.

Thank you and I am happy to take questions.

FOR THE RECORD

**Testimony before the
Committee on Aging and Committee on Health
New York City Council**

Service Program for Older People, Inc.

June 19, 2013



**302 West 91st Street, New York, NY 10024
www.spop.org
(212) 787-7120**

Good afternoon. I am Robert Franco, Director of Adult Day Services at Service Program for Older People, or SPOP, a mental health agency on the Upper West Side of Manhattan. SPOP was founded in 1972 as one of the first agencies in the U.S. to focus on the mental health needs of older adults living in the community, and we have operated a Social Adult Day program since 2000. I oversee both the Social Adult Day program, which serves adults with memory loss, and a Continuing Day Treatment Program for adults with serious and persistent mental illness. I am honored to address members of the New York City Council Committee on Aging and Committee on Health on the subject of regulations for Social Adult Day programs.

I urge the New York City Council to issue regulations for Social Adult Day programs. The Social Adult Day Center at SPOP adheres to the same standards that we follow for all of our programs, including our geriatric Mental Health Clinic and Continuing Day Treatment Program, which are licensed and overseen by the New York State Office of Mental Health and the New York City Department of Health and Mental Hygiene. Throughout the agency, we conform to professional standards for physical and mental health care, nutrition, and sanitation, and I take personal pride in the quality of care that we extend to our Social Adult Day clients and their families and caregivers.

Social Adult Day programs serve some of the most vulnerable members of the community: individuals with Alzheimer's, memory loss, or other cognitive impairment. Our program was developed to help these adults remain in their homes. We offer opportunities for social interaction and participation in a variety of activities designed to foster cognitive function, including music, art, physical exercise, and memory games. There is no cure for Alzheimer's, but we have learned that the progress of the illness can be slowed when adults are active and socially engaged.

SPOP's Social Adult Day program has improved the quality of life for hundreds of older New Yorkers while providing respite and relief for their caregivers and saving millions of dollars in hospital and nursing home fees. Our interdisciplinary team, comprised of a psychiatrist, a nurse, clinical social workers and program aides, focuses primarily on the needs of the client, but also provides extensive attention and support to the caregivers. Respite services give caregivers an opportunity to take care of themselves, get some rest, and attend to other responsibilities.

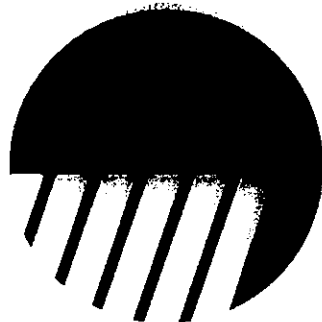
Social Adult Day care is an area of mental health care that must be regulated. We recently have seen new programs sprout up all over the city. Many are legitimate, but others have been found to be fraudulent. If the City Council chooses to draft regulations, I encourage you to consult with established agencies such as SPOP that have a long and successful history of providing Social Adult Day services.

New York City is growing older, and older adults are living longer. A recent study by the RAND Corporation estimates that dementia care cost will double by the year 2040. Social Adult Day programs are one of the most economical ways to provide expert care and keep people in their homes, but they must be regulated. Without oversight, there is no standard of care and there is tremendous risk of financial fraud.

We have a responsibility to care for those who suffer from irreversible illnesses such as Alzheimer's, to extend support to their family members and caregivers, and to safeguard the limited public funding available for this work. I hope that the City Council moves forward expeditiously in developing regulations.

Thank you for this opportunity to present testimony.

Testimony of
The Alzheimer's Day Care Center
at



**Parker Jewish Institute for
Health Care & Rehabilitation**

Submitted
at
New York City Council
Committee on Health
Committee on Aging
“Oversight: Social Adult Day Services Programs”
Wednesday, June 19, 2013

Parker Jewish Institute for Health Care & Rehabilitation
271-11 76th Avenue, New Hyde Park, NY 11040-1433
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My name is Martha Wolf, and I am the Director of Community Dementia Care at Parker Jewish Institute for Health Care & Rehabilitation.

On behalf of the more than 7,000 older adults served by Parker each year, as well as Parker's president and CEO, Michael N. Rosenblut, thank you for the opportunity to provide testimony at this hearing.

Parker Jewish Institute for Health Care & Rehabilitation, now in its 106th year of service, is one of the nation's leading centers for the health care and rehabilitation of older adults. An independent, nonprofit, we offer post-acute care, short term rehabilitation, long term care, adult day health care, Chinese adult day health care, home health care, a community and in-patient hospice program, on-site dialysis, medical transportation -- as well as a unique Alzheimer's day care program.

Funds that are provided for Parker's Alzheimer's program are not luxury. They are, in fact, key to life-saving services we provide for Alzheimer's participants and their family caregivers. Funds provided for this and many other social day care programs are not City costs, but cost-savings, because they help adults avoid more costly hospitalization and institutionalization. They help keep adults where they most want to be -- in their communities, with their families and friends, in the comfort of their homes. Parker's Alzheimer's day care program allows family caregivers to work, and work productively, comforted by the knowledge that their loved ones are being cared for by compassionate professionals in a safe, wholesome environment. As a result of funding cuts to Parker's Alzheimer's program and other social day care programs, increased costs in health, human services, emergency services, and police are occurring.

The Alzheimer's program at Parker, for example, provides relief and support for families, and sensitivity and stimulation for participants. It is a service that is built upon Parker's recognized and longstanding depth of expertise in managing and treating the full range of clinical and behavioral problems for people at all stages of dementia.

Parker's Alzheimer's program is the only social model day care program in Queens that accepts people at all stages of dementia and is open 7 days a week. We proudly offer a thoroughly experienced professional staff; a beautiful, safe, homelike environment; programs that address memory loss

and daily living skills; and a broad range of activities. We also offer bathing, grooming and personal care, an excellent hot meal, and assistance with eating disorders that are common to Alzheimer's patients. We make referrals to specialists for medical, dental and medication management, as needed. The Alzheimer's day care program at Parker provides family guidance and support groups, critically needed by family caregivers. In 2012 alone, there were 9,160 visits (visits translate to number of days participants attended) to Parker's Alzheimer's Center.

Without funding help from the City, many Alzheimer's participants and their family caregivers do not have access to the services that we and other community programs provide. They fall through the cracks of a system whose maintenance is one of the core responsibilities of government, that is, to be a key protector of people who cannot protect themselves. If this support continues to be absent, the people served by many social day care programs will fall into the much more expensive net of institutionalization, at a time when the City and State can least afford it. During a time of serious recession, when government must tighten its belt, services that help seniors avoid institutionalization and minimize hospitalizations represent a substantial savings. The annual cost of care in a nursing home in this area is approximately \$150,000, compared with approximately \$24,000 per year in a social day care program. Community based services, especially social adult day care, must be encouraged from City Hall to the White House! Caregivers of persons with dementia, in fact, save New York's health care system tens of billions of dollars a year. New York City's most vulnerable citizens deserve and must have services in place now. This is an epidemic of major proportions, one that will affect 1 in every 4 New York families.

We urge the New York City Council to explore a strategic plan to address this great need and to make absolutely sure that profiteers who knowingly offer bogus social adult day programs are identified and made to cease operations. Oversight is a critical issue and we thank the New York City Council for its concern and efforts in addressing this critical need. As it was recommended at the September 2012 City Council Hearing that addressed this same concern, it is felt that New York City should take the lead in proposing a plan of action that ensures that an oversight/monitoring system be put into place to make sure that our most vulnerable citizens are receiving the quality of care that they and their families require and deserve. We also propose that a New York City registry be developed and disseminated so that consumers are aware of approved SADS centers, i.e. those that adhere to

the NYSOFA Standards. The Alzheimer Center at Parker and similar longstanding SADS programs that adhere to the NYSOFA Standards, have proven their ability to care for an important segment of our most vulnerable population in the most cost-effective, appropriate, and compassionate manner.

Thank you.

Please direct any response to:

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Federation of Protestant Welfare Agencies



Council of Senior
Centers and
Services



The Voice of the Human Services Community

Testimony on Intro 1052
Jessica Lappin, Chair of the Aging Committee
Maria del Arroyo, Chair of the Health Committee

Hearing on Social Adult Day Services

June 19, 2013

INTRODUCTION

Good morning. We are doing joint testimony on behalf of the Federation of Protestant Welfare Agencies (FPWA), the Council of Senior Centers and Services (CSCS), Human Services Council (HSC), UJA-Federation of New York and the United Neighborhood Houses (UNH). Together we represent hundreds of agencies providing social services to thousands of older New Yorkers in all five boroughs. We share a particular concern for the elderly and have advocated for Social Adult Day Services (SADS) for many years.

We would like to thank Council Member Lappin, Council Member Arroyo and the members of the New York City Council's Committee on Aging and Committee on Health for holding this important hearing on Social Adult Day Services. We appreciate the opportunity to testify on this legislation, Intro 1052.

Firstly, we would also like to thank the City Council for restoring \$400,000 in funding for social adult day services programs in the FY 2012-2013 budget. We hope these funds remain in the Department for The Aging's (DFTA) budget. We recommend increasing these funds to further support existing or new social adult day services programs. This funding stream allows seniors, who are not eligible for Medicaid but do not have the financial means to pay out of pocket, to access social adult day services. It also helps their family caregivers.

Background on Social Adult Day Services: Benefitting Seniors and Their Caregivers

The benefits of social adult day services programs to the senior, people with physical disabilities and their caregivers cannot be overstated. Social adult day services programs are vital in the continuum of service to the elderly and physically disabled clients with functional impairments. These programs provide therapeutic activities that help seniors with various forms of dementia and people with physical disabilities to maintain their everyday functioning. Some of the therapeutic activities offered at social adult day programs include art, music, discussion groups and reminiscence activities. In addition, lunch, healthy snacks and transportation to and from programs are provided. Clients and their caregivers may also receive assistance at social adult day services programs in obtaining homecare, Medicaid and other benefits.

Social adult day services programs are also an important source of respite and support for caregivers. The availability of social adult day services programs enable caregivers to keep their loved one at

home and cared for when they are working or fulfilling other responsibilities such as maintaining employment or caring for children. Some social adult day services programs provide family members information and education on dementia, and offer suggestions on places they may go for further assistance.

Our member agencies have reported seeing more caregivers that are a part of the “sandwich generation”. These caregivers are busy working adults who are trying to care for their aging parents while raising their own children. Social adult day services programs also offer support groups for caregivers and help to relieve caregiver stress by providing a break for the loved one. There are over 10 million Americans currently who represent the “sandwich generation”, which will undoubtedly continue to grow as our elderly population increases.¹ The holistic services offered by these programs provide immeasurable support to clients and their families.

Intro 1052

We greatly appreciate the City Council’s response to community concerns about the proliferation of “pop up” social adult day services programs at various low-income ethnic neighborhoods in New York City. As we testified in September 2012, some of the concerns we raised included: 1) the facilities where the programs are located may not be appropriate, conducive space to care for and assist frail elderly clients; 2) these programs are accepting seniors who should be attending senior centers nearby, and that their participation in these social adult day programs may be a result of aggressive marketing and outreach efforts rather than comprehensive needs assessment; 3) the credentials of providers overseeing and operating these programs, as they are unknown to existing social adult day services providers and other providers in the community; 4) the types of regulatory oversight that these providers are required to be in compliance with, and 5) funding source and service charges.

It is our position that, at a minimum, all social adult day services programs, regardless of their funding sources, be required to operate according to the New York State Office for the Aging’s (NYSOFA) Adult Day Care Regulations. Following these standards would ensure programs are providing appropriate services to older adults and their family caregivers. It would also ensure precious public dollars are spent properly and prevent Medicaid fraud from happening. We are pleased that Intro 1052 does not support the licensure of social adult day services. We are concerned that licensing requirement would jeopardize the viability of these programs.

In addition, we would like to share some concerns regarding this legislative proposal:

1. NYC DOHMH oversight of ADS programs – More clarification is needed as to the oversight role of the Department of Health and Mental Hygiene (DOHMH). Will social adult day services programs be monitored by both DFTA and DOHMH? We do not want to overburden these programs with multiple reporting requirements, program audits and site visits.

2. Impact on VENDEX – Will this impact VENDEX of SADS providers if two city agencies are monitoring the programs?

3. Medicalizing social adult day services – The social model of adult day services is purposefully structured to not be a medical model. If overseen by DOHMH, we are concerned that the social adult day services program model may be medicalized; which is something we would not want to see happen. For example, Section 17-502, b, gives authority to the DOHMH commissioner to “establish additional requirements for social adult day care programs operating under this chapter.” This could lead to additional regulation and potential conflict between DFTA and DOHMH. We recommend building protections against moving towards a medical model into the legislation.

4. Medicaid funded social adult day services – Clarification is needed as to how Medicaid funded social adult day services programs will be monitored. Will DFTA and DOHMH both have oversight? How will their roles be delineated? Will these agencies be required to report violations to state DOH?

5. Financial penalties – While imposing these penalties makes sense, it is not clear whether DFTA or DOHMH would be responsible for program audits. We would also like to know the threshold of non-compliance that will trigger financial penalties.

6. DFTA’s ombudsman role – We are pleased that DFTA will be given authority to play this role. However, we are concerned about the financial and staffing resources required of DFTA to adequately carry out this responsibility. Clarification is also needed of Section 21-204, 3, “making recommendations to the commissioner and the Commissioner of Health and Mental Hygiene to improving social adult day care programs as defined in chapter 15 of title 17 of this code”.

7. Nutritional regulation – We recommend that language be included which would require all social adult day services programs to comply with DFTA nutritional regulations for all meals served at the program.

We do support the role of DFTA to house a registry for all social adult day programs. We believe the registry would be a good resource list for those seeking social adult day services.

Conclusion

Social adult day services programs have proven to be a sound investment in the lives of older adults and their caregivers. It is imperative that these programs continue to be supported and adequately funded. We believe that this legislation would help protect vulnerable older adults and their families who depend upon social adult day services. We hope you would consider incorporating our concerns and suggestions in the final version of Intro 1052.

Thank you for the opportunity to testify.

Council of Senior Centers and Services

CSCS is the central organization in NYC representing community-based services for the elderly. CSCS membership is comprised of 150 sponsors operating hundreds of neighborhood based programs serving 300,000 older New Yorkers. CSCS' members provide services including multi-service senior centers, congregate and home-delivered meals, health and wellness programs, case management, home care, transportation, NORCs, adult day, elder abuse and a gamut of other community-based services.

Federation of Protestant Welfare Agencies

FPWA is a membership organization with a network of human service organizations and churches that operate over 1,200 programs throughout the New York City metro area. Together we serve over 1.5 million low-income New Yorkers of all ages, ethnicities and denominations each year. Our work with member agencies and church-based human service programs puts us in direct contact with every level of the social service system. This gives us a comprehensive view of the complex social problems that face human service organizations today, and allows us to identify common ground among our members so that we can have a greater impact as we advocate for them.

Human Services Council

The Human Services Council of New York City (HSC) is an umbrella policy and advocacy organization for a network of over 160 not-for-profit human service federations, coalitions, advocacy groups, and direct service providers throughout New York City. As the coordinating body, HSC mobilizes these diverse groups to educate policy makers and the community on how budget and policy decisions affect New York City's social service providers and the poor and vulnerable individuals and families who depend on them for services.

UJA Federation of New York

UJA-Federation's mission is "caring for those in need, rescuing those in harm's way, and renewing and strengthening the Jewish people in New York, in Israel, and around the world." We are a funding and coordinating body for more than 100 nonprofit health and human service and educational agencies in New York City, many of which are dedicated to serving the elderly.

United Neighborhood Houses

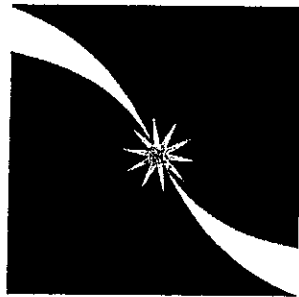
UNH is the 90 year old membership organization of New York City's settlement houses and community centers. Our 38 member agencies, working at over 400 sites with close to 10,000 staff members and 7,500 volunteers, comprise one of the largest human service systems in the city and provide high quality programs and services to over half a million New Yorkers each year. These diverse programs and services include, but are not limited to: child care, after school and youth development programs, English and adult literacy classes, job training, immigrant legal services, eviction prevention programs, and a variety of congregate and in-home services for older adults. UNH supports its members through policy development, advocacy, and capacity-building activities.

New York City Council Hearing

**Committee on Aging
Committee on Health**

Regulating Social Adult Day Care Programs

**Wednesday, June 19th, 2013
250 Broadway, New York, NY
14th Floor Committee Room**



**NEW YORK
MEMORY
CENTER**



**Christopher S. Nadeau, MS, QDCP, TTAP-C
Executive Director
New York Memory Center
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(718) 499-7701**

Good afternoon. My name is Christopher Nadeau, and I'm speaking today as the Executive Director, and a provider of Social Adult Day Care in New York City. Our center, New York Memory Center is a nationally recognized model of care and a leader in the field of dementia day services for over two decades. We want the best care for individuals living with a memory disorder and we are serious about it.

I would like to thank Council Member Lappin, Council Member Arroyo and members of the New York City Council Health and Aging Committees for their leadership on this issue. I think we can all agree on three things today: a better system of oversight is needed; the New York State Minimal Standards and Regulations for Social Adult Day should be the enforcement vehicle; and Social Adult Day stands as the least expensive community based service to taxpayers that allows vulnerable adults to remain vibrant members of the community while avoiding unnecessary institutionalization.

If we project that approximately 7-8,000 older adults will be served within 200 social adult day centers in New York City within the next year; and if they all meet the minimum standards of care, we are talking about a total gross revenue to Medicaid Managed Long Term Care Plans of approximately \$364,800,000 (three hundred and sixty four million and eight hundred thousand dollars) for the year.

Under current rules and regulations each of the over 20 Medicaid Managed Long Term Care insurance plans in New York City is required to provide separate oversight and ensure the quality of care provided under the SOFA minimum standards. Since my center has contracts with approximately 12 plans, that would require me to make myself and my staff available for oversight by each of these providers. Each plan would need to hire staff, train them, supervise them, develop internal policies and procedures for oversight and monitoring, and create a system of enforcement as well as contract specifics. If you are beginning to feel exhausted, so am I. There is another way. Certification.

Of the hundreds of millions of Medicaid dollars being spent in New York City each year, if we dedicated only a small fraction of that to certify Social Model Day Programs (Medicaid funded or no) we can provide for a less time consuming, less intrusive, and less costly way to provide oversight to ensure quality. It is estimated that approximately \$5,000,000 (five million dollars) would cover the costs of providing a statewide system of certification of Social Model Day Programs. Please keep in mind that all other community-based Long Term Care services in New York State require some form of licensing or certification (i.e. Adult Day Health Care, Personal Care, Home Care, etc...). What makes Social Adult Day Care any different; we provide feeding, toileting, assistance with ambulation, socialization, counseling to families, nutrition, and other services. Now is the time to act; and we should accept responsibility for this call to action and do it right. To not professionalize this service through a quality and efficient oversight system would be a decision to continue to marginalize the importance of this critical service.

There are many different ways in which to structure a simplified and cost effective certification program. We must keep in mind that most Social Adult Day Service programs are small, specialized, and structured programs with little ability to bear the costs of certification.

Senate Bill 5397 (Savino) and Assembly Bill 7736 (Millman) being read for the third time in the State legislature is most encouraging in that there is a provision in the bill requiring the Director of the State Office for the Aging to study and report on projected costs and benefits of establishing uniform standards and requirements and regulations, and to provide such a report by the end of the calendar year. We need to look at best practices in other states as it relates to ensuring quality standards within Social Adult Day Centers and carefully consider the options. Thank you.



TESTIMONY
New York City Council
Jessica Lappin, Chair, Aging Committee
Maria del Arroyo, Chair, Health Committee
Hearing on Social Model Adult Day Service
June 19, 2013

Elizabeth A. Geary, President
NYS Adult Day Services Association (NYSADSA)

I begin with a word of thanks.

On behalf of The New York State Adult Day Services Association (NYSADSA) and the great majority of older New Yorkers who clearly indicate that their preference is to live in their own homes for as long as possible, we are grateful for the opportunity to focus on the ways that high quality Social Adult Day Services can help achieve that goal.

Social Adult Day Services (often referred to by the acronym "SADS") are community based services that enable frail adults with multiple and diverse disabilities and those with Alzheimer's or related dementia to be safe, socially connected and therapeutically supported in order to maintain functional capacities in all domains: physical, cognitive, social and emotional.

SADS programs provide a dual benefit. Even as they focus on the person needing direct assistance, care and supervision, they also provide services to family caregivers, with respite from the daily burden of assisting and supervising their frail loved one being a key benefit. Other services may include support groups, educational seminars, information and referral.

Since 1978, NYSADSA's mission has been to develop, promote and enhance Adult Day Services as an integral part of the services continuum through providing training, information, and public education for the Adult Day Services industry. In collaboration with the New York State Office for the Aging and the New York City Office for the Aging, NYSADSA sponsored four full day trainings in New York City so that those who wanted to understand the New York State Minimal Standards and Regulations for SADS programs would have access. More than 300 individuals, programs and Managed Care organizations participated in these trainings; some multiple times. In the near future, as a result of funding in the New York State budget, NYSADSA will launch even broader training and technical assistance efforts in order to help ensure that existing SADS programs, SADS programs in development and other entities contracting with those programs—including Medicaid Managed Care Organizations— have access to accurate information about the implementation standards and regulatory requirements for SADS programs operating in NYS.

NYSADSA is very grateful to Council Member Lappin, Council Member Arroyo and the members of the New York City Council Aging and Health Committees for their focus on developing legislation that clarifies the expectations of those who market their programs as Social Adult Day Services and creates a mechanism to ensure that these expectations are met. The importance of right sizing care and ensuring that public and private dollars are spent appropriately cannot be exaggerated.

SADS is not intended to serve the generally healthy senior population; senior centers are established for that purpose. According to NYS statistics, historically more than 1/3 of those who attend SADS programs need hands-on assistance with toileting, mobility, or eating and 67% need constant supervision and monitoring because of a cognitive deficit.

That said, in New York City, many neighborhoods have been underserved. Culturally sensitive SADS programs will enable those who attend them to remain at home in the community, while their family

caregivers continue to work or manage other family concerns. In some ways, the increased interest in developing new SADS programs is a testimony to community needs. For more than 35 years, SADS programs have emerged in response to community needs. Examples include the development of ARC XVI Fort Washington in the late 70's as a program for the physically frail; Riverstone ADS in Washington Heights developed a program for Spanish speaking residents with Alzheimer's Disease; SelfHelp, an agency with a special focus on Holocaust survivors developed an Alzheimer's program; Visions developed a program for the blind; Village Care developed a program for those with HIV/AIDS... and the list goes on.

This is because the Elderlaw, Title 9, Section 6654.20 Minimal Standards and Regulations for SADS enable programs to have flexibility of design in order to meet specific community needs. Therefore, NYSADSA is especially supportive of the proposed Intro 1052's mandate that all SADS programs operate according to these New York State regulations.

In the current environment and with the rapid expansion of SADS programs, we also support the Registry that the Intro 1052 legislation establishes. We believe it will not only be a necessary first step in a broader oversight plan but will also facilitate referrals to well run programs throughout the city. The Registry will ensure that no program will operate beneath the radar and at the same time will support the flexibility of current regulations. NYSADSA also thinks that this will work well in tandem with the Savino-Millman bill that has passed the state Assembly and is currently being reviewed by the Senate. This bill (Senate Bill 5397-A (Savino)/Assembly bill 7736 (Millman) prohibits the use of the terms "social adult day services" and "social adult day care" if programs do not meet the definitions in statute.

NYSADSA respectfully recommends to the City Council that, in the end, oversight of all programs operating in New York State should come from the State Office for the Aging. The Savino-Millman bill will establish that and we are concerned that the culture within the Department of Health/Mental Health leans too much in the direction of medical models and might result in medicalizing social adult day

programs or creating a layer of burdensome requirements that are not consistent with the intentions of the New York State social model regulations. Last year when the Governor's SAGE Commission issued their final report they noted that, as a result of the overarching medical model of DOH and related federal law and guidance, programs administered by the Department of Health are generally far more expensive, and in many cases less attractive to the older New Yorkers who need services than comparable programs offered under the authority of the Office for the Aging. We think this would also apply to the NYC DOHMH.

We support the core concept of penalties for non-compliance because we think that stiff penalties will eliminate programs that do not meet the regulations. At the same time, we caution that program audits must be consistent with the New York State Regulations and not overstep those requirements and jeopardize long standing, community based programs that may be unfamiliar with formalized program audits and may or may not have Medicaid or government funding of any kind. It will be a disservice to everyone, if the reaction to what the press calls "pop ups" results in a very burdensome, beaureaucratic process that is costly for programs that operate on very tight funding streams.

Finally, in the same way, we agree that the New York City Department for the Aging would be the appropriate place for an Ombudsman if the New York State Office for the Aging is not given statewide oversight for all programs.

In closing, I want to state again NYSADSA's core principals related to the operation of social model adult day services programs:

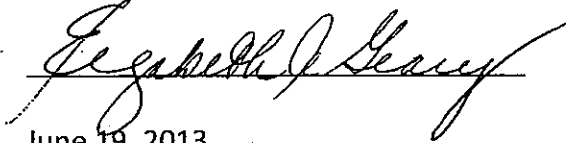
- 1) All SADS programs, regardless of funding source, should operate according to Elderlaw, Title 9, Section 6654.20 Minimal Standards and Regulations
- 2) A mechanism for consistent, statewide oversight must be established and Intro 1052 may take us closer to that goal

- 3) Programs that inappropriately determine participant eligibility or do not deliver all SADS core services or meet the administrative standards of NYS regulations, should feel the effects of enforcement oversight and action up to, and including, forced closure.

NYSADSA stands ready to assist the New York City Council and all other government bodies in their role of ensuring that both public and private funds are utilized to the best advantage of our aging population. Thank you for seizing the moment and working to ensure that only high quality SADS programs operate in New York City and beyond.

Respectfully submitted,

Elizabeth A. Geary, President, New York State Adult Day Services Association



June 19, 2013

For more information: 631-585-2020, ext. 235

egeary@cpclongisland.org

Testimony

Joseph Tsang

Our Senior Center, AMICO, is located within the neighborhoods of Dyker Heights, bordered by Boro Park. Within the past year, there has been a tremendous increase in un-regulated new Social Adult Day Care Center “Popping Up” in our Community. The attendance at our Center was obviously affected as some of our members have frequented and joined these “pop ups”.

The members that returned to AMICO have explained that that they were enticed by the offering of free meals, gift shopping coupons and free transportation. Further, they have revealed that membership at these “pop ups” was limited only to participants that were holders of Medicaid Cards. Also, there appears to be limited qualified medical staffing or caregiver services if any at all available at these Social Adult Day Care Centers. Some of these returning members have emotionally expressed concerns that their Medicaid Accounts may have been compromised and misused without their knowledge. They have requested our help to closed their accounts and open new accounts. They have reported phone calls from the SDA

requesting that they fill out a form stating that they are in need of Care Giver Services even though they are well and have no need for these services. They chose to return to AMICO for the more structured organization that is dedicated to looking out for their general welfare.

In light of this information, we fully support the proposed Amendment to the Administrative Code of the City of New York as pertains to **Chapter 15, Social Adult Day Care Programs.** Chapter 15 defines and prescribes the operational requirements as well as the necessary surveillance of these Social Adult Day Care Centers.

It is recommended that in the “Staffing” requirements of Chapter 15, there must be qualified staff personnel available with the cultural knowledge and language skills to communicate with each participant’s unique culture and language to insure the participant fully understand the program conditions.

There should also be a requirement that these Social Adult Day Centers be opened to everyone and anyone that needs this help regardless if they have a Medicaid Card or not.

June 18, 2013

"Testimony to the City Council Committee on Aging in relation to regulating social adult day care programs"

June 19, 2013

My name is Sandra Christian and I am the Assistant Executive Director for Senior and Home Care Services of Ridgewood Bushwick Senior Citizens Council.

I would first like to thank Council Members Arroyo, Lappin, Vacca, and Chin for holding these hearings and introducing legislation to regulate Social Adult Day Services.

I would like to address my testimony to reiterate the continued concerns of my peers:

Program Description:

Our organization has operated our Respite Services in Conjunction with our Social Adult Day Program since 1983.

The actual cost of our services per day is approximately \$70 with transportation for Social Adult Day. We request a donation currently of \$15 per day. We request a contribution of \$100 per day for our 24 Hour Respite Services, which provides a lifeline to families who need to leave town for a weekend or longer for emergency situations or even for a much needed vacation for a week or two.

We have the ONLY Overnight Respite Program in a non-institutional setting in all of New York City. Our elder clients can stay with us at our center for up to 3 weeks and receive the 24-hour care they need. Our costs are low, and our rates are affordable. We provide this service to families who need to take a break from their 24-hour duty of care giving. The overnight program is also a safety net for families caring for elders that are in crisis. The ability to continue Respite Services has always been impacted by our Social Adult Day funding

Social Adult Day programs are not luxuries for our client's caregivers – they are a necessity in keeping these families intact. Almost all of our clients are cognitively impaired because of diseases like Alzheimer's and Parkinson's. We also have a mix of clients who have physical impairments from strokes or normal chronic conditions that benefit from the smaller one on one setting. Without an adult day program for their family members, some of our caregivers would be faced with extremely difficult decisions, such as whether to quit their jobs and struggle financially in order to care for their loved one full time, or place their family member in a nursing home before it is necessary to do so.

The cost of SADS per client with us is \$70/ day which includes transportation and two meals. This covers an 8 hour day which results in a cost of \$8.75 per hour. Hiring a private certified Personal Care Aide can range from \$13 to \$18 per hour in our community. The services being provided in the SAD setting include program supervision of the aides caring for the clients, nutritionally balanced meals, socialization and cognitive and exercise activities which continue to maintain and even in some case improve client functioning. Caregivers receive assistance with case assistance and access to case management and needed care giver support.

The cost of our Respite Contribution at \$100 per night is compared to \$180 to \$215 per night with Private Home Care. Again for at least 8 hours per day, a client in our Respite Overnight program will participate in our supervised day program. Our Overnight Aides although alone at night have access to our 24 hour on-call emergency staff and the Adult Day staff monitors the client on a daily basis.

Again, for families especially working, middle income families that want to continue to keep their parent or spouse at home, Social Adult Day is the most cost effective, safe program to do so and it offers activities and services which benefit both the care giver and client.

Need for Regulation:

Nonprofit Social Adult Day programs have provided programs that meet the requirements as outlined in the proposed legislation and within the standards of the NYC Department for the Aging and NYS Office of the Aging.

With limited resources, especially after DFTA cuts to SAD programs many programs folded and some have survived with a mix of contributing clients, agency funds and some clients funded by Managed Long Term Care

contracts. We thank the city council for the small restoration provided to DFTA Social Adult Day programs last year. This funding was critical in maintain quality services.

We agree that new Social Adult Day Programs must meet proposed legislation. Protecting vulnerable seniors who might attend these programs is essential. Our program has always been geared to clients who would truly be homebound with total supervision, either by family or home care worker or who are nursing home eligible. These clients need specialized care and ongoing supervision by trained staff. They need assistance with feeding, toileting and personal care. They could not function in a main stream senior center program. This is the real key element of the regulation and oversight. The definition of "functionally impaired" shall mean needing the assistance of another person in at least one of the following activities of daily living: toileting, mobility, transferring, or eating; or needing supervision due to cognitive and/or psycho-social impairment."

As an organization that operates 5 senior centers we are very cognizant that when a senior may begin to show the need for greater assistance that our SAD program might be better equipped to provide specialized care to these seniors. We work with care givers and clients to make this service available as a clients need for assistance and supervision increase.

Therefore legislation to provide safe guards to clients in true need of SAD is critical; we are also concerned about the marketing done by these "Pop Up" Social Adult Day programs that targets low income, primarily minority seniors in our community. Seniors who may have a need for only mobility assistance but otherwise are independent in ADL's are not cognitively and or psycho socially impaired. These clients are still active in our senior centers. In one instance a new "pop up" center has recruited active seniors (many Filipino) that attend breakfast at our center on a daily basis and then go to a pick up spot at a neighboring hospital who then takes them to their site for "free" lunch and all they have to do is show them their Medicaid Card and enroll in a Managed Long Term Care Plan and agree to receive all services from them. The program either takes the clients to a restaurant for lunch or orders in meals. They offer hair and nail care and have several large screen televisions with channels specific to the language of their clients. These clients again would probably minimally meet the ADL need for assistance in mobility.

They are not assessed by an MLTC nurse and would certainly not be eligible for over 120 days of long term care as required by an MLTC. Another senior member, 77 years old from another location has been coming to her center for breakfast and lunch and activities for over 10 years. She still attends daily and walks to the center with only a cane. She does not receive home care and stopped into the adult day program, they enrolled her in a MLTC but told her she could only come to the program on Saturday and Sunday for meals. As our center is closed on weekends she likes to go for the company, lunch and to play bingo. When a staff member went with her to see the program during the week there were no other members present and despite being enrolled by the program in an MLTC the senior was not assessed by an MLTC RN.

DFTA centers have been approached by MLTC's about enrolling as a SAD provider. In my centers the number of seniors eligible for Medicaid or Dual Eligible is clearly the majority. We however realize that the MLTC's want access to our member's for numbers of enrollees. We offer them our Social Adult Day program as an option for their eligible clients who have a true functional need. We have one active MLTC that uses our SAD program for years. We understand that this is a greater concern for the NYS DOH and their regulations of the MLTC. However, stricter regulations on determining functional impairment at SAD programs may reduce otherwise healthy, active seniors from enrolling in these programs and spending Medicaid dollars on unneeded services.

While NYC seniors receiving home care will begin to see their home care hours cut to reduce Medicaid spending, active seniors who have utilized our much underfunded centers for years will now also go to these "Pop Up" programs and cost the Medicaid system anywhere from \$75 to \$85 per day when they attend these programs. Often this will be on the same day that they are going to breakfast at our center. I am hopeful that regulation will begin to address these concerns.

Thank you for the opportunity to share our concerns.

Introduction:

My name is Dr. Joan Pastore and I am the director of the AMICO Senior Center, located on the border of the Borough Park and Dyker Heights communities in Southern Brooklyn. I also serve as a Clinical Assistant Professor at Stony Brook Graduate School of Social Welfare in Manhattan and a Field Instructor for NYU Silver School of Social Work. To my right is Colonel US Army Retired, Joe Tsang, who is President of the AMICO Advisory Board, David Horne, NYU Graduate student and SW intern at the center and who visited many of the adult day care centers and gathered information, next is Peter Mui, an AMICO Advisory Board Member, and former businessman in the Dyker Heights community who also obtained much of the information we gathered about SADs.

In the community where the AMICO Senior Center is located at least 20-30 Pop Up centers, have opened, since last July when the new Managed Long Term Care policies went into effect. We do acknowledge that these policies were very well intentioned to help the frail elderly stay in their homes and communities, and we applaud the Governor for addressing the long-term needs of the elderly. Unfortunately, today we are seeing the results and damage that has taken place because of a new system that was set up with great intentions, but left unregulated. These SADs that were suppose to provide services to functionally impaired older adults have instead have chosen to aggressively recruit the well elderly out of the NYC Department for the Aging Centers, no doubt for a higher profit through Medicaid reimbursement. These centers are not providing support services for a frail population, but rather providing a non-supervised, recreational facility for the well elderly. As a result, we now have the many frailer older adults still being ignored and possibly neglected, while the well elderly, who easily could go to a DFTA center, are going to a SAD center at the cost of 3,800 per month of Medicaid dollars. These "Pop Up" SADs are commonly and openly referred to as "cash cows" and "Gold Mines" by local business owners.

This practice of unregulated SADs has also caused much damage to the DFTA Senior Center community. At the AMICO center there has been a 17 percent reduction in overall daily attendance of older adults (267 vs. 225). Other senior center directors in Southern Brooklyn report even larger percentages of older members lost, due to the introduction of SADs in the community. This phenomenon of a lower participation rate of the well elderly can be seen in all NYC Department for the Aging Senior Centers city wide where there has been an influx of "Pop Up" SADs.

Newer, poorer immigrant groups who have Medicaid seem to be especially targeted through aggressive and exploitive marketing techniques that include cash incentives for joining, additional cash payments for bringing in new members, and gift certificates regular attendance at the SADs. This practice of recruiting newer, immigrant groups with Medicaid, has also set up a climate of resentment between newer immigrant groups and more long time citizens, who feel that new immigrants are taking precious resources away from them.

Because of the daily and countless number of complaints, which AMICO received we started looking into these centers and collecting information to report these Pop Up Centers to the local and State Agencies, which we thought would have oversight responsibility. We soon learned that there were no agencies, whether city or state, that had oversight responsibility to these Centers, nor were there any regulations in place to oversee the operation of these facilities. Many times these facilities seemed to have left no paper trail to even locate, except for their numerous advertisements in ethnic newspapers and flyers, which most times were written in languages other than English. Having exhausted all options we turned to the NYS Attorney General's Medicaid Fraud Division, who initially ran into similar obstacles.

Today, we are grateful to the NYC Council and applaud your efforts to introduce and pass legislation that will regulate these Pop Up SAD Centers. It is our hope that with the passage and implementation of this legislation, that these fraudulent centers, will be forced to either provide the right services to the right population, or cease to exist.

After reviewing the proposed legislation and guidelines I would like to make the following recommendations:

Recommendations:

First, that Department for the Aging work hand and hand with all state regulatory agencies and be given adequate resources to perform all necessary functions to monitor all aspects of SADs as prescribed by NYS Office for the Aging.

Second, all screenings of potential SAD candidates be checked by a qualified, independent monitor to insure honesty in reporting necessity of need of the older adult and accurate assessment of level of functioning.

Third, clear definitions and distinctions should be assigned to adult day care participants by **age**, (State regulations say adult, how is adult defined? age 21+ or age 65 & over), **level of impairment** (complete assistance with ADL & IADLs), **type of impairment** (physical, mental health issues and/or dementia). Older adults should be matched with the proper level of services needed and not grouped together with adults from other age groups or adults whose needs are significantly different.

Fourth, appropriate staffing patterns should be determined by level of need of individuals and number of participants, not just assigned a random number of two staff per center.

Fifth, the term "qualified person" as director should be specified i.e., an RN or LMSW etc.

Sixth, the amount of SADs that are allowed to operate in within a given community should be determined by the demographic needs of that community, and not the desire of businessmen or businesswomen to make a profit.

Finally, there should be a central registry and data base, so that all SADs are easily identifiable and located.

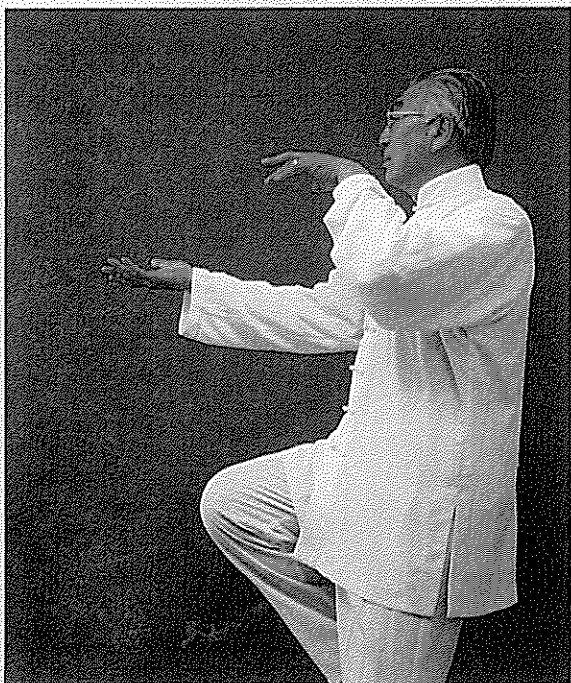
Submitted By:
Joan Pastore, DSW
Director

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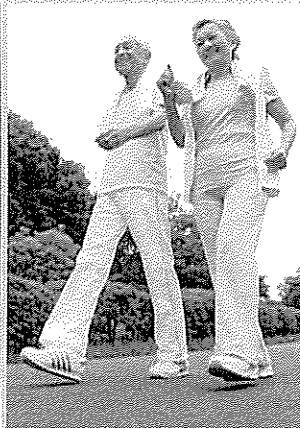
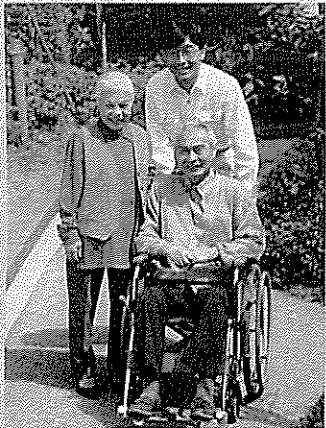
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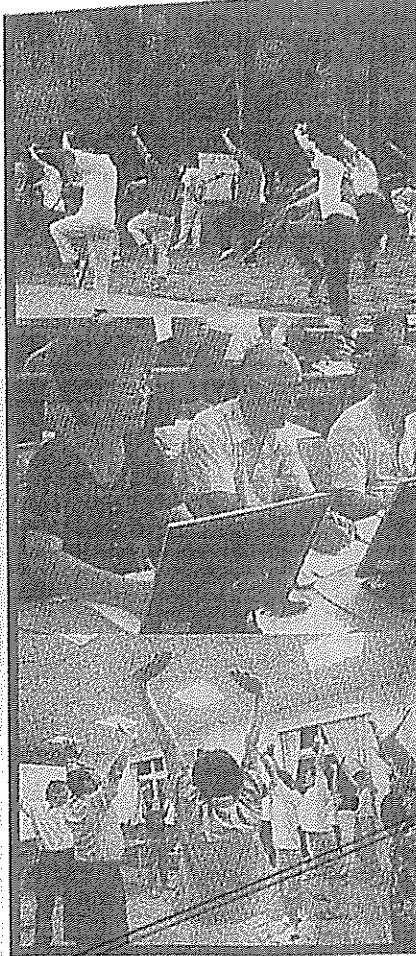
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New York City Council Committee on Aging and Committee on Health

Hearing on the Regulation of Social Adult Day Services in New York City

Jessica Lappin, Chair, Committee on Aging

Maria del Carmen Arroyo, Chair, Committee on Health

June 19, 2013

Testimony presented by

Matt Kudish, LMSW

Vice President

Director of Education, Outreach & Caregiver Services

Alzheimer's Association, New York City Chapter

Thank you for the opportunity to present testimony today to discuss the importance of regulation within Social Adult Day Programs for persons with Alzheimer's and related dementias.

I am Matt Kudish, Vice President for Education, Outreach & Caregiver Services at the Alzheimer's Association, New York City Chapter. Founded in 1978, the Chapter is one of seven statewide and 78 nationally that deliver services and provide care and support, free of charge, and support research into the cause and hopefully, one day a cure for this devastating disease. The New York City Chapter serves an estimated 500,000 New Yorkers, those with Alzheimer's and related disorders and their family members who care for them.

Alzheimer's is a progressive and fatal brain disease, mostly affecting the elderly, which threatens to overwhelm the health care system, if we don't find a way of preventing, or hopefully curing it one day. Over 5 million people in the United States are living with Alzheimer's disease – approximately 5% reside in New York City. That number is expected to grow to as many as 16 million by mid-century. Every 68 seconds someone is diagnosed with Alzheimer's disease and we expect by 2030 there will be 7.7 million people age 65 and older living with Alzheimer's. The financial ramifications of the disease are daunting and currently cost America over \$200 billion annually.

Today, an estimated 250,000 people in the New York City area, diagnosed with dementia or Alzheimer's disease, are living with losses that are unimaginable to those of us who do not suffer from this illness. This debilitating disease not only robs persons with dementia (PWD) of their memory but also causes problems with thinking and behavior severe enough to adversely impact nearly every aspect of their daily lives. The PWD is no longer able to work, enjoy lifelong hobbies or social life. The lives of their family members are profoundly affected as well. They become increasingly isolated as their caregiving responsibilities escalate. Alzheimer's and other dementias are one of the leading causes of dependency and disability in older adults.

The Alzheimer's Association, NYC Chapter is on the front lines every day providing a wide variety of educational and support programs including over 120 support groups,

the MedicAlert + Safe Return Program, a 24 hour helpline and care consultations with professional counselors all designed to assist caregivers, family members and persons with dementia develop methods for successfully coping with this progressive and terminal illness. We also train home care workers and others to better care for a person with dementia. A major focus for the Chapter is outreach to the Latino, Chinese, African-American and Russian communities and other underserved populations.

The focus of today's hearing is the importance of regulation of SOCIAL ADULT DAY SERVICES.

Having worked in the field of aging for the duration of my social work career, I know the benefit of these programs for persons with dementia and their families. I know the sense of connectedness, and how it combats the deadening isolation of the disease, and allows individuals to tap their individual strengths, giving them an opportunity to express themselves, to experience pleasure, and meaning in their lives.

By providing a social community, cognitively impaired individuals thrive with the engagement, activities and socialization provided by social adult day services. The reduction in isolation improves the quality of life for these older adults and by doing such, SADS delay further secondary deterioration, saving both the individual and the family the need for more expensive services.

SADS also ease the burden on caregivers by giving them more time to address other priorities and their own personal needs. Many caregivers can continue to work while knowing that the basic needs of their relatives are being met in a nurturing and stimulating environment. Many SADS partner with the Association to provide support groups, enroll their members in the MedicAlert + Safe Return Program and other services for caregivers.

We are in a new Medicaid Managed Long Term Care environment, which holds some interesting opportunities and serious challenges.

The opportunities are for more people to be served, and that the quality of life for persons with dementia and their families has the potential to be enhanced through coordinated care. The hope is that there will be a reduction in the costly and time consuming duplication of service and un-needed tests and treatments, as well as redundant forms, and other detritus of the health care bureaucracy.

Concerns:

In the new Medicaid Managed Long Term Care environment, there is incentive for programs to open, and to contract with LTC providers, and as a result we have seen a tremendous number of new “programs” created over the last year. Dementia care cannot be offered by just anyone who sees a business opportunity. The potential for abuse and fraud is very real without the proper oversight, as we have seen first-hand in the last several weeks and months. This is a vulnerable population. Although they are adults, cognitively persons with dementia in the middle and later stages function on the level of dependent children, and need the same level of protection and supervision in order to stay safe.

There is a long history of success among Social Adult Day Care providers in New York City. As we look to explore ways to provide appropriate oversight among the existing and many new programs throughout the City, we need not reinvent the wheel. Department for the Aging regulations, which are currently in place with existing contracted providers, have, to the best of their ability, ensured programs remain accountable, meet rigorous standards around health, safety and well-being, and provide participants with meaningful opportunities for engagement and socialization within safe environments. Let us learn from existing models as we move forward and enhance regulations within this growing industry.

At the same time, we can certainly build upon existing requirements to ensure the provision of quality care, which will be vital to the success of any SADS program and begins with an investment in staff education and training. None of us is born with the skills needed to care for a person with dementia. In order to care for someone in a meaningful way, it is essential for direct care staff to be taught a new set of skills. The

Chapter's 50-hour Dementia Care Training for Professionals and our fee-for-service training options are evidenced-based training models which can be made available to providers to enhance their ability to meet the ever-growing needs of this vulnerable population.

The Alzheimer's Association, New York City Chapter, has been a leader in the field of dementia care for over thirty years and we welcome the opportunity to participate in this discussion further to ensure quality care is provided to persons with dementia through dignity, respect and choice.

In conclusion, there are many opportunities with the new Medicaid Managed Long Term Care plans and their role in contracting with Social Adult Day Services. There are strategies to deal with the significant issues facing the growing population of people with Alzheimer's and related disorders. And although a cure, prevention, or even a meaningful treatment for Alzheimer's and other related dementia has yet to be found, the continuing implementation and development of programs help provide cost-effective ways to deal with the problems families face now, and will continue to face in ever increasing number, however they cannot be provided without the appropriate oversight and governance, and need to be provided in a sufficient amount that will allow family members who are working to continue to be part of the tax base, contributing to the economic base of the city. Remember - for our population Long Term Care is not negotiable, it is essential to their survival and a critical component of their health care plan. It is important that seniors and their families know what is available to them to guarantee the highest quality of life possible. The Alzheimer's Association, NYC Chapter stands ready to provide expert guidance and assistance to the Council in considering these matters.

Thank you.

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in favor in opposition

Date: 6/19/13

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I represent: AMICO Sr Citizen Center

Address: 5901 13th Ave

Brooklyn N.Y. 11219

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I represent: AMICO

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1052 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Elizabeth A. Geary

Address: 2210 Smithtown Ave., Roseton, NY 11779

I represent: New York State Adult Day Services

Address: SAME

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6/19/13

(PLEASE PRINT)

Name: CHRISTOPHER MADEAU

Address: 19914th STREET

I represent: NEW YORK MEMORY CENTER

Address: "SAA"

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6-19-2013

(PLEASE PRINT)

Name: David Horne

Address: 247 6th Ave #2, Brooklyn NY 11215

I represent: Amico senior center

Address: 5901 13th Ave Brooklyn 11219

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6/19/13

(PLEASE PRINT)

Name: ~~Assistant Commissioner~~ Frank Cresciullo

Address: DDMH / 125 North Street

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Joan Pastore

Address: 148 Beach 125th St, Astoria

I represent: ALICO

Address: 5401 13th Ave, BKlyn

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6/19/13

Name: Kathryn Fitzgibbon (PLEASE PRINT)

Address: 281 Park Ave South

I represent: FLWA

Address: 281 Park Ave South

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

Name: Eileen Mullarkey (PLEASE PRINT)

Address: DFTA

I represent: Assistant Commissioner, Long-Term Care

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6-19-13

Name: Caryn Resnick (PLEASE PRINT)

Address: DFTA

I represent: Deputy Commissioner, External Affairs

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Tom Conna

Address: 39 5 A 19

I represent: Common Council

Address: 20 W 50th

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6/19/13

(PLEASE PRINT)

Name: Bobbie Sackman

Address: CSC

I represent: 49 W 45th

Address: NY 10036

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: JEAN FOURAT

Address: 227 W 11th St

I represent: Seniors Take Action (SAGE)

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 247 Res. No. _____

in favor in opposition

Date: 6/19/2013

(PLEASE PRINT)

Name: Hae-Lin Choi

Address: 418 St. Johns Place IC, BK, NY 11238

I represent: CWA

Address: 80 Pine St., 37th Fl., NY, NY, 10005

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6/19/13

(PLEASE PRINT)

Name: CHRISTINA KAM

Address: 118 Baxter St 1F1

I represent: Cathay Social Adult Day Care Center

Address: 118 Baxter St 1F1

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

Name: Cara Berkowitz (PLEASE PRINT)

Address: 130 E. 59th St NYC 10017

I represent: UJA

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

Name: Sandra Christian (PLEASE PRINT)

Address: _____

I represent: Ridgewood Bushwick Senior Citizens Council

Address: 95 Bushwick Ave Bklyn 11206

Please complete this card and return to the Sergeant-at-Arms