

Letter to the NYSADSA Nominating Committee  
E. Stephen Kim

Over the past decade the number of New Yorkers ages 65 and over increased by 26 percent, making up a larger share of the state's population than ever before. Research has already documented how community-based programs and policies can successfully improve function and quality of life among older adults. Distinct from most other providers in Long-term Care, Social Adult Day Services ("SADS") serve a unique function through our cost effective, and communal and direct approach. We are the boots on the ground – the eyes, ears, and guiding hands for those in the community.

With the need great and ever-growing, it is imperative that providers be better equipped for the present and better prepared for the future. Under the leadership of NYSADSA, we must work towards a unified vision: recognition for all that we do, fairer treatment from the state and Managed Long-Term Care, and higher rates, meanwhile hold ourselves to a higher standard.

**We must be recognized for what we do.** SADS is truly vital and indispensable. We provide something that is palpable: positive effects on wellbeing, respite for caregivers, guidance through the intricate world of healthcare, social work, case assistance, ambulette rides, shopping and trips, and, depending on the program, so much more. Then, there are the intangible benefits: fostering purpose and joy, bringing together of families, community inclusion, and the many not yet quantified effects of our work that radiate outwards to the public.

The term "day care" barely scratches the surface of what we actually do. We are health intermediaries and advocates getting the services and provisions people need. We are the nexus through which all information can be managed, understood and interfaced. All the while, we create warm and culturally appropriate atmospheres for those without many places to go. Our presence facilitates plan of care. Our absence would leave a gaping void.

**We need to fight for fairer treatment.** The lack of agency severely hampers our ability to deliver care. We are overly dependent on homecare and outside agencies. This stalls productivity and hinders many providers and staff from performing at their best. We need to be able to communicate directly with MLTC, be granted access to ePACES, and be deemed a principal office or, at the very least, be authorized for case management. After all, due to face to face nature of our program, we are naturally in the best position to do this work. Moreover, we are the first and sole mediators and educators for our participants.

All these systemic issues are cause for alarm as they ultimately point towards lack of respect. It is a shame that we are discouraged and are placed at the bottom of the hierarchy. Rather, in consideration of all that we do and the weight that we bear, we deserve to be positioned as primary Medicaid providers.

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**We must demand higher rates.** Many providers unfortunately feel excluded, overworked, underappreciated, and underpaid. The lack of communication, appropriate training, and oversight from MLTC, alongside the failure to stop corrupt providers, has generated distrust, ignorance, and fatigue. Many SADS providers find themselves backed into tough situations. It is not viable to subsist on compensation for the core services alone. Worse, rates have been stagnant for years. This forces providers to amass large numbers and cut corners, easily giving way to substandard programming and, worse, fraudulent behavior and negative public image.

Once rates are increased and providers are compensated, we can begin to hold ourselves to a higher standard. Providers can implement wellness metrics, we can begin to quantify the work we do, we can hire and pay more staff, and so much more. How else can we hope to optimize our programs, help the good providers thrive, and set a pace for our industry to advance towards a better future?

With the setbacks from the pandemic, the effects of these constraints are more evident, and we are more vulnerable than ever before. Our rights and our voices have gone unheard. It is now urgent to set the wheels in motion. The tasks outlined are daunting; however, they are practicable.

We must remain reassured of our impact and the positive effect we have on our participants. Our role is irreplaceable. We are the personification of their long-term care. Participants will only switch their MLTC or homecare to attend a specific SADS provider. Participants' first point of contact is through us. Their joy, their grievances, their experiences, and their lives are shared with us. We not only know names. We know faces. We not only know diagnoses and medications. We directly connect with the individual.

SADS providers are truly more than the sum of its parts and more than the sum of the core services. This is why I would like to serve on the Board. I believe in SADS and am confident that with clear vision we can guarantee a better and just future for all older New Yorkers. Through NYSADSA, I hope to be a part of the team that can unite all talents and all voices and demonstrate our value.

Thank you for your consideration.

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