



ASSEMBLY STANDING COMMITTEE ON AGING

NOTICE OF PUBLIC HEARING

SUBJECT: Expanded In-Home Services for the Elderly Program (EISEP)

PURPOSE: To review and examine the current needs and effectiveness of the Expanded In-Home Services for the Elderly Program (EISEP).

Thursday, October 17, 2024
10:00 a.m.
250 Broadway
19th Floor Hearing Room
New York, New York

As New Yorkers grow older, many are choosing to stay in their current homes and communities. The Expanded In-Home Services for the Elderly Program (EISEP), administered by the New York State Office for the Aging, seeks to maximize an individual's ability to age in their community by providing older adults with services such as case management, personal care assistance, and non-institutional respite.

The purpose of this hearing is to review and examine the effectiveness of EISEP and the current needs of the program. The Committee also seeks testimony to evaluate the funding provided for EISEP, including the \$10 million in funding allocated in the State Fiscal Year 2024-2025 enacted budget designed to eliminate unmet need.

Persons wishing to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 5 minutes' duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

**Ron Kim
Member of Assembly
Chair
Committee on Aging**

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on Expanded In-Home Services for the Elderly Program (EISEP) are requested to complete this reply form as soon as possible and mail, email or fax it to:

Adam Tenney
Analyst
Assembly Standing Committee on Aging
Room 513, Capitol Building
Albany, New York 12248
Email: tenneya@nyassembly.gov
Phone: (518) 455-4881
Fax: (518) 455-7250

- I plan to attend the following public hearing on Expanded In-Home Services for the Elderly Program (EISEP) to be conducted by the Assembly Committee on Aging on Thursday, October 17, 2024.

- I plan to make a public statement at the hearing. My statement will be limited to 5 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.

- I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.

- I would like to be added to the Committee mailing list for notices and reports.

- I would like to be removed from the Committee mailing list.

- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____