

SUMMARY OF STATE BUDGET RECOMMENDATIONS SFY 2020-21

NY StateWide Senior Action Council's Patients Rights Helpline:

Recommendation:

1. Maintain the program at the SFY 2019-2020 level, by adding an appropriation of \$100,000 above the Governor's proposed baseline funding of \$31,500.
2. Reappropriate \$100,000 from SFY 2019-20 due to delays in contracting with NYSOFA. (S7503/A9503 Page 8, Line 27-30)

Managed Care Consumer Assistance Program (MCCAP):

Recommendation: Increase funding for the MCCAP by \$1m, with the increase proportionately distributed among the 6 providers. This would increase StateWide's MCCAP program by \$200,399 so that it could increase its capacity in reaching more underserved and hard to reach seniors who are not accessing all of the benefits programs for which they rightfully qualify. (S7503/A9503 Page 7, Lines 30-49)

Community Services for the Elderly (CSE).

Recommendation: Add \$2,182,810 (7%) additional funds be provided to the CSE section, giving local Aging Commissioners the ability to determine how to spend the funds to address the highest level of emerging needs. Ensure that there is no local match required for additional funding. (S7503/A9503 Page 5, Line 6)

Reporting on Unmet Need and Insufficient Capacity to Deliver Aging Services.

Recommendation: Add language to the currently required budget study on unmet need (S7503/A9503 Page 5, Lines 32-41) to identify **capacity barriers**, such as the personal care worker shortage that limits the ability to spend EISEP appropriations.

Medicaid:

Recommendation:

1. Ensure changes do not result in inappropriate denials that will impact applicants to an entitlement program.
2. Ensure that consumer advocates have a seat on the new Medicaid Redesign Team.

Medicaid Savings

Recommendation: The Medicare Savings Program should take advantage of all federal options to streamline its enrollment and reapplication processes and equalizing the eligibility standards between the MSP (135% of the FPL) and the federally funded Low Income Subsidy/Extra Help (150% of FPL.)

- Note: According to a report by the National Council on Aging, ***Louisiana reported savings of \$1.7 million a year due to instituting ex parte renewal, while also greatly increasing retention rates for the benefits.***

The Elderly Pharmaceutical Insurance Coverage (EPIC) program

Recommendation: Oppose the proposed cut to the EPIC program of \$16,944,000.

Address the Home Care Worker Shortage

Recommendation: Fund a new Home Care Jobs Innovation Fund at \$15 million over three years.



STATE BUDGET RECOMMENDATIONS SFY 2020-21

S7503/A9503 Aid to Localities Budget

Patients Rights Helpline: Since 1987, NY StateWide Senior Action Council (StateWide) has received state budget funding through the NYS Office for the Aging (NYSOFA) to educate and empower seniors to uphold their health care consumer rights.

Recommendation: StateWide requests the Legislature maintain the program at the SFY 2019-2020 level, by adding an appropriation of \$100,000 above the Governor's proposed baseline funding of \$31,500. Further, StateWide requests that the Legislature reappropriate \$100,000 from SFY 2019-20 due to delays in contracting with NYSOFA. (S7503/A9503 Page 8, Line 27-30)

Managed Care Consumer Assistance Program (MCCAP): Since 2004, we have received state budget funding through NYSOFA to provide Elderly Pharmaceutical Insurance Coverage (EPIC) Medicare enrollment and pharmaceutical assistance program counseling. Counselors also provide enrollment assistance in the Medicare Savings Program (MSP) that gives low income Medicare enrollees premium relief and Extra Help prescription drug assistance. Only 38% of eligible New Yorkers are receiving the benefit – far under the national average of 51%, making New York one of six states with the lowest enrollment.

Recommendation: Increase funding for the Managed Care Consumer Assistance program by \$1m, with the increase proportionately distributed among the 6 providers. This would increase StateWide's MCCAP program by \$200,399 so that it could increase its capacity in reaching more underserved and hard to reach seniors who are not accessing all of the benefits programs for which they rightfully qualify. (S7503/A9503 Page 7, Lines 30-49)

Community Services for the Elderly (CSE). Additional resources should be allocated to address the needs of an aging population, to address emerging unmet and unidentified need, and to build the infrastructure to prepare for future need of a growing elder population. The US House of Representatives has recommended a 7% increase in funds to such Older Americans Act programs.

Recommendation: Add \$2,182,810 (7%) additional funds be provided to the CSE section, giving local Aging Commissioners the ability to determine how to spend the funds to address the highest level of needs. Ensure that there is no local match required for additional funding. (S7503/A9503 Page 5, Line 6)

Reporting on Unmet Need and Insufficient Capacity to Deliver Aging Services.

We support S6586/A7504, requiring an annual report to the Legislature on unmet need due to insufficient resources **or capacity** related to services provided through the Office for Aging. (This bill Passed the Assembly in 2019.)

Recommendation: Add language to the currently required budget study on unmet need (S7503/A9503 Page 5, Lines 32-41) to identify capacity barriers, such as the personal care worker shortage that limits the ability to spend EISEP appropriations.

Medicaid: StateWide has been reporting on the rapidly growing population of older New Yorkers, including those most likely to need long term care services and supports (LTCSS). It should, therefore, be no surprise to the state that the portion of the Medicaid budget related to LTCSS would be experiencing rapid growth. We are disturbed that the Governor points to this sector as the problem causing the structural deficit, implying that programs and services need to be cut.

The Governor proposes to put the burden on local Social Services departments to provide cost control strategies when their only option is to reduce processing of new applications. That will result in enrollment delays and inappropriate denials that will impact applicants to an entitlement program.

Recommendation:When the Medicaid Redesign Team is formed to make recommendations to reduce Medicaid's structural Medicaid budget gap, we strongly recommend that consumer advocates have a place at the table.

Medicaid Savings

The Medicare Savings Program is funded through a state and federal partnership, administered and budgeted within the state's Medicaid program. The federal government allows for several state options that will allow the state to save money.

Recommendation: The Medicare Savings Program should take advantage of all federal options to streamline its enrollment and reapplication processes and equalizing the eligibility standards between the MSP and the federally funded Low Income Subsidy/Extra Help.

- Note: According to a report by the National Council on Aging, *Louisiana reported savings of \$1.7 million a year due to instituting ex parte renewal, while also greatly increasing retention rates for the benefits.*

The Elderly Pharmaceutical Insurance Coverage (EPIC) program is essential to help older residents offset the costs of their prescription drugs and for lower income enrollees, also helps offset premiums for Medicare drug coverage. As you are aware, the population of older New Yorkers is growing, and the per cent of seniors living in or close to the edge of poverty is also growing. The EPIC program is an important safety net; it should not be cut. Further, we object to program changes that have already occurred, outside of the legislative process, to reduce benefits for some enrollees or make it more difficult to enroll. (ie. Elimination of payment of Medicare Part D late enrollment penalty went into effect 10/1/19. New onerous program application was posted 1/1/20.)

Recommendation: Oppose the proposed cut to the EPIC program of \$16,944,000.

Address the Home Care Worker Shortage

Address the home care/personal care capacity issues in a comprehensive manner so that the traditional medical/health home care worker shortage and the aging/EISEP home care worker shortage are addressed together, and that solutions for one sector do not create further problems for the other. As New

York's home care providers struggle to recruit and retain workers, they unfortunately lack the resources to test innovative solutions to this problem.

Recommendation: This year's budget should include funding to support pilot projects throughout the state that boost the number of home care workers that enter and remain in the field. Set aside funding to develop innovative pilot projects to incentivize the growth of the home care workforce, which would be tested and replicable throughout different areas of New York State. We recommend that a new Home Care Jobs Innovation Fund is funded at \$15 million over three years.