



**ASSEMBLY STANDING COMMITTEE ON AGING**

**NOTICE OF PUBLIC HEARING**

**SUBJECT:** Social Adult Day Care Programs

**PURPOSE:** To review and examine the oversight of social adult day care programs

**New York City**

Tuesday, September 26, 2023

10:00 a.m.

250 Broadway

19<sup>th</sup> Floor Hearing Room

New York, New York

Social adult day care provides structured programs for older adults who need supervision due to a cognitive and/or psycho-social impairment or older adults who need assistance in at least one or more activities of daily living, including toileting, mobility, transferring, or eating. These programs provide caregivers a much-needed break from their responsibilities and allow participants a chance to socialize, try new activities, and maintain their independence. Currently, there are approximately 80 social adult day programs across New York State.

As these programs care for some of the most vulnerable New Yorkers, it is important to ensure that there is proper oversight in place. The Assembly Aging Committee seeks to gather testimony on the current oversight of social adult day care programs and ways to improve such programs for participants, their caregivers, and providers. In addition, the Committee seeks to examine ways to enhance oversight of such programs including, but not limited to, pathways to accreditation.

Persons wishing to present pertinent testimony to the Committee 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 five (5) minutes' duration. In preparing the order of witnesses, the Committee 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.

Please note that this public hearing will take place in New York City and witnesses must attend in person if they wish to make a public statement. No virtual testimony option is available for this hearing.

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

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to meet the needs of those who may have 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.

**Ron Kim**

**Member of Assembly  
Chair  
Committee on Aging**

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on Social Adult Day Care Programs conducted by the Assembly Standing Committee on Aging are requested to complete this reply form as soon as possible and mail, email or fax it to:

Ben Decker  
Associate Counsel  
Assembly Standing Committee on Aging  
Room 513, Capitol Building  
Albany, New York 12248  
Email: [deckerb@nyassembly.gov](mailto:deckerb@nyassembly.gov)  
Phone: (518) 455-4881  
Fax: (518) 455-7250

- I plan to attend the public hearing on Social Adult Day Care Programs to be conducted by the Assembly Standing Committee on Aging on Tuesday, September 26, 2023.
- I plan to make a public statement at the hearing. My statement will be limited to 5 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:

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- I do not plan to attend the above hearing.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:**

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NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX TELEPHONE: \_\_\_\_\_