



540 Main Street, B1314
Roosevelt Island, NY 10044
718.233-3312
Fax: 718.233.3312
www.consumerdirectedservices.com

December 23, 2011

Consumer Directed Services offers this Newsletter to provide information about the Consumer Directed Personal Assistance Program and to assist Consumers with the problem of finding new Personal Care Assistants. To receive a Newsletter, a Consumer or Advocate need only send me an email to elitcher@consumerdirectedservices.com and include the text **Newsletter Request**.

Personal Assistant Candidates, who wish to be included in the newsletter and database, can submit their information by completing the form at the following link: [Look for a PCA Job \(FREE\) - New York City Metro](#).

Also, 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many Consumers / Advocates as possible, previously distributed Newsletters (**from January 12, 2011 to present**) have been archived on the [Consumer Directed Services](#) home page.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 choose to remove your address from this list, please contact me at the above email address.

Please remember for this (FREE) service to succeed, Consumers must join in the conversation. If you are looking for a new Personal Assistant, I encourage you to go to the website, select the link [Consumer / Advocate - Newsletter Enrollment Consumer - Search for a PCA Candidate](#), complete and submit the form on that page and permit me to forward your search outline to the Personal Assistant Candidates and the other Employment Resources that are enrolled in the email database. As of the above date, I have enrolled 300 Personal Assistant Candidates in the Consumer Directed Services database.

Best Regards, Ed Litcher

*Please Accept
My Best Holiday
Wishes To You,
Your Families,
Friends and Associates.*

Notes

This week I added two new links to the Consumer Directed Services home page.

[Dr. Jack Resnick - Reforming Health Care in America](http://www.therooseveltdoctor.com/category/thoughts-opinions/reforming-health-care-in-america)

<http://www.therooseveltdoctor.com/category/thoughts-opinions/reforming-health-care-in-america>

And [Independence at Home](http://www.iahnow.com/) <http://www.iahnow.com/>

Links that provide information about a demonstration program that was included in last year's Health Care Reform legislation. The Independence at Home demonstration project is designed to offer Medicare funded in-home medical support, a project that will clearly demonstrate the benefit of in-home services to both the Consumers and the long term economic survival of the Medicare system.

To summarize this demonstration project, the Independence at Home website describes the program by indicating that there are 3-4 million seniors now living with multiple chronic illnesses such as diabetes, lung and heart disease who are too ill or disabled to easily visit their physician when they need care. These seniors, representing 10% of Medicare, account for two thirds of Medicare's expenditures.

Seniors are typically unable to access a physician's office for preventative care, which results in ER visits and inpatient hospitalizations. These are the patients who place the largest burden on Medicare, and this problem isn't going away. The number of people with multiple chronic illnesses will grow to 6-8 million by 2025."

The quickest way to control health costs is by addressing these highest cost patients first. House calls are a solution to the rising costs of helping patients with multiple chronic conditions. At \$1,500 per ER visit, we can show that the cost of 10 house calls more than offsets the expense of an avoidable ER visit. Savings are even greater for hospitalization.

Home-based primary care programs have the potential to save 20-40% on Medicare's most expensive patients by bringing them care in their homes, and providing care coordination across all care settings. Providers are also accountable for good care. Overall this is a win for patients, their families, and Medicare!

At this point, you may now be asking what does this have to do with the CDPAP. The short term answer is nothing. Will it increase the number of hours a person can receive, or will it improve the quality of their control over their home care program, or will it even improve the number or quality of PCA Candidates? In each case the answer to these questions is no, but the long term answer is yes. This program will have a long term positive effect on the availability of services in the community, make home care more attractive to more people and thereby increase the long term growth potential of the CDPAP.

PCA Candidates

To add a Personal Care Assistant (PCA) Candidate, please complete and submit the [PCA Candidate Enrollment Form](#). As soon as your information is received it will be added to the next Newsletter. To consider the employment of a PCA Candidate, please contact the Candidate directly.

Brigittescott22@gmail.com on Thursday, December 22, 2011 at 10:15:50

Personal Assistant Candidate: Brigitte Scott
Address1: 15 Kosciusko Street
Phone: [347-837-7070](tel:347-837-7070)
Best Time: Anytime
Gender: Female
Type of Position: Personal Care / Home Health
Experience: Children,, Seniors,, Other Equipment,, Special Diets,
Documentation Available: Social Security Number,, Proof of Identity,, Recommendations
Hours per Week: 40
Days per Week: 6
Preferred Start Time: 9:00 am
Days I Would Like to Work: Monday thru Saturday
I am willing to work a 24 Hour Sleep-In schedule: No
Target Salary Per Hour: \$10
Comments: I am a compassionate and hard worker.

regbeautysofine27@yahoo.com on Wednesday, December 21, 2011 at 09:58:47

Personal Assistant Candidate: regine faustin
Address2: 8n bayview ave
Phone: [516 323 9594](tel:516-323-9594)
Best Time: morning
Gender: Female
Type of Position: Personal Care / Home Health
Experience: Children,, Teens,, Seniors,, Visual / Auditory Impairments,, Special Diets,
Description of Languages: french english creole
Documentation Available: Social Security Number,, Proof of Identity,, Recommendations
Hours per Week: days
Preferred Start Time: now
Days I Would Like to Work: monday to friday
I am willing to work a 24 Hour Sleep-In schedule: day shift
Target Salary Per Hour: 14
Target Salary Per Day: 90
Target Salary Per Week: 250

carrethersm@optonline.net on Sunday, December 18, 2011 at 08:52:18

Personal Assistant Candidate: Michael Carrethers
Address1: 15 Miramar Ave
Address2: Patchogue NY 11772
Phone: [\(347\)820-8329](tel:347-820-8329)
Gender: Male
Type of Position: Personal Care / Home Health
Experience: Children,, Teens,, Young Adults,, Seniors,, Paraplegia,, Quadriplegia,, Amputation,, Ventilators,,
Lifters,, Mental Impairments / Alzheimer's Disease,, Special Diets,
Description of Special Diets: I am also a Food Specialist
Documentation Available: Social Security Number,, Proof of Identity,, Recommendations
Hours per Week: OPEN
Days per Week: OPEN
Preferred Start Time: OPEN
Days I Would Like to Work: Where needed Im very flexible

Target Salary Per Hour: 12.50

Comments: I have 5+ years experience in CDPAP and even more in different aspects of health care

carolyn2g@yahoo.com on Saturday, December 17, 2011 at 15:45:42

Personal Assistant Candidate: Carolyn Jaime

Address1: 435 Gates Avenue #2A

Address2: Brooklyn NY 11216

Phone: [347-777-6090](tel:347-777-6090)

Best Time: anytime

Gender: Female

Type of Position: Personal Care / Home Health

Experience: Seniors,

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

Hours per Week: 40

Days per Week: 5

Preferred Start Time: 9am

Days I Would Like to Work: monday to Friday

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

Target Salary Per Hour: 20

Target Salary Per Day: 100

Target Salary Per Week: 500

Comments: I am a personal care attendant with ten years experience. I am also honest,trustworthy, and reliable.

NINA1LOWE@GMAIL.COM on Thursday, December 15, 2011 at 13:48:36

Personal Assistant Candidate: NINA LOWE

Address1: 110th street

Address2: New York City

Address3: 10029

Phone: [1 646 399 8711](tel:16463998711)

Best Time: DAY

Type of Position: Personal Care / Home Health

Description of Other Type of Position: Private European Nurse

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

Description of Special Diets: Diabetic - low cholesterol - colitis

Description of Languages: English - French - Italian

Description of Other: European RN without NYS license

Documentation Available: Proof of Identity,, Recommendations

Hours per Week: 8-40

Days per Week: 1-5

Preferred Start Time: 8 am

Days I Would Like to Work: Monday Tuesday Wednesday Thursday Friday Samedi

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

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

New York Times December 4, 2011 Bring Health Care Home By JACK RESNICK

ONE of my patients called me with a high fever, chills and dropping blood pressure. He was 48 and had been a quadriplegic since he was shot during a robbery in the hardware store he owned. I called an ambulance and admitted him to the hospital, where we soon brought his urinary tract infection under control. But he developed a bedsore, which became infected with an antibiotic-resistant bacterium that breeds in hospitals. He didn't survive the hospitalization.

This was in 1998. Ever since, I have struggled to treat my patients in their homes and avoid hospitals except when absolutely necessary. I practice general internal medicine on Roosevelt Island in New York City's East River, where many of my patients are elderly and homebound: survivors of the polio epidemic, people with multiple sclerosis, paraplegics, some on respirators.

Patients who are treated at home by a doctor and nursing staff who know them intimately and can be available 24/7 are happier and healthier. This kind of care decreases the infections, mistakes and delirium, which, especially among the elderly, are the attendants of hospital care. And it is far more efficient. According to a 2002 study, for the patients treated by the Veterans Affairs' Home Based Primary Care program, the number of days spent in hospitals and nursing homes was cut by 62 percent and 88 percent, respectively, and total health care costs dropped 24 percent.

I had one 83-year-old patient whose arthritis kept her from moving around, but she loved to talk about her career as a rocket scientist — working on weather rockets, not military ones. One day, a well-intentioned neighbor dropped by and called 911 after finding her feverish and dehydrated from diarrhea.

My patient had never been treated before at the hospital she was taken to, and as a Russian immigrant, had no family here for the hospital to contact. She became disoriented; the hospital assumed she was demented and transferred her to a nursing home. It took me two months to track her down and many more to get her home, where, among well-known attendants and friends, she became lucid again. If she had lived out her days in an institution, she would have cost Medicare a great deal of money, and her life would have been shorter and far less happy.

All too often, ambulances take people to the nearest hospital, not to the one where their doctor is on staff. State laws make it difficult to administer simple treatments in the home. Emergency rooms want to admit patients, and hospitals want to discharge them to nursing homes, rather than send them home.

The good news is that last year's health care reform act included provisions for the creation of Independence at Home Organizations — groups of doctors and nurses who treat patients in their homes — and incentives to make that work appealing. The organizations can invest in extra services and home visits (for which Medicare typically will not reimburse them) because they will share in a cut of the savings that result from avoiding hospital visits and expensive procedures. The program is to go into effect no later than Jan. 1.

However, Medicare is behind schedule and has not yet issued the rules or applications to begin the process. It has been focusing instead on another provision of the new law intended to deliver more efficient care, creating accountable care organizations — groups of hospitals, doctors and nurses who work together to treat patients. But Medicare should make getting the Independence at Home Organizations up and running a priority.

We have the technology. Electronic medical records can give a doctor with an iPad as much information as any institution. With hand-held machines and a few drops of blood, doctors can get test results in seconds at a patient's bedside. Portable X-ray and ultrasound equipment can be wheeled into homes. Monitors can alert doctors to any change in a patient's heart rate.

The fact that this care is possible at home means that the role of hospitals must change. Acutely ill patients who need operating rooms or intensive care will still be brought to hospitals. But they should be quickly discharged to the care of the doctors and nurses who know them best.

For too long the institutions that make up our health care system — hospitals, insurers and drug companies — have told us that “more is better”: more medicines, more specialists, more tests. To rein in spending and deliver better care, we must recognize that the primary mission of many an institution is its own survival and growth. We can't rely on institutions to shrink themselves. We need to give that job to patients and their doctors, and move health care into the home, where it is safer and more effective.

Jack Resnick has a solo internal medicine practice.

http://www.nytimes.com/2011/12/05/opinion/bring-health-care-home.html?_r=1&ref=healthinsuranceandmanagedcare

Dec. 7, 2011: Markey, Wyden Call on CMS to Release IAH Program Guidelines for Medicare Savings

Markey, Wyden Call on CMS to Release Guidelines for Program That Experts Say Could Result in Substantial Medicare Savings by Better Coordinating Care

Pilot Program Is Supposed to Launch in 2012, But Guidelines Have Yet to Be Issued

Washington, D.C. – A program providing home-based health care for the most chronically-ill veterans, saved the Veterans' Affairs Department more than 24 percent on the overall cost of caring for those patients, yet a similar program scheduled to be tested as part of Medicare has largely gone ignored by the Centers for Medicare and Medicaid Services (CMS).

The Independence at Home pilot program -- originally authored by U.S. Senator Ron Wyden (D-Ore.) and U.S. Representative Edward J. Markey (D-Mass.) and passed into law as part of the Affordable Care Act -- is supposed to start in three weeks, yet CMS has yet to issue guidelines for the program making it impossible for interested providers to sign up to take part. Markey and Wyden today sent a letter to the new Acting CMS Administrator Marilyn Tavenner urging CMS to release guidelines as soon as possible.

http://markey.house.gov/index.php?option=com_content&task=view&id=4629&Itemid=181

CMS Announces New Demonstration to Provide At-Home Care for Medicare Patients

Wednesday, December 21, 2011

CMS announced a new Independence at Home Demonstration under the Affordable Care Act. This Demonstration will provide chronically ill Medicare patients a range of primary care services - all in the comfort of their home. The goal of the Independence at Home Demonstration is to ensure high quality care at-home where patients and family members feel there is improved health and greater satisfaction with care.

This is one of a series of CMS initiatives to build a Medicare program that offers beneficiaries better care and improved health at an affordable cost.

<http://www.hdecompany.com/cms-announces-new-demonstration-provide-home-care-medicare-patients>

CMS Publishes Participation Instructions for Independence At Home Demonstration

The Centers for Medicare & Medicaid Services (CMS) announced December 20 the [availability of instructions](#) (PDF) for participating in the Independence at Home (IAH) Demonstration created by the Affordable Care Act (ACA). The demonstration is designed to provide chronically ill Medicare beneficiaries with a complete range of home-based primary care services. The goal of the demonstration is to provide comprehensive, coordinated, continuous, and accessible care to high-need patients and to coordinate health care across all treatment settings. The project design incorporates a team approach building on new technology for care delivery in the home setting, for which CMS will test effectiveness through measuring improved outcomes and quality of life

for people with multiple chronic conditions. The program is also designed to lower health care costs and realize savings for Medicare and Medicaid spending by delaying the need for care in institutional settings.

<https://www.ascp.com/articles/cms-publishes-participation-instructions-independence-home-demonstration>

Doctors at Your Door: House Calls Are Making a Comeback

A program in New York City is reviving house calls for Medicare patients with multiple illnesses in hopes of saving money on emergency room visits and hospital care.

By [Jesse Hardman](#) | December 23, 2011

An old idea is becoming new again. To increase access to high-quality health care for Medicare patients, a newly [announced](#) federal program called Independence at Home aims to test the effectiveness of the old-fashioned house call. The program will deliver care to thousands of the sickest and most vulnerable seniors in the U.S., allowing such patients to remain in the comfort of their homes instead of entering long-term care facilities. Proponents of home-care programs say the approach keeps medical costs down by helping high-risk patients with multiple illnesses avoid hospitals and emergency rooms.

Read more: <http://healthland.time.com/2011/12/23/doctors-at-your-door-are-house-calls-making-a-comeback/#ixzz1hNicO5gx>

IN THE MATTER OF CONSUMER DIRECTED CHOICES, INC., Appellant, v. NEW YORK STATE OFFICE OF THE MEDICAID INSPECTOR GENERAL, Respondent.

Petitioner, a not-for-profit corporation, is a provider for the Consumer Directed Personal Assistance Program handling, among other things, payroll for persons with chronic illnesses or physical disabilities — the consumer. Petitioner also acts as a fiscal intermediary between the consumer and the Medicaid program. Petitioner's revenues are derived from Medicaid payments in connection with the Consumer Directed Personal Assistance Program, which are based upon rates set by the Department of Health (hereinafter DOH). Respondent is an agency within DOH, charged with "detecting and combating Medicaid fraud and abuse and maximiz[ing] the recoupment of improper Medicaid payments" (Public Health Law § 30).

In April 2010, the Medicaid Fraud Control Unit (hereinafter MFCU) of the office of the Attorney General requested that respondent withhold 20% of the Medicaid payments requested by petitioner on the basis that MFCU was conducting a fraud investigation regarding claims allegedly resulting in a substantial overpayment to petitioner. Accordingly, respondent thereafter notified petitioner that 20% of current and future payments would be withheld on a temporary basis until such time as an amount reasonably calculated to satisfy the overpayment was recovered. Petitioner objected to the withholding, asserting that there was no ongoing investigation, and submitted information supporting its contention that any investigation was meritless. Respondent forwarded the information to MFCU. In response, MFCU confirmed the existence of the investigation, which indicated petitioner's consistent upcoding of its Medicaid billings, and requested that the withholding be reduced to 10%. Respondent then implemented that request. Petitioner again objected and commenced the instant proceeding seeking to nullify the temporary withholding and to obtain reimbursement of monies withheld¹. Supreme Court dismissed the petition and this appeal ensued.

<http://www.leagle.com/xmlResult.aspx?xmlDoc=In%20NYCO%2020111215371.xml&docbase=CSLWAR3-2007-CURR>

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](#).

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

Northern Manhattan Improvement Corp
Alba Silva
76 Wadsworth Ave, New York, NY 10033
albasilva@nimic.org
212-822-8300

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

YWCA of NYC
Anne Alfred
50 Broadway, New York, NY 10004
aalfred@ywcanyc.org
718-723-6170

Center For Family Life Employment
Denise Serrato
443 39th St, Brooklyn, New York 11232
dserrato@cflsp.org
718-633-4823

Eugenio María de Hostos Community College
Greg Ventura
500 Grand Concourse, Bronx, New York 10451
gventura@hostos.cuny.edu
(718) 518-4444

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

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@bbcs.org
718-310-5600

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

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

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

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

Konedu Home Care, LLC
Carie Jones Smith
140 Captain Thomas Blvd
West Haven, CT 06516
helpingfamilies@koneduhomecare.com
Phone: [800 418-3299](tel:8004183299)
Fax: [888 281-6525](tel:8882816525)
Fee: No Employer Fee