

STATE WIDE

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The State Fiscal Year (SFY) 2019-20 Proposed Executive Budget includes many issues impacting older New Yorkers that should be addressed or modified.

OFFICE FOR AGING – The funding items in the NYS Office for Aging are found in a separate document.

DEPARTMENT OF HEALTH

Medicaid –

Reduction in Fiscal Intermediaries for the Consumer Directed Program. The Governor’s proposal reduces the number of agents that can be registered as Fiscal Intermediaries and also reduces the administrative fees allowable, by underestimating costs, for the remaining agents’ services. The state and Managed Long Term Care companies have been encouraging Medicaid enrollees to receive their services through the consumer directed model, this has been particularly true to meet the need for home care services during the ongoing home care worker shortage. It should be noted that some of the consumer directed fiscal intermediaries also serve the EISEP (non-Medicaid) population, and changes proposed under Medicaid would further destabilize home care services being delivered under the NYSOFA model by reducing the fiscal intermediaries that are able to remain in business.

Recommendation: Reject the Governor’s proposed limitations to ensure that there are no new barriers to accessing culturally and language competent fiscal intermediaries, and no disruption in continuity of care for the health care consumers and their chosen aides under the Consumer Directed model.

Medicaid Spousal Refusal Authority – The Governor’s proposal makes it harder for the community spouse to refuse spousal support for the noninstitutionalized spouse, keeping the right only for those enrolled in a Managed Long Term Care (MLTC) or other Waiver, or when the spouse needing Medicaid is in Nursing homes. Spousal refusal has been a useful tool that reduces impoverishment and

allows for quicker Medicaid enrollment and start of essential home and community-based services. It also allows for enrollment in the Medicare Savings Program to offset the cost of Medicare premiums and out of pocket costs.

Recommendation: Oppose efforts to constrict the right for spousal refusal

Medicaid Prescription Drug Coverage – The Governor’s proposal would increase the copay charged for over-the-counter drugs from \$0.50 to \$1.00 and eliminate the consumer protection to receiving the right drug by proposed elimination of Prescriber Prevails language from Medicaid fee-for-service and managed care plans.

Recommendation: Oppose these proposals that will negatively impact access to over the counter and prescribed drugs that impoverished patients need.

Change in Payment for Providers to Dually Eligible (both Medicare & Medicaid insured) Patients: Limits the amount paid towards Medicaid Part B deductibles, and ambulance and psychologist services, so that these payments do not exceed the amount that would otherwise be paid for a Medicaid only enrollee. The state is reaping a savings by reducing provider payments, and rules prohibit the providers from billing Medicaid enrollees for shortfalls.

Recommendation: Oppose this provider reduction that may make it more difficult to find medical, psychology and ambulance providers willing to serve the dual eligible population.

Changing Medicaid Transportation Management – Currently, Medicaid Managed Long Term Care clients access transportation services through their MLTC plan. Accessing transportation has been problematic for years, and improvements need to be made.

Recommendation: Proceed cautiously on making additional transportation management changes that may make it more difficult for vulnerable MLTC clients to get to the services they need. Continue to have the MLTC plans manage the transportation service, but improve accountability and clients’ rights for advocacy within the plan.

Universal Coverage - We are concerned that the Governor has proposed a commission to study “universal access to high-quality, affordable healthcare....including strengthening our commercial insurance market...” rather

than moving forward to establish Improved Medicare for All, as articulated in the model NY Health legislation.

Recommendation: Do not delay passage of NY Health, a plan that will improve benefits and lower costs for most New Yorkers, and will include coverage for long term care.

EPIC - We oppose cuts to the Elderly Pharmaceutical Insurance Coverage (EPIC) program, as proposed by the Governor. The Governor's budget reduces Aid to Localities EPIC funding by about 9%, reducing program 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.

Recommendation: Use the savings to expand eligibility to Medicare enrollees under the age of 65 to offset Medicare prescription drug costs. Additionally, cover medical marijuana under the state's EPIC program.

Home Care: The Governor's proposal does not sufficiently address the crisis in home care and the shortage of home care aides.

Recommendation: 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.

HOUSING

Foreclosure Prevention - Legal help is critical for low-income older adults who are at risk of losing their housing through eviction or foreclosure. The Governor's budget cuts needed resources to support access to legal resources. Funding and services would be drastically reduced as of March 31.

Recommendation: Restore \$20 million in funding to the Homeowner Protection Program to continue critical services for vulnerable homeowners.

STATE RETIREE BENEFITS

State Retiree Health Insurance: The proposals create different levels of premium based on the years of service, eliminate the state's reimbursement for the Medicare

Part B Income Related Monthly Adjustment Amounts (IRMAA) and freeze Medicare Part B reimbursement at 2019 levels.

Recommendation: Oppose. These proposals represent a significant diminishment of established health care benefits for retirees enrolled in the New York State Health Insurance Program (NYSHIP) and transfers some of the state's share of costs to retirees.