



540 Main Street, B1314
Roosevelt Island, NY 10044
718.233-3312
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www.consumerdirectedservices.com

November 07, 2014

On September 16th the New York State Department of State accepted the Certificate of Incorporation submitted by **Consumer Directed Services, Inc.** under section 404 of the Not-for-Profit Law. A certificate that included the following statement:

To insure that the corporation remains focused on the empowerment of the people being served, as the service population grows, the corporation will expand the Board of Director Membership to insure that a majority of its seats are held by people with disabilities.

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](#) 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](#) website and complete the form at the following link: [Look for a PCA Job \(FREE\) - New York City Metro](#).

Previously distributed Newsletters (**from January 12, 2011 to present**) have been archived on the [Consumer Directed Services](#) home page.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

Consumers Searching

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.

Alexandra McArthur () on Friday, October 24, 2014 at 10:24:41

Neighborhood Name: East Village/Alphabet City

City, Town or Borough: Manhattan, NY

Available Transportation: Subway,, Bus,, Train,, Auto,

E-mail: acmcarthur@gmail.com

Email Authorization: Yes

Consumer Age: Between 21 and 30

Consumer Gender: Female

Payroll Method: Self Pay

Type of Candidates: Personal Care / Home Health

Candidate Experience: Young Adults,, Wheelchairs,

Preferred Candidate Gender: Female

Required Documentation: Recommendations

Hours: 2

Days: 4

Start Time: 9:00pm

Description of Schedule: Assisting with shower, dressing and getting in to bed

Pay Per Hour: 15

Pay Per Day: 30

Comments: I am a young woman who uses a motorized wheelchair and requires assistance, including a full-lift into the shower. I am positive and flexible and am

looking for a kind and reliable personal care attendant. I look forward to hearing from you!

Michael Ciravolo () on Thursday, October 23, 2014 at 13:39:36

Neighborhood Name: Broadway Knolls

City, Town or Borough: Holbrook Long Island

Available Transportation: Auto,

Phone: 631-393-2685

Best Time: after 5 pm

Consumer Age: Between 31 and 50

Consumer Gender: Male

Payroll Method: Agency

Type of Candidates: Personal Care / Home Health

Candidate Experience: Young Adults,, Quadriplegia,, Wheelchairs,, Lifters,, Other Equipment,, Languages

Description of Languages: English

Preferred Candidate Gender: Female

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

Description of Schedule: I receive 80 service a week. 40 have already been filled. Wed night from 6-11pm is a MUST.

Pay Per Hour: 13.12

Comments: I am a high functioning active C5-6 quadriplegic. I have a colostomy, a suprapubic catheter and an electric ceiling lift for transfers. Experience preferred but not necessary, will train right person. I am seeking a female aide who speaks fluent English, loves dogs and treats this like a Real Job. I need to have my colostomy changed when necessary, my catheter irrigated when necessary, light housekeeping to include my bedroom, my bathroom and my laundry, my medical supplies inventoried and restocked as necessary, and my back, legs and feet massaged and stretched when I am in bed. I receive 80 service hours per week and 40 hours have already been filled. Wednesday night from 6pm - 11pm is a MUST.

The rest of the schedule can be negotiated, however I am primarily looking for evening hours. I am registered on the CDPAP program through South Shore Home Health in Oakdale NY. I am flexible and reasonable when it comes to holidays;

however once you commit to a schedule and I have accommodated you, PLEASE
KEEP IT DON'T Change it Every Week!!

Shawn Linkh () on Sunday, October 19, 2014 at 20:01:44

Neighborhood Name: Western Suffolk
City, Town or Borough: Huntington
Available Transportation: Train,, Other Transportation,
Description of Other Transportation: LIRR - Transportation To and From
E-mail: cc287@aol.com
Email Authorization: Yes
Consumer Age: Older than 70
Consumer Gender: Female
Payroll Method: Agency
Type of Candidates: Personal Care / Home Health
Candidate Experience: Seniors,, Wheelchairs,, Languages
Description of Languages: English
Preferred Candidate Gender: Female
Required Documentation: Social Security Number,, Proof of Identity,,
Recommendations
Hours: 13
Days: 4
Start Time: 7:30am
Description of Schedule: P/T Live In /Mon am - Fri am/ Every other Week
Pay Per Hour: 13,10 hr

Comments: Seeking a Mature Female. A Reliable Caregiver, with the ability to work in harmony with the Family and other Caregivers, follow a schedule/diet and add a personal touch. This is a Long Term Assignment. Paid working holidays and yearly raises. Work hours adjustable, as working relationship develops.

Ms. Stern () on Wednesday, October 15, 2014 at 15:11:20

Neighborhood Name: Roosevelt Island
City, Town or Borough: Manhattan

Nearest - Bus Stop, Subway Station and Line or Train Station: Subway - F
(Roosevelt Island Station)

Phone: 212-758-1274

Best Time: 4pm - 8pm

Email: sstern1008@aol.com

Email Authorization: Yes

Consumer Age: Between 51 and 70

Consumer Gender: Female

Payroll Method: Agency

Type of Candidates: Personal Care / Home Health

Candidate Experience: Ventilators,, Wheelchairs,, Lifters,, Languages

Description of Languages: English

Preferred Candidate Gender: Female

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

Hours: 12

Days: 5

Start Time: 8 am/pm

Description of Schedule: Two 12hr shifts per day,

Pay Per Hour: 10

Comments: Consumer is searching for PCAs to work 4 or 5 days per week during the day or night shift. The final schedule will be developed as the Consumer and PCA develop a working relationship.

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.

Pamela Traill () on Tuesday, November 4, 2014 at 19:40:34

Address: 144-34 183 Street Springfield Gardens Queens NY 11413

Phone: 718-210=7801

Best Time: 8am-8pm

E-mail: camo77@live.com

Email Authorization: Yes

Gender: Female

Description of Other Type of Position: Personal Care

Worked with a CDPAP Consumer/Surrogate: Yes

Years Employed with a Consumer/Surrogate: 2yrs

Enrolled with a CDPAP: Yes

CDPAP Agency Name(s): All Metro/ Concept

Experience: Seniors,, Amputation,, Wheelchairs,, Lifters,, Mental Impairments / Alzheimer's Disease,, Special Diets,

Description of Special Diets: Diabetic

Documentation Available: Social Security Number,, Proof of Identity,, Recommendations Certificate/License: Other,

Description of Other Certificate/License: CNA

Hours per Week: 60

Days per Week: 5day

Preferred Start Time: ASPS

Days I Would Like to Work: Monday-Friday

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

Target Salary Per Hour: 15.00

Comments: for 10 years working in the home as a Home Attendant for a Consumer with Alzheimer's

Melissa. A () on Thursday, October 30, 2014 at 23:37:02

Best Time: 7185765876

E-mail: gist.dominique77@gmail.com

Email Authorization: Yes

Gender: Female

Type of Position: Personal Care / Home Health

Worked with a CDPAP Consumer/Surrogate: No

Enrolled with a CDPAP: No

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

*Impairments / Alzheimer's Disease,, Visual / Auditory Impairments,
Documentation Available: Social Security Number,, Proof of Identity,
Certificate/License: Personal Care,, LPN or PN,, Driver's License,
Hours per Week: 40+
Target Salary Per Hour: 13*

Ruth Soriano () on Friday, October 31, 2014 at 11:33:43

Address: 66-31 Clinton Avenue, Maspeth, Queens, New York 11378

Phone: 3474470740

E-mail: ruthsoriano0418@yahoo.com

Email Authorization: Yes

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: 1 year

Enrolled with a CDPAP: No

Experience: Seniors,

Description of Special Diets: low salt diet

Description of Languages: English, Tagalog

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

Certificate/License: Personal Care,, Home Health Aid,

Hours per Week: 40

Days per Week: 3

Days I Would Like to Work: Monday - Tuesday - Wednesday

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

Target Salary Per Hour: 11/hour

Target Salary Per Day: 136.50

Comments: I worked as Home Attendant for a year, then I got my training as Home Health Aid last Sept.24,2014. I am also a Registered/Licensed Pharmacist in my native country, Philippines.

Dorothy Adobea () on Thursday, October 30, 2014 at 17:09:31

Address: 1052 East 232nd Street Apt. 6 Bronx NY 10466

Phone: 3479633414

Best Time: Anytime

E-mail: addodott@yahoo.com

Email Authorization: Yes

Gender: Female

Type of Position: Personal Care / Home Health

Experience: Teens,, Young Adults,, Seniors,, Paraplegia,, Quadriplegia,, Hemiplegia,, Ventilators,, Wheelchairs,, Lifters,, Other Equipment,, Mental Impairments / Alzheimer's Disease,, Visual / Auditory Impairments,, Special Diets,, Languages

Description of Languages: English

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

Certificate/License: Home Health Aid,, Driver's License,

Hours per Week: 40+

Days per Week: 7

Preferred Start Time: ASAP

Target Salary Per Hour: open

Target Salary Per Day: open

Target Salary Per Week: open

Maybelline Serphy () on Tuesday, October 28, 2014 at 09:54:57

E-mail: maybelline.serphy@gmail.com

Email Authorization: Yes

Gender: Female

Type of Position: Other Type of Position

Description of Other Type of Position: Licensed Practical Nurse

Worked with a CDPAP Consumer/Surrogate: No

Consumer/Surrogate References Available: No

Enrolled with a CDPAP: No

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

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

Certificate/License: LPN or PN,, Driver's License,

Hours per Week: Any

Days per Week: 5

Preferred Start Time: 9AM

Days I Would Like to Work: Mon-Fri

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

Target Salary Per Hour: 25

Comments: Over 8 years experience as a Licensed Practical Nurse. Flexible schedule and reliable transportation.

Kim Taylor () on Monday, October 27, 2014 at 20:18:56

Address: 6405 Alderton St Rego Park NY

Phone: (347) 531-6367

Best Time: any
E-mail: lifeisabeach1128@yahoo.com
Email Authorization: Yes
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: 4
Enrolled with a CDPAP: Yes
CDPAP Agency Name(s): Chinese American Planning Council
Experience: Children,, Wheelchairs,, Other Equipment,, Visual / Auditory Impairments,,
Special Diets,
Description of Special Diets: ketogenic
Description of Other: g-tubes
Documentation Available: Social Security Number,, Proof of Identity,
Certificate/License: Driver's License,
Hours per Week: 40
Days per Week: 5
Preferred Start Time: early
Days I Would Like to Work: m-f
I am willing to work a 24 Hour Sleep-In schedule: yes
Target Salary Per Hour: 15
Comments: I have over 7 years experience working with children with cerebral palsy.

Yvelande Enelus () on Sunday, October 26, 2014 at 08:08:08

Address: 1198 East 96th Street
Phone: 347-500-8320
E-mail: eyvelande@yahoo.com
Gender: Female
Type of Position: Personal Care / Home Health
Worked with a CDPAP Consumer/Surrogate: No
Enrolled with a CDPAP: No
Experience: Seniors,
Documentation Available: Social Security Number,
Certificate/License: Home Health Aid,
Preferred Start Time: 11/10/14

Norha Mejia () on Thursday, October 23, 2014 at 00:22:05

Address: 93 Fulton St. Brentwood NY 11717

Phone: 6313834966

Best Time: Am

E-mail: Newworld14@hotmail.com

Email Authorization: Yes

Gender: Female

Type of Position: Personal Care / Home Health

Worked with a CDPAP Consumer/Surrogate: Yes

Consumer/Surrogate References Available: No

Enrolled with a CDPAP: No

Experience: Children,, Seniors,, Quadriplegia,, Wheelchairs,, Mental Impairments / Alzheimer's Disease,, Special Diets,, Languages

Description of Special Diets: Low salt, kosher

Description of Languages: Spanish, English

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

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

Hours per Week: 40

Days per Week: 3

Preferred Start Time: 7am

Days I Would Like to Work: Monday, Tuesday, Thursday.

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

Target Salary Per Hour: 15.00

Target Salary Per Day: 360.00

Target Salary Per Week: 900.00

Comments: I am patience, caring, & compassionate HHA , with a lot if TLC to give to those who need it the most. Focused on patient's care. Trustworthy Caregiver experienced in home and Hospital settings.

Floyd M Snively () on Wednesday, October 22, 2014 at 13:35:47

Phone: 347-849-9808

Best Time: 9 - 5

E-mail: msdisciple@hotmail.com

Email Authorization: Yes

Gender: Male

Type of Position: Personal Care / Home Health

Worked with a CDPAP Consumer/Surrogate: No

Enrolled with a CDPAP: No

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

Description of Languages: English, Spanish

Documentation Available: Proof of Identity,, Recommendations

Certificate/License: Home Health Aid,

Hours per Week: 40

Days per Week: 5

Preferred Start Time: 9 am

Days I Would Like to Work: M-F

I am willing to work a 24 Hour Sleep-In schedule: (for consideration)

Target Salary Per Hour: 12-15

Comments: Providing compassionate care with the highest integrity for client needs, combined with extensive on the job experience and respect for particular cultural/familial sensitivities.

George San Roman () on Tuesday, October 21, 2014 at 10:58:33

E-mail: gsggeo@aol.com

Email Authorization: Yes

Gender: Male

Type of Position: Personal Care / Home Health

Worked with a CDPAP Consumer/Surrogate: No

Consumer/Surrogate References Available: No

Enrolled with a CDPAP: No

Experience: Young Adults,, Seniors,, Paraplegia,, Quadriplegia,, Hemiplegia,, Amputation,, Ventilators,, Wheelchairs,, Lifters,, Other Equipment,, Visual / Auditory Impairments,

Documentation Available: Social Security Number,

Certificate/License: LPN or PN,

Hours per Week: 20

Days I Would Like to Work: Monday, Tuesday, Wednesday

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

Target Salary Per Hour: 18+

Target Salary Per Day: 200

Comments: I have 25 years of Nursing experience in all phases of care.

Worked in hospitals, LTC, in the home, and more.

DOMINIC EWUSI () on Monday, October 20, 2014 at 22:31:59

Address: 36 NAPOLI DRIVE. WHEATLEY HEIGHTS. NEW YORK.11798

Phone: 5167070294

Best Time: ANY TIME

E-mail: ewusidominic@yahoo.com

Email Authorization: Yes

Gender: Male

Type of Position: Personal Care / Home Health

Worked with a CDPAP Consumer/Surrogate: No

Enrolled with a CDPAP: No

Experience: Young Adults,, Seniors,, Paraplegia,, Quadriplegia,, Hemiplegia,, Wheelchairs,, Mental Impairments / Alzheimer's Disease,

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

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

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

Target Salary Per Hour: 13.00

Comments:

Professional Summary

H.H.A with current New York Department of Health Certificate. Four years experience with physically disable client. Monitored vital signs, assisted with feeding, bathing/grooming, positioning and range of motion exercises .Looking for a long term care position.

Licenses

New York Department of Health Certificate

New York State driver's license.

Skill Highlights - Understands mobility assistance needs, Trained in grooming and bathing assistance, General house keeping ability.

Elma Brereton () on Monday, October 20, 2014 at 19:50:48

Address: 647 Albany Ave. apt. 4k Brooklyn N.Y.11203

Phone: 1347-586-2905

Best Time: 8 am-10pm

E-mail: doribryan51@yahoo.com

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: 4 years

Enrolled with a CDPAP: Yes

CDPAP Agency Name(s): concept of independence

Experience: Seniors,, Quadriplegia,, Wheelchairs,, Lifters,

Description of Languages: English

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

Certificate/License: Home Health Aid,

Hours per Week: 70

Days per Week: 4-7

Preferred Start Time: 8-8

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

Target Salary Per Hour: 10 up

Candace Alexis Zdebski () on Monday, October 20, 2014 at 16:33:56

Address: 2485 Loft ave Baldwin NY 11510

Phone: 5169748552

Best Time: Afternoon

E-mail: candace.zdebski@yahoo.com

Email Authorization: Yes

Gender: Female

Type of Position: Other Type of Position

Description of Other Type of Position: childcare

Worked with a CDPAP Consumer/Surrogate: No

Enrolled with a CDPAP: No

Experience: Children,, Seniors,, Wheelchairs,, Lifters,, Other Equipment,, Languages

Description of Languages: English

Description of Other: certified direct care worker

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

Certificate/License: Driver's License,

Description of Other Certificate/License: Certified direct care worker

Hours per Week: 40

Days per Week: 5

Preferred Start Time: 9 am

Days I Would Like to Work: Monday-Friday

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

Target Salary Per Hour: 13

Comments: : Finger printed

: Willing to learn

: hard working

: reliable

: Honest and trustworthy

(kimeshabrown91@gmail.com) on Thursday, October 16, 2014 at 17:33:24

Personal Assistant Candidate: Kimesha Brown

Address1: 855 east 223 street

Address2: apt 2

Gender: Female

Type of Position: Personal Care / Home Health

Worked with a CDPAP Consumer/Surrogate: Yes

Experience: Seniors,, Paraplegia,, Quadriplegia,, Hemiplegia,, Amputation,, Wheelchairs,,

Mental Impairments / Alzheimer's Disease,, Special Diets,, Languages

Description of Special Diets: puree, thickened liquids

Description of Languages: English

Documentation Available: Social Security Number,, Proof of Identity,
Certificate/License: Personal Care,, Home Health Aid,

Hours per Week: 40

Days per Week: 5

Preferred Start Time: any

Days I Would Like to Work: any days

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

Target Salary Per Hour: 12

Target Salary Per Day: 100

Target Salary Per Week: 600

Comments: I was trained at Stone Academy. I am a super professional, courteous, and
compassionate PCA that has the patience, skill, and empathy to take care of your personal
needs.

Articles Related to the CDPAP

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the newspaper for, by and about the disabled,

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DISABLED IN ACTION of Metropolitan New York MEETING

Sunday, December 07, 2014 - 1:30-4:00 PM

Holiday Party

at Selis Manor, 1st Floor Auditorium

135 West 23rd Street (bet. 6th and 7th Ave)

Edith Prentiss: A Disabled Hero to the Disabled

November 3, 2014 11:53 AM

On Thursday October 30, Concepts of Independence honored individual with disabilities at the Brooklyn Marriott. The mission of Concepts of Independence is to administer and advocate for consumer directed personal assistance which will permit chronically ill and/or physically disabled individuals receiving medical assistance in New York to live the community with INDEPENDENCE, AUTONOMY and greater freedom of CHOICE. Concepts acts as a fiscal intermediary to receive Medicaid funds on behalf of a recipient and then distribute those funds to the caregivers in the form of wages, differentials and fringe benefits. Concepts has been able to save the New York State program millions of dollars by providing services through independent living. Concepts and its affiliate Concepts of Independent Choices serve over 2,000

consumers, who employ 4,000 personal assistants in the five boroughs of New York City and sixteen counties from Long Island to the Canadian border.

As a person with a disability it meant a lot to me to see not only the disabled but their personal assistants honored. I was lucky to have my near deafness mostly corrected with bilateral cochlear implants. During the period 1997-2012 I had to depend on others to compensate for my hearing loss. Most notably my very close friend John Phillips who attended events, attractions such as museums, political and animal rights events and joining me on trips provided great help. John and his life partner Chris Ward were with me when I had my second cochlear implant in 2012 and when it was activated and I could hear again. Everybody needs help. It is not always easy being there for a person with a disability. The role of the personal assistant is key to the independence and comfort of the disabled. Personally I give them a hand salute. Being an educator for those with disabilities my deafness turned out to be a very meaningful experience. It made me cognizant of what the disabled go through every day of their lives.

I was thrilled to see as one of the honorees my long time friend Edith Prentiss. Edith was presented with the Sandra Schnur Advocacy Award for her tireless and most effective efforts which have led to a wonderfully large increase in accessible taxis in New York City. Edith is Vice President for Legislative Affairs of Disabled in Action (DIA) of Metropolitan New York. She is also Chair of the Taxis for All Campaign and a leader of many other groups for the disabled in New York and in Washington Heights and Norwood communities. She is President of the 504 Democratic Club. The award memorializes Sandra Schnur who was severely disabled quadriplegic. She overcame her disabilities and wrote several position papers on how individuals with disabilities have the capacity to manage their own personal assistance services. In 1980 she became President of Concepts of Concepts of Independence and served in that capacity until her death in 1994. Her husband Marvin Wassermam flew in from California to present the award to Edith. Marvin himself is a known activist for the disabled. He served as Executive Director of The Brooklyn Independent Living Center and as President of the 504 Democratic Club.

Awards were also presented to Firefighters Lawrence Hollingsworth and Damion White, two members of our FDNY for their service in saving the lives of the disabled, personal assistants Carmen Aviles, Khadijah Bleasdel and Jalen Glenn, and to Crystal & Co.

<http://thebronxchronicle.com/2014/11/03/edith-prentiss-disabled-hero-disabled/>

How the ACA is changing us: One doctor's old-fashioned idea to cut health care spending: house calls

The Affordable Care Act has done many things. But its chief innovation may be finding ways to pay for common-sense ideas.

By [Jeff Guo](#) November 6 [Follow @_jeffguo](#)

Physician Peter Boling visits patient Helen Shadoan at her home at the Heritage Oaks retirement home in Richmond, Va. Boling is leading a program that attempts to help the elderly avoid expensive hospital stays by bringing medical care to them. (Timothy C. Wright for The Washington Post)

RICHMOND, Va. — The two medical students in the back seat lurch left. Then right. Then left again.

“I’m hoping you guys are not vertiginous or anything,” calls out Peter Boling, 60, as his taupe Passat carves the winding, wooded road to his afternoon house call.

Boling, an affable geriatrician who looks like George Bluth but drives like Jeff Gordon, has been visiting elderly patients in their homes since 1984. In those early years, as a newly-minted faculty member at Virginia Commonwealth University, he staffed a clinic in the morning and made house calls in the afternoon.

Home visits, by then, already had become passé. In the 1930s, doctors saw patients at home about 40 percent of the time. In the 1980s, nearly all visits took place at the physician’s office or at a hospital. Less than 1 percent were house calls. Modern medicine was centralizing, trapping primary care physicians in their own webs of equipment and auxiliary staff.

Boling’s experiences, though, convinced him that there is still a role for medicine in the home, particularly for the frailest of the elderly. These patients need more attention than a 15-minute clinic appointment affords them. For many, just getting to a clinic is a struggle. So a slight complaint is allowed to fester into a crisis, an ambulance and an expensive emergency room visit.

“The idea is to deliver health care where it’s best for the patient,” Boling says. “If the clinic is the right place for them, then come to the clinic. If it’s hard for them to come to the clinic, short-term or long-term, we’ll go to them.”

Boling revs through a turn, sending up a puff of rust-red leaves. He tells the students how he got to this moment today.

Decades ago, he and his colleagues at the American Academy of Home Care Medicine embarked on a saga to spread this very personal way of caring for sick elderly patients. Studies were done. The system saved money. Patients were healthier. Families were happier.

Still, few wanted to pay for this rather old-fashioned model of health care. Medicare reimbursed at a paltry rate for house calls. Most of the house-call outfits ran at a loss, subsidized by grants or a sponsoring hospital. The doctors realized that if they wanted to change how medicine was practiced, they had to change how Americans paid for it.

Their efforts came to a head with the passage of the Affordable Care Act, which funded a three-year incentive program called Independence at Home. Like many of the other cost-saving experiments that the ACA set into motion, Independence at Home does not propose an entirely new way to deliver health care. It just demonstrates a new way to fund it.

The 17 participating house-call practices are to get an annual bonus — dating to 2012 — based on how much money they saved Medicare by keeping their patients healthy and out of the hospital. The results of the first year are expected to come out shortly. Because these house-call teams serve some of Medicare's sickest — and most expensive — patients, the savings could be huge.

In 2005, the Congressional Budget Office calculated that the top 5 percent of Medicare cases in a given year account for 43 percent of total costs. Overall, Medicare accounts for 14 percent of the national budget, or about \$500 billion annually.

For the teams of doctors and nurses participating in the study, those savings would translate into thousands of additional dollars in revenue per patient each year — the kind of money that would allow the teams to hire more staff members and pay a competitive salary.

Boling has another mission. The nation faces a dire shortage of family doctors, especially those who focus on the elderly. And no wonder: Primary care is exhausting. The hours are long and the pay is paltry compared with specialties such as dermatology or plastic surgery.

“One of my goals, my career-long goals when I quit, is to have established an economic model that makes this a desirable mode of practice,” Boling says. He understands that medical school debt is crushing. “But I think if I could pay these guys like a hospitalist, like a junior cardiologist or something, many of them would be flocking to our door.”

All of which explains why, today, Boling is driving two second-year med students to see 93-year-old Helen Shadoan.

Physician Peter Boling talks with patient Helen Shadoan at her home at the Heritage Oaks retirement home in Richmond, Va., while nurse practitioner Marie Gerardo checks Shadoan's blood pressure. In the background is Loretta Byrd, who assists Shadoan on a daily basis. (Timothy C. Wright for The Washington Post)

Boling and his students pull into the parking lot at Heritage Oaks, a retirement complex 15 minutes from downtown. A tottering ragtime tune issues from the common room piano.

The crowd shuffles inside Shadoan's spare living room. On a wooden table in the corner, a white Teddy bear leans against an empty flowerpot. An oxygen machine and its tubes are neatly arranged near the entrance.

Shadoan, 93, sits in a pink gown facing the single window. A rotation of home-care aides looks after her round-the-clock. She is blind and hard of hearing, but her voice is still lustrous. She used to be an audiovisual technician, she says, developing photographs and making charts.

"Do you still remember where you used to work?" someone asks.

"Certainly!" she says. "The Veterans Administration — well, I guess it's Veterans Affairs now."

Marie Gerardo, the nurse practitioner in charge of her case, begins to tell Boling about Shadoan's recent brush with pneumonia. Autumn is a perilous time for the elderly. A couple of weeks ago, Shadoan began to run a fever.

"Her temp in the evening was 101.5 and her pressure when I was here was in the 80s over 60s," Gerardo says. The room inhales all at once. "So I was begging her to go to the emergency room, literally."

But Shadoan flatly refused.

Boling leans over to talk into Shadoan's ear. "When you had that pneumonia, you were really sick," he says. He grew up near Boston but he has worked nearly his entire career in Virginia.

These days his voice slips into a slight twang when he talks to patients.

"Did you feel really sick?" he asks.

“No, I didn’t feel that bad,” Shadoan says. “I just didn’t have that much energy.”

Boling tells the students that this is common among older patients, who often can’t tell how sick they actually are.

“I wanted her in the hospital,” Gerardo continues. “And Ms. Shadoan, at 93, was very emphatic about not going. She’s blind and extremely hard of hearing, so a hospital visit is horrible for her.”

“They just give me a nervous breakdown,” Shadoan says.

That day, Gerardo had acquiesced. She ordered a mobile chest X-ray and started Shadoan on antibiotics. She did not force her patient to go to the emergency room.

This, in the end, was the right call. Shadoan was more comfortable at home. She was spared an unnecessary hospitalization, and Medicare saved money.

“It probably took her a bit longer to get better, but in reality she was probably better served not being in the hospital,” Gerardo says. “She has done really quite well.”

Boling turns to the two student doctors standing near the wall. Shadoan is still recovering a bit from the pneumonia, and Boling wants the students to break out their stethoscopes. How does her chest sound? Do they think Gerardo made the right choice?

When President Obama signed the Affordable Care Act in March 2010, most of the nation focused on how the law would extend health-care coverage to more Americans. Recall the bitterly debated insurance mandates; the push to expand Medicaid that some governors foreswore as federal meddling.

Although concerns about ballooning medical spending had gotten the ball rolling on health-care reform, the actual legislation did not roll out grand plans for containing health-care costs. Instead, the law created the Center for Medicare and Medicaid Innovation to oversee a salvo of demonstration projects, each promising to zap various inefficiencies in the system.

A curious fact about health care in the United States is that most doctors can diagnose its dysfunctions in an instant. They know they should spend more time with their patients, and spend more time following up on them. They want to. They also know they should talk more with nurses, should talk more with social workers, should talk more with psychiatrists, should talk more with pharmacists, and so on.

But by and large, the system can punish those instincts. Most doctors have little opportunity to do the kind of coordination and follow-up that leads to better health outcomes. You cannot bill

Medicare, for instance, for spending an extra hour on the phone trying to figure out why your patient didn't get her at-home oxygen tank. But that might be exactly the kind of miscellaneous assistance she needs to get better, and the kind of assistance she might never receive because no one has the time to notice the problem, let alone delegate it to a social worker, if there even is one on staff.

“The system pays for the bricks, but it won't pay for the cement,” says Bruce Kinosian, a professor of medicine at the University of Pennsylvania.

One of the goals of the ACA is to figure out, in different ways, how to pay for that cement.

Earlier this year, Kinosian co-wrote a study on the house-call programs operated by the

Department of Veterans Affairs. He and his colleagues — including Thomas Edes, the VA's director of geriatrics — compared the medical costs of patients before and after they entered a house-call program. They found that the VA's house-call teams not only paid for themselves, but they also went on to reduce overall health-care costs by 12 percent. In part this was because patients were 25 percent less likely to go to a hospital.

In the VA study, patients also reported sky-high satisfaction ratings: 83 percent said their care was “very good” or “excellent.”

Another study this year, also in the *Journal of the American Geriatrics Society*, compared patients in a D.C. house-call program to a carefully matched control group with similar diseases and medical histories. The house-call patients cost Medicare 17 percent less. About half of the savings came from reduced hospitalizations, and another chunk from keeping patients out of nursing facilities.

A theme of modern health-care reform has been a process called “aligning incentives.” That means, for instance, fining hospitals that discharge patients who quickly land in the hospital again. It also means paying for results, not for individual procedures. Boling and his colleagues have lobbied hard for the government to recognize the savings and increased satisfaction that their house-call programs generate.

Independence at Home, which is limited to 10,000 patients, is an attempt to show how house-call practices can get a cut of the savings they generate. The Medicare office uses a statistical model to predict how much each patient is expected to cost each year. If a house-call team can bring their patients' costs below the prediction, through better care or fewer emergency room

visits, Medicare will share the savings with that team. Medicare takes the first 5 percent saved each year, and gives the doctors 80 percent of any savings thereafter.

Under this formula, a house-call team might get a couple of thousand of dollars extra per patient per year if it can reduce a costs by 10 to 15 percent — a reduction that's in line with what the studies predict. The money would be a great boon to these practices, most of which can handle only 200 to 500 of these complex, sick patients. (A typical primary care physician might serve 2,500 regular patients.) In his practice, Boling could use the money to hire a couple of extra social workers or physicians.

Physician Peter Boling chats with Paige Carpenter, executive director of the Heritage Oaks retirement home in Richmond, Va. Boling had been upstairs visiting a patient with second-year medical students Sarah Hughes, second from right and Adrienne Uphoff. (Timothy C. Wright for the Washington Post)

Boling, who chairs the geriatrics division at VCU's medical school, runs two house-call teams at the university. He staffs each with a handful of physicians and nurse practitioners, along with social workers, triage nurses and, recently, a pharmacist. Once a week, the teams assemble to discuss their patients and various aspects of their lives.

This is the kind of health care that Boling thinks millions of elderly Americans should have access to: comprehensive, in-depth and insistent.

“We get into every little part of their medical history and their social history,” says Susanna

Payne, a nurse practitioner. “I know how many grades she completed in school, I know what she used to do for work. I know how how many kids she has, how many are still alive. How many are actually involved in her care.”

The program is not for everyone. Boling's doctors focus on the most complex cases: people with multiple chronic illnesses, who rarely leave the house. These are the ones who benefit most from the careful services they provide.

On a recent Thursday, with her colleagues gathered around a conference table, Payne runs down the information on one of her newer charges. Mary is an 82-year-old with high blood pressure, a pacemaker and impaired vision from macular degeneration, with a history of vertigo and stroke.

She recently went to the emergency room because she felt dizzy and her urine was dark. The doctors there diagnosed her with a urinary tract infection and sent her home. (Mary's last name has been withheld for privacy reasons.)

These are the kinds of unnecessary ER visits that the team tries to prevent. Someone could have helped her over the phone, or with a quick visit. The team always has someone on call 24/7.

For five years, Payne says, Mary has been relying on the emergency room for her primary care. “She’s used to calling 911 and going to these hospitals when she really needs something,” Payne tells the group.

It takes “a little while for people to get used to having access to care, to learn to rely on us,” Boling says. “It doesn’t usually take too terribly long for people to find that they don’t like the ER experience as much as having someone come to their house.”

On a recent house call, Mary complained of painful calluses on her feet. Payne arranged a visit from a podiatrist. Mary also showed Payne a \$200 bill for a medical bracelet that she could not afford. Payne immediately e-mailed the team’s social worker to see if she could get the bracelet for free.

“When you go into someone’s house, you stumble across these things that you wouldn’t necessarily stumble across in clinic, that really do cause a great deal of anxiety,” Payne says.

Treating very frail elderly patients often requires treating families. Physician Amy Paul brings up another patient she’s worried about, a bedbound 87-year-old woman who lives with her daughter and grandchildren. The daughter, who looks after her mother, is supposed to be seeing a psychiatrist, but she hasn’t been going. The daughter’s blood-sugar levels also recently were so high that she needed a shot of insulin from the ER. But during her home visit, Paul saw the daughter having sweet tea with crackers and Doritos — terrible foods for someone with high blood sugar.

“It’s going to take a couple of visits with a lot of education,” Paul says.

In Helen Shadoan’s apartment, kneeling in the afternoon light, Sarah Hughes lifts her stethoscope to the elderly woman’s chest.

All med students at VCU are required to sign up for a house call. Hughes wants to become a pediatrician. She’s used to being in clinics, where she says the pace is much quicker — 20 minutes per patient, tops. By now, they’ve already been in Shadoan’s room for 35. Gerardo instructs her to lean closer and talk in a deeper voice so that Shadoan can hear her.

“Hi, Ms. Shadoan,” Hughes says. “I’m a student. My name is Sarah. Can I listen to your heart?”

“Certainly,” Shadoan says. “Just tell me what you want me to do.”

“You just sit there. You’re doing great,” Hughes says.

“You guys have been remembering to observe when you walked in, right?” Boling says, as the students wrap up. “You noticed the oxygen tubing and the walker. Now, Ms. Shadoan can’t see, so she’s already adapted her environment to some extent. She knows where everything is in this apartment, exactly.”

The conversation turns to her daily routine. She wakes up at 5 or 6 every morning and switches on MSNBC. She likes political talk shows, “Morning Joe” in particular.

She voted for Sen. John McCain (R-Ariz.) in the 2008 presidential race, and Obama in 2012. “Well as far as I’m concerned, he’s okay,” Shadoan says of the president. “He’s not the best one we ever had. He’s certainly isn’t the worst.”

The best one?

“Oh my, I don’t know,” she says. “Maybe FDR. He’s the first one I ever voted for.”

Someone asks for her thoughts on the Affordable Care Act.

“Well, I don’t quite understand it,” she says, pausing. “My son’s thoroughly against it. But I think there must be some good parts to it.”

Jeff Guo is a staff writer for Storyline. He's from Maryland (but outside the Beltway). Follow him on Twitter: [@_jeffguo](https://twitter.com/jeffguo).

<http://www.washingtonpost.com/news/storyline/wp/2014/11/06/one-doctors-old-fashioned-idea-to-cut-health-care-spending-house-calls/>

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- 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
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TEL 212-222-7122 / Sorenson VP 646-755-3092 / Relay 866-326-5876 / FAX 212-222-7199
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- Staten Island Center for Independent Living (SIILC)
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- Long Island Center for Independent Living (LICIL) (Nassau Co)
3601 Hempstead Turnpike, #208, Levittown, NY 11756
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- Self Initiated Living Options, Inc. (SILO) (Suffolk Co)
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contact@siloinc.org
- Westchester Independent Living Center (WILC) (Westchester/White Plains)
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1113 Avenue J, Brooklyn, NY 11230
aisakov@allamericanny.com
Phone: 718-717-8800

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@koneduhomecare.com
Phone: 800 418-3299

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

Reliable Homecare Solutions LLC
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917 378 5769
caresolutions09100@gmail.com

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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
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