



Coalition of Agencies in Service to the Elderly Bio Information Form

Date: **8/15/2018**

Name: **Ruth Mathewson Hays**

Title: **Community Development Advocate**

Agency Name: **Family Choice of New York**

Complete Mailing Address: **3332 Walden Avenue, Suite 110, Depew, New York 14043**

Phone: **716.668.7051**

Fax: **716.668.7069**

Email address: **ruth.mathewsonhays@familychoiceny.com**

Website address: **www.familychoiceny.com**

What age range do you serve? **Medicare recipients of all ages who meet the criteria of the plans we offer.**

A brief description of your position: **To develop existing and identify new relationships with network providers, facilities, and community agencies in support of Family Choice of New York programs; attend meetings and gather information to support our Family Choice of New York Care Managers.**

A brief description of what your agency does: **At Family Choice of New York our goal is to provide health care resources to assure that individuals receive preventive and primary medical care along with any social services they may require to lead a healthy life. Our goal is to maximize quality of life, quality of care, and health outcomes. We foster communication among members, their families, caregivers, and providers. Whether residing in a facility or at home, we offer high quality programs that honor our members' health care wishes and complement their existing Medicare health plan.**

Please list any other programs your agency provides: **Independent Health's Medicare Family Choice HMO-SNP Plan and Care Partners.**

C.A.S.E.
P. O. Box 4088, Niagara Falls, NY 14304
www.caseniagara.com