



# New York City Government Services: Older Adult Case Management and Home Care

## Highlights

- In FY 2026, the City plans to spend \$618 million for the Department for the Aging, 13 percent of which is expected to be federally funded.
- In FY 2026, planned spending on case management and home care services is expected to be \$90.1 million.
- From FY 2019 to FY 2024, the population age 65 and older and the population age 65 and older with disabilities increased by 17 percent and 26.2 percent, respectively.
- DFTA's core objective is to help older adults maintain their independence and stay engaged in their community by providing case management and home care services.
- From FY 2019 to FY 2025, DFTA's home care clients declined by about 20 percent, while hours per client increased to their highest levels.
- The waitlist for older adults to receive home care services increased 76 percent from December 2024 to June 2025 while the population of older adults continued to grow. The current waitlist was 356 older adults as of June 2025.
- Home care staffing limitations have contributed to DFTA's waitlist expansion, reflecting the ongoing challenges of providing services to older adults.

Since the late 1960s, the Department for the Aging (DFTA), also known as NYC Aging, has played a critical role in helping older New Yorkers maintain their independence and quality of life. Focused on enabling older New Yorkers to age safely at home, DFTA partners with community-based agencies to deliver essential services that support this goal.

DFTA provides a range of critical services including home delivered meals and home care support such as personal care and housekeeping, counseling and a Friendly Visiting program that addresses social isolation and loneliness. Growing City budget pressures will require careful planning so that DFTA can continue to meet the needs of a population that is expected to grow through the 2030s.

While DFTA provides an array of services to older New Yorkers, this report focuses on case management and home care services, analyzing fiscal and performance indicators to assess whether DFTA is reaching its goal of providing these supportive services to older New Yorkers. Home care services may even reduce other types of government-funded costs, such as elder care paid for by Medicaid, suggesting further study is needed to better understand how funding these services may allow for future cost avoidance. DFTA has noted that fiscal and staffing constraints already strain the provision of services, reporting that older adults are being waitlisted for services at an increasing rate. An Office of the New York State Comptroller (OSC) 2023 [audit](#) found that older adults spent significant time waitlisted for various DFTA services, including home care, before receiving support.

## Background

For FY 2026, DFTA’s budget totals \$618 million with \$494 million (80 percent) from the City, \$78 million (13 percent) from federal funding and \$45 million (7 percent) from the State. DFTA’s core objective is to help older adults maintain their independence, remain in their homes and stay engaged in their community. One of the ways DFTA achieves this goal is by providing case management and home care services.

DFTA’s role in home care services focuses on contract administration and oversight since all home care services are delivered through contracted community providers. DFTA procures, oversees and monitors performance of the contracted providers to ensure that services are being delivered in accordance with the contract terms.

### Case Management and Home Care Services – Overview and Spending

For older adults who require home care services, the process begins with case management. Case managers perform a phone intake for requested services and conduct an in-home visit to determine eligibility and coordinate services. Case management services help older adults with functional impairments gain access to appropriate services, benefits and entitlements needed to age safely at home and maintain their quality of life. Services include assistance in applying for benefits and entitlements, home-delivered meals, home care, counseling and access to the Friendly Visiting program intended to address social isolation and loneliness (see Figure 2).

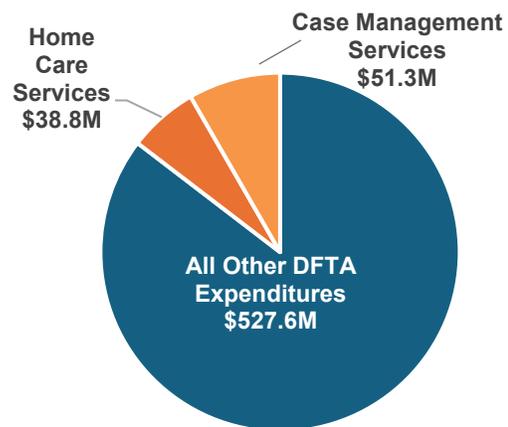
Home care, which includes services such as personal care and housekeeping, is one of DFTA’s major programs, serving low-income adults 60 and older with unmet needs in activities of daily living who do not qualify for Medicaid or other insurance-funded home care. One goal of the home care program is to allow older adults to remain safely at home and prevent or delay

placement into more expensive Medicaid-funded nursing homes. The estimated average annual cost of placement in a nursing home in New York City was \$171,276 in 2024, the third-highest of any region in the State.<sup>1</sup> By contrast, the average cost per DFTA client for home care services in FY 2025 was \$11,700 per client.

In FY 2025, DFTA provided case management services to more than 31,000 older adults and over 535,000 hours of case management support, although DFTA anticipates the program will serve fewer clients with fewer hours in FY 2026. To support the home care and case management programs, DFTA contracted with 20 providers with 21 case management program contracts, totaling over \$52 million in FY 2025 servicing catchment areas throughout the City.

In FY 2026, planned spending on case management and home care services is expected to be \$90.1 million (see Figure 1), including \$51.3 million for case management of which 90 percent supports contracted providers and

**FIGURE 1**  
DFTA Budgeted Spending  
for FY 2026



Note: Numbers may not add due to rounding.  
Sources: NYC Office of Management and Budget; OSC analysis

## FIGURE 2

### DFTA Case Management for Home Care Services

Older adults, or their caregivers, can call 212-NYC-AGING to connect with a local case management agency which conducts a phone intake to determine service needs. To initiate home care services, a case manager provides an initial assessment of an older adult's needs and coordinates access to essential services. A case manager will make an in-person visit to assess eligibility, authorize hours of care, coordinate services and create a plan of care in addition to providing the assessments, reassessments, and can terminate or discharge clients from the program.

Once a case manager deems an older adult eligible for home care services, a referral is made, and services will start within five business days. These services are monitored over time, reassessed as needed, and if they are no longer needed, can be discharged.



Sources: NYC Department for the Aging; OSC analysis

\$38.8 million for home care services, a 21 percent increase from \$74.6 million in FY 2019.

From FY 2019 through FY 2025, DFTA's home care budget grew by 5 percent and is expected to increase by an additional 6.5 percent to \$38.8 million in FY 2026. During this time, DFTA's total budget has grown 59 percent to \$618 million, with the largest budget growth for senior centers, meals and senior services (see [OSC's January 2025 report](#) on older adults in the City for details).

As total funding for DFTA has grown, home care services have seen the slowest growth of all DFTA's programs since FY 2019. During that time the number of home care clients and hours served have declined as well, while the waitlist for home care has continued to expand, in part due to constrained capacity. In FY 2025 there were

3,121 home care clients served, with an additional 356 waitlisted.

New York State funds 37 percent of DFTA's home care budget, while the City funds 62 percent in FY 2026. For case management, the City funds 72 percent while the State funds 27 percent. The State programs which help fund these services include the New York State Community Services for the Elderly Program (CSE) and the Expanded In-Home Services for the Elderly Program (EISEP). EISEP is the largest funding source for in-home services and CSE functions as a flexible funding stream to supplement services provided in home care services. In FY 2026, the City is expecting less EISEP funding, and is backfilling \$17.6 million as of the November Plan to maintain the same level of home care services, even as the State may restore funding.

## Service Trends

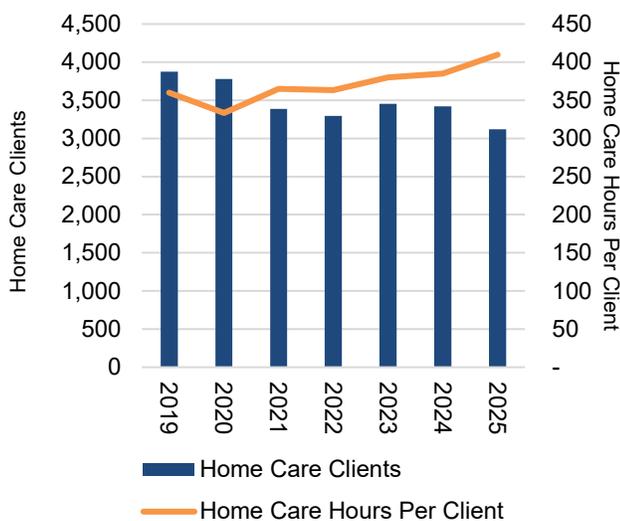
DFTA reports its key performance measurements for providing supportive services to homebound New Yorkers and their caregivers in the Mayor’s Management Report (MMR). The MMR includes home care under Service Goals (2a), which “provides supportive services to homebound older New Yorkers.” Demand for these services is determined by using two “critical” data indicators, the number of home care clients and the total home care hours delivered. DFTA also reports on the case management hours and clients served, as well as caregiver persons served, since many older New Yorkers rely on these caregivers to access services.

From FY 2019 through FY 2025, the number of home care clients declined by about 20 percent and has not rebounded to pre-pandemic levels. In FY 2026, DFTA’s target is to reach 3,400 clients, though the City doesn’t expect to reach the FY 2019 level of 3877 clients served. This decline in clients occurred as the hours per client

increased by 14 percent over the same period, resulting in an increase in total hours during this time (see Figure 3). This trend suggests that fewer clients are receiving more hours of home care services, potentially due to more complex client cases. Fewer clients receiving services also highlights the challenges to providing equitable access particularly for lower priority clients with less severe needs. More complex cases may have also led to an increase in the average cost per client, rising from \$8,957 in FY 2019 to approximately \$11,700 per year in FY 2025.

The difficulty DFTA is facing in reaching its target level of older adults supported with home care services is not due to a lack of demand. Population growth over this period shows that older adults and older adults with disabilities is rising. Between FY 2019 and FY 2024, the population age 65 and older and the population age 65 and older with disabilities increased by nearly 17 percent and 26.2 percent, respectively, an indication that home care services are not keeping up with increased demand. Demand continues to exceed capacity demonstrated by the growing waitlist for home care services.

**FIGURE 3**  
Home Care Clients vs. Home Care Hours Per Client FY 2019 to FY 2025



Sources: Mayor’s Management Report; OSC analysis

## Waitlist Expansion

The home care waitlist remains a challenge for DFTA, particularly as the older adult population continues to grow. The agency noted earlier this year that staffing shortages were persistent and that salary disparities remain. Although home care waitlist numbers are not reported in the MMR, the City Council requested this information which first became available for January 2022. The June 2025 City Council Terms and Conditions Report shows that the home care waitlist increased 76 percent since December 2024, reflecting the growing pressure on DFTA’s ability to meet home care demand (see Figure 4). These challenges are further compounded by workforce constraints, an issue that plagues providers nationwide. AARP has cautioned that limiting home care pay to

minimum wage and no overtime would further strain the national caregiver force, increase regulatory uncertainty and make recruitment more difficult.<sup>2</sup> A federal proposed rule would rollback minimum wage protections and overtime for home care workers. Due to the limited staff capacity, DFTA does not actively advertise its visiting program or conduct active outreach to the public, instead requiring its contracted providers to conduct outreach, which may limit enrollment.

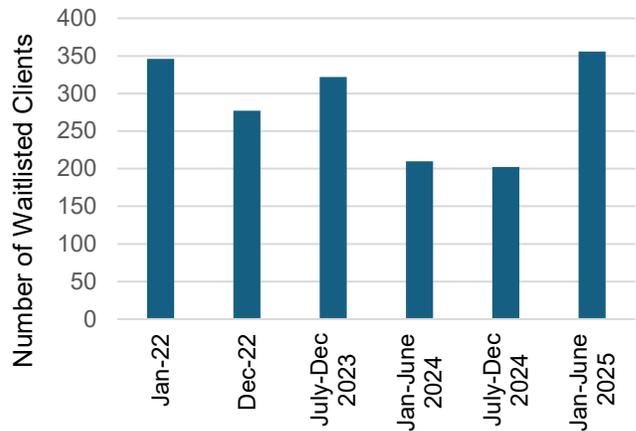
According to New York’s Master Plan for Aging’s Proposal #114, Support Community-Based Aging Services, the need for home health aide and personal care aide jobs are projected to rise as the demand for home care continues to increase. High turnover rates and staffing shortages contribute to unmet needs and waitlists. By 2028, nearly a million job positions will need to be filled to meet the demand statewide. Proposal #114 recommends providing additional funding to counties to hire more home care workers, helping to reduce waitlists for these services and allocate resources in a more cost-efficient manner before relying on more costly Medicaid-funded programs.

A [July 2023 OSC audit](#) found that older adults were spending a significant amount of time waitlisted for various DFTA services, including home care, before they could receive critical services. The audit also noted that clients with greater needs were not always prioritized during the review period of January 2019 through October 2022.

## Service Outcome Assessment

While the MMR reports on the number of home care and case management clients served, and the hours of service provided, which serve as useful data on service output, they do not capture program performance, including the timeliness of service delivery or unmet needs. Currently, there is also no public data available on how services provided by NYC Aging help older adults avoid or

**FIGURE 4**  
NYC Aging Home Care Waitlist  
FY 2022 to FY 2025



Sources: DFTA Terms and Conditions Report; OSC analysis

delay entering nursing homes, prevent hospitalization or maintain their independence, making it difficult to track the effectiveness of its programs. Without this data, it is unclear how DFTA enables older adults to live safely at home and be a part of their community, consistent with its commitment to helping older adults age in place. The lack of information on who is supported also makes it difficult to advocate for additional funding based on DFTA’s home care services enabling the State or City to avoid costs for other programs.

DFTA uses the Senior Tracking, Analysis & Reporting System (STARS) database to monitor providers compliance with assessment and reassessment time frame standards, track service hours, review caseload service referrals and client waitlist trends. According to OSC’s 2025 case management follow up audit, STARS contains additional waitlist data and service referral data that is not fully utilized. While the OSC 2023 audit found that clients spent significant time on waitlists before receiving critical services, there is no data provided on outcomes such as how many older adults avoid nursing homes or hospitalization. The existing data could be used to

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better track waitlist delays and prioritize clients with the greatest needs.

DFTA's waitlist prioritizes cases based on the severity and complexity of each client case, impacting clients with lower priority needs leading to longer wait times. Other than the reporting required by the City Council's Terms and Conditions Report, there is no other waitlist data available. In OSC's recent report, New York's Support of Aging New Yorkers, Comptroller Thomas P. DiNapoli noted that State and county waitlist data is not readily available on New York State Office for the Aging's (NYSOFA) website or in any of its publications and recommended that county level waitlists be publicly disclosed. An OSC's audit on case management provided aggregate waitlist data at DFTA showing clients waiting, on average, 90 to 142 days, depending on the older adult's assessed need.

### **Future Funding Uncertainty**

Nearly 13 percent of DFTA's budget, \$78 million, comes from federal funding, most of which is allocated to senior centers and meals. Spending for home care is expected to increase from \$36.5 million in FY 2025 to \$38.9 million in FY 2026 with the State providing \$14.3 million, about 37 percent of the overall home care budget. Federal funding cuts could pressure State support for local programs in the coming years.

### **Conclusion and Recommendations**

As New York City's older population continues to grow, demand for home care and case management services is increasing. These services are critical for helping homebound older New Yorkers age in place and avoid costly nursing home placement. Surveys, studies and audits indicate that demand is outpacing capacity, the homecare waitlist is growing and more needs to be done to keep people in their homes and avoid costlier home care services, including those funded by Medicaid.

DFTA has been transparent about key issues limiting its ability to meet rising demand, identifying home care staffing shortages, low wages and high turnover as key challenges in testimony by DFTA at City Council hearings. As reported in previous OSC audits, DFTA should be able to report this type of waitlist data on a more regular basis so more timely referrals can be made, overall waitlist times can be reduced, and funding needs can be quantified and articulated.

A supplemental aging report to the MMR could provide timely data on waitlists, unmet service needs, timeliness of service and client surveys to better assess DFTA's effectiveness and the impact its services have on older adults.

To further improve transparency and monitor capacity, OSC recommends that DFTA reports more frequently on home care staffing levels using data it collects from contracted providers. In addition, DFTA and its providers should continue to explore expanding the workforce by partnering with local high schools and community colleges to offer students currently enrolled in nursing or other health care-related programs, opportunities that would fulfill clinical requirements, earn academic credit or participate in paid internships through home care assignments. Building on DFTA's existing partnerships with New York City public schools, City University of New York, and social work graduate programs, expanding internship opportunities to include home care services could help address staffing gaps while providing cultural and linguistic care services to New York City's diverse homebound older adults.

As part of its June 2024 Language Access Implementation Plan, DFTA has made progress in collecting data on the primary languages of the older adults it serves, with Spanish being the primary language among those with limited English proficiency.<sup>3</sup> Using data to better match clients and home care providers, based on language and cultural background, could enhance

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the effectiveness of home care services, improve worker retention and advance equity. While the New York State's Master Plan for Aging acknowledges language and cultural barriers and proposes funding for culturally appropriate services, there is no data available showing that clients are matched with providers based on language or culture.

OSC also suggests that DFTA consult with State health officials on key characteristics related to nursing home admittance and report aggregate data on key indicators that may help demonstrate the number of clients who avoid hospitalization, delay nursing home admission or remain at home due to DFTA services. Collecting and reporting this data regularly (quarterly or semiannually), along with targeted surveys, would allow DFTA to evaluate the effectiveness of its homebound program and measure potential health care savings which could be used to reconsider DFTA funding levels as needed. Regular and frequent monitoring will advance DFTA's broader goals of promoting access to health care, independence, prevention of social isolation, mental wellness and quality of life for older New Yorkers, particularly people of color, immigrants, those with limited English proficiency and low-income individuals.

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## ENDNOTES

- <sup>1</sup> New York State Partnership for Long Term Care, Estimated Average New York State Nursing Home Rates, <https://nyspltc.health.ny.gov/rates.htm>.
- <sup>2</sup> Molly Snow, “Pay, Job Protections for Home Care Aides at Risk Under Proposed Federal Rule,” AARP, September 18, 2025, <https://www.aarp.org/advocacy/job-protections-home-care-workers>.
- <sup>3</sup> Department for the Aging, *Language Access Implementation Plan*, June 28, 2024, <https://www.nyc.gov/assets/dfta/downloads/pdf/about/NYC-Aging-Language-Access-Implementation-Plan-June2024.pdf>.

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