Downstate NY

Downstate New York ADAPT

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Image description: "Downstate NY ADAPT" text over & under image of PWD in wheelchair with arms raised, breaking handcuffs' chain overhead, under arching text "Free Our People"

February 28, 2023

Honorable Liz Krueger
New York State Senate
Chair, Committee on Finance
Email address: financechair@nysenate.gov

Honorable Helene E. Weinstein
New York State Assembly
Chair, Committee on Ways and Means
Email address: wamchair@nyassembly.gov

Re: 2023 Joint Legislative Budget Hearing on Health

These comments are submitted on behalf of Downstate New York ADAPT, a chapter of the nation's largest grassroots, non-hierarchical community of disabled people that fight for the right to live and fully participate in the community. We are not a provider organization. We are a coalition of disabled Medicaid beneficiaries and our allies.

ADAPT's main goal is to fight against the institutional bias that slants nursing home care over home care. **We therefore demand that the following be included in the corresponding One-House budgets, with consideration to the remarks about each submitted below:**

(1) Include S.328 Repeal of MRT2's stricter eligibility criteria for home care
(2) Include S.3189 Fair Pay for Home Care
(3) Reject Governor Hochul's proposal to repeal the Request for Offers (RFO) process for Consumer Directed Personal Assistance (CDPA)
(4) Reject Governor Hochul's proposal to eliminate wage parity in CDPA
(5) Include S.2933 Home Care Recipients' Need for Assessment Transparency
(6) Modify the New York Independent Assessor Process for Home Care Determinations
(7) Include Governor Hochul's expansion of the Medicaid Buy-In program
(8) Include S.4789 Establish a specialized health home program to serve certain individuals with physical disabilities
(9) Include New York Health Act

*there has been a delay in processing the corresponding Assembly bills

Include Repeal of MRT2 Stricter Eligibility Criteria (S.328)

As we have already made the Health Committee well aware, DNY ADAPT has been working diligently to repeal the disastrous changes set forth by MRT2. Of note, in Summer 2022, the Restore Home Care Access Coalition was formed. The coalition is composed of various organizations and individuals in NYS that all demand the repeal of this egregious

change to Medicaid policy. **ADAPT continues to demand that bill S.328 be included in the upcoming budget.**

MRT2 had one major goal: cut $2.5 billion out of Medicaid spending[1]. We fundamentally disagree with this form of cost-saving. Austerity politics never save money. Decreasing access to public services and healthcare only decreases the health and well-being of the public, which later accrues higher levels of spending for the State as medical conditions worsen without access to preventative or maintenance health care services.. **MRT2 should never have happened, especially with so little consumer input.**

The other two directives of MRT2 was for the proposed initiatives to have "zero impact on beneficiaries and local districts," which the former Governor delineated himself[2]. This claim was obviously made in bad faith because restricting the eligibility criteria for home care directly impacts our daily lives.

We constituents consider it a great act of violence to restrict access to home care in ordinary times, but it is especially callous during an on-going pandemic in which thousands have died in institutions. In the following section we outline why such an egregious change to home care eligibility will be detrimental to New York State.

These changes will violate the federal Community First Choice Option ("CFCO"). New York State receives an additional 6% funding from the Federal Government (FMAP) for complying with CFCO policies. The additional FMAP is supposed to be earmarked for community-integration, as long as these programs continue to meet CFCO standards. New York State has put 90% of the CFCO additional 6% FMAP into the pre-existing CDPA program, while MRT2 and many of the Governor's proposed budget changes will significantly limit access to or wholly eliminate services for people at risk of institutionalization. According to CMS Expenditure reports, the average amount NYS gathers for CFCO is $282.5M annually, and $1.13B in total from 2015-2019[3].

Shockingly, while this additional money is supposed to be earmarked for Olmstead-like efforts, changes in home care eligibility will force more people into nursing homes and other institutional settings. Long-term care costs will skyrocket when more disabled people are forced into institutions, as congregate care settings are exponentially more expensive than home care.

Furthermore, NYS avoids fully implementing all CFCO services, including environmental and vehicle modifications, moving assistance, and assistive technology. On top of these pre-existing CFCO issues, the restrictive eligibility criteria further disregards the framework of CFCO.

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[1] NYS Governor Cuomo Picks Members for Medicaid Redesign Team; No Consumer Representation Some Focus on Workforce and Safety Net Sustainability *(2020):* https://www.nyaprs.org/e-news-bulletins/2020/2/5/cuomo-picks-members-for-medicaid-redesign-team-ii-without-consumer-representation-some-focus-on-safety-net-sector-sustainability

[2] https://www.wxxinews.org/post/tense-moments-hearing-cuomos-plan-medicaid-cuts

[3] Medicaid.gov, Expenditure Reports From MBES/CBES: https://www.medicaid.gov/medicaid/financial-management/state-expenditure-reporting-for-medicaid-chip/expenditure-reports-mbescbes/index.html

We remain concerned that the State violates federal code and guidance for CFCO and it seems that New York should not have been getting this federal funding in the first place due to its failure to carry out full implementation of the program. The new eligibility criteria makes it even clearer that NYS never had any intention of complying with proper guidelines for the extra 6% FMAP. This issue has been raised by ADAPT for a number of years without an acceptable response or solution from either the State Legislature or the Executive. ADAPT stands ready to engage through the appropriate federal channels to ensure NYS continues to use CFCO funding as it was intended - to move people out of institutions and provide services in home and community-based settings - should this pattern of ignoring federal protections for people with disabilities continue.

These eligibility changes violate federal guidelines in the following ways:

1. Created a more restrictive **eligibility criteria that differs based on "type of disability"** (i.e. physical disabilities versus Alzheimer's, 'physical maneuvering' versus 'supervision').Pursuant to **42 U.S.C § 1396n(k)**, acceptance of CFCO funding mandates that home and community based services must be given in such a manner that is without regard to an individual's **"***type or nature of disability, severity of disability*". Also reiterated on Page 7 of the CFCO Technical Guide by CMS[4], "*42 CFR 441.515 requires states to provide CFC to individuals on a statewide basis and in a manner that provides services and supports in the most integrated setting appropriate to the individual's needs and without regard to the individual's age, type or nature of disability, or the form of home and community-based attendant services and supports the individual needs to lead an independent life.*"

   These changes will leave eligibility determination up to a proprietary assessment tool determined by the commissioner in the Dept. of Health. This tool, the UAS-NY, **was never intended to be used in eligibility determination,** as it was created as a quality of life assessment. Therefore, it is not enough of a nuanced or comprehensive tool to be used for this matter. Even more concerning, consumers do not get a copy of their assessment outcome, even though it is common practice in other states. Eligibility would be determined by an algorithm and the score that the UAS produces, instead of it being determined in a more nuanced and inclusive way that accounts for the individual nature of each person's disability.

2. Created a more restrictive eligibility criteria that **eliminates instrumental activities of daily living (IADL) and health-related tasks** support from home and community-based services.

   This eligibility criteria change would eliminate from consideration the need for assistance IADLs from eligibility criteria (shopping, cooking, housekeeping, making beds, etc.), essentially stating that "physical maneuvering" of the body is the only valid form of caretaking for people with physical disabilities. This is an incredibly

[4] Community First Choice Option (CFCO) Technical Guide, CMS: https://www.medicaid.gov/sites/default/files/2019-12/cfc-technical-guide_0.pdf

restrictive criteria to meet, and is not a very nuanced or accurate portrayal of disability. Needing help with tasks that are about the ways in which we navigate or interact with our environment (IADLs) are just JUST as critical and life-saving as body focused tasks (ADLs).

42 U.S. Code § 1396n (k)(1)(A) requires that any State receiving CFCO funding "*make available home and community-based attendant services and supports to eligible individuals, as needed, to assist in accomplishing activities of daily living, instrumental activities of daily living, and health-related tasks through hands-on assistance, supervision, or cueing.*" The NYS Budget law that changed New York State's Social Services law disregards federal CFCO guidelines set forth by CMS, which states that IADLs/Level 1 care must be included. Please refer to pages 3-4 of the State Plan Amendment #13-35[5] and page 17 of the CFCO Technical Guide by the Centers for Medicare and Medicaid Services ("CMS"). You will find that they highlight the mandate of both ADLs and IADLs services be included, and that such services **"***are a means to maximize independence and integration in the community, preserve functioning and defer or eliminate the likelihood of future institutional placement.***"**

3. **MRT2 eligibility changes**, once implemented, will fuel a grave public health crisis, increase healthcare costs long term, and **violate the Supreme Court Olmstead decision** requiring states to provide services in the most integrated setting.

   This new eligibility criteria for community-based care is STRICTER than the eligibility criteria for institutional living. The Supreme Court's Olmstead[6] decision mandates that services must be made available in the least restrictive setting[7], which sets forth a legal requirement for home care services to be available BEFORE nursing home care[8]. Yet, this new criteria will leave eligibility for home care up to a proprietary assessment tool that indicates this new criteria for home care would find many individuals eligible for nursing home placement before they qualify for home care services. Rather than move people out of institutional settings as federal law requires of state policy, programs and services, implementation of the MRT2 eligibility cuts will increase the number of individuals placed in institutional settings unnecessarily.

   For those who are not deemed eligible for nursing home placement, denial of home care services will leave individuals in the community without proper services, which will inevitably lead to deteriorated health, an increase in injuries, and greater medical spending long term. A decrease in the overall well-being of New Yorkers will only increase long-term care costs, ER visits, hospitalizations and overall medical spending in the long run.

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[5] NYS SPA #13-35: https://www.health.ny.gov/regulations/state_plans/status/non-inst/approved/docs/app_2015-10-23_spa_13-35.pdf
[6] Olmstead v. L.C., 527 U.S. 581. (1999): https://supreme.justia.com/cases/federal/us/527/581/
[7] https://www.hhs.gov/civil-rights/for-individuals/special-topics/community-living-and-olmstead/index.html
[8] Olmstead Community Integration for Every New Yorker: https://www.ny.gov/programs/olmstead-community-integration-every-new-yorker

A disabled person who is denied home care will incur injuries and infections that progress their disability, and if they don't die, it might make them eligible for home care eventually BUT at that point they will require a higher level of care and cost to the State, not to mention the pain and suffering imposed upon the individual. **This change in eligibility criteria is the equivalent of not allowing medical care for a basic cold, but instead only providing healthcare for when it develops into pneumonia.**

Not only will the State have an abundance of Olmstead lawsuits in the coming years, but the State will also be forced to spend more Medicaid dollars because people will be approved for institutional care more frequently and more readily than they will be for home care. As we know, institutional settings cost significantly more money. Annual costs for these settings range from $130,284 in Central New York to a whopping $166,008 on Long Island[9].

Moreover, congregate care settings are not as safe as home and community-based living, as illustrated during the pandemic. The high costs of nursing homes are not correlated with a high quality of care; instead, congregate settings have been demonstrated to isolate residents and spread infectious disease. In fact, *"Since March, Attorney General James has been investigating nursing homes throughout New York state based on allegations of patient neglect and other concerning conduct that may have jeopardized the health and safety of residents and employees."*[10]

Finally, the extent to which former Governor Cuomo disregarded the value of disabled lives is abundantly clear and continues to resonate into the current Hochul administration through her recent FY 2024 budget proposal. Not only did Cuomo deliberately put COVID-19 patients into nursing homes, where the most medically at-risk are incarcerated, but he showed little remorse. We heard the message loud and clear from his dismissive response to the AG's report, which revealed that the number of nursing home COVID deaths was deliberately underreported by his team. Allowing the MRT2 home care eligibility changes to stand echoes the same disregard and intentional violence against disabled New Yorkers. **The Senate and the Assembly now have an opportunity to do better, and create a different path for New York.**

Therefore, repealing MRT2's stricter eligibility criteria for home care by including S.328 in the respective One-House budgets is a critical first step. The austerity politics that have diminished the care and dignity in disabled lives must stop with the end of the former Governor's reign. We have the opportunity to act swiftly to undo further harm. **The damage that he left is abounding. Luckily for the Legislature, we are handing you an opportunity to address it immediately.**

[9] Estimated Average New York State Nursing Home Rates: https://nyspltc.health.ny.gov/rates.htm
[10] NYS Attorney General's Report, Press Release for "Nursing Home Response to COVID-19 Pandemic": https://ag.ny.gov/press-release/2021/attorney-general-james-releases-report-nursing-homes-response-covid-19

Include Fair Pay for Home Care Act (S.3189)

DNY ADAPT was not impressed with the increase to our home attendants wages in last year's budget. This was not Fair Pay for Home Care. Now, just 9 months after Governor Hochul and members of this State Legislature accurately declared home care jobs to not be minimum wage work, the Governor proposes to phase out the home care raises. This will once again make home care jobs a minimum wage position in just a couple years. **We stand firm that home care jobs are healthcare jobs, on par with other healthcare industry job responsibilities and skills, and home care is not a minimum wage job. Thus, we continue to demand that Fair Pay for Home Care is fully funded in this year's State Budget.**

A three dollar hourly increase is insulting to our workers. Fair Pay was deliberate in establishing home care worker wages at 150% of the minimum wage, thus ensuring that this occupation remains viable, livable, and competitive as minimum wages increase over time. **This three dollar hourly increase in wages will cause further industry instability.** This minimum wage increase was enough to kick many home care aides and personal assistants off public benefits, such as food stamps or Medicaid, without being enough for them to survive on their salary alone without such services. Now, many disabled consumers will be forced to live with the reality that our workers may cut back hours to retain these vital services. Even though this would be an understandable decision on the part of our home care workers out of their own self-preservation, disabled folks will still be left in the same critical position of diminished care and a scramble to find more workers.

Additionally, the minimum wage increase passed in April 2022 did not provide funding pass through mechanisms, such that managed long term care plans do not withhold adequate funding for providers to cover the minimum wage increases. Fair Pay for Home Care was developed with all actors at the table. It guarantees that state funding is not hoarded by privatized managed long term care plans, and is instead appropriately distributed to provider agencies. Not incorporating this mechanism is the 2022 minimum wage policy, while DOH refuses to provide the necessary oversight on managed long term care plans, was wasteful, unfair, and did not meet the goal of a wage increase. We now see managed care companies have, indeed, failed to offer the full increase in reimbursements to providers.[11]

With a home care workforce that is 90% female and more than 80% who are people of color, Fair Pay for Home Care is not just an economic issue but one of gender and racial justice. A living wage for our home care workers is long overdue. Low wages are a leading reason for a mass exodus from the field despite an ever-increasing need for community-based personal care services. These workers, even if deeply committed, simply cannot afford to stay in these positions. At present, New York State faces the worst home care worker shortage in the nation, and the consequences are dire. **We are not grateful for the bare minimum and performative actions or allyship.**

A study by the CUNY School of Labor and Urban Studies found that public investment in

[11] Lohud, "NY home aides get minimum wage increase as state faces caregiver crisis", 18 October 2022 https://www.lohud.com/story/news/health/2022/10/18/ny-home-aides-get-minimum-wage-increase-what-you-need-to-know/69568555007/

home care workers would actually save money long-term, and represents a strategy that is both morally and fiscally compelling. Given that the COVID-19 pandemic has laid bare the vital role of caregivers, now is the time to make lasting change. Furthermore, COVID-19 has been a mass disabling event which suggests that the demand for home care will only grow in the years ahead.

Fair Pay for Home Care is a common sense solution with bipartisan support and the endorsement of more than 50 community organizations. Put simply: it is a win-win-win for consumers, for workers, and for the State. New York State was once a leader in compassionate long-term care policy and we can be once more.

Reject Governor Hochul's proposal to repeal the Request for Offers (RFO) process for Consumer Directed Personal Assistance (CDPA)

Just a few short years ago, ADAPT and other members of the disability community fought against a proposal by former Governor Cuomo that would attempt to limit the number of fiscal intermediaries (FIs) in the Consumer Directed Personal Assistance (CDPA) program. Those efforts yielded the Request for Offers (RFO) process that, while not perfect, offered opportunity for community input and operated in a public space, affording a transparent and fair selection process. Awards were announced, with contracts set to be issued on January 15, 2023. Those contracts were not issued. Now, Governor Hochul is proposing to eliminate the RFO and all progress made since 2019. **DNY ADAPT demands the rejection of the Governor's proposal to repeal the RFO process.**

The Governor's budget proposal would return to language the legislature has already rejected under Cuomo. The purpose of this change is solely to reduce the number of FIs to as few as possible, removing consumer choice and various local services that FIs currently provide. These crucial community agencies are much more than payroll processors. They are a resource at the local level to connect disabled consumers with a number of services and programs to help consumers live independently in their communities and safely at home. The degree of knowledge necessary about specific neighborhoods is a level of assistance that a singular state FI, or those not located in the immediate area, could never accomplish.

The State must ensure transparency in how and to whom contracts are awarded. Further, the input from community members and the legislative process is integral to guaranteeing disability cultural competency, geographic representation, a wide array of services continue to be provided by selected FIs, and so much more. **New York State must continue with the RFO process and immediately issue contracts to those awardees already identified.**

Reject Governor Hochul's proposal to eliminate Wage Parity in CDPA throughout NYC, Long Island and Westchester County

It appears that Governor Hochul and her team lack the historical context of wage parity in the Consumer Directed Personal Assistance (CDPA) program implemented in NYC, Long Island

and in Westchester County only a few years ago. Wage parity is a crucial policy to maintain, and one that ought to be expanded upstate. Prior to wage parity requirements, which prescribes an additional dollar value above minimum wage for CDPA workers toward "payment of wages or through a combination of both wages and supplement benefits"[12] licensed home care services agencies (LHCSAs) were incentivized to move workers out of traditional home care positions into CDPA to avoid additional payments to these workers. This is unfair to workers. Traditional LHCSA and CDPA programs offer similar services. The primary difference between the two is the model of employer-employee relationship. There exist no reasons that workers in CDPA ought to have vastly different wages of nearly $4 per hour less than their traditional LHCSA counterpart. The overall value of pay and benefits between these two positions should be equal. Wage parity moves us closer to this goal, and successfully ceased worker movement between programs. **We demand the Legislature reject the Governor's proposal to eliminate wage parity in CDPA.**

Include Home Care Recipients' Need for Assessment Transparency (S.2933)

Consumers of home care services in NYS have to go through initial evaluations and yearly recertification processes by meeting with an independent nurse that conducts an assessment on their disability using the Uniform Assessment System. Even though there are frequent errors on the assessment that lead to inadequate authorization of home care hours, and illegal and unjust denial of services, consumers are not currently entitled to view a copy of their evaluation or assessments to verify that the information is correct. As such, many of these errors go unnoticed, leading to lack of appropriate services and diminished care that is only resolved through needless administrative work for fair hearings. Copies of all evaluations and re-assessments, including the full UAS, should be made available to consumers, just like all other essential medical documentation. **Determination of health care needs must be a collaborative process between nursing assessor and individuals. Part of the collaborative process includes individual review of one's own medical records.**

Modify the New York Independent Assessor Process for Home Care Determinations

The implementation of the New York Independent Assessor or NYIA into the home care eligibility process frankly adds an unnecessary layer of expense and bureaucracy in a system that is already confusing for many of our State's most vulnerable citizens.

The role of Maximus in initial assessments for community-based long-term supports and services (CB-LTSS) presents a clear conflict of interest given that Maximus has financial incentive to deny services. **In fact, a Department of Health (DOH) representative has estimated that since NYIA's inception, denials have increased from 1-3% to 10-11%.** These denials will force New Yorkers entitled to Consumer Directed Personal Assistance (CDPA) services into costly and dangerous institutional settings. Existing consumers in need

[12] NYS Department of Labor: "Home Health Care Aides and Wage Parity" (Page accessed on February 27, 2023): https://dol.ny.gov/home-health-care-aides-and-wage-parity

of reassessment are currently "grandfathered" into the old system and excluded from NYIA, but we have received no written assurance that this will remain the case nor have we received any information about the proposed plan for existing enrollees in the future. The secrecy and confusion is disconcerting for the thousands of families relying on these lifeline services.

It is outrageous that services are being cut while New York, in the words of former Assemblymember and Health Committee Chair Richard Gottfried, "shovels billions into a huge, little known company" and awards it more than 20 state contracts which are granted and renewed with disturbingly little oversight.[13]

Maximus serves as a Medicaid managed care enrollment broker in 22 states and determines Medicaid eligibility in 13 states.[14] Yet, across the nation, the company has been cited for colossal mismanagement. In states such as Texas, Kansas, North Carolina, and Arizona, Maximus-related blunders have resulted in harm to both consumers and employees. A most egregious example is the thousands of Tennessee children improperly kicked off Medicaid due to a flawed eligibility process developed by Maximus.[15]

Similar corrupt practices persist in New York, where, according to former Assemblymember Gottfried, a 2014 audit by the comptroller revealed contracts lacking "detailed budgets, rate schedules, and other basic protections.[16] The report also found excessive profits and over-the-top travel expenses billed to the State, such as lodging in $599 per night luxury hotel rooms.[17]

With hospitals overburdened, providers struggling, and consumers facing barriers to care, why does New York continually reward a for-profit behemoth that has demonstrated no interest in helping consumers or direct care providers?

We demand greater transparency around the NYIA process, given our concerns that it serves merely as a vehicle to further restrict care. Further, we believe our State must divest from Maximus and take our safety net programs back from a corrupt corporate interest with a proven record of grievous errors and poor conduct.

Include Governor Hochul's expansion of the Medicaid Buy-In program

We thank the Governor and her team for this monumental proposal to expand the Medicaid Buy-In program. We see a baseline understanding from the Executive of the profound need for people with disabilities to not have limitations on the type or quantity of work they are

[13]Gottfried, R. N. (2021). Don't let Cuomo push through another Maximus extension. https://www.timesunion.com/opinion/article/Commentary-Don-t-let-Cuomo-push-through-16053955.php

[14] Government Contractor Accountability Project (2019). Maximum harm: Maximus Medicaid management failures. Retrieved from https://maximusaccountability.org/sites/default/files/2019.11.07_maximumharmreport.pdf

[15] Government Contractor Accountability Project (2019). Maximum harm: Maximus Medicaid management failures. Retrieved from https://maximusaccountability.org/sites/default/files/2019.11.07_maximumharmreport.pdf

[16] Gottfried, R. N. (2021). Don't let Cuomo push through another Maximus extension. https://www.timesunion.com/opinion/article/Commentary-Don-t-let-Cuomo-push-through-16053955.php

[17] Office of the State Comptroller. (2014) Report 2014-STAT-02A: https://www.osc.state.ny.us/files/audits/2017-11/bse-2014-05-06.pdf

allowed to engage in. With this expansion, disabled New Yorkers who are able to work may have the freedom to do so. Even better, many of us will no longer be held to the draconian asset restrictions or marriage penalty. The ability for disabled individuals who are able to engage in employment without risking their home care services is a critical move in the direction of our collective liberation! This sets precedent for other states to follow suit, and offers insights for the Social Security Administration to continue their internal discussions on changes to means tested federal policies. We do, however, have reservations about the proposed participant cap, set at 30,000 program participants. **We encourage the respective One-House budgets to include the Medicaid Buy-In expansion, with consideration to eliminating the participant cap.**

The participant cap is arbitrary and prioritizes the most privileged disabled individuals- that is, those who are already working or on the verge of accepting employment offers. If New York State justifies expanding income limits by enforcing such a strict enrollment cap, we are sacrificing employment being available to all disabled people in order to prioritize the ability for a select few to make well into six figures of income. This is a very apparent socio-economic issue. Should the cap remain, this policy will amplify the impact of poverty on those disabled individuals who did not age into work or graduate from training and educational programs prior to program growth. We are already aware that the Medicaid Buy-In program currently serves approximately 18,000 individuals. Thus, inclusion of the cap will not even double the number of disabled workers under the program.

Second, the practicality of implementing such a cap will place potentially deadly consequences on current Medicaid recipients who may choose to accept employment without knowledge of whether a space is available in the Medicaid Buy-In program. Because individuals cannot request Medicaid Buy-In status until after the first month of employment, should the arbitrary cap be reached prior to application, the individual will suffer the consequences of losing their Medicaid eligibility along with the support services and healthcare that keep them alive. Shortly thereafter, the individual will cease employment, as privatized healthcare options are not sufficient in meeting disability-related needs that are only covered by Medicaid.

We worry that this cap comes with the looming reality that, following its implementation, very few disabled people will be allowed to engage in meaningful employment. This is antithetical to the very values that expanded the program in the first place.

We do not oppose the expansion of Medicaid Buy-In. We encourage the State to move forward expanding the income and asset eligibility requirements **but with flexibility in regard to the participant cap.**

Include the Establishment of a Specialized Health Home Program to Serve Certain Individuals with Physical Disabilities (S.4789)

Health Homes provide individuals with complex medical conditions specialized case coordination and management services that go beyond the ability of managed care nurse

coordination services. Due to a myriad of wide ranging needs and systemic barriers, many people with physical disabilities are unable to successfully navigate finding medical doctors, specialty services, accessing durable medical equipment or consumable medical supplies, receiving accessible transit services in their local area, and more. When disabled individuals are unable to find providers and services, they often experience decline in physical health with increased medical complications.

The goal of a Health Home program is to ensure members receive the care and services they need by providing individualized coordination between providers, including identifying accessible services in local neighborhoods, connecting members to needed medications, assistance with housing, and other community programs to maintain independence and safety. While many may believe these services already exist under the managed care coordination, the reality is that managed care plans are unable to meet the needs of people with physical disabilities in a manner that does not require the member to identify, connect with, or follow up between providers and services. Managed care as it exists lacks the knowledge of accessible infrastructure in local areas, cultural competency, and resources necessary to meet the complex needs of people with physical disabilities. Consumers are provided outdated lists of contracted providers, but no details on whether facilities are accessible beyond front door entry. Consumers are told which services may or may not be covered, such as durable medical equipment, yet many managed care coordinators cannot explain the process of how to go about requesting a new wheelchair, including the point of entry.

New Yorkers with physical disabilities will benefit from specialized coordination and assistance that a Health Home would provide. **DNY ADAPT demands the Legislature establish a Health Home program to serve people with physical disabilities.**

Include the New York Health Act

DNY ADAPT demands the re-introduction into session and inclusion of the New York Health Act (NYHA) in the state budget, as it will give all New Yorkers the freedom to choose their providers without regard to health insurance networks, as well as open access to long-term care services for all New Yorkers. The privatization of healthcare in this country is one of the most violent attacks on our citizens, especially those with complex medical needs. This proposed legislation will alleviate the healthcare-related financial burdens that many New Yorkers face on a daily basis, as well as address the needless lack of access to healthcare that many face on a daily basis. Healthcare is a right, and should not be negotiated by for-profit entities. DNY ADAPT continues to support the New York Health Act, as it will make systemic changes that will guarantee universal, comprehensive, single-payer healthcare to everyone who lives or works in New York State, regardless of immigration status.

Additionally, New Yorkers that require home care services are often forced to remain in poverty to retain their home care through Medicaid or Social Security eligibility, which has strict asset and income restrictions. NYHA would allow all people to access long term care services, such that disabled New Yorkers will no longer have to choose between a livable wage and their basic healthcare, and seniors and others who become disabled yet are not

eligible for Medicaid are no longer forced to bankrupt themselves and their families before being forced into institutional care.

In closing, we respect this opportunity to voice the needs of the disability community and the priorities our community requires to live fully integrated, dignified and healthy lives. We remain hopeful that our electeds understand the gravity of issues addressed herein and will move with a sense of urgency felt by each of us to ensure equal rights and opportunities for disabled New Yorkers.

Respectfully yours,
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