

**STATE BUDGET ISSUES IMPACTING
OLDER NEW YORKERS AND THEIR FAMILIES
State Fiscal Year (SFY) 2018-2019 - April 1, 2018 – March 31, 2019
(Proposed by Governor- January 16, 2018)**

A. STATEWIDE'S PROGRAMS

- **Patients' Rights Hotline and Advocacy Project:** Increase StateWide's Patient Rights Helpline funding to a total of \$100,000 annually. Governor's Proposed funding is \$31,500. Current state funding is \$63,500. (A9503/S7503, Page 10 – Lines 9-12)
- **Managed Care Community Assistance Program (MCCAP):** Support funding for StateWide's MCCAP counseling services and restore total funding levels for the 6 programs to \$1,962,000, an increase of \$195,000. (A9503/S7503, page 9, Lines 13-32)

B. The NYS Office for the Aging (NYSOFA) *We were disappointed to see that there are no proposed increases in programs for the aging under the NYSOFA budget which we believe are needed to address the need of the growing older population.*

- **Community Services for the Elderly:** Increase appropriations to the Community Services for the Elderly program to reduce waiting lists where targeted by a local office for the Aging. There are still significant waiting lists (over 16,000 as reported by NYS Area Agencies on Aging) throughout the state on many vital programs, including EISEP.
- **EISEP (Expanded In-Home Services for the Elderly):** Provide sufficient funding to local offices for the aging to meet the minimum wage and cost of living increases for home care workers. Increased funds to CSE will support EISEP.
- **Naturally Occurring and Neighborhood Naturally Occurring Retirement Community (NORCs and Neighborhood NORCs):** Additional financing should be provided to allow for expansion allowing new programs to apply for funding. For each category, restore \$1million and add \$.5m for program expansion. Authorize NYSOFA to access funding earmarked for NORCS & NNORCS from the Housing/Mortgage Insurance Fund.

C. The NYS Department of Health & Medicaid

- **Elderly Pharmaceutical Insurance Coverage (EPIC)** - The program should be expanded to cover all Medicare enrollees, not just seniors, by eliminating the age threshold.
- **Spousal Impoverishment Protection** –Oppose reduction of the asset threshold to provide protection from spousal impoverishment. The budget proposes to lower this threshold to \$24,180 from the current \$74,820.
- **Spousal Refusal Authority** - Oppose repeal of the right for spousal refusal. The budget allows the current spousal refusal provision to be in place for MLTC, but not for Medicaid enrollment. Yet it is the Medicaid application that comes first. Spousal refusal is also a necessary tool to implement the Medicare Savings Program, at no cost to the state,
- **Prescription Drug:** Oppose changes to the prior authorization/prescriber prevails proposals.
- **Assisted Living Program Expansion (ALP).** Support the budget proposal to expand ALP across the state by re-deploying authorized, but un-used slots and developing new capacity.
- **Managed Long Term Care (MLTC):** There are proposed changes to the state’s Medicaid program to minimize the growth in spending. Most of these proposals change requirements to reduce enrollment in the Medicaid Managed Long Term Care Program (MLTC). Impacted enrollees would still be eligible for benefits, but would need to contact their local Medicaid office to get service. We are concerned because most of the local offices reduced staff and services when MLTC took over responsibility for managing enrollees long term care needs. If changes go through as proposed, there must be assurances that the local social services office will be ready to provide case management and have home care service contracts in place.

Some of the proposals would:

- require a continuous 120 days of community-based services for MLTC eligibility;
- only Medicaid enrollees with a higher assessed need (score on the Uniform Assessment tool over 9) will be included in MLTC;
- exclude Medicaid enrollees who have more than 6 months of residence in a nursing home from participating in a MLTC program, leaving care coordination to only nursing home staff;

- disenroll those who have not received home or personal care services, within 30 days of enrollment; (With the home care services shortages, many enrollees cannot get timely services.)
 - prohibit MLTC enrollees from changing plans for 12 months after initial enrollment, unless they can demonstrate good cause;
 - removing the transportation benefit from the MLTC services – Medicaid enrollees would arrange directly with the state’s designated transportation provider for medical transportation services and the provider would be paid on a fee for service basis by Medicaid. We recommend that transportation providers provide door to door service where needed rather than merely curb to curb. Ensure beneficiary education and ombudsman services to minimize gaps in service.
- **Home Care:** The Governor’s proposal does not sufficiently address the crisis in home care and the shortage of home care aides. Create incentives for the recruitment and retention of home care workers under both Medicaid and EISEP (NYSOFA program) to truly address the shortage that otherwise will result in more nursing home placements for those who would prefer to receive care at home.

Long Term Care Planning Council -The Governor’s State of the State Message included his pledge to launch a Council to examine New York’s long-term care system. The Council will prepare a strategic plan to meet the emerging needs of New York’s aging population over the next decade. We urge the Governor to make sure the voices of consumers are heard by including consumer representation on the Council.

Rural Home Care Study - The Proposed Budget directs the Department of Health to conduct a study of home and community-based services in rural areas of the State. Provides a \$1.5 million Medicaid rate increases to support improved availability of home and community-based services in rural counties. More funding is needed to address the crisis.

Minimum Wage Funding - The Budget proposal includes funding to support salary increases to direct care workers employed by not-for-profit organizations rendering mental hygiene services on behalf of OPWDD, OMH or OASAS. We also support the increased Medicaid reimbursement to address the increased minimum wage. We recommend that NYS Office for Aging direct care contractors also receive a boost in funding to address the increased salary needed to meet the minimum wage. Further, we recommend that not for profit agencies contracting with the state for services receive enhanced funding to meet recruitment and retention needs.

D. Economic Security and Property Tax Changes

- **SSI:** Enact the pass-thru of the federal COLA effective within the first six months of calendar year 2019.
- **Retirement Security:** Enact budget legislation to allow the New York State Deferred Compensation Board to create a voluntary retirement savings program for private sector employees.
- **State Retiree Health Insurance Reform :** Oppose the Governor's reductions in the state retiree insurance benefit that transfer some of the state's share of costs to retirees. These proposals represent a significant diminishment of established health care benefits for retirees enrolled in the New York State Health Insurance Program (NYSHIP).
- **Real Property Tax STAR Program –**
 - Oppose capping the annual growth at zero.
 - Oppose making Income Verification Procedure (IVP) mandatory.

E. Elections

- Institute public campaign financing and reform rules related to Limited Liability Corps. by limiting campaign contributions to \$5,000, requiring LLCs that make contributions to identify all owners and attribute proportionately to the ownership.
- Allow early voting, recommend more than one polling place for early voting to improve accessibility.
- Allow voters to register up to, and including on, Election Day.
- Allow automatic voter registration through DMV, unless a user opts out.