

“Making It Real” Campaign: Human Face of Budget Cuts

Bronx

Impact of Department for the Aging cut to Case Management for Homebound Elderly Residents of Bronx

**Council of Senior Centers and Services of New York City, Inc.
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Case Management Anecdotes

November, 2010

Bronx

CM=	Case Manager
HC=	Home Care
HMDL=	Home Delivered Meals
MOW=	Meals on Wheels
APS=	Adult Protective Services

Anecdotes Concerning Case Mgt.

Agency		Council Member		Anecdote
Elizabeth Padilla: 347-346-9676 ext. 245		Larry Seabrook, Oliver Koppell		<p>Council Member Larry Seabrook,</p> <p><u>Julia</u> is a 78-year-old widow who resides alone at the Eastchester Gardens public housing. The client does not have any relatives living close by. Client had received two letters from Food Stamp services dated 7/12 increasing her allotment to \$200 and another letter dated 7/18 stating that her services were being discontinued on 7/28/09. In the meantime, I made arrangements to have a box of food sent from City Meals to the client until the food stamps are activated again. I spoke to the client and she is willing to accept the meals in addition to MOW. CM contacted NYCHA to have faucet and it will be repaired.</p> <p>CM was able to assist client in getting cable service after the television conversion began. Client did not have a checking account and was cashing her checks at a cashier where sometimes she was unable to pay her bills on time because she did not have anyone to take her to the cashiers. CM was able to convince the client to get a checking account at Chase where her Social Security checks are directly deposited into her account and she is able to pay her bills on time and remain living safely in the community.</p> <hr/>
Program Director, RAIN Multi Services for Seniors				
Elizabeth.Padilla@raininc.org				

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Elizabeth Padilla: 347-346-9676 ext. 245 Program Director, RAIN Multi Services for Seniors Elizabeth.Padilla@raininc.org	Larry Seabrook, Oliver Koppell

Council Member Koppell

Lillian and Steven are 86 and 88 year old married couple who reside in the Riverdale section of the Bronx. Client called CM to inquire if CM can locate a company that distributes Good Source dry milk. CM then called the Good Source Company which is located in California and they graciously sent 12 containers for the client the following day by Federal Express.

Council Member Koppell

Sheila is an 87-year-old widow who resides alone in the Riverdale section of the Bronx. CM telephoned client to inform her of the impending storm that has been predicted to hit New York. Client was asked if she had food and water in the home. Client stated that she heard about the storm and has taken the necessary precautions. CM also inquired if the client had a working flashlight in the home. According to the client, whenever she purchased a flashlight, it did not work. CM went to conduct a home visit with the client on October 19 and brought the client a flashlight that did not require batteries. The client was very pleased that CM was so thoughtful.

Anecdote

Agency	Council Member	
<p>Amy Chalfy</p> <p>JASA</p> <p>AChalfy@jasa.org</p>	<p>Annabel Palma, James Vacca, Larry Seabrook,</p>	<p>JASA East Bronx Case Management Program NYC Council Members: Annabel Palma James Vacca Larry Seabrook</p> <p>Ms. N, a 71 year old widow who lives alone, called the case management office requesting home delivered meals. Ms. N suffers from severe respiratory problems, which prevent her from performing such daily tasks as house cleaning, laundry, meal preparation, and shopping. In addition to HMDL services, Ms. N was initially authorized for EISEP home care services, 20 hours every week. However as her medical condition worsened, the JASA social worker assessed that these 20 hours of home care were no longer adequate to meet her needs. All of Ms. N's family members reside out of New York and, although they are supportive, they are limited in the amount of direct care they can provide. The JASA social worker counseled Ms. N and her family and assisted them in applying for home care services through Medicaid. Services were approved for 56 hours/week, providing the daily care to help her remain safely in the community. In addition, East Bronx Case Management Program has also assisted Ms. N in applying annually for such benefits as IT-214 and HEAP. Without this support and the ongoing monitoring of JASA case management staff, Ms. N would be at risk for premature institutionalization.</p> <p>JASA East Bronx Case Management Program NYC Council District: 13 Council Member James Vacca</p> <p>Ms. C, aged 77, is an Hispanic woman who lives alone in the Throggs Neck section of the Bronx. The initial service request to JASA's East Bronx Case Management Program was for assistance in obtaining home delivered meals and homecare services. Ms. C suffers from</p>

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arthritis, visual impairment, high blood pressure and mild memory deficits. She has difficulty performing such daily tasks as house cleaning, laundry, meal preparation, and shopping. Ms. C.'s informal supports are limited in their ability to assist; one son lives in Florida and her other son is overwhelmed with his own familial obligations. Ms. C.'s sister, while available to assist with financial management, cannot provide additional assistance. In addition to instituting home delivered meal services, JASA social worker determined that Ms. C would be eligible for Medicaid with a surplus, counseled her and her family towards applying and helped her secure Medicaid home care services. Services were approved for 14 hours per week, providing the care to help Ms. C. remain safely in the community. In addition JASA assisted Ms. C in applying for food stamps and recently assisted with a Medicaid recertification. Due to the limited availability of Ms. C.'s informal supports, without the support and the ongoing monitoring of JASA case management staff, Ms. C would be at risk for premature institutionalization.

Agency	Council Member	Anecdote
<p data-bbox="201 269 548 334">Miguel Laracuente: 718-328-3536</p> <p data-bbox="201 378 485 407">MSW Program Director</p> <p data-bbox="201 483 531 513">Neighborhood SHOPP-CMP</p> <p data-bbox="201 557 575 586">miguellaracuente@verizon.net</p> <p data-bbox="201 630 575 659">Evelyn Laureano:718-542-0006</p> <p data-bbox="201 703 401 732">elaure@aol.com</p>	<p data-bbox="623 269 842 298">Fernando Cabrera</p>	

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Miguel Laracuente: 718-328-3536 MSW Program Director Neighborhood SHOPP-CMP miguellaracuente@verizon.net Evelyn Laureano:718-542-0006 elaure@aol.com	Fernando Cabrera

children and her only sister (87 y/o) lives in Pa., and her inability to retrieve documentation, case management for Ms. H. is extremely time consuming and very necessary for someone who is still able to function, but needs the proper intervention to identify and tap into resources that may allow her to do so.

Councilman Fernando Cabrera
Client # 2 Ms. B.

The client is an African American 79 y/o female who has been known to SHOPP-CMP for some years. We had set helped the client up with meaningful Medicaid Home Care and closed case only to have her call us to say that somehow she had lost her Medicaid Home Care and needed help again. We visited, assessed and found that the client, who has a litany of diagnosed ailments, had no food in the house. Her only edible items in the refrigerator were a box of baking soda and an onion on the day of the visit. This woman lives with a 24 y/o grandson who comes and goes at will. The client has food stamps we helped her obtain, but seems to spend them quickly. HDMLS were restored in the interim. We have worked in straightening out the Medicaid issues and have helped restored Home Care once more. We are working with DFTA/SCRIE unit to see if she qualifies for benefit so that her rental expense is stabilized somewhat. This client receives SS & SSI monthly in the amount of \$766.00 total. Her primary living expenses total \$704.00 a month. Again this is a prototype client whom we work with and who need ongoing as well as intense case management so that client and community resources could be linked for the betterment of said client.

Case Management Hours: 20: Intake - 1 hr; Assessment -- 5 hrs;
Bimonthly telephone follow-up -- 6 hrs; 6 month reevaluation home visit -- 2 hrs; Event-based reassessment -- 2 hrs.

Cost of Case Management: DFTA rate is \$45.20 per client hour/unit of service. Based on an annual average of 20 units/hours per client, this totals \$904/yr per client.



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