

**VETERANS AND SENIORS COMMITTEE**  
**OF THE**  
**SUFFOLK COUNTY LEGISLATURE**  
**MINUTES**

A meeting of the Veterans and 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 September 9, 2013.

**Members Present:**

Legislator Stern - Chairman  
Legislator Anker - Vice-Chair  
Legislator Barraga  
Legislator Gregory

**Also In Attendance:**

George Nolan - Counsel to the Legislature  
Debbie Harris – Aide to Legislator Stern  
Michael Pitcher - Aide to Presiding Officer Lindsay  
Paul Perillie - Aide to Legislator Gregory  
Kevin LaValle - Aide to Legislator Muratore  
Alicia Howard – Legislative Assistant  
Tom Ronayne - Director of Veteran's Services  
Holly Rhodes-Teague - Director of Office for the Aging  
Rick Brand - Newsday  
All Other Interested Parties

**Minutes Taken and Transcribed By:**

Gabrielle Severs - Court Stenographer

*(\*The meeting was called to order at 1:14 p.m. \*)*

**CHAIRMAN STERN:**

Good afternoon, everyone. Welcome to the Committee on Veterans and Seniors. I'm going to ask everybody to please rise and join us in the Pledge of Allegiance led by Legislator Anker.

*(\*Salutation\*)*

Please remain standing and join us in a moment of silence as we keep all our brave men and women fighting for our freedoms overseas in our thoughts and prayers, and to remember particularly Sergeant Ryan Dickinson, decorated combat soldier, who served our nation in Iraq who recently lost his life. Thank you.

*(\*Moment of Silence Observed\*)*

Note for the record, Legislator Muratore is not joining us today. He has an excused absence. We do not have legislation on the agenda today, but we are joined by two of our favorites. Holly, let's have you come on up first.

**MS. RHODES-TEAGUE:**

Hope you all had a great summer. Couple things that I just wanted to talk about. Two of our favorites, the open enrollment for Part D prescription drug plans will begin October 15. It goes to December 7. If you have people who are questioning what plan they should be in or what they have to do, please ask them to call our office. We'll be happy to assist them. It's a hard process for people sometimes because they really should all be looking at their Medicare Part D plan because they do change from year to year. There's different benefits involved depending on what the company has decided what to do with the benefit plan. So even if they have the best plan in the world and they love what they have, they should at least review it because there may be a plan out there that's cheaper, that might do -- cover more of their drugs that they're taking. You know, things change, so they really need to review their plans every year, so that's the word we need to get out to people.

The second program, the HEAP program opened -- no, has not opened, but the applications for those people who had HEAP in previous years went out a couple weeks ago. We've received almost 600 applications already in our office. The open enrollment for HEAP will not start until November 18, and they have a close date tentatively scheduled for March 17. So they don't know how long the funding will last or not last, but they do have tentative dates for the closing of it, so I just wanted to let you know that.

The emergency HEAP will not open until January 2 of '14, so if somebody has already received a HEAP benefit and they need a second benefit, they would have to go to temporary assistance if it's before January 2. So just some of the changes. The maximum benefit would be for the oil, and that would be a \$600 benefit and then it's slightly less depending on how they heat their home. And there is no funding for heating equipment and repair; that has changed. You know, the program, I think they have less funding on the federal program, so they have made changes to it, so I just wanted to give you a heads-up on all that.

And, then, the other thing is we will be doing public hearings on our programs. We don't have dates scheduled yet. It'll probably be the end of October or beginning of November. We're required to do that by the State Office for Aging, and we will hold one on the east end and the west end, and we ask for people to give us comments on how the programs are, what they think we need to do in Suffolk County. They were very well attended last year in Hampton Bays, and I assume I'll

get some pretty good attendance this year as well. So once I have those dates, I'll send out information to all the legislative offices as well if you let people know about that.

And then the last thing I have is that the New York State Office for Aging is hosting a series of roundtables in New York State, and the roundtables are on senior centers. They want to know how senior centers are operating, what they need, are their programs busy, if they're not busy, are people coming in for the congregate meals. So in our county they are hosting -- we are hosting the roundtable out in Hampton Bays. That is on October -- no, I'm sorry, September 18, and it's from 1:00 to 3:00 p.m. at that senior center. All the commissioners and directors of the town programs have been invited as well as the site managers of the different programs, and they have a series of questions they are looking to try to get answered by some of the participants, and the State will be coming down to do those roundtables, and they are doing them throughout the state, so I just wanted to give you a heads-up on that. Any questions that I can answer?

**CHAIRMAN STERN:**

Holly, I have a question. When it comes to the implementation of the new Federal Law Health Care Affordability Act, what, if any, role are we expected to play in that rollout? There's going to be a lot of information, a lot of misinformation, who it applies to, who it doesn't apply to. Are you hearing anything at the either federal or state level about the educational push that's going to be necessary so that people have the appropriate information? I mean, we're still off from -- you know, a few months away from implementation but in an effort to be proactive and get our residents as much information, are you hearing anything about the educational component of that and what role, if any, we are expected to play?

**MS. RHODES-TEAGUE:**

Are you talking specifically about the exchanges or are you -- what I have heard about the healthcare exchanges is that there are organizations that are supposed to be providing the educational component. In terms of the population that we generally deal with, if they have Medicare, it's not going to be as great of impact on them because they have Medicare; they don't necessarily have to go to a healthcare exchange, so that's a bonus for the older population that they're not going to get crazed by some of the new stuff. But there are some changes that are part of the legislation that will impact on them, and we'll get the information out as best we can, but, you know, we're still waiting for information.

**CHAIRMAN STERN:**

The groups that are going to be responsible for getting that information, are they the ones that get the information to us for us to disseminate, or are they expected to have direct contact with the public?

**MS. RHODES-TEAGUE:**

My understanding is that they would be doing direct contact, but I have not seen anything completed yet in terms of what they are going to do. You know, there are so many changes going on out there. The Medicaid Managed Care program has had a lot of bumps in the road that started April 1; now this is coming down the road. I feel like we're just trying to stay three steps ahead so they can assist people when they call us. The programs have been very difficult as they rollout. You know, with the Medicare Managed Care, those programs, we're hearing a lot of issues with the case management component, which is going to impact on our programs because if they don't really have caseworkers available even though they say they do, then if we had clients that were in our programs that had case management that we normally would close out. I can't really close them out if nobody is providing assistance to them even though they're supposed to be, so there's some things that are still being ironed out on that program, and now we've got the health care exchanges coming, so I'm not sure, but if it's like the other one, I'm not holding my breath that it's going to be fabulous.

**CHAIRMAN STERN:**

Perhaps we can all keep an eye out for it, but, please, if anything comes to you and your staff, if you could please let us know.

**MS. RHODES-TEAGUE:**

As best I can, as we get information, I'll pass it along what we hear about the healthcare exchanges and any other things that impact on the older population because there are a lot of changes that are coming down the pike.

**CHAIRMAN STERN:**

Holly, thank you.

All right. Director. We welcome Director Ronayne. Now, the agenda shows that we were going to have a conversation about the Peer-to-Peer Program. I'll let Director Ronayne explain. I guess perhaps we would consider it a positive reason why we're not going to have that discussion today. Director.

**DIRECTOR RONAYNE:**

Thank you for that. Yes, unfortunately, the plan was today to have the administrative team for the Joseph P. Dwyer Peer Support Program present to make a report to you. Unfortunately, events conspired against us and I wasn't able to put that together properly, so if you'll indulge us, if we can invite them to to next committee, we'll be much more prepared. And there are -- actually, part of the reason they're not here today is that we're launching -- I'd like to say two groups today, but we're launching really one and a half groups today that will be new to the program, and that required a little bit more oversight and involvement than we had anticipated. So we look forward to giving you a full report and enthusiastically. It's all very good news, actually, so we look forward to providing you with that information.

Maybe what I'll do is I'll pick up on a part of what Holly was reporting on with the Affordable Care Act. We had recently been made aware of a notification by Department of Health and Human Services and the Department of Veterans Affairs that, not to anybody's surprise, but the V.A., the Department of Veterans Affairs, will be an acceptable exchange for veterans who are otherwise eligible for enrollment. If they are enrolled in V.A. healthcare, that will satisfy the requirement for their enrollment in a recognized exchange. What we're really looking at right now is a bit of an unknown.

We believe there to be roughly seven million -- somewhere between six and seven million otherwise eligible veterans who are not at this time enrolled in the V.A. healthcare network. As the implementation of the Affordable Care Act approaches, we're anticipating that the numbers of veterans will increase significantly. A lot of these folks represent -- one example would be our Vietnam Veteran population. As much as I don't like to always acknowledge it, our Vietnam Veterans are now aging out of the workforce in large numbers. As they do so, many of these veterans who, over the course of their professional careers, have not had a need for healthcare or health insurance outside of their workplace. Their employers provided their insurances and so forth, and many of them, as they leave the workforce will find that they now have to look to another source for their coverage. And whether it be Medicare or whether it be V.A., we expect that a great number of them will gravitate toward V.A. because, again, if you are otherwise eligible, it is a zero-cost program.

If the surge in enrollment occurs, as we anticipate, that will also result in an increase in the number of claims that those new enrollees will be expected to submit related to issues that they had not previously. We already seen a large increase in the number of Vietnam Veterans submitting claims

as they retire. They become aware of issues. Their time is more available to them, and they can pursue these matters.

So we're anticipating that this is going to result in a significant number. We don't know how many of that between six and seven million will go to V.A., but we expect it to be a large portion of them, and if that does happen, we can expect to see an increase in the volume of work that we're handling on their behalf.

There's another piece of legislation that we became aware of, and I mentioned this to Legislator Gregory over the weekend. I don't know a great deal about it; I haven't even been able to identify a bill number. But we're told when Congress returns that a bill is going to be introduced that will effectively amend the requirements or the criteria for one to obtain or achieve veteran status, and this is primarily going to affect National Guard and Reservists who never served on federal duty. A lot of our National Guard and Reserve folks, while for training purposes may have served on federal orders, did not achieve a veteran status through their service for that reason, and this bill, we're being told, will seek to modify the criteria for obtaining veteran status to include National Guard and Reserve whether or not they have served on federal orders. I don't want to comment very much on this until I've had an opportunity to read the bill because, as the General might agree, it seems to be, potentially, there are some pitfalls related to this, not only with the impact on V.A. and the costs associated with the numbers of new enrollees but how the veterans community and the military community might receive this because of the differences in the nature of service amongst the individuals involved in this. So I'm hoping to be able to get a bill number. I've asked two congressional officers to investigate it and provide me with the this bill so they can read it. As of this morning, I had not gotten that, so hopefully by the next time we meet, I'll be able to provide copies of that and we'll see if it goes anywhere.

As the chairman had mentioned, I'll just say this for the record, we did this morning attend a funeral and traveled out to Calverton to inter, to bury Sergeant Ryan Dickinson. The Sergeant was, as this chairman had said, a decorated Iraq veteran. We had, in fact, participated in coordinating and greeting him in 2009 when he returned home from his first deployment at MacArthur Airport when we had done one of our "welcome home ceremonies." He, unfortunately, had come home -- he was separated from the Army on medical grounds for diagnosis of post-traumatic stress disorder and TBI. He had a traumatic brain injury.

Sergeant Dickinson's MOS, job in the army was to go out and find IEDs. He was the guy who would suit up and go out and find the IEDs and render them safe so that our troops could travel and proceed through areas, so he had a highly dangerous mission. He served honorably. His medical condition required that he be medically discharged, and, unfortunately, he lost his life last weekend in a shooting down in Fort Hood, Texas. We are engaged with the family and we are working with the family to assist and make sure that anything they may be entitled to, we ensure that they do receive. But yet another young man from the area, he went to war, he came home; you'll have a difficult time convincing me that his death was not, though, related to his service in Iraq. His post-traumatic stress disorder, we're led to believe, though I don't have confirmation, that the soldier who shot him had also served in Iraq. We don't know if it was at the same time, whether they served together or not, but at least one of the two had post-traumatic stress disorder and just another tragedy, another young man.

We are actively working with the Town of Southampton. My last report, I had indicated we executed a contract similar to the agreement, the shared services agreement that we have in place with Town of Brookhaven and Stony Brook University to establish an office in the Town of Southampton. We have identified the site. That office will be located in Hampton Bays at the senior center, which according to the director is a fine facility, and we are looking forward to working out of there. We're working on having the IT issues, the computers, the telephones and so forth,

coordinated. Once that has taken place, we will be staffing that office.

I'm very grateful. I'm sure that all of you are aware, but I will thank you just the same. We recently were fortunate and we received four signed SCIN forms to add four part-time veterans services officers. We can't begin to express how valuable that is to us, how important it is with the workload that we have now. Four new bodies, even part-time bodies is going to be enormously helpful. Thank you all for your assistance on that. We look forward to having them on board and at work very, very soon. That, upon the implementation of the office in Southampton, will give us offices not only in Dennison here in Hauppauge but the office that we have always had at Riverhead County Center, we have the office at Stony Brook University, Brookhaven Town Hall, the new office in Town of Southampton, and Northport V.A. has been actively pursuing our placing an office, a full-time office at the V.A. facility in Northport. We are meeting later this week, and the hope is that we will be able to negotiate with V.A. and have them also enter into some similar agreement to the shared services agreement that we have with the other localities to effectively place a Suffolk County office at Northport, which is just an ideal location. We should be there.

Moving on, the Joseph Dwyer program that we had promised you a report on today, I will summarize very quickly. As of today, we have 12 groups in place. These are 12 full-time, regularly-meeting groups located throughout the county. The two that we're launching today, and I said one and a half earlier, what we're doing is we have, once again with Stony Brook University, they have provided us with space to form two full-time groups. One of them will be a group consisting of the built-in population represented by the Long Island State Veterans home. This group will consist of veterans who reside at the home. The second group also to meet in one of the boardrooms at the State Veterans Home will consist of anyone from the surrounding area, be they staff, student, faculty at the university, the surrounding community, we will have a second stand-alone group in the State Veterans Home.

Through the generosity of one of the facilitators who works for us on this program -- he runs several of our groups -- this individual, also a combat veteran of Iraq and Afghanistan, is a licensed acupuncturist. He's got an acupuncture practice. But one of his other skills is that he is a tai chi instructor, and we have, in addition to the two groups that we are forming specifically for the PTSD peer support, we will also be launching a veterans tai chi group that will be, obviously, free of charge to any veteran who would like to participate in the multipurpose room one day per week also at the State Veterans Home. So, again, different modalities, different disciplines, different approaches. If there's a chance that it'll work, if it might help one veteran, we're delighted to be a part of it, and he seems to believe -- Kevin, the facilitator, seems to believe that his martial arts' efforts, the time that he spends on this are very beneficial to him and he believes that it will -- that that will translate into helping other veterans, so we look forward to the tai chi group, and I welcome Legislator Gregory and the general to come by and do some tai chi with us anytime they'd like.

We are also, in addition to the tremendous growth that we've experienced at the Veterans Service Agency, we're also expanding very, very rapidly with the Peer program, and part of that lends itself to the academic here. In May, when schools were closing for the summer, we did fold several groups down for the summer months. Now that the schools are back in session, we have re-launched or are in the process of re-launching groups at Suffolk County Community College, Saint Joseph's, Dowling, and Stony Brook University on the college side. The projection right now is that by the end of this year, we will have 24 groups operating on a regular weekly basis, which I couldn't be happier about. And, clearly, the only reason we'll have the number of groups that we'll have or that we have what we have today is because the need has been clearly demonstrated. As we roll out new groups, they're being populated. We have done no advertising. This has been virtually all word of mouth. The success of the program has been truly impressive. The fact that we anticipate having 24 groups online by the end of the summer, I think, is a testament to the quality of the product that we're delivering to our veterans.

**CHAIRMAN STERN:**

Tom, as always, thank you. Thank you for your continued leadership, of course. Thank you for your commitment to this very important program. I know I speak for my colleagues when I say we're looking forward to hearing from you and from the professionals that are involved with the program as you continue to build it, not only, as you say, a program that is very much in demand here but one that is truly on its way to being a model for rest of the state and the rest of our nation, so thank you.

**DIRECTOR RONAYNE:**

Thank you very much.

**CHAIRMAN STERN:**

Everybody good? We are adjourned. Thank you.

*(\*The meeting was adjourned at 1:37 p.m. \*)*