NOTICE OF PUBLIC HEARING

SUBJECT: Home-Based Long-Term Care Services

PURPOSE: To examine the financial, economic, and social challenges non-Medicaid eligible older adults face in accessing home-based long-term care services

Albany, New York
Monday, December 12, 2022
10:00 A.M.
Hearing Room C
Legislative Office Building

According to a 2019 report from the Center for an Urban Future, 16% of New York State's population is age 65 and older and quickly becoming the fastest-growing segment of the population statewide. As a result, it is increasingly important to ensure that New Yorkers have access to the resources, programs, and services they need to maintain their health and wellness and age in their homes. The Committee seeks testimony on the long-term needs of older adults who are not eligible for Medicaid, particularly the financial, economic, and social challenges these adults and their caregivers face in obtaining home-based long-term care services.

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 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.

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 further publicize these hearings, please inform interested parties and organizations of the Committee’s interest in hearing testimony from all sources.

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.

Honorable Ron Kim
Member of Assembly
Chair
Committee on Aging
PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on Home-Based Long-Term Care Services are requested to complete this reply form as soon as possible and mail, email or fax it to:

Ben Decker  
Associate Counsel  
Room 513 - Capitol  
Albany, New York 12248  
Email: deckerb@nyassembly.gov  
Phone: (518) 455-4881

☐ I plan to attend the following public hearing on Home-Based Long-Term Care Services to be conducted by the Assembly Standing Committee on Aging on December 12, 2022.

☐ 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:

____________________________________________________________________

☐ 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: _______________________________________________________________
FAX TELEPHONE: ___________________________________________________________