



CDPAANYS 2022 Budget and Legislative Agenda

Continued divestment has destabilized New York's long-term care system. Inadequate reimbursement has lowered worker wages, making access to home and community-based services (HCBS) for aging and disabled people nearly impossible. COVID-19 has served as the final crack to the system that has exacerbated a workforce shortage, leading to what can only be described as the collapse of New York's HCBS system, putting the lives of tens of thousands at immediate risk.

This is the context in which the Consumer Directed Personal Assistance Association of New York State's (CDPAANYS) 2022 Budget and Legislative Agenda was crafted. To focus on rebuilding the state's long-term care system and becoming the national leader in HCBS and community integration, CDPAANYS calls for the enactment of the following policies.

Adequately fund the home and community-based services system by passing and enacting Fair Pay for Home Care. New York is the epicenter of a nationwide workforce crisis home care services that have been caused by a decade's worth of disinvestment in the sector. Repeated cuts have driven reimbursement so low that wages have gone from approximately 165% of the minimum wage fifteen years ago to minimum wage today. This has had severe implications for aging and disabled people as they seek to access these services, with thousands getting fewer services than they are authorized to receive, and others being forced to go without services altogether. To address this crisis and restore the right to live in the community, the state must invest in the home and community-based services sector by passing Fair Pay for Home Care, which will:

- Create a home care minimum wage at 150% of the highest minimum wage in a region;
- Create a minimum regional base reimbursement rate based on actual costs that would be the lowest reimbursement the state or managed care organizations could provide in order to ensure fiscal intermediaries and other providers have the necessary funds to operate and pay workers;
- Allow for equitable reimbursement of associated administrative costs by reforming the per member, per month methodology to reflect regional cost differences; and
- Create an overtime rate for providers not legally allowed to limit hours for workers to ensure wages can be paid.

Provide Timely and Accurate CDPA Data. Cost reports are now required for both managed care and fee-for-service providers, affording more precise data about CDPA. This data must be aggregated and made publicly available to facilitate open communication and foster improvements to the program.

Ensure increased Federal funds for home and community based services are dispersed equitably. The American Recovery Plan (ARP) and, if passed, Build Back Better will create a once in a generation opportunity to reform the home and community based services in New York. However, it is critical that funds under these programs be made available to all sectors, including CDPA, particularly since Congress' intent was stated as strengthening self-directed programs across the country.

Repeal the Medicaid Global Cap. The Medicaid Global Cap is outdated and discriminatory. The global cap has disproportionately impacted aging and disabled New Yorkers, who have significantly higher Medicaid costs, and has caused harmful cuts to both eligibility and reimbursement. To properly deal with the threats facing New York today, including the estimated 30% of those who had COVID-19 that may face a permanent disability, the global cap must be repealed.

Repeal MRT II eligibility cuts and assessment procedures that limit access to CDPA. Changes to Medicaid threaten access to the high quality healthcare people rely on that promotes equity within our healthcare system. Eligibility cuts and new, onerous assessment procedures are designed to prevent access to personal care and CDPA and will harm thousands and increase costs to the health system when these individuals are forced into hospitals and higher levels of care. They must be repealed

Pass New York Health With Long-Term Care. Long-term care services are out of reach for most people. Those who buy them face rapid impoverishment and the depletion of hard-earned life savings, housing, and other resources. Younger disabled individuals face unnecessary life obstacles because they are forced to remain poor to receive the services necessary for survival. Further, the benefits that CDPA offers those who want them are not an option for two-thirds of the state's residents since the program is only available to those on Medicaid. To provide greater economic security for aging and disabled New Yorkers, protect the health of residents, and ensure every New Yorker is able to use the long-term care program that is right for them, the state must pass New York Health with a long-term care option.

Ensure policies prioritize home and community-based settings. With over 15,000 resident deaths since March 2020, COVID-19 has exposed nursing homes' long-standing inability to control infectious disease spread. With the right to live in the community as a basic human right in *Olmstead v L.C.* (by Zimring), New York must meet this obligation and:

- Repeal the carve-out of nursing home services from managed care; and
- Increase investment in Open Doors, which facilitates transferring people out of institutions.

Increase Affordable Housing Options. A lack of affordable, accessible housing hinders the state's ability to further strengthen community-based long-term care. Particularly in high-cost areas Downstate, there is a shortage of high-quality, accessible housing. Existing housing programs such as Medicaid waiver housing subsidies, Housing Choice Vouchers, and public housing must be fully funded, new programs established, and universal accessibility options must be required for all new buildings.

Fund a CDPA Peer Support Line. CDPA affords consumers control over their services, but the intricacies of the program can be complex. Financing for a CDPA peer-run information line should be established to ensure those seeking to answer questions or overcome obstacles have unbiased and accurate information from others who have used this program.

Increase Revenues by Raising Taxes on the Ultra-wealthy. New York's wealth gap is among the worst in the nation, a divide exacerbated by COVID-19. The state must increase revenues by imposing an equitable taxation system to ensure government works for those who most need it.

Establish a Budget Authority Model For CDPA. Budget authority self-direction, demonstrated effective within the Office for People with Developmental Disabilities, should be expanded to serve as an alternative for everyone in Medicaid, existing next to CDPA as an option for HCBS service provision.

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) empowers disabled people to enter the workforce without losing Medicaid coverage, but Federal law limits participation to those aged 64 and under. As people age out, their efforts to create savings prevent them from accessing the Medicaid benefits they rely on to survive. This unintended glitch in the program must be addressed.

Enact meaningful campaign finance reform. Donors who contribute thousands, or even millions, of dollars to political campaigns are drowning out the voice of seniors and the disabled. They have an outsized influence on the financing and policies of Medicaid programs. To truly reimagine long-term care and build back better, meaningful campaign finance reform must be enacted.

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.