

September 20, 2013

To assist Consumers with the problem of finding new Personal Care Assistants, [Consumer Directed Services](http://www.ConsumerDirectedServices.com) created a FREE Employment Information Bridge between Consumers and PCA 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 your name and the text **Newsletter Request**.
- To search for a New Personal Assistant go to the [Consumer Directed Services](http://www.ConsumerDirectedServices.com) 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 PCA Candidates enrolled in the database and a variety of other Employment Resources.

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

To include your information in the Newsletter and Database, go to the [Consumer Directed Services](http://www.ConsumerDirectedServices.com) 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many Consumers / Advocates as possible, previously distributed Newsletters (**from January 12, 2011 to present**) have been archived on the [Consumer Directed Services](http://www.ConsumerDirectedServices.com) home page.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

Consumers Wanted: For an Employment Information Bridge to work it requires traffic to flow in both directions. If you are in a Consumer Directed Personal Assistance Program, you will eventually need to find a new Home Care Worker. And up to now you may have relied upon Friends, Family, an Agency or you may have chosen to put your own advertisement on the Internet (See the list of Internet resources on the PCA Employment Agency page of this newsletter). Therefore, to help you find the PCA Candidate of your choice, I urge you, to do everything you ordinarily do, to consider an Internet resource and to try www.ConsumerDirectedServices.com. Finally, if you try Consumer Directed Services, please spread the word. Tell your friends and associates about this **FREE** service.

Consumers Searching

*Should you require additional information
Please Contact the Consumer Directly.*

**Consumers please submit your information using the
following link:**

[Consumer / Advocate - Search for a PCA Candidate](#)

PCA Candidates

Consumer Directed Services is not an Agency and makes no representation (positive or negative) regarding the appropriateness of any PCA Candidate, or the terms and conditions of any employment relationship. All employment and payment decisions are the exclusive responsibility of the Consumer.

Dear Personal Care Assistant Candidate,

*I would like to thank you for your participation in Consumer Directed Services. If you submitted your **more than one year ago**, please complete and submit a new [Personal Assistant Enrollment Form](#). When the updated information is received, your new profile will be added to the next newsletter.*

Again thank you for your participation.

drosemarie44@gmail.com on Tuesday, September 17, 2013 at 11:43:04

Personal Assistant Candidate: Rosemarie Davis
Address1: 225 rockaway Ave
Phone: 3479321456
Best Time: 3479321456
Gender: Female
Type of Position: Personal Care / Home Health
Worked with a CDPAP Consumer/Surrogate: Yes
Enrolled with a CDPAP: Yes
CDPAP Agency Name(s): concepts of independence

Experience: Seniors,, Paraplegia,, Quadriplegia,, Hemiplegia,, Wheelchairs,, Lifters,,
Mental Impairments / Alzheimer's Disease,, Special Diets,
Description of Special Diets: kosher,low sodium,soft,etc
Description of Languages: english
Documentation Available: Social Security Number,, Proof of Identity,,
Recommendations
Certificate/License: Home Health Aid,
Hours per Week: 35
Days per Week: 05
Preferred Start Time: mon
Days I Would Like to Work: mon_sat
I am willing to work a 24 Hour Sleep-In schedule: yes
Target Salary Per Hour: 11-12
Comments: I have 14 years experience in the nursing field ,with seniors
young adults,and some equipment's. i would like to work 5-7
hours per day for now Mon-Saturday, can work a 24 hour shift
on a Tuesday and a friday

geverthing@aol.com on Sunday, September 15, 2013 at 18:10:31

Personal Assistant Candidate: Pauline Grant
Address1: 11861 154th Street
Address3: Jamaica Ny 11434
Phone: 3479729500
Best Time: 9-5
Gender: Female
Type of Position: Personal Care / Home Health
Worked with a CDPAP Consumer/Surrogate: No
Experience: Seniors,, Paraplegia,, Quadriplegia,, Amputation,, Ventilators,, Wheelchairs,,
Lifters,, Mental Impairments / Alzheimer's Disease,, Visual / Auditory Impairments,,
Other,
Description of Special Diets: low salt, soft diet, diabetes, bland, low ca
Description of Languages: English
Description of Other: Patois (broken english)
Documentation Available: Social Security Number,, Proof of Identity,,
Recommendations
Certificate/License: Personal Care,, Home Health Aid,, Other,
Description of Other Certificate/License: Nursing Assistant
Hours per Week: 40

Days per Week: 5

Preferred Start Time: 9an

Days I Would Like to Work: mon-friday

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

Target Salary Per Hour: 10-12

Target Salary Per Day: 140.150

Target Salary Per Week: 480

Comments: Certified Home Health Aide with over 10years experience.

jkissoonj@aol.com on Sunday, September 15, 2013 at 14:37:55

Personal Assistant Candidate: Jacqueline Kissoon

Address1: 1460 East 88 Street

Address2: Brooklyn

Address3: New York 11236

Phone: 718-241-8553

Gender: Female

Type of Position: Personal Care / Home Health

Worked with a CDPAP Consumer/Surrogate: Yes

Consumer/Surrogate References Available: Yes

Years Employed with a Consumer/Surrogate: 6 years

Enrolled with a CDPAP: Yes

CDPAP Agency Name(s): Chinese American and Concept of Independence

Experience: Teens,, Young Adults,, Seniors,, Paraplegia,, Quadriplegia,, Wheelchairs,,

Lifters,, Mental Impairments / Alzheimer's Disease,, Visual / Auditory Impairments,,

Special Diets,, Languages

Description of Special Diets: Diabetic

Description of Languages: English

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

Recommendations

Certificate/License: Personal Care,, Home Health Aid,, Driver's License,, Other,

Description of Other Certificate/License: Dialysis, EKG, PHLEBOTOMIST

Hours per Week: 20

Days per Week: 5

Preferred Start Time: 9 A.M.

Days I Would Like to Work: MON, TUES, WED, THURS AND FRIDAY

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

Target Salary Per Hour: \$12.00

Articles Related to the CDPAP

Is the Consumer-Directed Personal Assistance Program for You?

by [Loreen Loonie, Vice President, Community Relations](#) on September 19, 2013

It goes by many names—Concepts, Consumer Direction, CDPAP, CDPAS—but whatever you call it, the innovative Consumer-Directed Personal Assistance Program ensures that a lot of people with disabilities who receive Medicaid can remain in the community, living healthy independent lives.

Like traditional homecare programs, CDPAP assures that those enrolled in the program, including ICS members, have the help they need with activities of daily living, from eating to bathing to dressing. However, unlike home care provided by a traditional agency, the CDPAP worker, known as a Personal Assistant or PA, also may perform health-related activities like catheterization and tracheotomy care. This unique combination of allowable activities is one of the key differences between CDPAP and traditional homecare.

ICS has been a leader in providing this option to people with disabilities in New York for more than ten years. We were the first Medicaid managed long-term care plan to establish a contract with Concepts of Independence, the oldest and largest provider of consumer-directed care in New York State. Until this year, when the NY State Department of Health mandated that all Medicaid managed long-term care agencies offer consumer-directed care, ICS was the only managed long-term care plan to offer this choice.

Why is CDPAP important?

We saw in those early days that for many of our members with pressing social as well as health-care needs, living at home would have been impossible without a program like CDPAP. Before CDPAP, if a person needed help with both activities of daily living and health-related tasks, it was believed they could not manage life in the community and that a nursing home was their only option. Indeed, New York State regulations said that only nurses can perform certain health-related tasks—e.g., a homecare worker with a traditional agency cannot administer medication. The regulations are designed to keep patients and caregivers safe, but for people with disabilities who have health-related needs, they made living in the community nearly impossible. CDPAP was a way to address these concerns and give people with disabilities the support they needed to live safely in the community.

What else is different about CDPAP?

In addition to allowing people with disabilities to get the broader range of services they require, the CDPAP program has other elements that help people with needs that do not necessarily fit into the agency model of homecare. Consumers who select CDPAP have greater independence,

more control over their homecare schedule, and are able to hire their own workers, taking their own particular social and cultural needs into consideration. However, while the program does offer greater flexibility, it also comes with more responsibility. People in the Consumer Direction Program are responsible for recruiting, hiring, training, managing and if necessary, firing their own Personal Assistants. Consumers are also responsible for a backup plan and emergency plan. CDPAP participants must also have the necessary number of workers registered to cover the number of hours authorized.

How is a Personal Assistant hired and paid?

Participants in the CDPAP program may hire, family members, except spouses and parents, can work for the person and get paid for their work. CDPAP consumers have something called a Fiscal Intermediary, an agency (in our case, [Concepts of Independence](#)) that is responsible for processing the registration of workers and administering payroll for the Personal Assistants. CDPAP participants must sign time sheets for their employees and submit them so their workers can get paid.

How can you become part of CDPAP at ICS?

If you are an ICS member and you feel that you need more flexibility, or that you would be a good fit for the Consumer-Directed Personal Assistance Program, you can contact the ICS program administrator, Carmen Silva, on 1-282-584-2529. She'll be glad to help.

Request - If you have received a written PCA Salary/Benefit guideline for the year starting January 2014 from a Medicaid HMO or Managed Care Program please send me an email or a fax with an outline of the information you received. Also, please let me know if you were given a reason for the change and how these planned guidelines will change the salary or benefits a PCA will receive.

Innovative Health Care Organizations Underscore Value of Home Health in the Changing Health Care Landscape

Health system leaders discuss the role and increasing need for home health care and its effect on patients' overall quality of care

WASHINGTON, Sept. 19, 2013 /PRNewswire-USNewswire/ -- The Alliance for Home Health Quality and Innovation (the Alliance) today convened a briefing on Capitol Hill to discuss

recent innovations in the field of home health care and educate stakeholders on the important role home health will play in the future of health care delivery. As the American population ages, the need for quality, skilled care in the home and community is rapidly increasing.

Panelists from VNA Health Group, MedStar Washington Hospital Center and UnityPoint at Home took part in today's discussion to describe how their organizations are testing reforms to the way health care is delivered and how home health care is key to such reforms. Home health care allows for coordinated, managed care of chronic conditions, rehabilitation and post acute care needs. Procedures and therapies that once required care in a hospital or institutional setting are now safely and effectively administered in the comfort of a patient's own home.

As health care delivery reforms continue to be at the forefront of political and policy discussions, many health systems and organizations are implementing care transitions programs and participating in Accountable Care Organizations (ACOs) and Medicare demonstrations and pilot programs. These programs, authorized by the Affordable Care Act, are helping to improve the delivery of home health care by supporting programs that allow providers to explore new models of care delivery and health care technologies.

"Health care delivery system reforms are changing the way physicians, hospitals and patients think about post-acute and pre-acute care needs," stated Teresa Lee, Executive Director of the Alliance. "We brought together thought leaders to demonstrate the wide array of services and programs that are being tested and that are available to patients in their homes and community."

"UnityPoint at Home is a participant in the Trinity Pioneer ACO and partner with several additional value based payer arrangements including the Medicare Shared Savings Programs. We are changing the way home health is integrated with patient-centered medical homes and hospitals," stated Monique Reese DNP, ARNP, FNP-C, ACHPN, Vice President and Chief Clinical Officer of UnityPoint at Home. "Our goal is to identify and implement best practices and deliver cost-effective, high quality care by working closely with patients and their primary care providers."

At MedStar, the House Calls program developed because of a growing need for home-based care in the community they serve. The program's founders saw a group of patients that would greatly benefit from care in their homes due to their inability to physically come into an office.

"In 2012 we began participation in the Independence at Home Project, a pilot project run by the Centers for Medicare and Medicaid Services (CMS) that looks to see whether home and community based care can succeed in providing equal or better medical outcomes while costing less than traditional alternatives," stated Stephanie Bruce, MD, Faculty Geriatrician at the MedStar Washington Hospital Center and Assistant Professor at Georgetown University School of Medicine.

"Quality home health care is crucial to keeping patients healthy at home, and avoiding unnecessary hospitalizations and rehospitalizations," added Steven Landers, MD, MPH, President and CEO of VNA Health Group. "Home health plays a significant role in community-based care transitions by helping patients to go from hospital to home with the appropriate supports needed, including coordinated care, medication management, and social support."

The briefing was the fourth installment in the Innovation Perspectives series, launched in April 2013 by the Alliance. Past events in the educational series focused on ACOs and bundling, advanced illness management, and patient and family engagement in health care delivery system reforms.

The Alliance for Home Health Quality and Innovation (the Alliance) is a non-profit research foundation comprised of leaders in the home health care community – including several of the largest home health care providers in the United States and the three largest national trade associations representing home health care providers. The mission of the Alliance is to foster research and education on the value of home health care to patients and the overall U.S. health care system. The Alliance is dedicated to improving the nation's health care system through development of high quality and innovative solutions aimed at achieving optimal clinical outcomes. To learn more, visit www.ahhqi.org.

SOURCE Alliance for Home Health Quality and Innovation

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Find this article at:

<http://www.prnewswire.com/news-releases/innovative-health-care-organizations-underscore-value-of-home-health-in-the-changing-health-care-landscape-224427561.html>

FLSA Final Rules Released

As you have likely seen by now, the final rules on the companionship exemption were issued by the Department of Labor (DOL) yesterday. CDPAANYS has examined the proposed rules on a preliminary basis.

Our initial sentiment is that, while the rules are not as bad as they could have possibly been, the potential damage to the program is still tremendous and DOL and the Obama administration, whether willfully or through their own ignorance, placed the ability of high need consumers to live independently outside of institutions in real jeopardy under the false premise of higher wages for workers.

DOL demonstrates their continued misunderstanding of how the rules will effect people early in their proposed final rule. In the “Costs and Benefits” section on page 9 of the 385 page document, DOL states that, “The primary effect shown in the Table is the transfer of income from home care agencies (and payers because a portion of costs will likely be passed through via price increases) to direct care workers, due to more workers being protected under the FLSA; the Department projects an average annualized transfer of \$321.8 million in the medium-impact scenario (using a 7percent real discount rate). These income transfers result from the narrowing of the companionship services exemption, specifically: payment for time spent by direct care workers traveling between individuals receiving services (consumers) for the same employer, and payment of an overtime premium when hours worked exceed 40 hours per week.”

This shows that, despite the fact that advocates, and even proponents of the regulations, have maintained that overtime will not be paid and in fact the regulations will lead to less hours for workers, DOL is falsely labeling this as redistributive in a positive manner for workers. There are other gross mischaracterizations of the real-life impact, most notably in DOL’s contention that the payment of overtime will lead to a more stable workforce. What we know is that these rules will dramatically impact workers ability to retain workers, since they will not be able to work enough hours at the rates offered by managed care plans and others, to allow them to earn enough money. We know that workers who currently put in 60 hours a week will lose one-third of the salary. This cannot lead to greater continuity of care.

CDPAANYS is currently working with our counsel to provide an in depth analysis of the rule and what it means for fiscal intermediaries moving forward. However, we want to provide you with some information immediately so you can begin to get a picture of what action DOL took.

Companionship - The final rule maintains the original requirement that an individual providing companionship services and therefore exempt from the regulation not spend more than 20% of his or her time performing services that do not qualify as “fellowship and protection.” “The provision of fellowship means to engage the person in social, physical, and mental activities, such as conversation, reading, games, crafts, or accompanying the person on walks, on errands, to appointments, or to social events. The provision of protection means to be present with the person in his or her home, or to accompany the person when outside of the home, to monitor the person’s safety and well-being.” Any medical services cannot be consider companionship. No third party employer may claim the companionship exemption.

Third-party employers/joint employers – The final rules made modifications to the section on joint employment. As of right now, we know that the rule does not fully exempt fiscal intermediaries; however, it is unclear the extent to which we are included. Further, it is unclear the manner in which FIs are included and what the interaction DOL has set up between consumers, who are not included, and FIs, who are, means.

In the case of joint employers, DOL said, “under the revised regulation, in joint employment situations the individual, member of the family or household employing the direct care worker or live-in domestic service worker will be able to claim an exemption provided that the employee meets the duties requirements for the companionship services exemption or the residence requirements for a “live-in” domestic service worker exemption. The third party employer will not be able to claim that exemption.” On initial review, this seems to be completely unworkable and establish a false expectation for the consumer that they will be able to continue to control the worker’s schedule indefinitely because they are not covered by the regulations. However, even on the off chance that a worker does fall into the companionship exemption (see above), the FI would still be liable for overtime pay, and therefore would have to implement some kind of cost control measures such as preventing consumers from utilizing workers for over 40 hours, even amongst several different workers.

There is a shimmer of hope in this section for FIs and consumers. DOL noted that it will use the “economic realities test” to establish the employment relationship between the consumer, the FI and the worker. In an instance where the consumer is seen to be substantially in charge of all services, the consumer would be the “sole employer.” DOL laid out the criteria for the economic realities test as follows:

- whether an employer has the power to direct, control, or supervise the worker(s) or the work performed;
- whether an employer has the power to hire or fire, modify the employment conditions or determine the pay rates or the methods of wage payment for the worker(s);
- the degree of permanency and duration of the relationship;
- where the work is performed and whether the tasks performed require special skills;
- whether the work performed is an integral part of the overall business operation;
- whether an employer undertakes responsibilities in relation to the worker(s) which are commonly performed by employers;
- whose equipment is used; and
- who performs payroll and similar functions.

DOL goes on to note that the economic realities test “does not depend on ‘isolated factors but rather upon the circumstances of the whole activity.’ *Rutherford Food Corp. v. McComb*, 331 U.S. 722, 730 (1947).”

Therefore, the fact that under CDPA, a consumer would be in charge of recruiting, hiring, training, supervising, and terminating his or her own workers would work strongly in a FIs favor. The fact that the collection of taxes, payment of insurance and unemployment and other services are provided by the FI, as well as the fact that in general the FI dictates to the consumer what he or she is able to pay their workers, works against us.

DOL has stated in the rules that these guidelines will be decided on a case by case basis. We

will continue to work with them to present our case and let them know why CDPA, when done properly, in NY needs to be considered not the employer.

The largest potential impacts of this determination do not relate to the exemption of the worker from overtime. Indeed, in most circumstances, even if the consumer is deemed the employer, overtime will likely apply as the consumer is likely to need more than 20% of the worker's time dedicated to something other than "companionship." However, if a FI is not the employer under the rules, the overtime provisions would likely not apply across multiple consumers. So, for instance, if Mary Doe and Tom Davis both use Michael Smith as their worker, and both receive 40 hours of service a week from Michael, they could continue to do so if the consumer is deemed to be the sole employer. If the FI is deemed to be a joint employer under the rules, then the FI would have an obligation to either limit the hours Michael Smith worked across both consumers or pay 40 hours of overtime.

Another example of what would be impacted is the FIs' obligation to reimburse for travel time from one consumer's house to another. Using the example above, if Mary Doe utilized Michael Smith until 1:30 and then Michael drove directly to Tom Davis' house to begin a shift with him, the FI would need to reimburse Michael for his travel time. To be absolutely clear, DOL acknowledged, in response to CDPAANYS comments on this topic, that Medicaid and other public entities (which now included Medicaid managed care and managed long term care plans) are unlikely to reimburse for this; but, that it should be considered a cost of doing business. DOL showed a thorough lack of understanding about the intent of CDPAANYS comments here and we will follow up.

The final note for presentation immediately is that DOL recognized the complexity of implementing these regulations. They established an effective date of January 1, 2015. They noted that there are a number of issues in the regulations that still need to be clarified and worked through, particularly as it related to consumer direction. We will work with them through this process to continue the discussion that was begun and work for guidance documents and opinions that work to the benefit of FIs, consumers and workers, just as we have been doing to this point.

Our analysis of this topic is ongoing. This is a cursory review to give you an idea of the regulations. In addition to what we have written here, we maintain high levels of skepticism about DOL's claim that these rules do not violate the requirements under Olmstead. We will have more analysis in the upcoming days and weeks. If you have questions, please do not hesitate to contact me. For members, we will have a legal analysis on the member's portion of the website as soon as possible. We will also consider additional trainings and compliance sessions on this topic to continue members and consumers education on this critical topic.

<http://cdpaanys.org/?p=899>

CDPAANYS AWARDS DEPARTMENT OF HEALTH, MARGARET WILLARD AT ANNUAL CONFERENCE

FOR IMMEDIATE RELEASE

For more information:

Bryan O'Malley 518-495-2181 (cell) | 518-813-9537 (work)

Advocacy group for people with disabilities and seniors to honor Department of Health

ALBANY – The Consumer Directed Personal Assistance Association of New York State (CDPAANYS) announced today that it would be honoring the New York State Department of Health (DOH), particularly the Office of Health Insurance Programs (OHIP), with its prestigious Constance Laymon Excellence in Leadership Award. Margaret Willard, the Director of the Bureau of Managed Long Term Care, will receive the Sally Johnston Award for Advocacy.

In making the decision to honor DOH with the Constance Laymon Excellence in Leadership Award, CDPAANYS is recognizing all of the work that New York State Medicaid Director Jason Helgeson; Director of the Division of Health Plan Contracting and Oversight, Vallencia Lloyd; Director of the Division on Long Term Care, Mark Kissinger and their teams have put into making the State's transition to Managed Care and Managed Long Term Care (MLTC) as successful as possible.

“A big part of being a leader is knowing that you do not know everything and that you cannot anticipate everything. Jason Helgeson and his team worked with us, consumers and the plans at every step on this change to make sure that they got things right the first time,” said Anthony Caputo, President of CDPAANYS. He went on to note, “even after the implementation took effect, DOH worked with us and consumer advocates to find the problems that nobody anticipated and help solve them.”

“Constance Laymon lived her life with commitment to one thing: May self-direction rule the land,” commented Bryan O'Malley, CDPAANYS' Executive Director. “Through their work in moving consumer direction into managed care and MLTC through a transparent process that involved everyone, DOH took a giant step toward making sure that self-direction became even more of a real option for consumers throughout New York.

The Sally Johnston Award for Advocacy was created to honor an individual or organization who has spent years in dedication and commitment advocating for consumer direction and the principles on which it is based. Margaret Willard embodies the spirit of this award.

Ms. Willard has been involved in consumer direction since the beginning. When she joined state service, she had already spent time working on putting in place the systems on a local level that would allow consumer direction to take root. It was when she joined the state that Ms. Willard began working on a small demonstration program founded by consumers in New York City and, later, a second group headed up by Sally Johnston in Syracuse. As her time at the state progressed, Margaret has been involved in implementing consumer direction as it now exists, implementing the law after it was passed in the mid-90s and then working with CDPAANYS, consumers and counties to write the rules and regulations that would govern it. Now, as Director of the Bureau of Managed Long Term Care, Ms. Willard is taking her knowledge of the program further by helping make the transition to MLTC as seamless as possible, allowing for further growth of the program in the era of managed care.

“Without Margaret, consumer direction would be a much different program today,” said Anthony Caputo. “It was her dedication and commitment to this program over the years that allowed it to grow. She not only worked on it, she fought for it.”

CDPAANYS Executive Director Bryan O’Malley said, “Every program needs somebody to fight for it from the inside. This is especially true when the program is small and completely different from anything else that exists in Medicaid. Margaret was that person. She, just as much as anyone, is responsible for consumer direction being a real option for consumers today.”

The Constance Laymon Excellence in Leadership Award and the Sally Johnston Award for Advocacy will be presented on October 9, 2013 at the Hilton Garden Inn in Troy. The Awards Dinner will begin at 6:00 pm and is part of CDPAANYS Annual Conference, which this year will focus on the changes the program is seeing as a result of the shift to managed care and MLTC. <http://cdpaanys.org/?p=888>

Local Independent Living Centers

- Bronx Independent Living Services, Inc. (BILS)
4419 Third Ave, #2C, Bronx, NY 10457
TEL [718 515-2800 x 116](tel:7185152800) / TTY [718 515-2803](tel:7185152803) / FAX [718 515-2844](tel:7185152844)
- Brooklyn Center for Independence of the Disabled (BCID)
27 Smith St, #200, Brooklyn, NY 11201
TEL [718 998-3000](tel:7189983000) / TTY [718 998-7406](tel:7189987406) / FAX [718 998-3743](tel:7189983743)
- Center for Independence of the Disabled in NY (CID-NY) (Manhattan)
841 Broadway, #301, New York, NY 10003
TEL [212 674-2300](tel:2126742300) V / TTY [212-674-5619](tel:2126745619) / FAX [212-254-5953](tel:2122545953)
- CID-NY/Queens
137-02A Northern Blvd, Flushing, NY 11354
Phone: [646-442-1520](tel:6464421520) / Sorenson VP [866-948-1064](tel:8669481064) / TTY [718-886-0427](tel:7188860427) / Fax 718-886-0428
- Harlem Independent Living Center (HILC) (Manhattan)
289 St. Nicholas Ave, #21 Lower Level, New York, NY 10027
TEL 212-222-7122 / Sorenson VP 646-755-3092 / Relay 866-326-5876 / FAX 212-222-7199
info@hilc.org
- Staten Island Center for Independent Living (SIILC)
470 Castleton Ave, Staten Island, NY 10301
TEL 718-720-9016 / TTY 718-720-9870 / FAX 718-720-9664
- Long Island Center for Independent Living (LICIL) (Nassau Co)
3601 Hempstead Turnpike, #208, Levittown, NY 11756
TEL 516-796-0144 / TEL (Español) 516-796-6176 / TTY 516-796-0135 / FAX 516-796-0529 licil@aol.com
- Self Initiated Living Options, Inc. (SILO) (Suffolk Co)
2111 Lakeland Ave, Ronkonkoma, NY 11779
TEL (31-880-7929 / TTY 631-654-8076 / FAX 631-946-6377
contact@siloinc.org
- Westchester Independent Living Center (WILC) (Westchester/White Plains)
200 Hamilton Ave, White Plains, NY 10601
TEL 914-682-3926 / TTY 914-682-0926 / Sorenson Video Phone 866-933 5390 / FAX 914-682-8518
- Westchester Disabled on the Move, Inc. (WDOM) Westchester/Yonkers)
984 No. Broadway, #L-10, Yonkers, NY 10701
TEL 914-968-4717 V & TTY / FAX 914-968-6137

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

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

Fifth Avenue Committee, Aaron Shiffman

621 DeGraw Street, Brooklyn, New York 11217
ashiffman@fifthave.org
718-237-2017

Goldenhearts Elderly Care Services, Geanette Browder

244 5th Avenue, suite G256 New York, NY 10001
contact@GoldenElderlyCare.org
Phone: (866) 531-4620

Kingsborough Comm. 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@koneduhomocare.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

Reliable Homecare Solutions LLC

Contact: Reshmi Maharaj, Director
104-28 117 St, 2E, Richmond Hill New York 11419
917 378 5769
caresolutions09100@gmail.com

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

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