



## *Consumer Directed Personal Assistance Association of New York State*

### **Pass A.8173B (Gonzalez-Rojas)/S.7372B (Hinchey) CDPA and Home Care Data Transparency Bill**

Medicaid covers about [44%](#) of people with disabilities living in New York State and pays for both home and community-based services (HCBS) like Consumer Directed Personal Assistance (CDPA), home care, and institutional placements. These services are administered by the Department of Health (DOH). However, while these services represent such a large portion of Medicaid spending and service usage, very little data collected by the state is available to the public, policy makers, and advocates. This makes it difficult for to fully present the scope of issues related to services including New York's worst-in-the-nation home care crisis and understand where the system can be improved. DOH does publish similar data about nursing homes and other Medicaid-paid congregate care, and extensive data exists relating to hospitals. A.8173B (Gonzalez-Rojas)/S.7372B (Hinchey) would compel DOH to publish the same aggregate data for CDPA and home care as it does for institutional settings quarterly on its website.

Despite claims over the years that CDPA was growing too fast or that too many people who do not actually need services were receiving them, policymakers and those in the community could not see this information firsthand. Further, consumers, policymakers, and others have been left in the dark regarding how managed care plans and counties across the state authorize hours, and whether there are systemic differences in the number or type of hours authorized. All of this data is critical for setting policy, determining where changes in the system are most needed, and at its base level, helping Medicaid recipients choose managed care plans.

As the home care workforce crisis has unfolded across the state, this lack of data has unfolded in other insidious manners. Lawmakers statewide are hearing from consumers and home care agencies in their districts daily who cannot recruit or retain PAs and home care workers agencies, forcing consumers to forgo services they need to live in their communities and putting them at direct risk of injury and institutionalization. However, the data needed to adequately make determinations about the level of need and the number of authorized hours unfilled has not been made available to fully assess the problem.

Medicaid accounts for a large amount of state spending. The availability of data allows the public to examine trends and details that can allow for accountability, transparency, and the ability to improve our programs. Without forcing DOH, plans, or providers to collect or provide new information or requiring disclosure of any HIPAA protected information, this legislation would make available the information DOH already collects in an easily digestible, aggregated manner to accomplish this goal.

**Passing A.8173-B/S.7372-B will bring reporting parity to Medicaid HCBS administered through DOH and greater programmatic transparency to policymakers and the public.**

*CDPAANYS is the only statewide association solely representing fiscal intermediaries, consumers and personal assistants in Consumer Directed Personal Assistance (CDPA). For more information, please contact us at 518-813-9537 or [bryan@cdpaanys.org](mailto:bryan@cdpaanys.org).*