CSCS

COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC.
49 West 45th Street, 7th Floor New York, NY 10036 (212)398-6565 www.cscs-ny.org

MEDICAID RE-DESIGN RECOMMENDATIONS

Shifting the Paradigm on Community Based Long Term Care

JANUARY 21, 2011

For further information, please contact Bobbie Sackman,
Director of Public Policy,
(212) 398-6565, x226 or bsackman@cscs-ny.org

COUNCIL OF SENIOR CENTERS & SERVICES OF NEW YORK CITY, INC.

MISSION

The mission of Council of Senior Centers and Services of New York City, Inc. (CSCS) is to promote the quality of life, independent living, productivity, and dignity of mature and older adults and their families principally in New York City.

VISION

Council of Senior Centers and Services strives to be strategically prepared to effectively address the challenges and opportunities facing seniors and their families, and the nonprofit organizations serving them. CSCS will continue to be the premier leader in:

- Identifying unmet and emerging needs
- Developing and promoting program and systems innovation
- Strengthening and expanding the organizational, program and resource capacity of nonprofit providers
- Advocating to all sectors at the city, state and national levels

BACKGROUND

Since 1979, CSCS has been recognized as the leading professional organization for New York City's senior service providers, advocating for needed community based senior services which allow seniors to age within their own homes and communities with independence and dignity. CSCS' membership is comprised of more than 150 sponsor organizations which provide community-based services to more than 300,000 older New Yorkers. These services include multi-service senior centers, housing, meals-on-wheels, daily meals, home care, case management, legal services, adult day services, mental health, recreational and social activities, transportation, escort and shopping services, counseling, benefit assistance and community outreach. CSCS' members and work range from individual community-based centers to large multi-service, citywide organizations serving seniors from every community district and from virtually every socioeconomic background that comprise the population of New York City.

CSCS
COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC.
49 West 45th Street, 7th Floor New York, NY 10036 Tel :(212)398-6565 Fax :(212)398-8398 www.cscs-ny.org

MEDICAID RE-DESIGN RECOMMENDATIONS

JANUARY 21, 2011

Shifting the Paradigm on Community Based Long Term Care

- **INVEST IN A CONTINUUM OF CARE PREVENTION SERVICES**
- **ENHANCE COMMUNITY-BASED SERVICES TO PREVENT OR DELAY MEDICAID ENROLLMENT, NURSING HOME CARE, HOSPITAL ADMISSSIONS AND OTHER COSTLY SERVICES**
- **BRIDGE MEDICAID AND PRE-MEDICAID COMMUNITY-BASED SERVICES IN A MANAGED LONG TERM CARE SYSTEM**
- **SUPPORT FAMILY CAREGIVERS AS KEY TO A COMMUNITY-BASED, CONSUMER-FRIENDLY LONG TERM CARE SYSTEM**

In March, 2009, CSCS released its long term care policy paper, *"No Time to Wait: The Case for Long Term Care Reform, Recommendations for Modernizing Long Term Care in New* York". (full report at http://cscs-ny.org/advocacy/reports/long-term-care-paper.pdf)

At that time we wrote that "failure to modernize long term care will likely result in the collapse of Medicaid in New York State in the next 5 to 8 years." This was before the fiscal crisis of this recession caused a collapse in our economy escalating the crisis in Medicaid funding and a balanced long term care system in New York State.

Yet, the need and demand for services for older New Yorkers and their family caregivers will only increase as New York's population ages and longevity in the communities across NY state grows. CSCS maintains that there are valuable, cost-effective solutions to be found in the non-medical, non-Medicaid community-based aging services network as well as other investments within the Medicaid program that will accrue savings while providing more home and community-based services. We understand that it is difficult to consider "investing" state dollars when the state faces a $10 billion deficit. However, some investment will accrue savings in the short term and the long term. There is a health value to social services that would make aging in place more affordable.

New York's Medicaid program is at a fork in the road. CSCS believes that there have been *"opportunity costs"* to the state's neglect of funding pre-Medicaid services and other community based services that could prevent nursing home placement, repeated hospital admissions and other costly services. How do we convince state decision makers to make the choice between two options: invest state dollars towards prevention and cost-effective community-based services as an integral piece of the state's

long term care system instead of a neglected afterthought vs. continuing down the unsustainable road we are on. It is time to take the recognize that the state, its older residents and family caregivers could achieve greater benefits (both monetary, service wise and quality of life) with other options.

Simply cutting Medicaid dollars and restructuring services with billions of dollars less in funding will likely deprive thousands of older New Yorkers of the home and community-based services they will need to grow old in their home. There will be a domino effect of unforeseen consequences, as there always is, leading to deprivation and the inability to remain home safely for many older New Yorkers. Family caregivers will be forced to take on more responsibilities while many are already overwhelmed. Our opening statement in the CSCS report is:

> "… Remaining home and, to the degree possible, in control of one's life, is good for us (older adults) and it is good for the payer. This basic human condition, the need to control one's world, to live as independently as possible is 'at the heart of human rights in old age'."

The values and practice of the community-based aging services network are intimately aligned with what consumers want and have historically resulted in positive consumer outcomes. The full range of a community's supports, not just services offered by the aging services agency, are known and maximized by the care coordinator to address the needs of older adults. The older adult's quality of life, and the well-being and capacity of family caregivers, is central to any plan of care. CSCS believes that the way forward in long term care is to place the values of practice at the center of redesigning Medicaid funded and all long term care services funded by the state.

Reforming long term care in NY State is an opportunity to ensure that older adults have a choice in the type of care they receive and who cares for them.

RECOMMENDATIONS:

1. Establish a Community-Based Long Term Care Reinvestment Program

2. Provide adequate nutrition and resources for a healthy diet to prevent and treat chronic illnesses

3. Run a program utilizing the Expanded In-Home Services for the Elderly Program (EISEP) model to maintain impaired elders in the community

4. Utilize the community-based continuum of services to provide a broader and more cost-effective Medicaid funded long term home and community based care system

5. Caregiver Supportive Services

6. Develop a continuum of adult day care for frail elderly receiving these services to maximize ability to remain at home, support family caregivers and prevent costly institutionalization

7. Affordable and supportive senior housing

RECOMMENDATIONS:

1. **Establish a Community-Based Long Term Care Reinvestment Program** to invest in services that prevent nursing home and hospital admissions. *Community-based care must be forward funded to divert individuals away from nursing homes.*

POLICY SHIFT:

Develop a balanced model of community-based care inclusive of a broad array of non-medical services; create a shift from a medical model of delivering care to persons at home to a social model of community-based care. While home care is a critical piece of home and community-based care, there is a continuum of other community-based services that allow older adults to age in place. On a daily basis, the majority of needs of a person living with impairments are predominantly non-medical. Primary needs include meals, personal care, transportation, socialization and related social service supports. For the majority of frail individuals, skilled nursing care and other health care services are needed only intermittently. Community-based organizations operate cost-effectively, as over 90% of its public funding is spent on direct services, with the remainder paying for necessary administrative costs.

POLICY RECOMMENDATION:

In 2010, HHS provided financial relief to states by reducing the amount they will have to pay the federal government ("clawback") to offset the cost of Medicare coverage for prescription drugs for older New Yorkers dually eligible for Medicare and Medicaid. It is estimated that NY State will save over $400 million in reduced "clawback" payments. CSCS recommends these savings be re-invested in aging programs supported through the NY State Office for the Aging. Key points of this recommendation include:

- The July, 2010 Mathematica study, "Aging in Place: Do Older Americans Act Title III Services Reach Those Most Likely to Enter Nursing Homes?", states that those elderly individuals who receive, "homemaker services, home-delivered meals, and case management appear especially vulnerable…" The report goes on to conclude that, "Our analysis confirms that AoA is effectively reaching those most at risk of institutionalization, and that the Title III services play an important role in helping elderly adults remain living independently in the community."

- (link to OAA Mathematica Survey - http://www.aoa.gov/AoARoot/Program_Results/docs/AoA-issue1_Nursing%20Homes.pdf)

- ***Going in the right direction -*** As the state shifts to greater reliance on community-based care and lessen our reliance on nursing homes, a significant deferment of anticipated Medicaid costs will accrue for the state. However, in order to achieve those savings, community-based care must be in place to divert individuals away from nursing home care.

- ***Going in the wrong direction -*** Both the New York State and New York City have cut these very services funded with state and city dollars in recent years, i.e. – the EISEP case

management/home care program and Community Services for the Elderly (CSE). CSCS recommends an investment in these services be made rather than diminishing available services to older New Yorkers at-risk of nursing home placement and ensuring they can remain home safely. On the federal level, OAA programs are historically underfunded despite evidence that they are effective services.

- **Cost-effective package of community-based services to maintain older adults in the community and prevent unnecessary hospital readmissions -** Using a package of community-based services including multi-service senior centers, EISEP case management and home care, congregate and home-delivered meals, transportation, health and wellness programs for those with chronic conditions, socialization to prevent isolation, caregiver supports, social adult day care, mental health services and a gamut of other community supports have successfully maintained impaired older adults in the community over the past 25 years. Key to appropriate discharge planning and transition care to avoid unnecessary hospital re-admissions. The CSCS long term care paper lists over 30 services provided by the community-based network with new services being regularly being initiated to meet emerging needs.

2. Provide adequate nutrition and resources for a healthy diet to prevent and treat chronic illnesses

POLICY SHIFT:

CSCS' 2007 study, "Hunger Hurts: A Study of Hunger Among NYC's Elderly", found that 35% of seniors interviewed reported "food insecurity". According to the report, "food insecurity ranges from worry about food, i.e.- having sufficient money to buy food, having enough food to last until there is enough money to buy more, to ultimately, being hungry…" http://cscs-ny.org/advocacy/files/2007CSCSHUNGERSTUDYFinalReport.pdf

Research on OAA nutrition programs has shown, "…a healthy diet and physical activity are more important than heredity in avoiding declines associated with aging…Nutrition is central to disease treatment and management. All top nine chronic diseases…have dietary and nutritional implications. These in turn influence the ability to remain independent in the community." Older adults receiving three or more meals a week have significantly less hospital admissions than those receiving less congregate or home-delivered meals.

POLICY RECOMMENDATIONS:

- ***Fully fund congregate and home-delivered meals*** – there are parts of the state that have waiting lists for meals-on-wheels. Providing funding for food that is nutritious and appropriate for chronic illnesses will go a long way to maintain older adults healthy in the community.

- ***Outreach for food stamps*** – Enhancing the capacity of community-based organizations for doing food stamps outreach would facilitate more older adults participating in the food stamps program. Older adults substantially underutilize food stamps. This is a win-win for New York, as

it would bring millions of federal dollars into the state that would be spent locally while providing financial assistance for seniors to have sufficient food.

- ***Federal funding opportunity*** - There is a $750 million federal funding stream in the health care reform legislation designated for nutrition services for individuals with chronic illnesses. We would welcome the opportunity to work with NY State to capture this funding for nutrition programs here.

- ***Cut to the Title XX program would close 110 NYC senior centers overnight*** – In SFY2010-11, budget language was changed that would have resulted in a $37 million cut statewide of aging services. Funds would have moved over from "optional" services which include senior services to child welfare services, which is a "mandated" service. According to the NYC Department for the Aging, which would have lost $25.2 million (25% of senior center funding), 110 senior centers would have closed. This would have deprive at least 5500 seniors of a daily meal, along with health and wellness classes, social services, socialization, transportation, and a myriad of other services provided by multi-service senior centers. Senior centers are integral to maintaining older adults in the community as they are focal points for services and socialization bringing seniors out of isolation. Both the Governor's office and state legislature realized this had "unintended consequences" and the funding remained intact.

  Title XX has funded NYC senior centers for about 30 years. While it is technically an "optional" service, after decades of providing core support, clearly it is not an optional funding source for the survival of 110 senior centers and the thousands of elderly New Yorkers who will be devastated at the loss of their local senior center.

  Unfortunately, the Cuomo administration's FY12 budget, once again, proposes the Title XX cut to senior centers. CSCS urges the administration to rescind this cut as the consequences are well-known. Closing 110 senior centers, over one-third of all senior centers in NYC, will be devastating to thousands of older New Yorkers whose average age is 77.

3. Run a program utilizing the Expanded In-Home Services for the Elderly Program (EISEP) model to maintain impaired elders in the community

<u>POLICY SHIFT:</u>

Prevent going on to Medicaid - At a time when the state is setting Medicaid/long term care policy for the coming decades, it would be of benefit to for the state explore if early intervention of case management delays or deters frail older adults from going on to Medicaid, reducing hospital admissions or being admitted to a nursing home. EISEP case management/home care program clients' average age is 85, clearly an age where seniors are at risk of needing more care or being admitted to a nursing home. *Why cut funding to the few programs stabilizing older adults receiving EISEP case management and home care services? EISEP case management could prevent spending down to*

Medicaid of the near poor population, $15,000-$20,000 a year income who cannot afford to go on spend down right now.

The CSCS policy and practice case management paper reports the findings of a 2002 study reported in *The Gerontologist, "Effects of a Community-Based Early Intervention Program on the Subjective Well-Being, Institutionalization, and Mortality of Low-Income Elders",* " make a strong case for the importance of community-based programs to the well-being of elders. Effective early intervention and prevention has to be targeted and culturally sensitive. Practitioners and policy makers should continue the search for community-based programs that are cost-effective and improve the quality of life for elders." The EISEP case management program addresses these concerns. http://cscs-ny.org/advocacy/advocacy-community-based-case.php

AVERAGE EISEP HOME CARE CLIENT receives approximately 24 hours per year of case management and 12 hours of home care per week to be maintained safely at home:

Case management @ $50/hour = $1,200/year

Home care @ $15.96/hr = $9,959/year

Total cost per client per year = $11,159

This is remarkably cost-effective compared to nursing home placement averaging $123,000 a year in NYC, hospitalizations and other costly Medicaid services.

POLICY RECOMMENDATION:

An investment in EISEP case management/home care services through a 3 year demonstration program including an evaluation to document the delay or deterrence of going on to Medicaid, nursing home admission, hospital admissions and more costly Medicaid services. This would give the state and communities lessons learned and definitive information that could inform the state's long term care policy. There is already a community-based network in place ready to provide services to homebound, impaired elders.

Effective community-based transitional care could place a larger burden of costs on Medicare rather than Medicaid as hospital readmissions and nursing home care are avoided.

CSCS is appreciative that there were no cuts to EISEP, CSE and SNAP. These programs save the state Medicaid funds as nursing home care and hospital admissions are partially paid for by Medicaid and could be the tipping point for elders to enter the Medicaid program. It also is beneficial to the quality of life for impaired older New Yorkers.

4. Utilize the community-based continuum of services to provide a broader and more cost-effective Medicaid funded long term home and community based care system

POLICY SHIFT:

Currently, there are Medicaid capitated programs including the Long Term Home Health Care program and PACE that utilize meals-on-wheels, social adult day services, case management, senior centers , transportation and other community-based, non-medical services to manage the needs of elders in the community. There is recognition that older adults need an entire continuum of services to maintain them in the community. That continuum begins with the aging services network preventive level of services in order for NY State to be a place where older adults and the state can afford to age in place in their home and community.

POLICY RECOMMENDATION:

Build on the LTHHC and PACE models of maximizing the use of cost-effective community based services by incentivizing subcontracting with local aging services providers. As stated previously, there will still need to be an investment in community-based services by the state beyond LTHHC and PACE in order to have the infrastructure in place to serve the growing elderly population.

5. Caregiver Supportive Services

POLICY SHIFT:

a. **Preventing admission to a nursing home -** As NY State looks to reduce Medicaid costs, supporting caregivers is a critical piece. Since state government pays for 90% of nursing home care and the near poor will immediately go on to Medicaid once they are admitted, strengthening the capacity of caregivers to continue to care for their spouses or other loved ones at home clearly saves the state money. According to AARP, caregivers nationally generate $375 billion of economic activity, $25 billion in NY state.

b. **The NYU Caregiver Intervention Study**, a randomized controlled trial which was conducted from 1987 to 2010 and initiated by Dr. Mary Mittelman, has shown the effectiveness of counseling for the caregiver that includes the rest of the family as well, and ongoing availability of the counselor for further information, help and support. The intervention delayed nursing home placement by a year and a half for people with Alzheimer's disease. It also reduced the emotional and physical consequences to their spouse caregivers by improving social support from family and friends. The intervention is listed on the US Substance Abuse and Mental Health Services Administration National Registry of Evidence-based Programs and Practices. It is being conducted in demonstration projects in 6 states with funding from the Administration on Aging. *The cost of the program is minimal, at about $1500 a year per caregiver. Since the average nursing home placement is three years, by postponing nursing home placement for a 1 ½ years, the state could save half of nursing home costs.*

c. **A 2009 study done in Wisconsin, "Early Identification and treatment of Alzheimer's disease: Social and fiscal outcomes", David Weimer and Mark Sager,** used a cost-benefit analysis of efficacy of early diagnosis of Alzheimer's, including caregiver support interventions. The researchers used Mittleman's NYU caregiver model. The study concluded, "...from a political

economy perspective, do early detection, treatment and caregiver support offer sufficient fiscal savings to either the federal or state governments, to make these interventions politically viable in a time of fiscal austerity? The analysis also provides an affirmative answer to this question…Moreover, potentially large fiscal savings for a state like Wisconsin should encourage the development of state-level programs, even in the absence of a national program (through Medicare)." *The study also concluded that, "These findings also suggest that failure to fund effective caregiver interventions may be fiscally unsound."*

d. **About 70% of caregivers indicated that receiving caregiver support services delayed or prevented nursing home placement for their loved one:** While the Administration on Aging doesn't have data that can demonstrate specific cost savings associated with services through the National Caregivers Support Program, title III-E, Older Americans Act, they can demonstrate that caregivers experience the services as helping them to keep their loved ones home longer and maintaining their own health and well being.

POLICY RECOMMENDATIONS:

- **Demonstrations replicating effective caregiver support models -** $25 billion of caregiver economic activity is more than the state spends on Medicaid funded long term care. It should be of interest to the state to investigate whether or not caregiver support services delays or deters nursing home care, hospital admissions and other costly services. Caregiver supports are critical to appropriate and effective transitional care of an older adult from home to a hospital and vica versa in preventing unnecessary, costly hospitalizations. While the NYU Caregiver model and Title III-E programs are effective, it is important for the state to understand what package of services maximizes the ability of caregivers to maintain their loved one in the community.

  A demonstration project for three years plus funding for an evaluation would provide the information the state needs to answer this question. This could include replicating the NYU Caregiver model, services provided under the Title III-E program and other options.

- **State meeting required federal match to title III-E funds -** When the Title III-E National Caregiver Support Program was added to OAA, a state match was required. NY State has passed that match along to localities. Title III-E provides information and assistance, counseling and support groups, respite care and supplemental supports. Respite care is most in demand and frequently funding cannot meet the demand. CSCS recommends that the state meet the match while leaving local match dollars in place as a way to grow these important services.

6. **Transitional care:** The community-based service delivery system already in place which includes senior centers and case management agencies among other services is well positioned to provide appropriate transitional care as an older adult is discharged from a hospital or nursing home rehabilitation.

According to Randall Brown of Mathematica, group education for self-management and patient activation and non-medical social support services for those who need them is critical to ongoing

clinical care coordination and transitional care interventions. These functions could find the perfect home at senior centers and case management agencies and be provided by transition or health navigators. These would be social workers as utilized in the NYU Caregiver model and aging experts trained in these areas. A line of business for the senior centers and case management agencies would need to be developed that delivers on the quality and savings objectives of SDOH by targeting unnecessary re-hospitalizations through education of seniors and their caregivers about managing chronic conditions through the practice of self-care. This would set up transitional care centers of patient, caregiver empowerment and activation.

7. **Develop a continuum of adult day care for frail elderly receiving these services to maximize ability to remain at home, support family caregivers and prevent costly institutionalization.** Section 215-b of the NYS Elder Law authorizes NY State to establish and enriched social adult day services demonstration program. However, the minimal amount of funds in enriched adult day care. $250,000, were eliminated in the Cuomo administration's SFY12 budget.

POLICY RECOMMENDATIONS:

Fund the enriched adult day services program and evaluate the benefit of this program in preventing nursing home admission and more costly Medicaid services.

Frail, cognitively and physically impaired older adults benefit from adult day care services designed to maintain their capacity to remain in the community. Within this population, there are a number of functionally impaired elders who exceed the level of assistance they receive through social adult day care but are not at the level of need supported in an adult day health care program. Social adult day programs cannot enroll new participants whose needs exceed the services that can currently be provided in a social adult day program and have to discharge current participants whose needs can no longer be met. The legislative intent of 215-b is to fill this service gap deterring or delaying institutionalization and other services, while providing critical support to family caregivers.

Enriched services include: the provision of total assistance with toileting, mobility, transferring or eating, dispensing of medication by a registered nurse, health education, counseling, case management, restorative therapies lasting less than six months and maintenance therapies that are provided by an appropriately licensed health care provider.

8. Affordable and supportive senior housing

POLICY SHIFT:

CSCS supports programs that encourage the elderly to be able to remain in place in their communities. For most elderly persons, as they age, access to supportive services is a key component of being able to

continue in residence in their apartments. NORCs provide the type of services that enable residents of designated communities to take advantage of easy access to supportive services. However, within all communities, people have aged in place in their homes. A program that would expand the accessibility of supportive service to all communities would allow residents to age in place.

For some elderly residents, the key to aging in place in their communities is senior housing with mixed use so that supportive and related services are available. The elderly have strongly participated in programs for the new construction of housing for the elderly especially where the benefits can be increased security, services such as recreation, access to benefits, and a more stress free environment.

POLICY RECOMMENDATIONS:

- ***Building affordable senior housing with services -*** In a mixed use project where supportive services for the elderly can co-exist, under separate auspices from ownership, an environment is created that allows easy access to care. Such examples could include senior centers, primary care services, mental health services, drugstores, beauty shops, day care, geriatric care services etc. In order to develop this type of housing, there needs to be more availability of direct capital subsidies to a project and/or setasides of capital subsidy as is done for other types of supportive housing for other populations.

- ***Supportive housing funding -*** Include frail elderly within definition of special needs populations eligible for supportive housing funds.

- ***Nursing home diversion -*** CSCS also supports the transfer of residents from long-term care facilities where such residents could flourish in supportive housing environments with services available. Many times residents in long term care have no income and cannot pay rents. Allowing Medicaid to be portable, to follow the eligible person rather than to be only available in facilities, would allow supportive services to be more widely used. A contract for that portion of Medicaid which is used for supportive services in a nursing home should be available in regular senior housing to support residents for their continued care.

- Additionally, a recent federal program has allocated funds for section 8 vouchers, Medicaid funded supports and other supports to allow non-elderly individuals to leave nursing homes and move into the community. CSCS recommends the state replicate this model for older New Yorkers utilizing Section 8, low income tax credits, Medicaid and other financial mechanisms. This would facilitate older adults being released from nursing homes or prevented from being admitted.

- ***Revisit the NY Assisted Living Reform Act –*** Streamlining and making adjustments to the assisted living program are necessary to allow more nonprofits to develop assisted living by emphasizing community-based housing designed with a continuum of supportive housing needs, as discussed previously, with and without licensure.

- ***SCRIE Optimization –*** Historically, only about half of seniors eligible for the SCRIE program have participated. Providing outreach funds to increase participation in SCRIE would allow thousands

of older adults, many low income, to remain safely in their apartments. Automatic annual increases in income eligibility would also facilitate older adults to plan and participate in the SCRIE program.

The NY State Office for the Aging (NYSOFA) is well positioned to play a leading role in implementing policy and programs moving the state towards a balanced community-based long term care system. NYSOFA is at the intersection of working with older New Yorkers, other state agencies, county offices for the aging, community-based aging services provides and the Governor's office. It also serves as an internal advocate in state government by collaborating with and commenting on policies of all state agencies regarding issues affecting older New Yorkers (Executive Order 2 issued on January 1, 2011, continuing Executive Order No. 12, issued May 3, 1983). Strengthening the visibility of NYSOFA and enhance its roles of advocacy, program and policy functions will allow the state to reach the outcomes it seeks at this time of Medicaid and long term care redesign.

CSCS has over thirty years of experience in the preventive, community-based care services network. Given the demographic imperative, the shift to community-based care, and the ability of NY State to sustain an affordable long term care system, we believe there are opportunities to maximize best practices and lessons learned from the community-based care system – the time is now. As the title of our long term care paper reads, "There Is No Time to Wait". We look forward to working with Governor Andrew Cuomo, the state legislature and other stakeholders to develop an affordable, comprehensive long term care system in NY State.

For further information, please contact Bobbie Sackman, Director of Public Policy, (212) 398-6565, x226 or bsackman@cscs-ny.org

COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC.

BOARD OF DIRECTORS
2011

Robert M. Bender, Jr.
CSCS Treasurer
Management Consultant

Mark E. Brossman, Esq.
Schulte Roth & Zabel LLP

Isabel Ching
CSCS Secretary
Hamilton-Madison House

Donna Corrado
Catholic Charities
Neighborhood Services

William J. Dionne
CSCS President
The Carter Burden Center
for the Aging

Suleika Cabrera Drinane
Institute for the Puerto Rican/
Hispanic Elderly

O. Lewis Harris

Dr. Linda Leest
Services Now for Adult Persons

Nancy D. Miller
VISIONS

Steven Newman
Public Health Solutions

James C. O'Neal
Comprehensive Care Management
Beth Abrams Health Services

David V. Pomeranz
CSCS Vice President
The Hebrew Home for the Aged
at Riverdale

Jeanette Puryear
Mid-Bronx Senior
Citizens Council

Joan L. Ryan
CSCS Vice President
Presbyterian Senior Services

Marvin Tolkin

Loraine B. Tsavaris
Rockefeller & Co. Inc.

John W. White
EmblemHealth

Judy Willig
Heights & Hills

Wanda Wooten
CSCS Immediate Past President
Stanley Isaacs Neighborhood Center

Judy Zangwill
Sunnyside Community Services

Elinor C. Guggenheimer
Founding President
In Memoriam

The Reverend Robert V. Lott
Honorary President
In Memoriam

Emilie Roy Corey
Past President

EXECUTIVE DIRECTOR
Igal Jellinek

DIRECTOR OF PUBLIC POLICY
Bobbie Sackman