VETERANS & SENIORS COMMITTEE

Of the

Suffolk County Legislature

Minutes

A regular meeting of the Veterans & Seniors Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York, on January 12, 2006.

Members Present:

Legislator Steven H. Stern • Chairperson
Legislator Jack Eddington • Vice•Chair
Legislator John M. Kennedy
Legislator Elie Mystal
Legislator Cameron Alden

Also In Attendance:
Presiding Officer William J. Lindsay
George Nolan, Counsel to the Legislature
Ian Barry • Assistant Counsel to the Legislature
Richard K. Baker, Deputy Clerk
Holly Rhoades•Teague • Director/Office for the Aging
Tom Ronanye, Chairman of the Veterans Services Agency

Minutes Taken By:
Diana Kraus • Court Stenographer

Minutes Transcribed By:
Alison Mahoney • Court Stenographer

(THE MEETING COMMENCED AT 9:45 AM)

CHAIRMAN STERN:
I call this first meeting of the Veterans and Seniors Committee to order. Please rise. It is with great pleasure to ask our Vice•Chairman of the Veterans and Seniors Committee and veteran himself, Jack Eddington, to lead us in the pledge.

LEG. EDDINGTON:
Thank you.

Salutation

CHAIRMAN STERN:

Legislator Alden.

LEG. ALDEN:
Just a quick suggestion. I usually do it in my committee, Consumer Protection, but I would just recommend a moment of silence in tribute to those that have given their lives for this country and that are in harm's way, even as we speak.

CHAIRMAN STERN:
That was going to be the first item on the agenda. So thank you for that. Please rise and let's observe a moment of silence.

Moment of Silence Observed

Thank you. Let me first start off by welcoming our new committee, members of the Veterans & Services Committee. To my left, Legislator Jack Eddington, Vice•Chairman of the committee; Legislator John Kennedy; Legislator Elie Mystal; Legislator Cameron Alden. Welcome all. And we also acknowledge the presence of our Presiding Officer, Bill Lindsay is with us; great to have you, Mr. Presiding Officer.

Many Legislators, many of you in the audience must know what a great thrill it is for me personally to have been appointed as the Chairperson of this committee having dedicated a career to representing the rights and interests of Long Island's, Suffolk County's seniors, veterans and disabled, and it really is a wonderful thrill for me to be here in this position. And I want to assure all of my fellow committee members and everybody here who themselves have devoted a tremendous amount of time and dedication and good parts of their careers, to know that my door is always open, that of the Vice•Chairman is always open to assist all of you with your concerns. Please bring forth any ideas that you might have and how we as a body can do all that we can, as we must, to assist our veterans and seniors here in Suffolk County.

And so with that, I would like to first welcome the Director of the Suffolk County Office of the Aging, Holly Rhodes•Teague, to come speak to us about all the good work that she does herself and her organization. Holly,

welcome.

MS. RHODES•TEAGUE:
Thank you. I just wanted to tell everybody that I'm very happy that I'm here again today and to say that I look forward to working with everybody, new members, old members, the whole group. Because it's really •• you know, I've always had a tremendous amount of support from this committee and I certainly appreciate it, so thank you.

I do have program and services guides to give you and if your office needs them for the office, I'd be happy to send them to your office. It just tells you a little bit about the programs and services that we do have in Suffolk. Most of them are contracted out because under the Older Americans Act we are mandated to contract out as many programs as we can and we do some in•house. Specifically the programs we do in•house are the case management under the EISEP Program, Expanded In•Home Services to the Elderly Program. That's a rather large program at this point. We do case management for about 700 people in Suffolk County and New York State has decided to give us a substantial amount of new money in the 05•06 year. And rumor has it there's going to be even more in the 06•07 year. That will help us greatly to reduce our waiting list which is also about the same amount of people as we serve; if we have 700 we serve, there's a waiting list of about 700. So we are in the process of hiring new staff to do case management within our office with the new funds. And once that's in place we'll be able to do more home care as well, so we're excited about that, so that will be happening over the next couple of months in our office. But that is a program that we do in•house.

The other program that we do in•house is information and assistance which is what most of you probably know about. People call our office, "What do I do about mom? I need this, I need that," and we try to help them. You know, the phone calls of where they could go to get services and, you know, how best we can help them fill out applications and things like that. That program is also the one that we have advocates out in the library, senior citizens. It's a pretty busy portion of our office but, again, that's an in •house program.

A major program in our office that is our contracted out is the nutrition program, also most people now it probably as Meal•on•Wheels. We have sites all over Suffolk County for the congregate sites and then we have the Meals•on•Wheels Programs. Last •• I think we do 650, 680,000 meals a year, I mean, it's a tremendous amount of meals that are done and it's also done through our contractors. So we're fairly fortunate, we have a pretty good network out.

We're very different from a lot of other places, particularly our neighbors to the west, in that we do partner with our ten townships. We get an awful lot of work done with the partners that we have because we get Federal funds, we get State funds, we have County funds, and then our contractors invariably have something going into the program as well, whether it be in •kind or funds, so we get a lot of bang for our buck. That is something to keep in mind, that we do have a very good partnership and a very good network with our towns and we also deal with our nonprofits.

Specifically, I think, today I was asked to talk a little bit about the White House Conference on Aging which is a •• it's a conference that's held by the White House every ten years. And they've held it in December in Washington. I was not a representative to it, but what I have heard is that there was a huge disappointment on the behalf of the New York State Delegation in the sense that there were no resolutions from the floor. They were all pretty much canned by the White House and their committees so there was no opportunity to bring anything, you know, grassroots into it. So that was a big disappointment on behalf •• you know, the Legislators were like, "Well, when do we get our turn?" They're allowed to vote on resolutions.

There were ten top resolutions, I do have copies if you'd like them, one of them is to reauthorize the Older Americans Act which, of course, is reported to us because that's how we get our funding, so hopefully that will happen this year. They usually do something with it so that the funding never ends. But the final report for White House Conferencing on Aging should be coming out in June. When it comes out we'll try to get the word out on that.

The other program that I was asked to talk about was the Medicare Part•D which I know the newspapers are covering daily. The Medicare Part•D has been very difficult in general. They have a program where they assume that everybody has access to a computer, that they know how to use the commuter, that the computer will not cut them out, that everything will work in a perfect world. That's not the case. Our job, I see it as that we're trying to get the word out. In the fall we held 12, 13 meetings. We had over 2,000 people attend the meetings, and that was just to get at general information, what they needed to do, how they needed to do it and what they needed to look at. And we were fortunate, we had great speakers. We had Empire Medicare Services, we had Epic and we had Social Security there because they do the low income subsidies. They're clear, they're concise, they do a good job.

So we reached over 2000. We are getting phone calls in the office. We try to get the information out that way. We have the HIICP Program which is the Health Insurance Information and Counseling Program, that is a volunteer program. We are looking to try to expand that program, you know, but when you're trying to do the program at the same time you're trying to get new volunteers, that will be a little difficult, so I see that that will take a little while to expand. We are going to be doing another series of meetings. We're not going to do one in each town, we're going to do three more meetings •• east, west and middle, for lack of a better way to put it •• so there will be one in Hauppauge, there will be one in Ridge and there'll be one in Riverhead, and then we have a snow date because we're going to do them at the end of February, beginning of March, so we have an extra date in there just in case we need to reschedule one of them. And we're going to do that by registration this time because our meetings, if anybody had been to any of them, you would have seen that we had 300 people in a room that probably shouldn't have held quite that many. So we're doing the best we can to do registration, and if we have to do more than one session in a day, our speakers are available to do extra sessions, so we're going to try that, and publicity will be going out on that in the next couple of weeks.

So we're going to keep trying, you know, so we'll get the word out the best we can on it. If you have people who are calling your offices and they need

specific information, please have them call us.

CHAIRMAN STERN:
Holly, what are the dates of those three upcoming presentations?

MS. RHODES•TEAGUE:
Can I get them to you? Because they're not completely finalized. I want to say it's like the 28th; February 28th and March 2nd. I've got to get •• I'll get them out to you.

CHAIRMAN STERN:
Okay.

MS. RHODES•TEAGUE:
If I send them to you will you send them, or do you want me to just send them to all the Legislators?

CHAIRMAN STERN:
Through the Chair and we'll make sure that everybody receives a copy.

MS. RHODES•TEAGUE:
Okay. You'll all get letters in your office as well, you know, about the meetings, because we do get word out through your offices as well, that is a big way for us. It will be general sessions like we did the last time, about an hour•and•a•half of presentations and then we'll have people there if they could help out.

The one•on•one information, we're just trying to tell people, you know, they need to have their prescriptions, they need to know what kind of prescriptions, what pharmacies they would care to use. Because if they don't have that information they can't even get help on the 1•800 number for Medicare, because without that information they can't help somebody individually. So, you know, we're just trying to get out the general information at this point. And they have until May 15th to do anything without a penalty. So that is another thing to get the word out, you know, they don't have to be in a panic if they don't have a plan yet.

CHAIRMAN STERN:
And of course May 15 seems like a long way away, but it comes up ••

MS. RHODES•TEAGUE:
It'll be here before we know it.

CHAIRMAN STERN:
•• pretty quickly. I guess my question to you is whether or not you're aware that Congressman Israel is proposing legislation to extend the May 15th date through •• to expand it to November 15th to give seniors more time to get these more specific information that they need to register and enroll in a program without that kind of penalty. Your thoughts on that?

MS. RHODES•TEAGUE:
That would be an absolute bonus for everybody because people panicked over the December 31st deadline thinking that they had to do it, but it was only for the dual eligible. So certainly more time without penalty would be very help to everybody, because the time crunch is what scares people. You know, and those who have •• another word that would be helpful to get out is that they have coverage from a retirement program, if they go into the Medicare Part•D without looking at whether they, you know, need to, they could lose the coverage they have through their employer. They need to make sure before they, you know, sign up for a plan whether they really have to or not, they may already have coverage that's good enough. And if they get rid •• and if they sign up for Part•D, they may lose that employer coverage, so they really have to be very careful about that.

CHAIRMAN STERN:
And Holly, who's coming to these presentations, who's making these presentations, what are their backgrounds, what industries are they from?

MS. RHODES•TEAGUE:
We're using the same speakers we used for the ones in the fall because they were very successful. From Empire Medicare Services, generally we've had _Ginger Sleonski_ who is an excellent speaker. She provides very unbiased information about Medicare, she starts soup to nuts and she's the core of the program. Then from Social Security they've had a number of

speakers but, again, we had one specifically that did most of ours, Joe D'Orio, and he talks about the low income subsidy that people are eligible to get, if they're very low income they could get their payments for the Medicare Part•D paid for. So he's an excellent speaker. And then from Epic we have two speakers who have been helping us and talk about Epic in general, because for a lot of people Epic is a better plan than going to one of the other ones. So we have those three speakers and they really give very good information out.

CHAIRMAN STERN:
I'm wondering if it might be helpful to have a pharmacist or a related professional that can talk about maybe some of the nuts and bolts and what seniors need to be aware of when they're going to present their information to their neighborhood pharmacist, to make sure that there isn't any discontinuance of the kind of coverage that they need, someone who is more on the ground.

MS. RHODES•TEAGUE:
We can look into that. I mean, like I said, Ginger _Sleonski_ does a fabulous job talking about the program and it's set up and what they have to do and that kind of stuff, but we can look into doing something different.

CHAIRMAN STERN:
Legislator Kennedy.

P.O. LINDSAY:
Put me down, Mr. Chairman.

LEG. KENNEDY:
Go ahead.

LEG. MYSTAL:
A short question.

CHAIRMAN STERN:
Legislator Mystal.

LEG. MYSTAL:
Thank you, Mr. Chair. You say you're going to have three meetings, one in the east, one in the west and one in the middle, but you said the one that you're considering west is Hauppauge.

MS. RHODES•TEAGUE:
Yeah. We did meet in each town back in the fall covering the same information that we're doing. We're trying to do it now where we do it where we could do registrations and we pick general areas, Hauppauge because we have control over the building, Ridge because the firehouse was willing to accommodate us, and then Riverhead because it's another County building. That was pretty much how we did it. Is there some place else you would like us to consider?

LEG. MYSTAL:
I'm just thinking people who live in Huntington, Islip •• well, the western part of Islip •• and Babylon, you know, are kind of left out.

MS. RHODES•TEAGUE:
If you would like us to look into something else we can try it, but we'll do these first. You know, we've been doing •• like I said, we did 12 or 30 meetings and this is, you know, a second series. You know, because we know there's still people out there that are just crazed and a lot of people have gone, "I don't want to know about it," and the time is coming where they really have to do something.

CHAIRMAN STERN:
Legislator Kennedy.

LEG. KENNEDY:
Thank you, Mr. Chair. And I'd just like to say that I appreciate the opportunity to be back on as a member of this committee again this year, having been the chair last year. I genuinely appreciated the opportunity to go ahead and work with this population, as I have over the course of my career actually in many different facets, having actually started my career with the County 20 years ago working in the Office for Aging with case

management.

And my questions to you I guess really are two•fold. One, with the case management, I noted that in the latter part of last year, as a matter of fact, we did pass a resolution that accepted funding to substantially expand that.

MS. RHODES•TEAGUE:
That is the funding that I was speaking about the people being higher.

LEG. KENNEDY:
Right. So that will bring our total case management staff now to what, 17, 18, 20 case managers?

MS. RHODES•TEAGUE:
We're hiring another five additional Caseworker Trainees, then there's going to be two support staff as well to that new funding. So there's going to be seven new positions under the new funding.

LEG. KENNEDY:
Bringing us to a total of?

MS. RHODES•TEAGUE:
We probably have 10, 13, probably close to 18 to 20.

LEG. KENNEDY:
Okay.

MS. RHODES•TEAGUE:
But some are under the caregiver support program as well, that's another program that we have that does case management.

LEG. KENNEDY:
Okay. And one of the questions that I had, and it's just a general question that goes out there having recently had the opportunity to work with relatives who have been in and out of various health care modalities, is our case management part of the discharge planning that different facilities might use? In particular, let's say short•term stays for rehabilitation under

the nursing care centers?

MS. RHODES•TEAGUE:
Generally not, no, we're not part of that.

LEG. KENNEDY:
And that is because we just •• we do not have the ability to go ahead and be that comprehensive?

MS. RHODES•TEAGUE:
We have a waiting list of about 700 people. So we do assessments •• we do initial assessments just to get people on the list, and then when there's openings within that caseworker's area, because we generally have them located geographically, they'll go and see who is •• and we prioritize by need. We don't prioritize by how long you've been on the list.

LEG. KENNEDY:
Certainly.

MS. RHODES•TEAGUE:
So if you have support staff around you, you might not get to the top of that list any time soon.

LEG. KENNEDY:
Sure.

MS. RHODES•TEAGUE:
So then we go and we look at that. So we're not really part of discharge planning, you're probably talking about the ones who go out who have some case management for Medicare for the first couple of weeks and that's it. We're not part of discharge, for the most part. Now, there are people who are on our system who go into the hospital, they come back out again and we're already in place; that's a different story.

LEG. KENNEDY:
For continuity purposes we just remain.

MS. RHODES•TEAGUE:
Right.

LEG. KENNEDY:
Okay. All right, fine, I appreciate you clearing that up.

The other question that I have goes to the Medicare Part•D. And you know, it's an area that certainly I've had calls in my office about, I myself have tried to go ahead and understand some of it and it is extremely complex. Two questions; one, you spoke about Epic, does Epic actually stand as one of the 30 or 40 providers that's an approved plan?

MS. RHODES•TEAGUE:
Epic is considered creditable coverage which means that if you have Epic, you're happy with Epic, you're not low income so you're not eligible for a subsidy; you know what, stay with Epic, you don't have to pick another plan, you're fine. You don't have to do a thing. However, New York State is looking for people to use Epic as a wraparound on a Medicare Part D and then you don't have costs associated with Epic or with Medicare Part•D, or I think you pay one fee, I'm not sure, I forget how that works. I don't remember that one. But they would like people to look at it because then they're going to save money on the Epic plan.

LEG. KENNEDY:
Oh, I see.

MS. RHODES•TEAGUE:
However, again, happy with Epic, not low income, you don't need to do something else if you have Epic.

LEG. KENNEDY:
So you can just bypass altogether as far as selection for Medicare Part•D.

MS. RHODES•TEAGUE:
Correct. But what New York State is saying is they would like people to at least look at the other parts of Medicare Part•D before they decide that they're staying with Epic.

LEG. KENNEDY:
The other piece that I'm aware of, I guess, that becomes extremely important is the formularies that each one of these plan providers maintains. Now, I imagine to try to go ahead and correlate 40 different providers with a formulary on maybe the, you know, top 50 most popular prescriptions for seniors is truly, truly a daunting task.

MS. RHODES•TEAGUE:
I've asked New York State if they were going to have anything in hard copy on the different plans and I have not received a response on that, because it's the same place throughout New York State. I have not seen anything hard copy on what each plan offers and what their formularies are.

LEG. KENNEDY:
So in other words, you've queried _SOFA_ and _SOFA_ has not gotten back to you at all?

MS. RHODES•TEAGUE:
Correct. Correct, I did ask that question several weeks ago and I've never received a response back and I don't believe it's going to happen.

LEG. KENNEDY:
Well, I would be interested and maybe, you know, we can go ahead and do it directly again, because I think it's critical ••

MS. RHODES•TEAGUE:
I don't know if there's •• they could change their formulary all the time, so whether you have a formulary today, it may not be the same formulary in another week. It just •• it's not a stable plan for any of them. And that's probably why I'm not getting a response back. They want everybody to go on the computer.

LEG. KENNEDY:
However, you'll agree that, I mean, for many seniors and many folks across the board, regardless of age, you know, the prescription drug that they're

given and the decision by a provider to go ahead and elect to utilize a generic as opposed to a name brand can have significant and profound effects •• health care effects as far as the individual goes. And it's very difficult sometimes for folks to be able to take in, I guess, what the total gamut of the formulary is.

Again, Mr. Chair, that may be something that the committee wants to take a look at and we may, even as a committee, want to formulate some kind of a recommendation. Certainly not a Sense since we don't do Senses anymore, but we may want to do some kind of a committee•based recommendation for our Federal government to take a look at this.

MS. RHODES•TEAGUE:
I've had some issues with it from the very beginning because many seniors do not have access to a computer, or if they have access, it's just not an easy program to even navigate. I mean, if you've been on the system, it's not ••

LEG. KENNEDY:
Yes, I have.

MS. RHODES•TEAGUE:
It's not much fun to play with.

LEG. KENNEDY:
Not at all.

MS. RHODES•TEAGUE:
So I agree. I mean, a hard copy of these plans, I mean, at least you could say, "Mrs. Smith, please take these 40 pages that I've given you and you can look at it that way," but it's not available. We have not had that anywhere. They tell you to go to 1•800 Medicare with the information in hand in front of you, to call and somebody there should assist you 24/7, or go on the computer and spend the rest of your life trying to find a plan.

LEG. KENNEDY:
Okay, thanks again, as always, Holly. Thank you, Mr. Chair.

MS. RHODES•TEAGUE:
Okay, thanks.

CHAIRMAN STERN:
Mr. Presiding Officer.

P.O. LINDSAY:
The Same topic, Holly. One of the things that's so disturbing about it is I don't think in the history of this country we've ever passed legislation that's caused so much confusion. And it's almost like a whole cottage industry is emerging around the legislation to try and supposedly help people in their choices, but I'm concerned about if they have a vested interest in helping them. For example, one of the major drug chains is running an advertisement that just come in, "We'll file the papers for you, we'll help you figure it out, you know, we'll do everything for you," and, you know, I wonder if there's any steering going on at that level.

MS. RHODES•TEAGUE:
I'm sure there is, but, you know, the plan is •• you know, they asked us if we've had complaints of people trying to defraud people. I have not had complaints from people saying that somebody tried to sell them or do anything like that, but in terms of being steered, I can't imagine that that's not happening. You know, and people are happy to hear something from somebody who could say, "Oh, God, take a plan, pick a plan." So if they're at their pharmacy and they trust the pharmacist, you know, God bless them, I hope it works out for them in terms of that. I mean, that's probably the least of the problems where people may be steered from. Any other questions for me?

CHAIRMAN STERN:
Anything else?

MS. RHODES•TEAGUE:
All right.

CHAIRMAN STERN:
Okay.

MS. RHODES•TEAGUE:
Thanks. Happy New Year to everybody.

CHAIRMAN STERN:
Thank you.

Next item on the agenda is a welcome to Tom Ronayne, Chairman of the Veterans Services Agency.

MR. RONAYNE:
Good afternoon, Chairman Stern. Thank you for the ••

CHAIRMAN STERN:
Welcome, yes.

MR. RONAYNE:
Thank you for the kind invitation to be here today. Welcome back, all of you who have returned, and congratulations to all of the newly elected Legislators. I look forward to working with the committee as I have in the past and I'm sure we'll have a very productive and successful relationship.

I'm here hopefully to answer any questions that you may have. I know that your office, Legislator Stern, had asked me to speak specifically on one or two items, I'm prepared to do that if you like or I can field questions first.

CHAIRMAN STERN:
Director Ronayne, perhaps the first order of business is maybe to bring new Legislators to the committee and their staff members up•to•speed on yourself and the services that your organization provides.

MR. RONAYNE:

Essentially what the Veterans Services Agency does, and it's a mandate that every County have a Veterans Service Agency. What we do is in addition to advocating on behalf of the veterans of the County, we also provide casework and services with regard to submission, filing of claims with the VA, working with the State and local governments and obtaining any benefits that a veteran may be eligible for or entitled to.

The largest portion of what we do •• and I should mention that the Veteran Service Officers who provide these services, including myself, are trained and accredited. You're not permitted to work and process these claims, especially before the VA, and I know Legislator Kennedy is aware of this, unless you are specifically schooled and accredited to handle this information and deal with the privacy issues and so forth that are associated with the claims. We •• one statistic, and this is not my number, this is the VA research, Suffolk County, New York, has the largest population of veterans of any County in the United States of America, there's no other County in this country with more veterans than right here. I'm proud to say that I think we have the Cadillac of all veteran service agencies. The reputation of the office is sterling. It is known not only throughout New York, but we communicate within the network of service agencies nationally and we have an excellent reputation. We do a good job.

We serve •• and this includes field visits, telephone contact and office visits to our two offices, both here at the Dennison Building and at the County Center. Last year, we haven't gotten the numbers compiled yet, but for the year before it was just slightly over 20,000 contacts serving veterans, anywhere from filing disability claims to submission of real property tax exemption forms in the townships.
That I think is, in a sense, what we do.

CHAIRMAN STERN:
Vice•Chairman Eddington.

LEG. EDDINGTON:
Yeah, I'd like you to address the first thing, any programs you have for returning veterans for coming back from Iraq or Afghanistan. Obviously, you know the deficiency we had during Vietnam and I'd like to hear what

we're doing for our returning servicemen and women.

MR. RONAYNE:
The soldiers returning, regardless of what branch they're returning from, are supposed to be receiving separation counseling and so forth. Any of us who have received this counseling know that it is maybe not always adequate. The soldiers, when they're returning home, are allowed, whether they are claiming a service•connected disability or injury or not, they're being granted access to the VA for a period of two years. One of the things that we're doing in our outreach is we're encouraging these veterans upon return to register at the VA, whether they intend to use the VA or not. There have been some changes made in the VA over the last several years. And one of the things that they seem to enjoy playing with is eligibility criteria, and it's changed several times over the years. They are now up to eight eligibility categories and in category eight, there are subcategories of A, B, C and D, I believe. Essentially, what they've done is veterans who are not service •connected disabled and who have an income over I believe the number is $32,000, are considered above the threshold. They •• what they call means •out. When you submit your financial disclosure, they conduct a means test. And if your income is in excess of $32,000 they consider you to be ineligible for services at the VA. So in effect, they've locked out an entire population of veterans because they earn too much money. And $32,000 on Long Island goes a long way, we all know that.

LEG. EDDINGTON:
My concern is with words like supposed to and encourage, that adds, you know, a lot of flexibility. And I would like to see something where everyone •• I mean, as a clinical social worker, I've talked to a lot of people who say, "Oh, I don't need any help," and then they crack up, break down, have problems a month or two later. I would like to see somehow to facilitate everybody has to go through, not whether it's based on income or anything else.

MR. RONAYNE:
There are several layers here. Obviously the first one would be depending on the individual branches and the protocols that they have in place for the departing soldiers when they're returning home. They do have programs.

They do counsel these people, but we've experienced •• you know, if you sit five soldiers at a table and ask them their collective experiences, they'll all tell you a different story.

We on a local level have increased the amount of outreach that we're performing. One of the things that I do personally is when I am made aware of a returning unit, wherever they may be, if they're from Suffolk County or if they're residents of Suffolk County in that unit, I make every effort to go to the point where that unit is returning and be present when they arrive. I also at that time hand out literature, business cards and so forth, make people aware of the fact that our office exists.

LEG. EDDINGTON:
So today we had six soldiers returning from the 106th; did we reach out to them?

MR. RONAYNE:
I learned about that on Channel 12.

LEG. EDDINGTON:
Okay. So then you and I both agree that the process is faulty and we have to work on that?

MR. RONAYNE:
Absolutely.

LEG. EDDINGTON:
Okay.

MR. RONAYNE:
But absent the six returning, I have a very good working relationship with Colonel Canders out at the 106. I spent a fair amount of time out there. In the past six weeks I've probably been out there three or four times. So we are working with the unit. And we are working with the individual reserve centers and we are working with the individual soldiers.

LEG. EDDINGTON:

Thank you. And I think I would speak for the whole committee that anything we can do to facilitate that type of a proactive approach we'll be behind.

MR. RONAYNE:
I very much appreciate that. Perhaps if I could •• if you would indulge me, perhaps I could forward some of our office's literature to each of your offices so that it's available to your constituents.

LEG. MYSTAL:
Please do.

CHAIRMAN STERN:
Please. Legislator Kennedy.

LEG. KENNEDY:
Thank you, Mr. Chair. Tom, how are you? It's good to see you again.

MR. RONAYNE:
Happy New Year.

LEG. KENNEDY:
I guess I'll just kind of echo some of the concerns that Vice•Chair Eddington shared. But I'm also going to ask you specifically as far as the eligibility criteria because, you know, you and I have chatted about this before. You know, I mean, I'm admitted to the Court of Appeals for Veterans Claims. And unfortunately it's not uncommon to have five, six, seven years elapse sometimes before there is an affirmative determination or an acknowledgment by the Veterans Administration of a disability. So the individuals coming back and returning from Iraq and Afghanistan now who may have, you know, potential _PDSD_ claims or things like that, are going to go through a process with the Veterans Administration that is going to be, you know, intolerable as far as the amount of time that has to go by.

Now, you're saying that should they return to a job that has income in

excess of 32,000, they're not able to avail themselves of any services vis•a •vis the VA?

MR. RONAYNE:
If they do not have a service•connected disability, that's correct.

LEG. KENNEDY:
Well •• right. I mean, however, if they're claiming it and it's being controverted by the administration, then it does bar them from receipt of service.

MR. RONAYNE:
The $32,000 threshold is for somebody with a non•service connected disability. If you have a disability rating, you are eligible to receive treatment and services for that condition or that injury.

LEG. KENNEDY:
So, of course, I mean, if we're talking somebody who's lost a limb or somebody who's sustained an obvious physical injury or something like that in the course of the service, generally then the administration moves very quickly and they're rated; they're rated right upon discharge. But some of the more elusive things that we have, and you go back to, I mean, back in the Vietnam Era with the Agent Orange issues and things like that, 10, 15 years unfortunately was not uncommon before there was finally acknowledgement on the part of the administration. _PDSD_, as you well know, manifests itself many, many different ways and may unfold over the course of years and sometimes decades. So, I'm concerned that individuals may be, you know, suffering from this and are coming out.

Conversely, I'll go to the other end of the spectrum and I'll talk about the Korean and World War II veterans who, at this point, still are attempting sometimes to go ahead and obtain service.

MR. RONAYNE:
Yes.

LEG. KENNEDY:
And is it your experience that you are still experiencing the same types of delays from the Regional Office for determinations?

MR. RONAYNE:
We have a problem with the New York Regional Office right now in that in the last three years or so, their staffing has gone from approximately 180 people in the office, they're down to about 120. And there's is no talk of replacing those bodies. That obviously results in more substantial delays in the processing of claims. That's a problem.

LEG. KENNEDY:
My recollection is that Long Island has the largest concentration of veterans throughout the whole country.

MR. RONAYNE:
That's true. And all of our claims are processed through the New York City Regional Office and that is where •• that's where you hit the logjam. They have fewer and fewer people processing now that we've got returning troops. We're at war again. We've got more and more claims being submitted to fewer and fewer individuals processing and adjudicating these claims.

LEG. KENNEDY:
Okay. Again •• •

MR. RONAYNE:
So the delays are real and that is a problem.

LEG. KENNEDY:
Obviously something that, you know, this committee may need to go ahead and again take a committee•based position on.

MR. RONAYNE:
The one thing I'd like to make clear, just I think to follow up a little bit on your earlier statement, if a problem •• and we'll speak of PDSD in specifics, if a problem manifests itself 3, 5, 10, 30 years after a veteran returns, there

is no time line, there is no time restriction on when a veteran can go back to the VA and file a claim for a service•related condition. So if he begins to experience problems many years down the road, he does have the ability to go back to the VA, they're not going to shut them out after that two year window.

LEG. KENNEDY:
Again, yes, we'll agree as far as the ability to go ahead and have an application be filed and deemed timely filed. Unfortunately, the issue becomes the delay that occurs as far as the processing goes, and certainly now what you're telling us with the decrease in staff, it only magnifies it.

MR. RONAYNE:
Yes.

LEG. KENNEDY:
All right. Thank you, Mr. Chair.

CHAIRMAN STERN:
Mr. Ronayne, thank you.

MR. RONAYNE:
Thank you very much.

CHAIRMAN STERN:
Thanks so much for being here.

One other item on the agenda maybe you can address; pending State legislation regarding real time property tax exemptions for those who are current service or active duty.

MR. RONAYNE:
Most, if not all, states have traditionally, historically granted certain benefits to veterans, specifically war•time veterans and then a layer above that would be actual combat veterans or veterans who served in combat theatres.

New York State and Suffolk County and our municipalities also offer this. And generally what we're speaking about is a real property tax exemption. For a veteran who served during a time of war, that veterans is eligible for a 15% reduction in his real property tax exclusive of school taxes and a few others. If you served in the combat theatre or if you possess a combat declaration, if you've got a combat infantryman's badge or several of the other combat declarations, we also receive an additional 10% beyond that 15.

As we all know, when these soldiers are returning home, they come home for a brief period of time, maybe they remain in the service, they get reactivated. They •• even though they have been in to the combat theatre of operations, many of them are seeing actual combat, they're not eligible for this real property tax exemption until they achieve veteran status. That may be months or years down the road. So he's qualified in every other regard, but because he hasn't been discharged and achieved veteran status, he's not eligible for this benefit.

In August the County Executive and Assemblywoman Ginny Fields introduced legislation on the State level that would provide a 10% real property tax exemption to a veteran who otherwise qualifies for this. And generally, once you're on the ground, I think it's 30 days in a combat theatre, or once you've engaged in actual combat you receive that decoration. As soon as that decoration occurs, he is saved for the distinct designation of being a veterans, he is otherwise eligible. What this legislation would provide is that upon verification of that, and it could be something as simple as him faxing or mailing home a copy of the general order, identifying him as a recipient of a certain metal or decoration, the spouse or the dependent can take that document and go to the Town Assessor or come to my office and we'll process it and submit it to the towns to receive that 10% real property tax exemption immediately. They wouldn't have to wait until the following tax year as the veterans do, it would kick in immediately.

We have a lot of people who have been taken out of their civilian lives, earning civilian salaries and they've been pulled back in to the reserves

where clearly they're not making •• they're not earning at the same level that they were when they were working in a civilian capacity on Long Island. There are tremendous burdens being borne by these families. This is a small •• a small way of helping them. I did speak to the Assemblywoman's office this morning to get a status on this bill, it has picked up a Senate sponsor and it is in committee right now. They're refining some of the language, some technical things within the bill, but they do expect it to come to a vote in this session and they do expect its passage.

Interestingly, it should also be said that there is a provision in this bill that would clean up some, again, technicalities allowing the same exemption for gold star families and gold star parents who clearly, given their sacrifice, should be given something. There has been some challenges in the past with regard to getting the benefit for the gold star families, this bill will address that as well and allow that to occur.

CHAIRMAN STERN:
Okay. Director Ronayne, thank you. Thank you so much for being with us today.

MR. RONAYNE:
Thank you very much.

CHAIRMAN STERN:
And to you and to Director Teague, know that the both of you always, again, have an open door to myself, to the Vice•Chairman, to past Chairman Kennedy. And I know for myself, I'm thrilled to be here and look forward to working with the both of you and all of my colleagues to do all we can and all we need to preserve quality of life, to enhance the quality of life of Suffolk's seniors and veterans.
So thank you.

MR. RONAYNE:
Thank you ver much. I'd like to say very briefly that one of the outreach programs that we've implemented in my office this year could not have happened were it not for the assistance of Holly. She has given me access

to some of the resources in her office that makes my life a little bit easier and I thank her here before you.

CHAIRMAN STERN:
Very good. There is one other agenda item, a welcome to Steve McCarthy; I understand that there is, as you know, no longer an issue and so we're going to remove that from the agenda. I have no cards.

LEG. MYSTAL:
We'll adjourn.

CHAIRMAN STERN:
Yes. So with that, motion to adjourn.

LEG. MYSTAL:
Motion.

LEG. EDDINGTON:
Second.

CHAIRMAN STERN:
Very good, second by Vice•Chairman Eddington. Good to see everybody. Thank you.

(THE MEETING CONCLUDED AT 10:30 AM)
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