

## Exploring Long-Term Home Care Solutions with Albert Eshoo & Joyce Barocas

### Introduction and Guest Welcome

**Candace Dellacona:** Welcome everyone to the Sandwich Generation Survival Guide. I am your host, Candace Dellacona. I am so happy today to welcome my colleagues, my trusted referral sources in the world of home care, Joyce Barocas and Albert Eshoo, who are owners of Right at Home Home Care here in New York City, where we are broadcasting from. I am welcoming Joyce and Albert because they are my go-tos in terms of long-term care, particularly when my clients and the people that I know are looking for home care. They have so much knowledge and they are kind enough to join me today to share that knowledge with us. So welcome guys.

**Albert Eshoo:** Thank you very much. We're really glad to be here.

**Candace Dellacona:** So happy to have you. So why don't we start before we get into home care and how people access it and really the sort of highlight of what we're talking about today, which is this really incredible new pilot program, beyond the pilot stage. But this new program that has been created by Medicare called the GUIDE Program that's going to help families and caregivers and those with Alzheimer's and dementia. The two of you are my resident experts in the program, and I cannot wait for you to share with our listeners what it's about, how to access it, how it'll help us.

### Getting into Home Care: Personal Stories

**Candace Dellacona:** But let's first start with how did both of you get into the home care space.

**Albert Eshoo:** Well, why don't I start? I had a career on Wall Street for about 25 years, and when that was over we needed, a new sort of second act for ourselves. And in my case I wound up taking care of an aunt in my family and got very deeply involved in the caregiving and learned that really, you don't have to be a nurse, you really just need an extra set of hands, extra set of eyes.

And that's, that was my exposure to it. Joyce, do you wanna share yours?

**Joyce Barocas:** Sure. And I started as a brand manager in the beauty industry and, my brother was a captain in the fire department and had 9/11 related cancer, and that's where I came in as the caregiver for him. And Albert said it exactly right. You just wanna go do a run at the supermarket and not worry about the person you're caring for. And I had a whole established group of people to help me and I still felt a burden and I felt I wasn't taking care of myself. And it's very taxing to take care of someone when they have, when they're older and when you have a disease. So this was the perfect, we saw the need for this industry.

**Albert Eshoo:** So when the opportunity presented itself with Right at Home, it really made sense because we don't have to give the hard sell to anybody. We're not giving someone something that they don't need or want. It's, we explain what the service is and either they need it or they don't. A lot of people are under the impression that, they needed to get a nurse and they didn't even know a service like this exists.

And we've been doing this for 12 years now, and still every once in a while, if we come across someone who had no idea that this business model is even out there.

### Understanding the Home Care Crisis

**Candace Dellacona:** Let's talk about that. So first of all, you know what I endeavored to do. When I started this podcast, the Sandwich Generation Survival Guide, was to provide resources to people. And

the three of us have known each other for a while, and a lot of the things that we think other people know, we all have found out they don't know.

Right to your point. And we all, the three of us also have a common thread, which is being personally impacted by being a caregiver and really trying to learn on the job, if you will, of the best resources, how to get those resources, access those resources. And one of the things that I really enjoy with working with the two of you is that you have all of these resources and knowledge and you have a deep understanding of the home care process. And just so that our listeners know, I think that most people don't realize is that traditional Medicare does not cover for long term care. So do you wanna talk a little bit about maybe what I'm calling the home care crisis or the caregiving crisis in America? Why this guide program is, so exciting to so many of us who are in the industry, if you will. Tell everybody a little bit about why home care comes into play and why it's so important. Because the traditional ways of paying for the care just don't fit the bill.

**Joyce Barocas:** So that's exactly it.

### **Medicare and Home Care: The Basics**

**Joyce Barocas:** So when you turn 65 in America, you take your healthcare system is Medicare and what Medicare is. There are a couple of parts. Part A is your hospitalization. Part B is your health, your doctors, your wellness visits. And then there's part D, which is drugs, and Part C, which is advantage, which is like an HMO. None of these options except maybe Part C, which is Advantage help pay for home care. That's it. You have your hospitalization and you have your doctor visits. So where 90% of your work really is where you need the help is at home. You need someone to help you take a bath.

You need someone to remind you to take your medication, and that's not covered by any health insurance except for a long-term care policy, which many people, it's out of reach, affordability wise for that. So that's why the home care industry where you have a home health aide or homemaker companion come in for a couple hours, as many as you need, whether it's a live-in or just a couple hours a day, just to do those things that you want your daughter to do for you or someone, a friend to do for you.

But you need the reliability of having a caregiver there. So that's how we that's where the. The system is broken, and that's where home care agencies fulfill it.

**Candace Dellacona:** Yeah, and we'll talk about that a little too. And then Albert I'll let you hop in. But what you bring up Joyce in terms of care are the activities of daily living. And the reason why Medicare doesn't pay for that is because it's not skilled and it's not for quote, unquote rehab. And so it's the tasks that we all need as we age we need assistance with in order to remain independent.

And so having an agency like yours and understanding how to access that care is so important. Albert, can you fill us in a little bit about what people do when they don't have long-term care insurance? How do they then access home care?

**Albert Eshoo:** If they don't have long-term care insurance, they can one, reach out to a private duty home care agency like us, or they can sometimes get a family member or sometimes, which

**Candace Dellacona:** provide the care.

**Albert Eshoo:** very taxing. And that goes right into, your thing with the sandwich generation because a lot of those people who are providing family members who are providing the home care are 57, 55-year-old women who have kids. And grandparents themselves. So there's that. Sometimes there's employee assistance programs that people can buy, like insurance or Weight Watchers or smoking cessation. They

can get those programs from their HR department if they work for a company that provides that. There's also some nonprofits and disease organizations that will provide home care grants.

**Candace Dellacona:** And those are limited though. And one of the things that we've talked about too is that the Medicaid program here in New York is supposed to pay for home care. As we know, we are in the trenches with the program that is really falling short, particularly in states that have no home care program to speak of.

And unfortunately we're getting glimpses of that here in New York. And so I think a lot of clients of mine and people that I know reach out to agencies like yours to do a combination of things.

Where they have a family member involved and then they bring in your agency. That is not private duty nursing, although you can get private duty nurses. You are providing those people that check in and do the activities of daily living.

### **Introducing the GUIDE Program**

**Candace Dellacona:** And, having worked with the two of you for so many years, you were kind enough to reach out to me and talk to me about this new GUIDE Program, which is really what I wanna talk about today. Joyce, do you wanna jump in and give us the broad strokes of what the GUIDE Program is?

**Joyce Barocas:** Yes. So Medicare saw this space that wasn't being addressed in the need and GUIDE stands for guiding an improved dementia experience, and that's because dementia is on the rise. As seniors get older, it's a more common. Disease, even though it's not only related to old, you don't necessarily get it as you age, but it just happens that as you're older, you have more likely, and dementia courts a lot on the system.

There's more falls, more re hospital, re readmittance. So that's just costing medicare more money. So this type of program is something that they felt could fulfill a need and help maintain a consistent care. So therefore, there's the client who has dementia, gets better services, get better care. Their caregiver, their non-paid family member or just the non-paid caregiver gets better support. Their burden is taken off of them. They have a place to go to ask questions. And then it keeps the dementia client in their house longer, which is where most people who wanna age in their home, and it's safer that way.

So those are the three key things that I think this program really helps address.

**Candace Dellacona:** I love the fact that it was born out of the need. And I think what's unique about this program, what you've shared with me, was that it was really a joint effort. And I think the origin was through the national plan to address Alzheimer's disease. And, in a time of such political disconnect, there were bipartisan efforts to try to get this program. Off the ground. Albert, do you know much about the national plan to address Alzheimer's disease and why it's different in the guide program with respect to caregivers and not just the patient.

**Albert Eshoo:** I'm aware of this plan, but I don't know the details of it. I mean, I know that it's a national plan. They could create it an advisory council, and they're trying to foster inter-agency coordination. I can see how the GUIDE program would've grown out of that because that what it is intended to doing.

**Candace Dellacona:** I think one of the things that I understand is that, there are close to a hundred million aging people in this country. There's something called the gray or the aging wave.

**Albert Eshoo:** The silver tsunami.

**Candace Dellacona:** It's the tsunami. Thank you for that, Albert. So that's even more foreboding. It sounds really scary when you put it in those terms instead of a wave a tsunami, but I think that that's accurate because joyce, when you bring up the fact that this program was created because there's this awareness that the falls and all the things that lead up to it are costing our country money. The study that was done through the NAPA was basically to show that, look, we are in big trouble unless we address the aging crisis and the caregiving crisis in America. 'cause there is this ripple effect, right? You have the sick person and then you have the family around them and everyone's throwing in their ropes to help the person who is sick. And if you have a memory impairment, you can't grab the rope. So you have all of these people around you really not able to accept the care.

And then you have the caregivers who in many ways are sacrificing their own careers. Their own economic safety. They're dealing with trying to raise kids and maybe even throwing the a hand to raise their grandkids in some ways or pick them up for school. And they're also dealing with aging parents.

So it seems to me that the GUIDE program it has been born out of pure necessity, which is, as they say, it's the mother of invention. And so what I love about the GUIDE program though, and maybe Albert, you can talk to this a bit about. How the caregiver is also part of the program.

So do you wanna talk about the first step? So let's say I have a, a parent who has dementia and I'm the sole caregiver.

Albert, what are the steps that I would go through?

### **Steps to Access the GUIDE Program**

**Candace Dellacona:** I'm gonna call you 'cause you're a home care agency and say, Hey, I heard about this program, what do I do?

**Albert Eshoo:** The first thing we wanna do is we wanna make sure that people are qualified to be in the program,

**Candace Dellacona:** Okay.

**Albert Eshoo:** right? So in order to be in the program, you have to have original Medicare parts A and B.

**Candace Dellacona:** Okay.

**Albert Eshoo:** You need to have a dementia diagnosis. And if you don't have a dementia diagnosis you can get one through a plan participant in our case the participant is pocket RN and where their partner so they can actually do a diagnosis and get the ball rolling with that.

**Candace Dellacona:** So, just to interrupt you, Albert, I think it's important to know, if people are listening and saying like, how do you not have a diagnosis? It happens all the time, guys. What that means is we're helping our mom or our dad, or our aunt or our uncle in our case, or your brother Joyce. And that they have memory impairment, but there's not yet a formal diagnosis.

So that formal diagnosis, everyone is really important. Albert and Joyce can connect you with a partner that will provide the diagnosis, but that is absolutely one of the first steps.

**Albert Eshoo:** Exactly. And there's no there's no cost to any of this. There's no copays or anything like that. It's completely free.

There are some disqualifying factors though. For instance, if you are on a Medicare Advantage program, that's disqualifying. If you're on hospice, that's disqualifying. And if you're in a long-term care facility like a nursing home who's also disqualifying. Those will be the first steps.

After they get in touch with our partner, there's then a welcome call that is scheduled and they will go through the details of the GUIDE program with them, so that way they'll verify their original Medicare parts A and B, and they'll explain what all the next steps are.

They will then provide an assessment. If they don't have an official diagnosis and they can arrange that and then care, they would be assigned a navigator for life

**Candace Dellacona:** So you go through the assessment process. You have your diagnosis, you have the right type of Medicare. You're not in a nursing home, you're not receiving palliative care or hospice. You make the call, you get enrolled, which again, Albert said it's free, guys. This is something that is absolutely free. You are then assigned a care navigator, is that right?

**Albert Eshoo:** That's correct.

**Candace Dellacona:** So tell us about the program.

### **Comprehensive Services of the GUIDE Program**

**Candace Dellacona:** What does the program actually do for people and families?

**Albert Eshoo:** So there are a bunch of wraparound services. There are like eight domains, and I'll talk about the first four and Joyce will talk about the next ones.

So the first the first thing that is provided is a comprehensive assessment. They will by the phone and internet assess the care recipient. Come up with a plan for them and they will also assess the family and the caregiver and see where they can best get help.

So then a care plan will be provided for them that they can follow up with on a periodic basis to make sure the plan is being followed.

**Candace Dellacona:** So Albert, what is a care plan? What does that mean?

**Albert Eshoo:** Well, it could be anything from providing a schedule for social interaction, for getting to doctor's appointments who is going to provide home care for them, if they need home care because all of these services are in addition to home care, right? The GUIDE program is coming into your home virtually.

So you have access to a navigator, access to a nurse who's been trained in dementia. There's other parts of it in terms of, do they have any other situations or comorbidities or some, other. Ailment that is also impacting their dementia. And then you have access to that person 24 7.

So if you need help you've hit a roadblock, you don't know what to do. You have someone to call

24 hours a day, which is, not something that ever happened before. Even the wealthiest people couldn't get in touch with somebody, like that.

Then there's ongoing monitoring and support. So regularly scheduled calls with the navigator or regularly scheduled calls with the nurse. They can suggest home modifications, they can suggest, dietary changes. They can suggest what sort of home care the person's going to need, what that person is gonna do with them.

**Joyce Barocas:** So the navigator or the care coordinator. They work with the community as well. So what community resources are available to help you, to help the caregiver and to help the person with dementia? So maybe it's Meals on Wheels in New York, or maybe it's a company that could do a modification in the bathroom to help, with showering when they're in the shower.

So she can coordinate that as well. The other thing she coordinates is healthcare. So if there needs to be another doctor's appointment, maybe she'll coordinate getting the transportation there and back. A schedule of the doctor's appointments. And a lot of times, dementia or Alzheimer's isn't your only sickness at this age, you might have other morbidities such as diabetes or other things like that, and they can oversee the coordination of that which comes into your medication management. And that's another thing the care coordinator does. She makes sure your medications, your, you understand that the caregiver understands, what needs to be done when, what can't be, overlapped, what the side effects.

Could be of those medications. So the caregiver is aware and knows, oh, he's falling asleep too early. Well, maybe we could adjust that and she could work with you to talk to the doctor. And lastly, there's the caregiver support, which is education. They could provide classes that the caregiver can take just to learn. Why does my father keep on talking about something that happened 20 years ago, like, why does he remember that? So it's just stuff to help you. And in addition to that, people with moderate to severe dementia are able to get 72 hours of respite care. So that's where our agency would come in, in addition to help with the respite care. Those, the care navigator is just, it's like having a big brother there that you could ask questions to when you just need that help. And it's really someone who knows what the symptoms are of dementia and knows what, when you need to step out and get another level of support.

**Albert Eshoo:** It's a free care manager.

**Candace Dellacona:** Yeah, I was just gonna say, it's really what it is. The title of the program is pretty accurate, that it's your guide. I think no matter what I'm in this industry, you are in this industry, it still feels like we're operating in the blind. Every person is unique. Everybody has a unique set of circumstances, health and otherwise. And unique personalities. We'll mention that too because that can certainly factor into who is providing care. And so having this care manager, this navigator that really can serve as, your guide in the darkest of times is really remarkable. Going back to what you said, Albert, and the plan of care, I think that's one thing that many families. Skip over. And what I mean by that is that in the beginning it seems to be all hands on deck and there's a lot of chaos.

**Albert Eshoo:** Flailing.

**Candace Dellacona:** Flailing. Exactly. There's a lot of flailing and oftentimes it's well intended, and everyone's trying to do the best that they can, but when it wears off, you're left with saying, okay, there's this one person who's probably doing 80% of it. So setting up a plan of care for families is so important, don't you think?

**Albert Eshoo:** Absolutely. It's, a good metaphor would be like a rowboat everyone's playing on the, oar at the same time, in the same direction, rather than a scattershot sort of plan.

**Candace Dellacona:** Yeah. And having an expert assist you in setting up that plan to say you don't need four hours a day of care. You need eight hours a day of care. You have an expert saying, no, this is untenable, because, it'll feel untenable to us. But I think a lot of times, and I don't know if you said this Albert, or you said a Joyce, but a lot of times the burden falls on women and Albert, you're a great nephew for helping your aunt, but a lot of it falls on us as women, and I think we have a tendency to try to do it all. And so it's great to have a care navigator coming in and saying to us, Joyce, okay, no, no, no. You can't do it all, right.

**Joyce Barocas:** No, you're exactly right. And especially if you're working, that's important to you. You have to have your own health,

**Candace Dellacona:** yeah. It's so important.

### **Training and Safety in Home Care**

**Candace Dellacona:** The one thing too that I wanna mention in terms of caregiving is that, even if you do have a willing daughter-in-law or a very good friend to help you with those activities of daily living, I think it's important to point out that although home care attendants are not nurses. They do have training. So can you talk a little bit about the type of training that home care attendants have so that when you when, let's say the Care Navigator says, okay, we are putting this plan in place and we're gonna connect you with Right at Home here in New York. They're going to send trusted people in to help you take care of your mom.

What sort of instruction and training do your people and home care attendants get in general? To provide the care of activities of daily living.

**Albert Eshoo:** One of the things that we do and have done in the past is they would get a virtual dementia tour. So they would have equipment that they would wear that would simulate what it's like to have dementia.

But then we would give them tasks to do and inevitably they would fail or struggle with those tasks, simple tasks, and so that gave them a little bit of empathy for people who suffer from dementia. In addition to that, things that HHA do like bathing and dressing and feeding. You can't perform those ADLs the same way with a person who has all their cognitive abilities versus someone who has diminished cognitive ability just from the way you approach them.

You wanna approach them straight on. You don't wanna come up behind them. You don't wanna surprise them. Bathing them is gonna be, sometimes it's a mind sort of experience. 'cause you can't just explain them or give them instructions, it's not gonna fly. That would be a huge benefit to having, caregivers who are trained in dementia care to do the same thing that they would do for somebody who did not have dementia.

**Candace Dellacona:** Yeah. Yeah. And let's talk about that too. So Joyce, I think what is most common or what I see is that there is a realization among family members when something happens and they say, oh, we are over our heads. We need to bring in a professional. And usually what precipitates is a fall. So in your experience. Bringing in a professional, what are the things, let's say, that family members as a stop gap can do to prevent things like a fall and help mobilize and transport, if you will a person with dementia and guide them throughout their home.

**Joyce Barocas:** I think it's important to you have to work together, first of all, and everybody should have a part, and you have to decide, am I in charge of the living space? You don't want a messy living space, hoarding could be something that's very, it takes up a lot of space. It's a fall risk. It's very common in our



small apartments. People shop online now and they buy a lot of stuff they collect and amass a lot of stuff. So that's one thing. Someone could be in charge of that. Making sure the living space is always neat. There's no throw rugs, so you're not tripping. Even if they're using a rollator, that can get caught and that can do it.

The lighting in the area, so there's the environment that they live in. You wanna make sure that that's. Correct for them, right? The noise, any distractions could be super sensitive for them, so you wanna make sure of that. The other thing is then you could have someone who coordinates the schedule of who's gonna be taking care of them, who's gonna, making sure the meals are getting here, whether it's, a delivery service or whether a caregiver will be cooking and preparing meals.

Whether someone in the family is gonna be making the meals and dropping them off. So you have to have things like that. The other thing is I think you, the HHA is that we use, which is considered a home health aide. So they're trained, they take a certificate class by New York State. And they have to keep their credits, 12 credits a year of updated training.

So they know how to transfer a person who might be, we might just pull them out of bed, but they know the correct body mechanics to do that. They know what to look for. The person hasn't eaten or their medication hasn't been taken. They could see that the pills are still in the box. So those type of things are what an outside person could help with a trained home health aid.

**Candace Dellacona:** I think all of those are great tips and I think, as being a family member, being really close to the situation, it's hard to see those issues like, clutter, if that is the way a parent or a loved one has always lived. And, people become really attached to their stuff, their quote unquote stuff, particularly when they have memory impairment issues. Finding out a way to kindly figure out a methodology to keep their space safe. But what you just said, Joyce, is so important which is the transporting and getting people in and out of bed, in and out of a chair. You have to be a trained professional when somebody has limited mobility to do that. And I think that's really important because all what we're talking about and what we're doing, and this whole movement of GUIDE is to keep people aging in place. It's a term that's way overused for sure, but if you ask anyone, I think most of us would say that we would definitely prefer to live out our lives in our own space.

And I think that that's what this program does. That's what your agency does, right? To keep people as independent as possibly in their home.

### **When to Call a Professional**

**Candace Dellacona:** And the first step in getting there is safety. Can you talk a little bit about, the best way for a family to know when it's time to call in the professional, when do they call the home care agency and say, you know what, it's before the fall, Joyce and Albert, what is, what are the red flags for families that they should really be thinking about and saying, you know, this is happening in my house. I should probably call Albert and Joyce.

**Albert Eshoo:** There's several signs. If you visit your parents not that frequently, and then you go there and you see that the house isn't as clean as it used to be, you see that maybe their personal hygiene isn't what it used to be. If you see science projects in the refrigerator if you see mail that hasn't been open for weeks, maybe the bills aren't getting paid anymore, maybe all sorts of laundry's piling up.

Those are all signs that, something's not right and someone needs to intervene in some measure. There's a probably a right way to do that and a wrong way to do that. You don't want to beat your parents over the head but you want to show that you wanna help them.



**Candace Dellacona:** Yeah.

**Albert Eshoo:** Staying at home, like you said is preferable. But if you think about it, when we spoke about that silver tsunami earlier. If there's no other choice, if there's nowhere for them to go, there's so many of them that if you didn't have a GUIDE program or something similar, it's gonna be disastrous for society because there's just, we're not prepared to take care of all these people.

**Candace Dellacona:** It's so true and we talk about this quite a bit. In fact, PBS has a great documentary on care giving right now. We've seen Emma Willis, Bruce Willis' wife, wrote a book about the caregiving crisis and what she's going through as a caregiver. So when you get to the point where you think your loved one, you're seeing these signs, Albert Joyce, what's the best way to tell your parent or your loved one, I think it's time that we bring in someone to help you. How do you say that in a way? Or in your experience, are there tricks that work that don't alienate our loved ones or make them feel like they're no longer independent. Do you have any advice for us?

**Joyce Barocas:** That's a very hard challenge, and I think the best way to do it, you try to explain it, but you have to remember, they've achieved so much, right? They're your parents. They helped you grow up. They've always been in charge, they've taken care of you, but now you are the caregiver, right? You could try to be rational, but with a dementia client, that's really hard.

But I think you have to explain to them that it's a burden on the family. And I wouldn't use the word burden, but you could just say, to improve your quality of life, to make me sleep better at night. I know someone seeing you during the day. 'cause I can't come every day during the week. I try to appeal to their sense that you're doing it for me to make us the family feel that you are safer. And I think that has a stronger pull. There's certain things you could say you could try to point out, but this is an industry where being rational, it's a very emotional industry. Sometimes even a caregiver doesn't wanna admit that my mother might need help or something like that.

I can't handle it. I have to pay someone and there's nothing wrong with it. So I think as more people talk about. It's hard being a caregiver, even if you're not being paid, it's emotionally draining, it's physically draining and it's just a hard situation. So if I could have a little bit of peace by knowing and just a little money up front spending for a caregiver who could be there a few hours, that puts me at rest, I could breathe while I know my parents are being taken care of, and then I can call them at night and have, I could be the daughter, instead of being the caregiver, I could say how my day went and talk and how their day went, rather than, did you take your medication? Did you have a bath today? That's, you don't wanna do that. And they don't want you to do that.

**Candace Dellacona:** And it could be really hard on the relationship. And that's one of the great sort of features of the GUIDE program too, is that there is a instead of just focusing on the care being provided to the patient there's a wide angle view of the caregiver too, and I love that part with the respite and the number of hours.

So let's just go into a little bit about that. So I think, Albert, you had mentioned that when you're part of the GUIDE program, if you are the caregiver, the guide program can also award a certain number of hours.

**Albert Eshoo:** That's correct.

**Candace Dellacona:** Okay. So can you tell me what, repeat again? The number of hours you said 70.

**Albert Eshoo:** 72 hours a year. So that's based on a calendar year. And if that is awarded separately from the GUIDE program, so you could be in the guide program and not necessarily get the respite if you don't

have a moderate to severe diagnosis of dementia. But if you do, you get 72 hours and then the following year they would assess again and probably award another 72 hours.

Which is great, because even if the family is , providing the caregiving, they could always have someone there for, holidays when they wanna travel or someone has to, whatever they can't get out of, they can get someone to come in and help for a few hours and, 72 hours isn't a lot, but if, in blocks of four or eight. If you use it judiciously, it can make a huge difference. It's, going out for a kid's birthday or meeting a friend once a month for, to get a break.

**Candace Dellacona:** And look, it's 72 free hours, so it's something that we didn't have before.

**Joyce Barocas:** And it's a good way to get them slowly into being used to a different person, a professional caregiver coming in and then, they could see it's, oh, they're not bossing me around. They're giving me my space and just get used to it.

**Candace Dellacona:** Yeah. I love that. I think that. I'm hopeful that this program and all of its attributes will be more widely recognized and, we're lucky here in, in New York where the program exists and you are one of the partners in the program. And have you gotten any sense when the program will be widely available across the country? Do you have any inside information on that?

**Albert Eshoo:** It's been in place for a year in test markets. Texas was one of them, I think. Massachusetts might have been another. It's been live in New York since July 1st. When the other markets are gonna be added, i'm sorry I don't have inside information on that, but I know that it's been widely successful and people are very, very pleased with it.

I'm sure it'll be coming sooner rather than later. People should be aware though, that it is a process. It's not like flipping on a switch. It takes time to gather the information to see if they qualify, then do the welcome call, then schedule the navigators. People wanna get that started as soon as possible if they think that it's something that they could use.

**Candace Dellacona:** Listen, it's another tool in the toolbox for the family and nothing is perfect, but I'm glad to see that there has been some recognition of the role of the caregiver and you guys have been out there. Are in the trenches, certainly helping a lot of clients that I know make sure that they can stay at home and they are not having to go into a nursing home because as you point out, Albert, there isn't gonna be enough room for everybody and nobody wants to be there anyway.

**Albert Eshoo:** Exactly. I should also add that all of these GUIDE services are additive. So if you're getting veterans benefits, you can get GUIDE services. If you're getting union benefits, you can get GUIDE services if you're on whatever, and you're getting some sort of service, the guide is an overlay to that.

So it's not gonna take anything away from anybody. It's only additive.

**Candace Dellacona:** Fantastic.

## **Conclusion and Contact Information**

**Candace Dellacona:** I'm gonna thank you both again for, first of all, educating me on the program. I've done a lot of research since, I got the call I think shortly after July 1st from Albert saying, do you know about this program? And trying to make sure that my clients were aware of it.

Thank you for being ambassadors for long-term care, for always looking out for people here in New York City. And really for filling in our listeners on this amazing program. I'm gonna have Joyce and Albert's contact information in our show notes if anyone wants to reach out to them. But thank you so much for being here today.

**Albert Eshoo:** Oh, thank you for having us. We really enjoyed it.