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## THE COUNCIL OF THE CITY OF NEW YORK

# COMMITTEE REPORT OF THE HUMAN SERVICES Division

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**COMMITTEE ON AGING**

*Hon. Margaret Chin, Chair*

#### November 19, 2021

**OVERSIGHT: HOME CARE AND CAREGIVING STRATEGY**

**RES. NO. 1783:** By Council Members Chin and Louis

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

**PROPOSED RES. NO. 1784-A:** By Council Members Chin and Louis

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

1. **INTRODUCTION**

 On November 19, 2021, the Committee on Aging, chaired by Council Member Margaret Chin, will hold an oversight hearing titled *Home Care and Caregiving Strategy*. The Committee will also hear Res. No. 1783, sponsored by Council Member Margaret Chin, calling upon the New York State Senate to pass S.598B and for the Governor to sign S.598B/A.3922A, which would enact the "reimagining long-term care task force act" to create a task force to study the state of long-term care services in New York, and Proposed Res. No. 1784-A, sponsored by Council Member Chin, calling on the New York State Legislature to pass, and the Governor to sign, A.3145-A/S.359, placing limits on the maximum amount of hours a home care aide may be required to work. Among those invited to testify at the hearing are representatives from the Department for the Aging (DFTA), aging advocates, and other interested parties and stakeholders.

1. **UNPAID CAREGIVERS**

*Unpaid Caregivers*

New York City (NYC) has an estimated 900,000 to 1.3 million unpaid caregivers, also known as informal caregivers or family caregivers, who provide support for someone with whom they have a personal relationship.[[1]](#footnote-2) Caregivers can provide assistance with a range of supportive tasks, often daily, to care for recipients, including buying groceries; cooking; cleaning; providing transportation; helping the care receiver dress, bathe, and take medicine; handling finances and other legal matters; and being a companion or aide nearly 24/7.[[2]](#footnote-3) These caregivers include adult children providing care for a parent, partners and spouses caring for a loved one, and grandparents raising their grandchildren.[[3]](#footnote-4) In NYC, most caregivers are women and at least 50 years old, and more than 50 percent of NYC caregivers provide at least 30 hours of care each week.[[4]](#footnote-5)

*Challenges Faced by Caregivers*

 Caregiving can have a negative impact on the mental, emotional, and physical well-being of individuals providing care. As reported by the National Center on Caregiving, caregivers experience higher levels of depression and mental health issues than non-caregivers, and they endure high levels of frustration and stress.[[5]](#footnote-6) Additionally, caregivers have increased rates of physical ailments, a higher likelihood to develop serious sickness, and high levels of body pain and obesity.[[6]](#footnote-7)

In addition to the negative impacts caregiving has on the physical, emotional, and mental wellbeing of those providing care, caregiving also negatively affects many caregivers’ financially, particularly those caregivers who come from low-income backgrounds.[[7]](#footnote-8) According to an AARP study of caregivers supporting individuals aged 18 and above, unpaid caregivers with an annual salary of less than $32,500 spend an average of 44 percent of their income on caregiving.[[8]](#footnote-9)

**Unpaid Caregivers in New York City: 2018 Report and 2021 Update**

*Local Law 97 of 2016*

In 2016, the Council passed Local Law 97 of 2016, which required DFTA to develop and conduct a survey of unpaid caregivers and providers offering unpaid caregiving services in the city to assess the landscape of unpaid caregiving, including availability, accessibility, and utilization of programs and services, as well as issues and challenges facing individual unpaid caregivers and unpaid caregiving services in general.[[9]](#footnote-10) This survey was completed and submitted to the Council in 2017.[[10]](#footnote-11)

Six months after the completion of the survey, the local law required DFTA to deliver a comprehensive plan to address the needs of unpaid caregivers within the city. Beginning two years following the submission of the plan to the Council and the Mayor, the law requires DFTA to submit a report detailing progress on the recommendations, initiatives, and priorities suggested by the plan.[[11]](#footnote-12) This follow up report is to be updated and re-submitted every five years thereafter and the unpaid caregiver plan itself is to be revisited and revised approximately every four years after its initial submission.[[12]](#footnote-13) The most recent progress report was submitted to the Council in 2020,[[13]](#footnote-14) and the most recent revised plan to support caregivers was submitted to the Council in October 2021.[[14]](#footnote-15)

*A Survey of Informal Caregivers in New York City, 2017*

 In 2017, DFTA submitted a report to the Council titled *A Survey of Informal Caregivers in New York City*. The report delivered the findings of the survey conducted pursuant to Local Law 97 of 2016. According to the report, the survey, or study, was the first of its kind to examine the extent to which unpaid caregivers’ needs are met in NYC.[[15]](#footnote-16) The study was designed by DFTA and the Mayor’s Office for Economic Opportunity, with input from the Administration for Children’s Services (ACS), the Mayor’s Office for People with Disabilities (MOPD), and community stakeholders, including AARP.[[16]](#footnote-17)

 The survey found a majority of caregivers are women and at least 50 years old.[[17]](#footnote-18) More than half of caregivers provide at least 30 hours of care each week.[[18]](#footnote-19) Half of those caregiving for older adults or those with disabilities reported struggling financially.[[19]](#footnote-20) Two of the top needs of caregivers in the survey were information about available services and respite care.[[20]](#footnote-21)

Based on the findings of this survey, as well as feedback from multiple agencies and advocates, the City convened a working group composed of representatives from agencies and external partners including DFTA, the Administration for Children’s Services (ACS), Health + Hospitals (H+H) , the Commission on Gender Equity (CGE), the Mayor’s Office for Community Mental Health (known at the time as THRIVE), the Mayor’s Office for People with Disabilities (MOPD), the Department of Education (DOE), the Office of Management and Budget (OMB), AARP, and City and State Legislative Affairs.[[21]](#footnote-22) The working group developed recommendations that were incorporated into the plan to support unpaid caregivers, described below.

*A Plan to Support Unpaid Caregivers in New York City, 2018 and 2021*

 In 2018, DFTA submitted to the Council a report titled *A Plan to Support Unpaid Caregivers in New York City*, pursuant to Local Law 97 of 2016. The eight-page report issued seven recommendations for the purpose of envisioning “a future in which caregivers in [NYC]: identify as caregivers, know what services are available and where to find them, and feel supported in balancing their work and personal lives with caregiving responsibilities.”[[22]](#footnote-23) In October 2021, DFTA submitted an updated plan that included the addition of one recommendation (the eighth recommendation listed below).[[23]](#footnote-24)

 The report’s recommendations, informed by the findings of the 2017 survey, included the following:[[24]](#footnote-25)

1. Leverage and expand awareness about existing resources for caregivers

Although the City has made investments in caregiver support and has added additional funding to existing programs, many caregivers do not seem to know about services that are available to them. The recommendation suggests exploring strategies to help more caregivers access information about caregiving and the services available to them, including efforts to make the process of locating services quicker and easier.[[25]](#footnote-26)

1. Encourage New Yorkers to identify as caregivers

Based on the working group’s second recommendation, DFTA developed an outreach plan to raise awareness about the challenges caregivers face and the services that may alleviate those challenges. The goal is to “help more people recognize themselves as caregivers and empower New Yorkers to take the next step toward finding and obtaining services.”[[26]](#footnote-27) In the 2021 plan update, DFTA reports continued outreach to caregivers and campaigns that encourage caregivers to contact 311 and ask for “Caregiving Support,” to provide caregivers a connection to DFTA’s contracted caregiver services programs.[[27]](#footnote-28)

1. Educate caregivers about best practices and techniques for providing care

The plan states that “[a] lack of training and education can make caregivers feel overwhelmed or helpless. Training, formal or informal, has the potential to alleviate stress as well as provide a measure of financial relief, particularly if caregivers can be trained to do something they had previously hired a professional to do.”[[28]](#footnote-29) This recommendation suggests creating more trainings for NYC caregivers and better connecting them to trainings already available through programs such as Parenting the Second Time Around (PASTA) and the Mayor’s Office for Community Mental Health’s (formerly ThriveNYC) Mental Health First Aid training.[[29]](#footnote-30)

1. Help caregivers access affordable transportation

According to results of the 2017 survey, transportation was one of the areas in which caregivers most frequently experienced difficulties.[[30]](#footnote-31) Often caregivers, particularly those taking care of older adults, felt transportation options available to them were limited and impractical.[[31]](#footnote-32) Although some programs exist to help, including the Taxi and Limousine Commission’s accessible dispatch, cost for these services is still a barrier to many caregivers. Thus, the working group suggested increasing *affordable* transportation options as one of the most effective ways of benefitting caregivers.[[32]](#footnote-33)

1. Support legislation that benefits unpaid caregivers

The report suggests that the Administration should take an active role in advocating for State and Federal legislation or policy initiatives that would support NYC’s unpaid caregivers.[[33]](#footnote-34)

1. Continue a working group focused on caregivers

The plan recommends maintaining a working group similar to the one that created the original plan and DFTA reported in the 2021 plan update that a caregiver working group continues to exist.[[34]](#footnote-35)

1. Communicate affordable housing efforts and opportunities to caregivers

The plan suggests exploring opportunities to improve or expand senior affordable housing and assisted-living communities, as well as communicating those efforts and opportunities to caregivers.[[35]](#footnote-36)

1. Help reduce social isolation among caregivers through virtual services

This final recommendation was added to the 2021 plan following lessons learned from the COVID-19 pandemic, since isolation that caregivers are prone to experience was exacerbated during the pandemic.[[36]](#footnote-37) The plan recommends continuing to offer information, referrals, counseling, support groups, wellness/follow up calls and virtual programming to help reduce isolation among caregivers and offer them a connection.[[37]](#footnote-38)

*Local Law 97 Caregiver Survey: A Progress Report 2020*

 In 2020, pursuant to Local Law 97, DFTA submitted to the Council a progress report following the *Survey on Informal Caregivers and Plan to Support Unpaid Caregivers*. Highlights from the progress report include that DFTA has:[[38]](#footnote-39)

* Broadened its outreach and education efforts through various avenues, such as media campaigns to help caregivers self-identify and link with available services;
* Expanded respite services through the $4 million added and baselined to the FY 2018 budget by the Administration, which doubled the Caregiver Program respite budgets;
* Developed ongoing relationships with hospitals for information and referral purposes;
* Expanded the number of contracted Caregiver programs;
* Trained agency and contracted staff in Thrive NYC’s Mental Health First Aid to counter stressors associated with unrelieved caregiving; and
* With the Mayor's Office for People with Disabilities, has obtained a federal grant for a door-to-door transportation pilot project for older adults and those with disabilities.

In a follow up letter to the Council after an October 2021 Aging Committee hearing, DFTA provided details on the transportation pilot, called DFTA My Ride. The recently launched program is a three-year on-demand transportation pilot program funded at $3.6 million.[[39]](#footnote-40) This program will have 3 cohorts of roughly 1,000 participants, who will each be given a total of $900.[[40]](#footnote-41) DFTA is estimating that this program will serve roughly 93,500 rides during the pilot.[[41]](#footnote-42) The pilot program includes educating users about the costs per ride and will continue to study the usage pattern of participants, including the average mileage and cost of rides.[[42]](#footnote-43)

Further, following the release of DFTA’s caregiver survey, DFTA also released the below three-part video series to support caregivers:

* Identifying as a Caregiver- This video includes information about identifying as a caregiver, supports available for caregivers, and places where caregivers can go to receive support.
* Balancing Caregiving Responsibilities- This video presents information about the CARE Act, balancing caregiver responsibilities, unique needs of the lesbian, gay, bisexual, transgender and queer community, and hardships of individuals facing cognitive decline.
* Caregiving Legislation and Respite- This video features information about kinship care, the CARE Act, New York Paid Family Leave, and respite care services offered in New York City[[43]](#footnote-44)

These series are provided in seven different languages on DFTA’s website.[[44]](#footnote-45)

*Issues and Concerns*

Although the working group’s recommendations provide a general basis for developing a strategy in this area going forward, the report is hardly comprehensive. While the 2017 survey provided nearly 30 pages of data and analysis, the resulting report was fewer than ten pages and enumerated only eight recommendations total. The recommendations themselves were broad in nature and provided only a few concrete examples of next steps the City could and should be taking and how those initiatives and programs would specifically benefit caregivers and caregiving spaces. It provides no outline of how the City should be implementing these recommendations and does not give any timeline for actions needed or measurable outcomes for success.

1. **HOME HEALTH AIDES**

Across the country, more than two million home care workers provide personal assistance and health care support to older adults and persons with disabilities in home and community-based settings.[[45]](#footnote-46) Home care workers include personal care aides, home health aides (HHAs), and nursing assistants.[[46]](#footnote-47) Home care assistance will generally include such responsibilities as assistance with daily tasks, such as eating, dressing, and bathing; providing social support to older adults and people living with disabilities; helping with individualized healthcare, including preparing and administering medication; and performing some clinical and medical tasks, under the supervision of a licensed professional.[[47]](#footnote-48)

The home care workforce, which is primarily comprised of women and people of color, has doubled in size over the past 10 years and has shifted from institutional and hospital-based settings to more private homes and communities.[[48]](#footnote-49) According to data gathered by the American Community Survey of the U.S. Census Bureau, about 9 in 10 home care workers are women and their median age is 45; furthermore, while people of color make up one-fourth of the total U.S. workforce, they comprise more than half of the home care workforce.[[49]](#footnote-50)

*New York City Human Resources Administration and State Funded Programs*

The New York City Human Resources Administration/Department of Social Services’ (HRA/DSS) Office of Special Services oversees the Home Care Services Program (HCSP). Home Care programs administered through HRA/DSS are Medicaid-funded long-term-care programs designed to help eligible elderly or disabled individuals remain safely at home, rather than in a nursing home.[[50]](#footnote-51) While Home Care programs have different eligibility requirements, all Home Care programs require individuals to be eligible for Medicaid.[[51]](#footnote-52)

The Home Care program options include:

* Personal Care (Medicaid-Funded Home Care): This program helps provide home attendant and housekeeping services for individuals who require assistance performing at least one or more activities of daily life (ADL). To meet the eligibility requirements, individuals must be Medicaid eligible and otherwise exempt from Managed Long-Term Care or Managed Care.[[52]](#footnote-53) Personal care also includes:
	+ [Consumer Directed Personal Assistance Program](https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/hcsp_3000z.pdf) (CDPAP): CDPAP is a Medicaid program providing services to chronically ill or physically disabled individuals who have a medical need for help with ADL’s or skilled nursing services. The prime benefit of CDPAP is that recipients have the flexibility and freedom in choosing their caregivers.[[53]](#footnote-54)
* Managed Long-Term Care (MLTC) Program: MLTCseeks to provide the delivery of long-term services to people who are chronically ill or disabled who wish to remain at home and in close proximity to their communities rather than moving into congregate care. MLTC programs offers case management, nursing, HHAs, and home-attendant services, physical therapists for people who are Medicaid eligible, or eligible for both Medicaid and Medicare, and are medically eligible for long-term care services.[[54]](#footnote-55) These services include home care and adult day care, and are provided through MLTC plans that are approved by the New York State Health.[[55]](#footnote-56) New York is in the process of transforming its long-term care system to one that ensures care management for all, and as such, enrollment in a MLTC plan may be mandatory or voluntary, depending on individual circumstances.[[56]](#footnote-57)
	+ Enrollment in a MLTC plan is *mandatory* for those who are dual eligible (eligible for both Medicaid and Medicare); over 21 years of age; in need of community based long–term care services for more than 120 days; and reside in NYC, Nassau, Suffolk, or Westchester counties.
	+ Enrollment in MLTC plan is *voluntary* for those who are dual eligible; are 18 through 21 years of age; need community-based long term care services for more than 120 days; assessed as nursing home eligible or; are non–dual eligible; over 18 years of age; and are assessed as nursing home eligible. [[57]](#footnote-58)
* Adult Care Facilities (ACF)/Assisted Living:ACF provide long-term, non-medical residential services to adults who are substantially unable to live independently due to physical, mental, or other limitations associated with age or other factors. Residents must not require the continual medical or nursing services provided in acute care hospitals, in-patient psychiatric facilities, skilled nursing homes, or other health related facilities, as ACF are not licensed to provide for such nursing or medical care.[[58]](#footnote-59)
* Care-At-Home Program:This program provides medical support services for children who are severely disabled and might otherwise be relegated to remaining institutionalized. Children are eligible if they are under 18 years of age and have been determined to be disabled based on Supplemental Security Insurance (SSI) rules and therefore require the level of care provided in a skilled nursing facility or a hospital. This also applies to children who have intellectual and developmental disabilities (I/DD) with complicated medical needs who can live safely at home with the necessary medical and support services.[[59]](#footnote-60)
* Long Term Home Health Care Program**:** These programs provide necessary medical, nursing, and rehabilitative care provided at home to persons who are medically eligible for placement in a nursing home. Participants must have care costs which are less than the nursing home cost in the local county. These programs and plans are offered to participants through a hospital discharge planner, HCSP, or a Long Term Home Health Care Provider.[[60]](#footnote-61)

 New Yorkers seeking assistance regarding any of the above-mentioned home care services programs can call an HRA hotline[[61]](#footnote-62) or visit their local Community Alternative Systems Agency (CASA) Office through which HRA determines the personal care eligibility of disabled or frail Medicaid recipients.[[62]](#footnote-63)

*Department for the Aging Program*

DFTA works with case-management agencies to offer in-home care to individuals aged 60 and older who do not otherwise qualify for programs under Medicaid.[[63]](#footnote-64) In order to determine needed services for older adults, case managers or social workers conduct phone evaluations and home visits to coordinate services including:[[64]](#footnote-65)

* An evaluation of benefits
* Home-delivered meals
* Personal care
* Housekeeping
* Advisement on long-term care challenges
* DFTA’s friendly visiting program
* Referrals to more resources.

Case management services are free; however, some clients may be asked to pay a fee or to make a suggested contribution for some types of services, depending on their income.[[65]](#footnote-66)

*Complaints about Home Care Agencies and Hospices*

New York State Department of Health’s Division of Home and Community Based Care is responsible for investigating complaints and incidents for home care agencies and hospices in New York State via the federally mandated Home Health Hotline, by fax, email, or mail.[[66]](#footnote-67) Additionally, any complaints received about home care agencies/hospices are then reviewed by the regional office that has jurisdiction over the provider and appropriate action is taken. Serious complaints require investigators to conduct interviews, review clinical/patient care records and other provider documentation, and perform other activities during the onsite visit to the agency.[[67]](#footnote-68)

While some complaints and incidents may contain more than one allegation, if an investigation determines that any of the allegations occurred, then the complaint is sustained. Further investigations will determine whether or not a provider has failed to meet federal and/or state requirements and if violations have occurred, the Department issues a citation to the home care agency, which must submit a plan of corrective action deemed acceptable to the Department.[[68]](#footnote-69)

New Yorkers can also call HRA’s Office of Special Services hotline or visit their local Home Care CASA Office to lodge complaints.[[69]](#footnote-70)

1. **CONCLUSION**

During this hearing, the Committee seeks to uncover DFTA’s plans for caregivers, both paid and unpaid, to ensure that quality services are provided while also protecting the caregivers who provide these services. The Committee hopes to learn more about the 2021 Unpaid Caregiver Report, including what progress has been made on the recommendations since the issuing of the progress report last year, what areas remain to be addressed, and how, generally, the City should strategize to help unpaid caregivers and seniors going forward. The Committee also looks forward to hearing from the Administration and community advocates about the various home health aide programs offered by the State and City, and learning how the City Council can be supportive of the work and services in this area.

Res. No. 1783

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

By Council Members Chin and Louis

                     Whereas, As reported by the National Institute on Aging, long-term care includes a variety of services developed to meet an individual’s health or personal care needs, and these services can be provided in different settings including in facilities, such as nursing homes or adult day care centers, as well as within an individual’s home; and

                     Whereas, On March 1, 2020, the first case of COVID-19 was reported in New York State (NYS), and within weeks of the first reported case, long-term care facilities became an epicenter of the outbreak; and

                     Whereas, On July 23, 2020, the New York Times reported that NYS ranked second in the nation among states with the highest number of known deaths in long-term care facilities and about 21 percent of all statewide COVID-19 related deaths occurred in a nursing home or long-term care facility; and

                     Whereas, While nursing home residents’ older age and compromised health make them more at risk to contract serious cases of COVID-19, many advocates contend that certain governmental policies such as a former NYS health directive which required nursing homes to accept patients with COVID-19 from the hospital, contributed to massive COVID-19 outbreaks in these facilities; and

                     Whereas, While the spread of the virus has been contained with the state having a COVID-19 infection rate below one percent for over one month, as reported by the Office of the Governor, there were a significant number of COVID-19 related deaths in NYS nursing homes, and as of September 17, 2020 there were 1,410 COVID-19 confirmed deaths in NYC nursing homes, according to the New York State Department of Health; and

                     Whereas, The significant loss of nursing home residents was just one of many challenges nursing home residents endured throughout this pandemic, as a New York Times Article reported that some nursing home facilities were evicting vulnerable patients to enroll more “profitable” patients with coronavirus; and

                     Whereas, While nursing homes are now able to accept visitations if the facility is free from COVID-19 for at least 14 days, during the onset of the pandemic, many residents went months without seeing their loved ones despite massive pleading from their families; and

                     Whereas, Nursing homes represent a small number of older adults receiving long-term care, and the American Association of Retired Persons reports that 90 percent of individuals receiving long-term care services live at home or in a community environment; and

                     Whereas, Home care workers also faced a plethora of issues throughout the pandemic, and according to a Home Care Association of New York State (HCA-NYS) survey, most home-based providers didn’t have access to sufficient personal protective equipment during the pandemic; and

                     Whereas, Almost 50 percent of the agencies participating in HCA-NYS survey indicated that they experienced patients or family members not allowing home care personnel to enter their homes during the pandemic; and

                     Whereas, A survey conducted by Accent Care Services, which employs home health aides in New York State, reveals that more than 2,700 home health aides had to quarantine due to possible exposure to COVID-19, more than 780 home health aides contracted COVID-19, and 33 home health aides experienced COVID-19 related deaths, as reported by AMNY; and

                     Whereas, The issues in NYS’s long-term care services is not unique to the pandemic or the state, and in fact, the World Health Organization (WHO) reports that before the COVID-19 pandemic there were longstanding problems in long-term care systems throughout the world including underfunding, a lack of accountability and an undervalued workforce; and

                     Whereas, In New York State, for example, home health aides average hourly wage is $12.62, according to May 2018 data released by the United States Bureau of Labor Statistics, and the Brookings Institution, reports that nursing assistants, phlebotomists, home health aides, housekeepers, medical assistants, cooks and many other long-term care personnel median wage is $12.48 per hour; and

                     Whereas, the WHO reports that the response for long-term care will be one of the most essential and imperative steps in addressing the impact of COVID-19 in many nations; and

                     Whereas, While the WHO, and many other organizations developed recommendations to make long-term care services more effective, NYS would benefit from state specific policy recommendations on how it could improve long-term care services; and

                     Whereas, On February 22, 2021, the Senate passed S.958A, sponsored by Senator Rachel May, which would create a task force to examine the state of long-term care and the limitations that negatively affect the quality of care of these services, and this taskforce would be charged with examining COVID-19 specific challenges and long-standing issues that made long-term care systems vulnerable to outbreaks during the pandemic; and

                     Whereas, on March 3, 2021, the New York State Assembly amended and passed A3922A, sponsored by Assembly member Catalina Cruz, but S.598B, has not been passed by the Senate; and

                     Whereas, The adoption of S.598B and A.3922A, which includes amendments to provide culturally and linguistically relevant healthcare, would help improve long-term care services provided to some of the most vulnerable residents across New York State and would serve as an initial step to protecting them from future outbreaks; now, therefore, be it

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

LS # 15863

10/29/2021

KJ/AR

Proposed Res. No. 1784-A

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

By Council Members Chin and Louis

Whereas, Care workers such as home health aides, personal care aides, and nursing assistants are a vital part of our society and have been recognized as essential front-line workers by former New York Governor Andrew M. Cuomo during the COVID-19 pandemic; and

Whereas, As the United States population grows older, the U.S. Census Bureau projects that by 2030 people ages 65 and older will outnumber youth under the age of 18, increasing the important role that care workers play in our society; and

Whereas, The World Health Organization’s World Report on Aging and Health acknowledged care workers as “the most valuable resource for health,” as they are often undervalued workers who have the vital responsibility of helping those who can’t help themselves, such as young children, the elderly, the sick, or persons with disabilities; and

Whereas, There is a substantial shortage of care workers in the state of New York, as 17 percent of home care positions are currently left unfilled, according to the City University of New York and the Association on Aging in New York; and

Whereas, According to the Center for American Progress Action Fund, essential care workers have often been treated as disposable, experiencing low pay, long hours, inadequate breaks, and insufficient personal protective equipment; and

Whereas, According to the Paraprofessional Healthcare Institute’s U.S. Home Care Workers Report, low wages and inconsistent schedules have caused a quarter of home care workers-many of whom are women and people of immigrant backgrounds-to live below the federal poverty line; and

Whereas, These working conditions may deter potential care workers from entering the field, thereby contributing to the shortage of workers in this state; and

Whereas, New York labor law, as interpreted by the New York Department of Labor, entitles care workers to eight hours of sleep and three hours for meals during a 24-hour shift under the “13-hour rule,” and yet many workers have reported that they do not always receive these rights according to the Labor Press Union; and

Whereas, In January, 2021, New York State Assembly Member Harvey Epstein introduced A.3145-A and New York State Senator Roxanne Persaud introduced S.359, to limit the hours home care aides are required to work; and

Whereas, S.359 would place limits on the maximum amount of hours a home care aide may be required to work without voluntarily consenting to such an assignment.; and

Whereas, A.3145-A would mandate that home care workers take non-sequential split shifts of 12 hours each to care for those requiring 24 hours of care; and

Whereas, Both A.3145-A and S.359 would help ensure that care workers are paid for hours worked and are not mandated to work unduly long shifts, ensuring that care recipients receive the best and safest care possible; and

Whereas, Improving these working conditions could help reduce the shortage of care workers in New York by removing disincentives that may deter job seekers from entering into the fields of home and personal care; now, therefore, be it

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

LS #17840

11/12/2021

AH/CP

1. *A Plan to Support Unpaid Caregivers in New York City*, NYC Department for the Aging, 2021, *available at* <https://www1.nyc.gov/assets/dfta/downloads/pdf/news-reports/LL97RevisedCaregiverSupportPlan2021.pdf> [↑](#footnote-ref-2)
2. *Caregiving 101: On Being a Caregiver,* Family Caregiver Alliance, *available at* <https://www.caregiver.org/caregiving-101-being-caregiver>. [↑](#footnote-ref-3)
3. *A Survey of Informal Caregivers in New York City*, NYC Department for the Aging, 2017, *available at* <https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/UnpaidCaregivers2017.pdf> at p. 1*.* [↑](#footnote-ref-4)
4. Id. [↑](#footnote-ref-5)
5. *Caregiving Health*, National Center on Caregiving, *available at* <https://www.caregiver.org/caregiver-health>. [↑](#footnote-ref-6)
6. Id. [↑](#footnote-ref-7)
7. Chuck Rainville, Laura Skufca, and Laura Mehegan, *Family Caregiving and Out-of-Pocket Costs: 2016 Report*, AARP, 2016, *available at* <https://www.aarp.org/content/dam/aarp/research/surveys_statistics/ltc/2016/family-caregiving-costs.doi.10.26419-2Fres.00138.001.pdf>. [↑](#footnote-ref-8)
8. Id. at 21. [↑](#footnote-ref-9)
9. Local Law 97 of 2016. [↑](#footnote-ref-10)
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