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Testimony to the New York State Legislature
Joint Hearings of the Senate Finance and Assembly
Ways and Means Committees

2023-2024 Executive Budget

Topic: Health

February 28, 2023

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CENTER FOR ELDER LAW & JUSTICE

Thank you for the opportunity to provide written testimony on the Fiscal Year 2023-2024 Executive Budget ("Executive Budget"). The Center for Elder Law & Justice ("CELJ") has been serving the Western New York region for over 40 years, providing free civil legal services to older adults, persons with disabilities, and low-income families. CELJ's primary goal is to use the legal system to assure that individuals may live independently and with dignity. CELJ also advocates for policy and systems change, particularly in the areas of elder abuse prevention, nursing home reform, consumer protection, and housing reform. Currently, CELJ provides full legal representation in ten counties of Western New York. CELJ's Free Senior Legal Advice Helpline is open to all of New York State. CELJ operates a main office in downtown Buffalo, with two additional offices in Niagara and Chautauqua counties.

CENTER FOR ELDER LAW & JUSTICE

I. Addressing Quality of Care and Life Issues in all Adult Care Facilities and Nursing Homes

A. Reject Executive Budget Proposal HMH Part Z

The Executive, as set forth in HMH Part Z, is proposing legislation to improve the quality of "New York's long-term care facilities" by increasing transparency and improving oversight and enforcement mechanisms.[1] However the proposed legislation will not impact all long-term care facilities and we question whether the proposals will improve quality of care in the Assisted Living Residences (ALRs).

Specifically, the Executive is proposing to add new subdivision 7 to NYS Public Health Law (PHL) § 4656 to implement quality measures (QMs) and reporting for ALRs. These quality measures, which the legislation would require the first reporting to the DOH by January 31, 2024, would create a ranking system for ALRs that would allow for the DOH to grant "Advanced Standing" classification to the stop scoring ALRs. Advance Standing would provide an extended surveillance schedule to facilities with that classification. The Executive proposes to amend SSL § 461-a(2)(a)(1) to implement the changes set forth under proposed new subdivision 7 of PHL § 4656 to be based on an evaluation of quality indicators as developed by the DOH and published on the DOH website.

The Executive, under proposed new subparagraph (1-a) to NYS Social Services Law (SSL) § 461-a(2)(a)(1) also seeks to permit adult care facilities that have the ALR licensure to seek accreditation from a national agency which would then exempt these facilities from inspection by the DOH for the duration of their accreditation, effectively removing annual oversight of the DOH.

For reasons detailed below, we urge the Legislature to reject this proposal and offer recommendations for the Legislature and Executive's consideration in advancing and improving quality of care and life in the States' adult care facilities.

[1] HMH Memo, page 43.

i. *Not every adult care facility has the ALR licensure: overview of NYS adult care facility structure*

While there are five types of adult care facilities[2] set forth in the SSL, two form the basis of what many refer to as 'assisted living' in NYS: Adult Homes (AHs)[3] and Enriched Housing Programs (EHPs)[4], and are licensed by the DOH. All adult care facilities operate as either an AH or EHP and offer the lowest level of services. Beyond this basic licensure, an adult care facility can obtain higher-level licensure and certifications to provide additional services: ALR and Assisted Living Program (ALP).

An ALR[5] is an adult care facility that is licensed as an AH or EHP that has additionally been approved by the DOH to provide a higher level of care. An ALR can also receive an Enhanced Assisted Living (EALR) certification to allow for residents to 'age in place' and/or a Special Needs Assisted Living (SNALR) certification that allows the ALR to serve residents with cognitive impairment.

AHs and EHPs (and thereby ALRs) may be licensed by the DOH to participate in the ALP. The ALP serves individuals who are medically eligible for nursing home placement, but serves them in a less medically intensive, lower cost setting. The ALP provides personal care, room, board, housekeeping, supervision, home health aides, personal emergency response services, nursing, physical therapy, occupational therapy, speech therapy, medical supplies and equipment, adult day

[2] *Adult-care facility* shall mean a family-type home for adults, a shelter for adults, a residence for adults or an adult home, which provides temporary or long-term residential care and services to adults who, though not requiring continual medical or nursing care as provided by facilities licensed or operated pursuant to article 28 of the Public Health Law or articles 19, 23, 29 and 31 of the Mental Hygiene Law, are, by reason of physical or other limitations associated with age, physical or mental disabilities or other factors, unable or substantially unable to live independently. SSL § 2(21); 18 NYCRR § 485.2(a).

[3] *Adult home* shall mean an adult-care facility established and operated for the purpose of providing long-term residential care, room, board, housekeeping, personal care and supervision to five or more adults unrelated to the operator. SSL §2 (25); 18 NYCRR § 485.2(b).

[4] *Enriched housing program* shall mean an adult-care facility established and operated for the purpose of providing long-term residential care to five or more adults, primarily persons 65 years of age or older, in community-integrated settings resembling independent housing units. Such program shall provide or arrange the provision of room, and provide board, housekeeping, personal care and supervision. SSL §2(26); 18 NYCRR §485.2(c).

[5] "Assisted living" and "assisted living residence" means an entity which provides or arranges for housing, on-site monitoring, and personal care services and/or home care services (either directly or indirectly), in a home-like setting to five or more adult residents unrelated to the assisted living provider. An applicant for licensure as assisted living that has been approved in accordance with the provisions of this article must also provide daily food service, twenty-four hour on-site monitoring, case management services, and the development of an individualized service plan for each resident. An operator of assisted living shall provide each resident with considerate and respectful care and promote the resident's dignity, autonomy, independence and privacy in the least restrictive and most home-like setting commensurate with the resident's preferences and physical and mental status. PHL § 4651(1).

health care, home health services, and the case management services of a registered professional nurse.[6] The ALP is not governed by the ALR statute and regulations.[7]

The Executive is proposing to establish quality improvement standards only in the PHL § 4656, which only covers adult care facilities with the ALR licensure.

Currently there are 146 adult care facilities that do not have the ALR licensure and as such are outside the proposal to establish quality improvement standards.[8] Specifically in Erie County, there are: 9 AH/EHPs, 4 AH/EHP with the ALP, 20 ALRs, and 5 ALRs with the ALP. Older adults and persons with disabilities who are living in an adult care facility with only the base AH or EHP licensure, and/or with the ALP deserve to have quality standards and protections as the typically high cost, private pay ALRs.

If NYS is looking to address the quality of all adult care facilities, quality improvement and other standards must also be implemented in SSL. Each type of adult care facility offers differing levels of services and must be considered.

ii. *January 31, 2024 is too soon to develop and implement quality measures*

The Executive is proposing to require ALRs report annually to the DOH on QMs which would be determined by the DOH with the first report due on January 31, 2024. The purpose of the proposal is to improve the quality of the State's long-term care (LTC) facilities. While it is currently specific to ALRs (and needs to be expanded to include all adult care facility types, including AH/EHPs, and AH/EHPs who participate in ALP), QMs must not be developed without the involvement of residents and their families. Less than one year is not enough time to hold public forums, conduct outreach to residents and their families, nor allow for the publication of draft QMs for public comment across all types of adult care facilities. All of which must happen.

iii. *Extended surveillance schedule for "Advance Standing"*

The DOH is already required to survey adult care facilities with the "department's highest rating" at least once every eighteen months.[9] Otherwise, all other adult care facilities shall be inspected no less than annually. Currently there is no consumer-facing publicly available information that would provide the basis for the 'department's highest rating'.

The Executive is proposing a separate rating system for ALRs only, set forth in PHL § 4656. As stated above, this excludes adult care facilities with only the base AH or EHP licensure, and adult

[6] SSL § 461-I Assisted living program.
[7] PHL § 4651 (Definitions) states "Assisted living and enhanced assisted living shall not include…(e) assisted living programs approved by the department pursuant to SSL § 461-l". (PHL § 4651-1(e)).
[8] Health Facility Certification Information: https://health.data.ny.gov/Health/Health-Facility-Certification-Information/2g9y-7kqm/data
[9] SSL §461-a(2)(a)(1)

care facilities with AH or EHP licensure only that participate in the ALP. The Assisted Living Residence Statute (Article 46-B of PHL) is clear that it does not apply to AH, EHP, or ALP.[10]

If a rating system is to be approved specifically to ALRs, a similar rating system must be approved for adult care facilities that do not have the ALR certification.

iv. *Accreditation is not a substitute for oversight*

CELJ strongly opposes the Executive proposal that would allow for ALRs to operate with zero to limited oversight by the DOH so long as they maintain an accreditation from a nationally recognized accrediting agency. Achieving an accreditation from a nationally recognized agency should accomplish nothing more than serve as a marketing/recruitment tool for ALRs to attract new residents. In addition, there are ALRs that participate in the ALP. Residents who participate in the ALP are a vulnerable population as they are medically eligible for nursing home placement. Removing DOH oversight in favor of a national accreditation agency is opening the door to abuse, neglect and other harm.

B. Support: Consumer Protections in Adult Care Facilities

CELJ supports the proposal to require ALRs post the following information on their website and in a public space within the facility: monthly service rate, staffing complement, approved admission or residency agreement, and consumer-friendly summary of all service fees.

NYS can go further and mandate this for all adult care facilities by incorporating this information into SSL, and mandate this information be provided to prospective and current residents as part of the admission/residency agreement. A196C/S1576C (2021), for example, would have required all AHs and EHPs to post the admission/residency agreement on the facility's website.

C. Mandate NYS DOH Publish Adult Care Facility Inspection Reports Online

There is greater public transparency and oversight for nursing homes than for adult care facilities. This is in part due to Medicare & Medicaid being the primary payers for nursing home care. Oversight and transparency of adult care facilities is mainly based on state law and as such it is imperative that the NYS Legislature take action.

While the resident consumer protections proposed under the Executive Budget are important, the State can go further by mandating the DOH publicly post the results of adult care facility inspections online at the NYS Health Profiles website: https://profiles.health.ny.gov .

[10] *See* PHL 4651(1)(e); and (i).

DOH includes the survey reports for nursing homes on the Health Profiles website, but only the regulatory violation for adult care facilities. For example:[11]

Citations

Citations from October 1, 2018 through September 30, 2022

A total of 54 violations resulted from 30 inspections of this facility from October 1, 2018 through September 30, 2022, including 13 inspections resulting in no violations.

Note: Violations under dispute through the Inspection Review Process (IRP) are not displayed below.

Report Issued: August 23, 2021
Complaint Survey
Status: Plan/Notice of Correction Approved — Violations: 1

Regulation Cited	Regulation Section
1001.11 (b)	Personnel.

This information is not helpful to residents or their families when deciding on whether to apply for admission to an adult care facility. There are no details as to the violation, nor is there a plan of correction.[12] (Compare to the NYS Health Profiles-Nursing Homes.)

We urge the Legislature to implement legislation that would mandate DOH upload inspection reports for adult care facilities.

D. Reject the Executive Budget Proposal HMH Part W-Medication Aides in Nursing Homes

CELJ urges the Legislature to reject the Executive's proposal to authorize certified medication aides to administer routine and prefilled medications in nursing homes. While promoted by supporters as a no-cost strategy address staffing concerns, if implemented, the quality of care will decline and resident safety will be adversely impacted. Nursing homes routinely claim they cannot find enough CNAs. Pulling CNAs from their essential hands-on care will place resident health and safety in jeopardy.

[11] https://profiles.health.ny.gov/acf/view/1255048#inspections

[12] Regulation 10 NYCRR 1001.11(b): Unless otherwise stated in this section, the operator shall ensure sufficient staff in number and qualifications to conduct the functions specified for an adult home or enriched housing program as prescribed in part 487 or 488 of Title 18 NYCRRR, respectively. This adult care facility was previously cited for this regulatory violation when a resident with dementia almost froze to death on December 9, 2017 when she wandered outside, only dressed in a nightgown.

Nursing home operators are required under federal and state law to ensure resident care needs are met based on the individual's plan of care, this includes medication administration and management from licensed nursing staff. Resident acuity has increased over the past decade, and persons living in nursing homes are more medically and socially complex. Instead of increasing

CNA and RN workload, NYS should ensure nursing home operators are meeting their federal and state legal obligations. The State can start by ensuring nursing home operators are meeting the minimum nurse staffing standards set forth under PHL 2895-b.

There is limited research on the issue of medication assistants in nursing homes, and that research has mixed results. One study evaluated the impact of the use of medication assistants in a rural eastern Washington State nursing home. It found that while the number of LPNs scheduled to administer medications slowly declined, as the number of medication assistants increased, the number of inspection deficiencies more than doubled from 2017 to 2019.[13] Another study, from 2013, found mixed results regarding the potential benefits/harms of having CNAs distribute medication. Specifically, it found that where nursing homes reduced RN/LPN staffing levels, and used medication aides, there were increases in the numbers of residents who needed help with ADLs, who lost continence, and who were depressed/anxious. In addition, medication error rates increased.[14]

NYS ranks 35th in direct RN staffing and 45th in total nurse staffing in the United States.[15] The State should place greater efforts and emphasis on ensuring each nursing home operator is meeting is federal and state mandates on RN and other direct nurse staffing before adding any additional burdens on already overworked RNs and CNAs.

E. Reject: Portions of HMH Part M-Certificate of Need

The Executive proposes to reform the approval processes of health care projects to limit/remove administrative barriers when seeking to modernize and invest in their facilities in the Certificate of Need (CON) process. CELJ's comments on HMH Part M pertain to the proposed changes to the CON process as they pertain to nursing homes. The Executive is proposing a $2.1 million investment to improve the CON process. In general, changes to the process should come after a formal review of the process and afford public comment. The removal of any 'administrative barriers' must be weighed by the quality of care and life services of the patients (residents). If removing/reducing administrative barriers increases the likelihood of reduced oversight and resident harm, then the removal of such barriers must be rejected.

[13] Crogan NL, Simha A.. Impact of Medication Use on Nursing Home Staffing Levels and Inspection Results. Gerontology & Geriatrics. Sept 17, 2020; https://austinpublishinggroup.com/gerontology/fulltext/ggr-v6-id1044.pdf
[14] Walsh JE, Lane SJ, Troyer JL. Impact of medication aide use on skilled nursing facility quality. Gerontologist. 2014 Dec;54(6):976-88. doi: 10.1093/geront/gnt085. Epub 2013 Aug 22. PMID: 23969257.
[15] *See* Q2 2022 Staffing report https://nursinghome411.org/data/staffing/staffing-q2-2022/

The Executive's proposals (with respect to nursing homes) reduces needed oversight at the expense of residents. CELJ urges the Legislature to reject the Executive's the proposal that would exempt current operators (person, partner, member, or stockholder) who have previously been approved, from the character and competence requirements.

These proposed changes are problematic because it allows for current operators (person, partner, member) to transfer interest to another member without oversight. This is another loophole by which bad actors can continue to operate nursing homes in NYS. While the proposed changes would require the applicant to give 90 days notice to PHHPC and DOH, such notice means nothing when unscrupulous operators continue to run the nursing home.

F. Increase Personal Needs Allowance for Nursing Home Residents

We urge the Legislature to include an increase to the Personal Needs Allowance (PNA) for nursing home residents in the FY 2023-2024 Budget. The PNA is the monthly sum of money nursing home residents who receive institutional Medicaid may retain from their income. The PNA, currently $50, was set back in 1981, and has never been increased or adjusted for increased in cost of living. This leaves older adults who reside in nursing homes with little funds to purchase personal items that improve their quality of life: beauty/barber services, clothing, internet, books, hobby materials and more.[16]

$50 in 1981 is the equivalent to $171.94 today.[17] The Federal Benefit Rate (FBR), which is used to calculate Supplemental Security Income (SSI), is updated annually based on the changes in the Consumer Price Index (CPI). Increasing the PNA to at least $150, with annual increases based on the CPI, is a straightforward way the State can directly improve the quality of life for older adults who reside in nursing homes.

G. Support: Increased State Investment in the Long Term Care Ombudsman Program (LTCOP)

The LTCOP advocates for residents of nursing homes, adult care facilities and family type homes. Ombudsmen provide information and assistance to long-term care residents and their families in an effort to attain quality care. Ombudsmen are specifically trained to investigate complaints and resolve problems. As the chief advocate for long-term care residents in both nursing homes and adult care facilities, LTCOP can play a significant role in raising the level of care provided by these facilities and ensure each resident is treated with the dignity they deserve.[18]

[16] Neff Roth, A., "Life Well Lived; a Quest Unfulfilled; Local Advocate for Medicaid Allowance Increase Dies at 81", June 29, 2018. https://www.uticaod.com/story/news/2018/06/29/life-well-lived-quest-unfulfilled/11630044007/

[17] US Bureau of Labor Statistics , January https://www.bls.gov/data/inflation_calculator.htm

[18] For example, *see:* The Impact of Long-Term Care Ombudsman Presence on Nursing Home Survey Deficiencies Berish, Diane E. et al. Journal of the American Medical Directors Association, Volume 20, Issue 10, 1325 - 1330

LTCOP is responsible for providing a 'regular presence' in these homes. However, decades of severe underfunding by the State is preventing LTCOP from fully fulfilling its responsibilities under both State law and the federal Older Americans Act. As a result, LTCOP is reliant on volunteer ombudsmen to try to carry out its mission. Volunteer ombudsmen serve an essential role and function within LTCOP. However, volunteers are only required to provide 2-4 hours per week to a facility. While some provide more, it is not enough. Due to the complex issues and environment residents are facing, paid staff are needed.

Reported data from the State Office for the Aging, and Office of the State Long Term Care Ombudsman study of the program shows: 52% of all nursing homes and adult care facilities failed to receive a LTCOP visit due to lack of staff; and only 9% of nursing homes and adult care facilities received a weekly visit from an ombudsman, meaning LTCOP is not meeting its definition of a regular ombudsman presence.[19]

The Legislature recognized the importance of LTCOP, by negotiating a $2.5M add into the FY 2022-23 Budget. While the Executive has included that legislative add into the FY 2023-24 Budget, more is needed in order to increase the number of paid staff ombudsmen across the State.

A $15 million investment into LTCOP for the program to hire 235 full-time employees to conduct regular and consistent weekly visits. It is time the program move away from a volunteer-based model to one that is professionally staffed and supplemented by volunteers

H. Reject Efforts to Weaken NYS Legislative Reforms of 2021

The failures of the nursing home industry that gained widespread attention and outrage during the pandemic are not new. The same failures that lead to the Federal Nursing Home Reform Law of 1987: insufficient staffing, subpar quality care, abuse, neglect, and institutionalization, exist today. In 2021, the Legislature took action to implement reforms meant to address these ongoing failures: PHL § 2895-b (Nursing Home Staffing Levels) and PHL § 2828 (Residential Health Care Facilities; Minimum Direct Resident Care Spending).

CELJ is aware of efforts to include additional direct care staff in the NYS minimum staffing requirements. CELJ urges the Legislature to reject all such efforts. As we have previously testified and publicly stated, the standards set forth under PHL § 2895-b are too low. For example, 3.5 HPRD for total direct nurse staffing is well below the 4.1 HPRD recognized in the 2001 federal study as necessary to meet basic resident needs.[20] Decades of research has consistently found that higher nurse staffing levels matter and provides better resident outcomes and fewer deficiencies.

[19] Data accessed: https://aging.ny.gov/transparency ; NYSOFA LTCOP Study https://aging.ny.gov/system/files/documents/2023/01/ltcop-study-january-2023.pdf

[20] Abt Associates, *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes, Phase II Final Report* (2001) https://www.phinational.org/wp-content/uploads/2017/07/Phase_I_VOL-_II-1.pdf

Any additions of staff time to mandated minimum requirements, such as rehabilitation therapy staff, feeding assistants, activities and recreation therapy staff, must be in addition to the current requirements set forth by PHL § 2895-b.

In addition, the Legislature should reject further efforts to water down the 70:40:5 minimum direct resident spending requirements set forth by PHL § 2828. For too long nursing home operators have

been allowed to spend public funds with limited oversight. Until NYS utilizes its tools to ensure monies are properly being spent on staffing, and not, for example, related companies, diverting needed resources away from resident care and life services, the legislative reforms of 2021 must remain in place.[21]

II. Implement Policy that Eliminates Institutionalization Bias and Supports Home & Community Based Services.

A. Include Fair Pay for Home Care in FY 2023 Budget

The State has an obligation to ensure older adults and persons with disabilities remain in their homes and communities; not to be placed into an institutionalized setting like a nursing home. In order to fully achieve 'long-term care reform', there must be options for quality care and support for older adults in the community. This means ensuring the home care workforce is viewed as a profession and are financially compensated as working professionals.

The shortage of home care workers is one of the main reasons older adults and persons with disabilities are unlawfully institutionalized. Including the Fair Pay for Home Care Act[22] in the FY 2023-2024 Budget addresses this issue by ensuring home care workers are paid 150% of the regional minimum wage. Caregiving is strenuous work, both physically and mentally.

The homecare workforce deserves to be paid a living wage, and the Fair Pay for Home Care Act will accomplish this. This investment is needed for our community's older adults and persons with disabilities who are being unconstitutionally institutionalized and subjected to neglectful conditions in nursing homes. In order to effectuate comprehensive long-term care reform, the State must realign the system such that nursing homes are the last option and not the first. This cannot be achieved unless the State's home care delivery system is stabilized and reliable.[23]

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[21] *See* for example, https://medicareadvocacy.org/nursing-homes-addressing-the-worst-operator-behaviors-under-existing-law/ and https://www.empirecenter.org/publications/report-documents-growing-use-of-related-companies-by-new-yorks-nursing-home-operators/

[22] S3189 (May).

[23] *See Sterling et al. "Utilization, Contributions, and Perceptions of Paid Home Care Workers among Households in New York State." Accessed https://academic.oup.com/innovateage/advance-article/doi/10.1093/geroni/igac001/6499014?login=false ,See also:* Jacobal-Carolus, Luce, Stephane, Milkman, Ruth. "The Case for Public Investment in Higher Pay for New York State Home Care Workers-Estimated Costs and Savings-Executive Summary., Accessed https://static1.squarespace.com/static/58fa6c032e69cfe88ec0e99f/t/6022ae8312cfd1015354dbee/1612885635936/Executive+Summary+CUNY+REPORT.pdf

B. Repeal the Harmful Changes to the Medicaid program implemented under prior Budgets.

The FY 2020-2021 Budget amended SSL to set new minimum requirements for eligibility for personal care services (PCS) and consumer directed personal assistance program (CDPAP) services for eligibility to enroll in a Medicaid Managed Long Term Care (MLTC) plan. Under these enactments, applicants have to require assistance with physical maneuvering for 3 ("more than two"), Activities of Daily Living ("ADLs"), except for applicants with dementia or Alzheimer's. For people with dementia or Alzheimer's, only supervision with more than one ADL is needed.

These amendments create irrational and discriminatory distinctions between Medicaid consumers with different types of disabilities. These irrational and discriminatory distinctions are arbitrary and violate federal regulation.[24] Furthermore, these amendments will force older adults and people with disabilities inappropriately into nursing homes. This outright violates the Americans with Disabilities Act and the Olmstead integration mandate.

While the implementation of these amendments has been delayed due to the Public Health Emergency Maintenance of Effort requirements, that delay is scheduled to end. We urge the legislature to act now and avoid unnecessary harm to older adults.

We support S328(Rivera) and urge the Legislature to repeal these harmful changes.

In addition, the FY 2020-2021 Budget implemented Medicaid cuts to access to home care services through a 30-month lookback. While also not yet implemented due to the Public Health Emergency, if implemented, would delay receipt of Medicaid covered home care services for older adults and persons with disabilities, and will cause unjust institutionalization in nursing homes. For example, when a Medicaid applicant is in a nursing home, they are receiving care and services and Medicaid, if approved will cover the care retroactively. However, when a Medicaid applicant is in the community, a lookback will delay the approval process leaving the individual without essential home care services that are needed for the individual to remain in their home.

We urge the Legislature to repeal this harmful change.

C. Equitable Medicaid Eligibility for Older Adults and Persons with Disabilities

The FY 2022-2023 Budget expanded Medicaid eligibility for older adults and persons with disabilities (Age, Blind, Disabled), by raising the income eligibility from 84% of the Federal poverty level to 138%, which is the same level of the MAGI population. The Executive's proposal

[24] 42 C.F.R. §440.230(c): The Medicaid agency may not arbitrarily deny or reduce the amount, duration, or scope of a required service under §§440.210 and 440.220 to an otherwise eligible beneficiary solely because of the diagnosis, type of illness, or condition.

under the FY 2022-2023 Budget to repeal the Medicaid asset test for older adults and persons with disabilities did not make it in the final Budget.

We urge the Legislature to eliminate the asset test for older adults and persons with disabilities (Age, Blind, Disabled) as it is discriminatory and furthers the racial divide in equitable health care access. Individuals covered under MAGI Medicaid are not subject to an asset test. In the alternative, short of a full repeal, increasing the liquid asset limit will make access to health care more equitable.

An asset limit of six times the annual limit, which would be $112,536 in 2022 (single person), would be a first step to accomplish this.

For additional information, please see the "Create Equity in Medicaid Eligibility for Seniors and People with Disabilities" letter, available here.

We again thank you for the opportunity to submit this testimony. CELJ is available to answer any questions and provide additional information.

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