

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

Staten Island

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

Council of Senior Centers and Services of New York City, Inc., November 2010
Document Coordinator: Kerry Sullivan & Ana Betsabe Soto



more information, please contact Bobbie Sackman, Director of Public Policy,
212-398-6565 x226, bsackman@cscs-ny.org

CSCS

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

49 West 45th Street, 7th Floor

New York, New York 10036

Tel: (212) 398-6565

Fax: (212) 398-8398

www.cscs-ny.org



Case Management Anecdotes

November, 2010

Staten Island

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	Anecdotes
<p>Brenda Green: 718-720-2070 x2103</p> <p>LMSW, Associate Program Director Case Mgt. for Older Adults</p> <p>Volunteers of America-Greater New York</p> <p>bgreen@voa-gny.org</p>	<p>Debi Rose</p>	<p>Council Member Debbie Rose</p> <p>1st- Long one-</p> <p>Client JB- woman in her early 70's with no immediate family and few local supports. Had developed cancer and was unsuccessfully undergoing treatment. She had been a case management only client off and on for a year or two – Food stamp application, short term MOW.</p> <p>Ms B's illness worsened to the point that she was unable to handle many basic needs. Her case manager started emergency EISEP homecare and Meals on Wheels. These supports helped until her health declined further. She was no longer able to get herself out of bed. The EISEP agency pulled her worker as the client was too sick. Ms B called in tears stating "I don't know what to do!" and refused to call 911. Her case manager and the supervisor went immediately to her apartment. The client did not want to call 911 because she had no one to care for her pets. Case manager said she would come everyday to walk and feed the dog if client would agree to go to the hospital. Finally, 911 was called and Ms B was admitted to the hospital. The pets were fed and walked that night and the next day by staff.</p> <p>Unfortunately Ms B was advised that she was now terminal and was scheduled to go to a rehab facility. She was refusing this step, as her biggest concern was for her pets. Our agency was contacted by the hospital discharge planner and asked to help. Our staff visited with her at the hospital and helped to develop an ongoing plan for her pets utilizing staff and a few neighboring pet owners. At this point she agreed to enter a rehab facility. Our staff took turns continuing to visit the isolated woman there.</p> <p>Once at the facility, she continued to decline and was referred to</p>

(cont.)

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<p data-bbox="201 310 554 370">Brenda Green: 718-720-2070 x2103</p> <p data-bbox="201 451 541 548">LMSW, Associate Program Director Case Mgt. for Older Adults</p> <p data-bbox="201 594 571 654">Volunteers of America-Greater New York</p> <p data-bbox="201 735 457 764">bgreen@voa-gny.org</p>	<p data-bbox="621 310 747 334">Debi Rose</p>

Hospice. Ms B, feisty as ever, was reluctant to agree to the plan. Our agency again sat with Ms B and reviewed with her all her options. We talked about the painful subject together and let her discuss her fears and alternatives. She was worried about her pets and what would happen to them when she died. Having no family, she worried about her apartment and her burial. We discussed the harsh realities. Her final decision was to donate her body to Downstate Medical Center, where her father had done his residency, and allow her pets to be given to neighbors who had offered to take them in. She asked us if we would take to our office, two beautiful, large family photos of herself and her siblings as children. Her siblings had predeceased her and she did not want the pictures to wind up in the trash. We agreed to also hold her keys to turn over to the Public Administrator when she passed away.

During her last few weeks of life Ms B told her case manger that she finally felt “safe” and thanked her for not turning away from her. Ms B passed away and her keys were turned over to the Public Administrator’s office. Our job was complete. We now look at Ms B and her siblings daily as happy children and fondly remember her.

Council Member Debbie Rose

2nd- Brief-

FB- client had never handled her own affairs; her spouse had done everything for her. He passed away and client was referred to our agency by both APS and hospital where her husband had died. FB was overwhelmed by the simplest of tasks and had no family and only one neighbor that she knew. The client was frail, and was unable to walk long distances. The neighbor was assisting but was not comfortable with this “helping” chore. The case manager helped the client, step by step, to address each chore that faced her.

Meals on Wheels were started.

(cont.)

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An attorney was chosen from the multiple listings of elder attorneys. A funeral home was chosen for her husband, and his remains were cremated. FB gathered her many bank books and CM carried to the attorney. A private pay agency was coordinated to start homecare. Medical care was arranged through a medical practice that provided house calls. Her new attorney was able to discover a Long Term Care policy in client's name and sufficient assets to provide the highest level of care to client for the rest of her days.

Case manger visited an assisted living facility with FB and coordinated her admission. Case manager helped FB to pack her apartment and decide what to bring with her to the assisted living. FB's case is "closed" but she is still visited by staff at the assisted living. Her attorney manages her finances and assures her ongoing healthcare.

Council Member Debbie Rose

3rd- brief

MC- In May of 2008, client contacted agency for help following up on her housing application. Client had moved to NYC from Virginia and had finally gotten into accepted into a senior housing complex. At the final stages of the paperwork process she was told that they couldn't accept her into the complex as her financial check revealed a foreclosure in her name. Client had a private house and sold it a few years earlier, prior to moving north. MC had problems hearing over the phone, so Case manager contacted senior complex, bank and former realtor for client. Apparently the home was resold almost immediately at a greater profit, but the initial mortgage was never satisfied. Client was unaware of any of these details. Over the past 2 years, case manager has contacted lawyers, District Attorneys, Housing Courts, and banks in both New York and Virginia on behalf of, and with, the client. An attorney in Virginia finally agreed to take on the case as an advocacy issue and MC was "exonerated" of the foreclosure and "bad credit" rating. She has recently re-applied to the senior complex and is hopeful of accepted soon.



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