

Westchester Disabled On the Move Inc. is a non-residential Independent Living Center for people with disabilities of all ages. As a disability rights advocates we are extremely involved with issues regarding New York State's Medicaid Program, particularly the provision of Community Based Long Term Care Services, which are needed to ensure the rights of people with disabilities to remain independent in their own homes and communities. The Governor's proposed budget and the programmatic changes associated with it seem to be in stark contrast to the Governor's ABLI Initiative and New York State's Olmstead Plan purported to be aimed at supporting community living for New Yorkers with disabilities. In fact, cuts to Medicaid illustrate a lack of commitment to Olmstead. Threats from the federal level mean that New Yorkers with disabilities are relying on the State to protect our rights and independence. We urge the Legislature Health Committees to take legislative and administrative action in the 2019-20 budget as outlined below toward the full integration of New Yorkers with disabilities.

- Address the home care crisis by providing a living wage to home care workers.

People with disabilities depend on direct care workers for their daily survival, yet these workers are incredibly underpaid making less than the minimum wage for fast food employees. This has resulted in people having a harder and harder time getting the care they require to remain in their homes and out of costly institutions.

The State needs to provide a living wage to home care workers in order to attract people to work in that field.

One way to address the home care crisis would be to ensure home care workers are paid equivalent rates to those of providers under OPWDD. There is simply no reason for workers doing comparable tasks to not get comparable wages.

- Establish a funding mechanism to ensure Managed Long-Term Care (MLTC) plans receive adequate funding to serve those with the greatest needs and that this funding goes to providers of direct services.

New York State's FY 2019-20 Budget must ensure that MLTC plans are adequately incentivized so that their members with the greatest needs have the services they need to live in their home communities. Recently, a Managed Long Term Care Plan which was established to serve individuals with extensive and complicated needs, Independence Care System, announced that it will cease operating as an MLTC because the States per participant rate was not adequate to pay for the actual cost of services. We have seen many other MLTC's arbitrarily reduce hours or claim that individuals who need extensive hours of service are not "safe" in the community and are sent to a Nursing Facility. As MLTCs are no longer responsible for institutional expenses, there is no financial incentive for them to manage the most expensive cases.

Previous years' Budgets included a commitment to explore a high needs community-based rate with the Federal Government. I recommend a revised proposal to CMS based on functional needs in

combination with the cost of providing services. DOH has data on the services being provided to populations that typically have the greatest needs. This data should be used to strengthen a revised submission for approval by CMS. New York must develop a strategy whereby individuals rights to remain in the community are not jeopardized.

- Reject the Governor's proposal to make drastic changes to the Consumer Directed Personal Assistance Program

Independent Living Centers were instrumental in implementing CDPAP in New York, which empowers people with disabilities to have full control over their lives and independence. It puts people with disabilities in charge of determining how, when and by whom their services are provided.

The Governor's budget proposes to repeal and replace existing CDPA Law and Regulations with the following impacts.

1. Reducing the number of CDPAP providers, known as Fiscal Intermediaries (FIs)
2. Giving the Commissioner of DOH total administrative authority to change the reimbursement methodology, and DOH has indicated its intent to change to a per member, per month fee.

A radical and rapid reduction in FIs threatens existing consumers. Transitioning all CDPAP consumers into one or a few statewide FIs is a bad idea. FIs must be local to be successful in their role supporting consumers in the recruitment and training of aides, and individuals must have choice when selecting their FI. I urge the State to use the authorization process for FIs that is in the early stages of implementation to weed out FIs that are not running the program as intended rather than make such drastic and harmful changes.

Both the content and form of this proposal are very dangerous. I urge the legislature to reject this harmful proposal that could end CDPAP in New York!

- Strongly oppose eliminating spousal refusal protections.

Spousal refusal is a longstanding provision of state law that ensures that individuals can access the Medicaid-funded services and supports they need to live in the community, when their spouses "refuse" to spend down their resources or income to support their spouse. The reality is that with Medicaid income levels below the Federal Poverty Line, all of the couple's income and resources are vital to meet their living expenses.

Eliminating Spousal Refusal protections will force couples to divorce, live separately, or to institutionalize their loved ones purely for financial reasons. Family relations should be supported and assisted, not destroyed.

- Strongly oppose eliminating provider prevails.

This proposal would repeal an important patient protection in the Medicaid program which restored "prescriber prevails" for prescription drugs in the fee for service and managed care programs. A

prescriber, with clinical expertise and knowledge of his or her individual patient, should be able to override a preferred drug. I urge the Legislature to reject this proposal that undermines the doctor-patient relationship.

- Oppose extending the Medicaid Global Cap through 2021.

The lynchpin of the Governor's efforts to limit Medicaid spending growth was the creation of a Medicaid global spending cap. I believe that the imposition of such a cap when more people are aging and acquiring disabilities is counter-productive. While Medicaid growth may have been constrained as a result, essential programs and services have faced significant cuts in recent years. Disability and consumer advocacy groups have put forth proposals that would help advance the state's own Olmstead Plan, but they have failed to be enacted due to spending constraints under the global cap. Somehow, the services and programs that people with disabilities and seniors rely on to live in the community are all subject to this artificial spending cap. In fact, this year's budget proposes carving in the Nursing Home Transition and Diversion and Traumatic Brain Injury Medicaid waivers, two of the few programs for people with disabilities remaining outside the cap. I urge the legislature to end the global cap!

In closing I applaud the Governor's initiatives to codify the New York State of Health in State Law and to seriously explore Single-Payer health coverage in New York. I implore the Legislature to protect and preserve the Medicaid Programs that provide the crucial safety net

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