



**ASSEMBLY COMMITTEE ON HEALTH
ASSEMBLY COMMITTEE ON SOCIAL SERVICES
ASSEMBLY COMMITTEE ON AGING**

NOTICE OF PUBLIC HEARING

SUBJECT: Adult Care Facilities

PURPOSE: To examine the safety and quality of residential units and public spaces in residential adult care facilities, commonly known as adult homes, including: enforcement of health and safety standards; privacy of residents; and residents' access to supportive and social services, health care, meals, and transportation.

New York City

Tuesday, September 19, 2017

11:00 A.M.

Assembly Hearing Room

19th Floor, 250 Broadway

Syracuse

Thursday, September 28, 2017

11:00 A.M.

Hearing Room, 1st Floor

Senator John H. Hughes State Office Building

333 East Washington Street

Throughout New York, many aging individuals and those with complex medical needs require varying levels of residential care, meals, personal care, assistance with daily tasks, and access to other supportive services. Adult homes serve as an important resource to provide these essential services that allow individuals to live as independently as possible. A primary source of payment for services in such adult homes is the New York State Supplement Program (SSP), which provides financial support to the aged and disabled populations. Advocates have expressed concerns that the current SSP allowance is inadequate, placing financial stresses on these adult homes, rendering them incapable of providing quality services to the residents in these adult homes. This hearing will examine, the availability and quality of services delivered through these homes, and what, if any, changes need to be made to improve such service delivery, including the impact an increase in SSP support would affect the residents of these homes.

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.

Fifteen 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

Donna A. Lupardo
Member of Assembly
Chair
Committee on Aging

Andrew D. Hevesi
Member of Assembly
Chair
Committee on Social Services

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on **Adult care facilities** 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 "Adult care facilities" to be conducted by the Assembly Committees on Health, Aging, and Social Services on:

____ New York City, Tuesday, September 19, 2017

____ Syracuse, Thursday, September 28, 2017

I plan to make a public statement at the hearing:

____ New York City, Tuesday, September 19, 2017

____ Syracuse, Thursday, September 28, 2017

My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 15 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: _____

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ADDRESS: _____

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