



**ASSEMBLY COMMITTEE ON HEALTH
ASSEMBLY COMMITTEE ON AGING
ASSEMBLY COMMITTEE ON LABOR
ASSEMBLY TASK FORCE ON PEOPLE WITH DISABILITIES**

NOTICE OF PUBLIC HEARING

SUBJECT: Home care workforce

PURPOSE: To examine the growing need for home care and personal care, and to examine the obstacles to recruiting, employing, and retaining an adequate home care workforce.

New York City

Wednesday, February 22, 2017

11:00 A.M.

Assembly Hearing Room
19th Floor, 250 Broadway

Albany

Monday, February 27, 2017

11:00 A.M.

Hearing Room C
Legislative Office Building

Home care allows an individual to receive important health care and personal services which allow them to continue to live independently in the community. There is a growing need for home care services for the elderly, people with disabilities, and chronically ill. However, advocates have expressed concerns that there is a shortage of home care workers and that communities across New York State have waitlists for these services. This means many patients receive fewer hours of care per week than needed, go without services, or move to institutional care.

This hearing will focus on obstacles to recruiting, employing, and retaining a sufficient workforce including but not limited to: training, wages and benefits, and geographic coverage of services. Additionally, this hearing will address the payment rates from Medicaid managed care, funding for Expanded In-Home Services for the Elderly, the role of managed care organizations in directing the resources toward patient-centered care, and the increasing demand for home care services.

Persons wishing to present pertinent testimony to the Committees at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to ten minutes. All testimony will be under oath. In preparing the order of witnesses, the Committees will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committees would appreciate receiving prepared statements in advance.

In order to meet the needs of those with a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Richard N. Gottfried
Member of Assembly
Chair
Committee on Health

Michelle R. Titus
Member of Assembly
Chair
Committee on Labor

Donna A. Lupardo
Member of Assembly
Chair
Committee on Aging

Didi Barrett
Member of Assembly
Chair
Task Force on People with Disabilities

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PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on **Home care workforce** are requested to complete this reply form as soon as possible, and mail, email or fax it to:

Kristin Zielinski
Committee Assistant
Assembly Program and Counsel
Room 442 - Capitol
Albany, New York 12248
Email: zielinskik@nyassembly.gov
Phone: (518) 455-4371
Fax: (518) 455-4693

I plan to attend the public hearing on "Home care workforce" to be conducted by the Assembly Committees on Health, Aging, Labor, and the Assembly Task Force on People with Disabilities on:

____ New York City, Wednesday, February 22, 2017

____ Albany, Monday, February 27, 2017

I plan to make a public statement at the hearing:

____ New York City, Wednesday, February 22, 2017

____ Albany, Monday, February 27, 2017

My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.

I will address my remarks to the following subjects:

I do not plan to attend the above hearing.

I would like to be added to the Committee mailing list for notices and reports.

I would like to be removed from the Committee mailing list.

I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

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