

**STATE BUDGET ISSUES IMPACTING
OLDER NEW YORKERS AND THEIR FAMILIES
State Fiscal Year (SFY) 2019-2020 - April 1, 2019 – March 31, 2020
(Proposed by Governor- January 15, 2018)**

A. STATEWIDE'S PROGRAMS

- **Patients' Rights Hotline and Advocacy Project:** Increase StateWide's Patient Rights Helpline funding with \$100,000 appropriation. Governor's Proposed funding is \$31,500. Current state funding is \$131,500. (A2003/S1503, Page 6 – Lines 22-25)
- **Managed Care Community Assistance Program (MCCAP):** Increase funding for StateWide's MCCAP counseling services to improve community outreach and ensure that more NY residents get Medicare premium and drug coverage assistance. Add \$1million to the totals received by six Not for Profit Agencies providing these services, thereby increasing StateWide's funding by \$200,399. (A2003/S1503, page 5, Lines 40-41)

B. The NYS Office for the Aging (NYSOFA)

- **Community Services for the Elderly (CSE):** We are pleased that the Governor's proposed budget maintained the SFY 2018-19 level of funding for CSE, including the additional funds appropriated by the Legislature. Constituents continue to report unmet needs, particularly in home care services throughout the state, regardless of the ability to pay or source of payment. Increase appropriations to the Community Services for the Elderly program to reduce waiting lists where targeted by a **local** office for the Aging.
- **EISEP (Expanded In-Home Services for the Elderly):** EISEP provides non-medical in-home services, case management, non-institutional respite and ancillary services. EISEP assists older adults (non-Medicaid enrollees) who want to remain at home and need assistance with Activities of Daily Living (ADLs) such as dressing, bathing and personal care, and Instrumental Activities of Daily Living (IADLs) such as shopping and cooking. Provide sufficient funding to local offices for the aging to meet the minimum wage and cost of living increases needed to recruit and retain a qualified workforce for case management and home care services.
- **The Governor's Executive Budget proposed two new budget items related to services for older New Yorkers through the NYS Office for Aging that are of concern:**

1. adding \$15m to the EISEP program while granting expanded authority to NYSOFA to adjust budget lines. (A2003/S1503, Page 3, Lines 13-37)

This proposal adds new funding to NYSOFA programs from the Medicaid Global Cap, based on the assumption that Medicaid will achieve savings by clients using Aging services and preventing or delaying Medicaid eligibility, a philosophy that we support.

However, the budget fails to recognize that the greatest unmet need, and therefore the reason for most waiting lists, is the shortage of home care workers to provide assistance to older residents in their homes. Strategies need to be developed to support home care worker and case management recruitment and retention.

New authority is granted to NYSOFA to distribute these new funds for any type of service, not just EISEP, based on where NYSOFA believes there is a need for services. This means that if the funds cannot be spent on EISEP because of the workforce shortage, they can be spent by NYSOFA on any other service and given to any area of the state where NYSOFA chooses.

We prefer that the \$15m be moved to the CSE section, distributed equitably throughout the state, giving local Aging Commissioners the ability to determine how to spend the funds to address the highest level of needs. Appropriating the enhanced funding through CSE will keep decisions about unmet need in local hands.

If NYSOFA is to be given new authority to distribute funding as they see fit, there should be:

- a. Elimination of new authority proposed to allow NYSOFA to decrease spending from any funded program in the aging service budget in order to meet unmet needs,*
- b. Data reports on where there are shortages of services and the type of services needed, prior to any funds being expended,*
- c. A requirement that the Advisory Committee on Aging (in current Elder Law Section 210) shall review data reports and advise the Office on distribution of funding allocated under this budget provision.*
- d. Data reports after spending has been approved to provide transparency on how the money is being spent, in which communities, for which services and by which providers,*
- e. A report to the Legislature at the end of the fiscal year that identifies where there is unmet need and existing barriers to addressing the need for services.*

f. *An evaluation of the funds spent and future budget allocations that are specific to designated program areas rather than the discretion of NYSOFA.*

2. **the creation of an optional private pay model.** (A2007/S1507, Part U, Page 111)

This language allows local offices for aging to charge individuals above 400% of the Federal poverty limit (Household size 1 = \$48,560, 2018 guidelines) above the full cost of the services they receive. Profit resulting from these payments would be reinvested in local aging services. Counties would have the discretion to opt-in to the program.

The Governor's message claims that middle income New Yorkers "have limited access to government programs under the SOFA network" and that this language "authorizes counties to work with SOFA to allow middle-income New Yorkers to purchase SOFA services with private dollars to expand access to services in their communities." Anyone currently receiving services would not have to pay more for services in the future under this proposal.

StateWide is concerned that the message to middle-income residents is that they cannot get services now. Many do receive services, such as case management, congregate and home delivered meals, transportation, family caregiver supports, insurance counseling and information and assistance, without consideration of their income. EISEP currently charges those above 250% of FPL full cost.

Missing from the narrative is that any limitation on services has been two-fold:

- the government's unwillingness to adequately fund services to keep pace with demand, and
- the inability to provide EISEP in-home services due to a home health worker shortage that is unaddressed by this proposal.

We support initiatives to incentivize innovations for improving access to services for all older residents. We recommend that since the Optional Private Pay Model language is so permissive, and so vague, it might be better examined as a free standing bill with public hearings and debate.

Alternatively, the proposal might make more sense as a demonstration project, for a two year period, with review by the Legislature to continue or expand the proposal after reviewing the protocols developed and receiving assurances that the cost shift onto middle income residents was not burdensome, and the change in accessing services does not impede the ability of lower income residents from receiving services in a timely matter.

C. Elderly Pharmaceutical Insurance Coverage (EPIC) - The program should be expanded to cover all Medicare enrollees, not just seniors, by eliminating the age threshold.

The Governor's budget reduces benefit funding by \$11,223,000. Justification for this cut is that the Affordable Care Act continues to phase-out the Medicare Part D coverage gap (donut hole) and the state will have a savings as a result.

Rather than cut the funding, we support including all Medicare enrollees in the program to offset Medicare prescription drug costs by including persons with disabilities younger than age 65, so that EPIC works for everyone on Medicare regardless of age. Additionally, we want to see the EPIC program cover medical marijuana.