

July 20, 2012

To assist Consumers with the problem of finding new Personal Care Assistants, [Consumer Directed Services](#) offers this FREE Newsletter and the FREE Service to Consumers and Personal Assistant Candidates.

- [Consumers / Advocates](#)

- To receive a copy of the weekly Newsletter, a Consumer or Advocate need only send me an email to elitcher@consumerdirectedservices.com and include the text **Newsletter Request**.
- To search for a New Personal Assistant go to the [Consumer Directed Services](#) website and complete the form at the following link [Consumer / Advocate - Search for a PCA Candidate](#). When your information is received it will be distributed to all of the Candidates and the other email Database Resources. As of the above date, **448 Personal Assistant Candidates** have been enrolled in the Consumer Directed Services database.

- [Personal Care Assistant \(PCA\) Candidates](#)

To include your information in the Newsletter and Database, go to the [Consumer Directed Services](#) website and complete the form at the following link: [Look for a PCA Job \(FREE\) - New York City Metro](#).

To insure that this Newsletter will be available to as many Consumers / Advocates as possible, previously distributed Newsletters (**from January 12, 2011 to present**) have been archived on the [Consumer Directed Services](#) home page. Finally, if you have any questions, comments, or recommendations about this service, or should you wish to remove your address from this list, please contact send an email to elitcher@consumerdirectedservices.com.

Best Regards, Ed Litcher

Notes

Check out Constance Laymon's blog: <http://www.ConstanceLaymon.com>. Constance created this blog to express her opinion while still supporting the CDPAANYS mission and continue her quest to change the world for the better by focusing on infrastructure and system changes. In addition to managing [Consumer Directed Choices, Inc.](#) and participating in a number of other Home Care related committees, Constance is also co-chairing a "Consumer Voices" Steering Committee www.WeAreSelfDirecting.com, allied with CDPAANYS, and Todd Vaarwerk from the Buffalo Independent Living Center to encourage Consumers to develop their own voice and to gather multiple Consumer perspectives.

PCA Candidates

Consumer - To consider any of the following PCA Candidates, please contact the Candidates directly. To send an email the currently enrolled Personal Assistant Candidates please go to the [Consumer Directed Services](#) website and complete the form at the following link [Consumer / Advocate - Search for a PCA Candidate or Request a Newsletter](#).

Personal Assistant Candidate - To add your information to the next Newsletter and Database, go to the [Consumer Directed Services](#) website and complete the form at the following link: [Look for a PCA Job \(FREE\) - New York City Metro](#).

trisha_irving@yahoo.com on Saturday, July 14, 2012 at 17:31:18

Personal Assistant Candidate: Trisha Irving

Address1: 91-25 97th st

Address2: woodhaven ny 11421

Phone: 570-815-0484

Best Time: anytime

Gender: Female

Type of Position: Personal Care / Home Health

Experience: Children,, Teens,, Young Adults,, Seniors,, Paraplegia,, Quadriplegia,, Amputation,, Wheelchairs,, Lifters,, Mental Impairments / Alzheimer's Disease,, Visual / Auditory Impairments,

Documentation Available: Social Security Number,, Proof of Identity,, Recommendations

Hours per Week: 40+

Days per Week: 5

Preferred Start Time: any

Target Salary Per Hour: 12.00

Target Salary Per Day: 150.

Comments: Hello! My name is trisha and i have been a home health aide for over 10 years. I absolutely love my job! I have worked a wide variety of jobs in this field from children to seniors with all kinds of special needs and disabilities. I have alot of patience and love for my clients. I am currently working with a man whom is a quadriplegic for almost 2 years. I have a set schedule with him and would love to work more. My weekends are always open with some days during the week as well. I would love to be able to help your family!! Please feel free to contact me and see if i would make a good fit for your needs! Thank you so much and i look forward to hearing from you soon!

melissawilliams1323@gmail.com on Friday, July 13, 2012 at 21:12:04

Personal Assistant Candidate: Melissa Williams

Address1: 1892 Morris Avenue apt 2U

Phone: [3473387471](tel:3473387471)

Best Time: anytime

Gender: Female

Type of Position: Personal Care / Home Health

Experience: Children,, Teens,, Young Adults,, Seniors,, Wheelchairs,

Documentation Available: Social Security Number,, Proof of Identity,, Recommendations

Hours per Week: 6-12

Days per Week: 5

Preferred Start Time: 8am

Days I Would Like to Work: Anytime

I am willing to work a 24 Hour Sleep-In schedule: yes

Target Salary Per Hour: 10

Comments: I have worked for a young man who has Cerebral Palsy. I was able to life him manually and with a lift. I can transfer from bed to wheelchair and vice versa.

fkrubally@yahoo.com on Friday, July 13, 2012 at 17:46:51

Personal Assistant Candidate: Fatoumata Krubally

Address1: 365 E. 184th street

Address2: apt 214

Phone: 6465776159

Best Time: Anytime

Gender: Female

Type of Position: Personal Care / Home Health

Documentation Available: Social Security Number,, Proof of Identity,

Hours per Week: 48

Days per Week: 4

Preferred Start Time: 9am

Days I Would Like to Work: Mon-Thursday

I am willing to work a 24 Hour Sleep-In schedule: No

Target Salary Per Hour: 10

Comments: I don't have any experience but i am willing to learn

dopeemahmee.sm@gmail.com on Friday, July 13, 2012 at 01:19:27

Personal Assistant Candidate: Stephanie Moquete

Address1: 2921 tilden ave

Address2: apt 10e

Address3: brooklyn, N.Y.

Best Time: anytime

Gender: Female

Type of Position: Personal Care / Home Health

Experience: Young Adults,, Seniors,, Ventilators,, Wheelchairs,, Lifters,, Other Equipment,, Mental Impairments / Alzheimer's Disease,, Visual / Auditory Impairments,, Languages

Description of Languages: english, spanish

Documentation Available: Social Security Number,, Proof of Identity,

Days per Week: 3-4

Preferred Start Time: 6am

Days I Would Like to Work: monday-thursday

I am willing to work a 24 Hour Sleep-In schedule: no

Target Salary Per Hour: \$10.00

Target Salary Per Day: \$95.00

Target Salary Per Week: \$380.00

Comments: I am a very caring, responsible and punctual individual. I'm a certified pca and hha.

Reminder: Consumer Directed Services makes no representation (positive or negative) regarding the appropriateness of any PCA Candidate the Consumer may consider. Therefore, a Consumer's consideration of any of the PCA Candidates listed above or any of the Candidates referred by a PCA Employment Service does not in any way reduce or modify the Consumer's exclusive responsibility to manage the PCA evaluation and employment process.

Articles Related to the CDPAP

Can house calls cut costs? By [Chelsea Conaboy](#) Globe Staff / July 2, 2012

Dr. Daniel Oates knew what time it was. His patient, 92-year-old Roberta Baskerville, prefers that he not visit when "The Price Is Right" is on. But there he was, arriving at the Dorchester home that Baskerville has lived in for half a century and rarely leaves, just as the TV show was airing.

Baskerville's son, Elliott, had called Oates this spring, concerned about his mother's cough. Oates sent a technician to administer a chest X-ray in the home and found pneumonia. Baskerville improved with antibiotics, and Oates visited recently to check on her progress, taking notes on his laptop in the kitchen while the television flashed silently nearby.

Oates is a Boston Medical Center geriatrician who makes house calls, part of a cadre of physicians nationwide who serve a growing need for homebound seniors. He believes home visits provide more personalized, consistent care to people who might not otherwise see a doctor and can prevent hospitalizations or delay a move to a nursing home.

Now the Centers for Medicare & Medicaid Services, in a program created under the newly-affirmed Affordable Care Act, is looking at the Boston program and 15 others to see whether they also can save money. Advocates hope the results will persuade more doctors to begin seeing patients at home.

Elliott Baskerville said he is certain his mother, who has severe arthritis, would have ended up in an emergency room without intervention by Oates. For decades, she avoided doctors and would have put off seeking care for her cough, he said.

"She let Dr. Oates in," said Baskerville, who lives in New Jersey and speaks with Oates by phone during each visit. "It's like talking to a friend instead of going to some clinical type of situation."

Programs like the one at Boston Medical Center are not common. Home care accounts for about 1 percent of all Medicare billing for "evaluation and management services," essentially time spent talking with doctors, versus tests or procedures, said Gary Swartz, associate executive director of the American Academy of Home Care Physicians.

One reason: the cost. David Kornetsky, administrative director of geriatric services at Boston Medical Center, said it costs about \$3,000 per year to cover each person enrolled in the home care program, now about 575 people. Medicare and other insurance coverage pays for only

about half, he said. The hospital, which has been sending doctors to patient homes since 1875 with a focus on the elderly in the past three decades, subsidizes the rest.

But Kornetsky said he sees long-term value in the program. “The model has finally arrived,” Kornetsky said.

Hospitals increasingly are under pressure to do more to manage the care of their sickest patients. Starting this fall, as required by the federal health law, they will be penalized for high rates of patients returning to the hospital within 30 days of discharge from a stay for pneumonia, heart attack, or heart failure. Increasingly, doctors are being paid in ways meant to reward them for preventing costly acute care, particularly for patients with chronic illnesses.

But studies of the cost of home care are mixed. One, published in 2000 in the *Journal of the American Medical Association*, followed 1,966 patients with restricted mobility connected to 16 Veterans Affairs medical centers. Researchers found that the half who received home care had a better quality of life, as did their caregivers. But care for those patients cost about 12 percent more over the one-year study period.

More recently, however, Veterans Affairs has reported cost savings and reduced hospitalizations among people in the home care program. Smaller, site-specific studies also have shown progress in preventing more expensive care.

The national pilot program, called Independence at Home, is designed as a large-scale test of costs and quality, with up to 10,000 patients.

Boston Medical Center is in the process of enrolling about 100 patients who qualify and must maintain an average enrollment of 200 over the three-year trial, Kornetsky said. Participants must have traditional Medicare coverage, a recent hospitalization, chronic illnesses, and functional limitations. The Centers for Medicare & Medicaid Services will compare the overall cost of caring for those patients with the cost for similar patients not enrolled in the program.

If the Boston program saves more than 11 percent, the agency will share savings with the hospital. The pilot also will track various quality measures, including patient satisfaction and how often people visit an emergency room or are hospitalized with preventable conditions. And it will measure how providers feel about their work, in a field in which recruitment of doctors is difficult.

“For me, these patients are all like my grandparents,” said Oates, who was close with his own.

Working with a group of social workers and nurse case managers to help people with issues that go beyond medical conditions is rewarding, he said.

Home visit teams might look for loose rugs or poor lighting that could cause a fall, and do what Swartz called the “refrigerator biopsy” to see if people are getting enough food.

Oates said he and colleagues also detect whether patients are safe in custody of their caregivers — he had several open protective services cases in mid-June — or if their drugs are taken by relatives or others in the home. And, he said, going over a patient’s drug regimen in the home, where they have their medications on hand, can help dispel confusion.

Oates sat recently in the second-floor bedroom of the Dorchester home where 88-year-old Ella Mitchell spends nearly all of her time. He told her she could stop one of the many medications she takes to treat a complicated list of conditions, including emphysema, history of pulmonary embolism, and a degenerative joint disease. But Mitchell wasn't sure which one he meant.

She pulled her pill bottles from a desk drawer, and Oates went through them with her, identifying the blue pill she no longer needed.

"Medical care has been sort of provider-centric," said Al Norman, executive director of Mass Home Care, a network of organizations that provide support for elderly people living at home. "The patient is at home. Where the provider lives is at the office. Historically, the provider has won out."

Norman said he would welcome the expansion of services such as those Boston Medical Center provides, though he noted that physician assistants, nurses, or caseworkers, who are paid less, can play a big role in addressing medical needs in the home.

With home care, "you're getting a window into the person's life that you can't possibly get in the office," said Len Fishman, chief executive of Hebrew SeniorLife, a large senior care and housing provider in the Boston area. The group does not provide home-based primary care, though one of its Brookline housing facilities has a clinic on site. Fishman said he is encouraged by the Independence at Home pilot. But, he said, "if it works, then what?"

Swartz, whose organization is assisting with the pilot, said expanding the shared savings program beyond 10,000 patients nationally would require action by Congress. But if the federal agency shows that home care saves money over time, he said, more doctors may be inspired to get out of the office.

http://www.boston.com/lifestyle/health/articles/2012/07/02/can_house_calls_cut_health_care_costs_house_calls_boston_medical_center_program_testing_home_care_for_homebound_seniors/



Cash and Counseling: Consumers' Early Experiences in New Jersey Part II: Uses of Cash and Satisfaction at Nine Months. Leslie Foster, Randall Brown, Barbara Carlson, Barbara Phillips and Jennifer Schore

[Mathematica Policy Research Reports from Mathematica Policy Research](#)

Abstract: Describes the experiences of 240 early clients in Personal Preference, the state's cash and counseling demonstration. Notes that 76 percent were still enrolled at the time of the nine-month interview, 17 percent had dropped out, and 7 percent had died. More than 7 out of 10 cash recipients said the program's monthly cash grants improved their lives, and being able to choose one's own caregivers was the most commonly cited improvement.

Downloads: (external link)

<http://mathematica-mpr.com/publications/pdfs/conearlyexp.pdf> (application/pdf)



[No Place Like Home](#) - July/August 2012 - By John Gravois - *An innovative foster care program for disabled vet's points the way to solving two of the nation's greatest challenges at the same time.*

As a boy, Rick Heady got used to the company of crusty old veterans. His parents ran a “family care” facility for some two dozen disabled ex-soldiers out of his childhood home, a cavernous three-story Victorian. Heady’s grandparents did the same; in the 1930s, they even housed one of the last surviving members of the Union Army.

Heady always wanted to continue the family tradition, but in the hyper-specialized world of twenty-first-century America, he had neither the training nor the kind of facility it required. So he wound up working as an AutoZone manager and a sometime motorcycle mechanic, living in a modest single-family home outside Tampa, Florida.

Then one day a few years ago, Heady’s dad told him about a new program run by the Department of Veterans Affairs. Known as the medical foster home program, it not only offers a solution for one of the deepest challenges facing American society—the explosive growth in the numbers of frail elderly—it also offers homeowners like Heady a way to earn a modest and meaningful living.

Under the program, the VA pairs veterans who would otherwise live in nursing homes with ordinary citizens who are willing to take them into their homes and help them with tasks like bathing, administering medication, cooking meals, changing diapers, and the like. Veterans pay their caregivers an average of just under \$2,500 a month, using their Social Security checks, VA pensions, and whatever other benefits and savings they have. And most crucially, the VA supplies primary medical care for the veteran’s right in their foster homes via what is essentially a souped-up system of old-fashioned house calls from nurses, doctors, and therapists—who thereby also provide regular oversight of the homes. This allows for dramatically lower cost, and better-coordinated care. (Treating a vet in a medical foster home costs the VA about \$52 a day, compared with an average of \$580 a day for those in nursing homes.) It also helps prevent the neglect and elder abuse that can be common in other small residential settings.

Today, Heady cares for two disabled vets in his home. (The VA allows a maximum of three.) The guys live right down the hall from Heady’s teenage stepdaughter, whose room is decked out in *Twilight* paraphernalia and painted deep purple. The family had to renovate one of its bathrooms to accommodate a wheelchair-friendly shower, but otherwise the place has the look and feel of a normal, buzzing household. “You have to have the right mindset,” he says. “But you don’t have to put in a hundred-thousand-dollar sprinkler system.”

A blond-haired, thickset man with a handlebar mustache, Heady brims with pride in his work—and in the knowledge that he is keeping two men out of the escalating clockwork of institutional long-term care. “These are my guys forever,” Heady says. “When they require a higher level of care, I’m going to be able to provide it without them having to start all over somewhere else.”

Today, only about 500 veterans live in medical foster homes. But a little-known component of the 2010 Affordable Care Act, which as of this writing may or may not be struck down by the U.S. Supreme Court, could open up this model to a far larger population. The bill sets up a demonstration project called Independence at Home that will extend something much like the

VA's home-based primary care program to some 10,000 homebound Americans on Medicare. The study got started last month. If it succeeds, a vastly expanded system of foster care for the disabled elderly could follow.

Such an approach could provide high-quality, cost-effective care for millions of Americans who would otherwise languish in nursing homes. It also could provide economic sustenance for able-bodied older homeowners who lack adequate retirement savings but have rooms to spare and, quite often, personal experience taking care of sick loved ones.

These are the sort of folks who have already been drawn to the program. One caregiver I met in Florida was a widow who had cared for her husband in his last years. Another was a former teacher who had recently taken care of a brother with terminal lung cancer; she signed up to take a veteran into her home shortly after he died. It just seemed like a natural move, she said. And she assured me that she would just as soon take in a civilian.

http://www.washingtonmonthly.com/magazine/julyaugust_2012/features/no_place_like_home038422.php

PCA Employment Agencies

If your Personal Care Assistant (PCA) Employment Service assists Self-Pay and CDPAP Consumers in the NYC Metro Area, you can have your agency information added to the following list by completing the [Employment Service Enrollment Form](#).

Blessed Healthcare Staffing Agency
Tissha Thomas
1 Belvedere Ave, Suite A, Farmingdale, NY 11735
tithomas@bhcsa.com
(631) 390-8646

Bronxwork Inc Kedon Wilson
391 E 149th St, Bronx, NY 10455
kwilson@bronxworks.org
(718) 993-8880 ext. 237

Brooklyn Bureau of Community Service
Leslie Klein
285 Schermerhorn St, Brooklyn, NY 11217
lklein@WeAreBCS.org
718-310-5600

Center For Family Life Employment
Maria Ferreira
443 39th St, Brooklyn, New York 11232
mferreira@cflsp.org
718-633-4823

El Barrio's Operation Fight
Gustavo Rosado
413 E 120th St # 403 New York, NY 10035-3602
ebobf413@aol.com
212-410-7900

Eugenio María de Hostos Community College
Ms. Patricia Salazar, Services Manager;
500 Grand Concourse, Bronx, New York 10451
psalazar@hostos.cuny.edu
(718) 518-4444

Fifth Avenue Committee
Aaron Shiffman
621 DeGraw Street, Brooklyn, New York 11217
ashiffman@fifthave.org
718-237-2017

Kingsborough Community College
Marisa Joseph
2001 Oriental Blvd, Brooklyn, NY 11235
marisa.joseph@kbcc.cuny.edu
718-368-5563

Konedu Home Care, LLC
Carie Jones Smith
140 Captain Thomas Blvd West Haven, CT 06516
helpingfamilies@koneduhomecare.com
Phone: [800 418-3299](tel:8004183299)

Mercy Center
Mary Ellen Gianino
377 East 145th Street, Bronx NY 10454-1006
meg@mercycenterbronx.org
(718) 993-2789

New York City College of Technology
NYC Technical College Placement Office
300 Jay St, Brooklyn, NY 11201
employmentsvc@citytech.cuny.edu
(718) 260-5050

Northern Manhattan Improvement Corp
Evan Hess
76 Wadsworth Ave, New York, NY 10033
evanhess@nmic.org
212-822-8300

Our Planet Management Institute
Lisa Ying
116 John Street, #200, New York, NY 10038
lisa@opmi.org
212-269-4000

Queens Community House
Ana Lopez-Betancourt
108-25 62nd Drive, Forest Hills, NY 11375
abetancourt@queenscommunityhouse.org
718-898-7461 x 19

Supreme Aid Home Care, LLC
Contact: Anna Basel - Owner
37-53, 90th St, Suite 16 Jackson Heights, NY, 11372
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