CDPAANYS 2017 Budget and Legislative Agenda

Consumer Directed Personal Assistance (CDPA) is a growing and integral part of the community based long term supports and services system, different from traditional community-based long term services in that it gives primary control of the everyday operation of the service to the consumer instead of an agency. The consumer is responsible for recruiting, hiring, training, supervising, and if necessary, terminating his or her own workers. This level of control provides the consumer with a degree of independence to consumers and cost-effectiveness for the state that more traditional models cannot match.

CDPAANYS proposes the following agenda in order to protect, maintain and grow CDPA and protect the consumers who rely on the service.

Reform Managed Care to Protect Equitable Reimbursement and Ensure Quality Care – Since 2011 and the shift to managed care, average reimbursement to fiscal intermediaries has fallen to an average of $17.41 per hour. In the past year, major managed care organizations (MCOs) have reduced reimbursements by $1-3 per hour. This is in spite of dramatic increases in worker's compensation (over 75% increase in the last four years), unemployment insurance, taxes, and the general cost of doing business. These reductions are placing the future of the program in jeopardy, as they are forcing reductions in already low wages and are counteracting any investments made to offset the costs associated with changes to the Fair Labor Standards Act or the Minimum Wage.

- The State must ensure reimbursements are sufficient to provide wages that attract a high quality workforce to meet the needs of the growing industry. This means that wages must be sufficiently higher than low wage service sectors such as fast food and retail so that they are competitive enough to attract personal assistants to these difficult and skilled positions and allow the state to meet its obligations under the *Olmstead* decision.
- Managed care must be reformed to ensure that MCOs cannot lower reimbursements beyond what is viable for the long-term success of the program, taking into account adequate wages and other costs of doing business such as worker's compensation, unemployment insurance, and more.
- The State must equalize reimbursement as required by Community First Choice and ensure that the new rates are honored by MCOs.
- The State must recognize its ultimate responsibility, equitably funding capitation rates for MCOs to ensure they can properly reimburse FIs. This includes the creation of a high-needs community rate cell to more appropriately mitigate risk and provide appropriate reimbursement.
- Ensure that changes to worker's compensation, overtime, travel, minimum wage changes, unemployment and other requirements are fully-funded through Medicaid and that the increased funds are immediately passed through the system to providers.
- The State must create a workgroup to address the workforce shortage. Among other items, this workgroup shall determine a wage that would allow the industry to attract and retain a quality workforce, along with the reimbursement that is necessary to provide that wage.

CDPA must be protected from abuse – The increasing popularity of CDPA has led many to provide the service without actually providing the consumers with an understanding of their role in the program. This threatens the long-term viability of the program by placing consumers at risk, creating liability structures that threaten the program, and, at worst, create nothing more than a scofflaw home care system. To prevent this, the State must clearly define the roles of the fiscal intermediary, the consumer and the plan. This will put in place protections to protect the integrity and safety of the system.

Community First Choice must be properly implemented and the funds redirected to community-based services – The State has committed to the Community First Choice Option (CFCO), which enhances services available to consumers in the community and provides the state with an extra 6% in Federal matching funds. We must implement this to maximize the option's goal of increasing self-direction and consumer control. To help facilitate this, the State must establish Certified Consumer Directed Peer Mentors trained to help consumers as they navigate challenges and obstacles associated with CDPA.

Increase the transparency of the Medicaid program to allow access to critical data important to monitoring use of the program – CDPA is growing rapidly; however, it is unclear just how rapidly. The Department of Health must make information readily available as to the number of people using CDPA, the average number of hours they are using, and the plans with which they are affiliated. The information should then be broken down by plan. This information will help consumers as they shop for plans, informing them as to the plans that are most receptive to CDPA and self-direction. It will help policymakers and advocates as they seek to analyze current policies, examine compliance with *Olmstead* and the Department's progress implementing the Governor's *Olmstead* plan, and develop new program options and alternatives.

Establish a budget authority model for self-direction – Since its inception, CDPA has effectively saved the State money while providing quality of care and control for consumers. Budget authority, demonstrated effective within the Office for People with Developmental Disabilities and other states, represents the next step to complement CDPA and serve as another option to increase self-direction.

Expand CDPA beyond Medicaid to Long-Term Care insurance – Currently, only those on Medicaid have access to CDPA. While those in the Enhanced In-home Services for the Elderly Program (EISEP) have access to a modified version of CDPA, there is no way for the increasing number of middle-class seniors and individuals with disabilities to use this program. Extending CDPA to Long-term care insurance would extend these individuals time off Medicaid, increase their independence and enhance their dignity while also lowering the costs associated with long-term care insurance and enhancing the stability of this model.

Establish a Care Management Bill of Rights – The State transferred individuals to managed long term care on the premise of "care management for all." However, five years later, care management has no clear meaning, and the implementation of this standard has been highly inconsistent. Some consumers do not have direct access to their care manager, while others report caseloads as high as 200 or 300 hundred individuals per care manager. To meet the original goals of care management for all, the State must establish clear guidelines for care management and ensure consumers are informed of what they can expect.

Extend the Medicaid Buy-In for Working People with Disabilities to retirees over 64 – The Medicaid Buy-In for Working People with Disabilities (MBI-WPD) was highly effective at helping people with disabilities enter the workforce. Now, as these individuals age and seek to retire, they realize that their efforts to create a savings through their time in the workforce only serves to penalize them. Their Medicaid benefits, which they heavily rely on, are dependent on them being in the workforce and under 65. This is discriminatory and against society's goal of encouraging saving for retirement and should be fixed.

Enact meaningful campaign finance reform – Increasingly, the voice of seniors and people with disabilities is lost in a political environment dominated by those who donate tens, or hundreds, of thousands of dollars to campaign and "housekeeping" accounts. The only way to restore faith in the government and the voice of those who have been disenfranchised is to remove this money from the system.

CDPAANYS is the only organization whose sole mission is to represent the interests of Consumer Directed Personal Assistance and represents fiscal intermediaries, consumers and their personal assistants. For more information, visit us online at http:www.cdpaanys.org, or call at 518-813-9537.