Center for Disability Rights, Inc.

Analysis of the 2010-2011 Executive Budget: proposals that impact people with disabilities

February 23, 2010

> "A redistribution in long-term care spending from institutional to noninstitutional settings, and from agency to independent providers, appears to offer the potential for a sizable reduction in spending or for an expansion of services to a broader population for the same expenditure."
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> *- Health Affairs, Kaye et al., Vol. 9, No. 1 January 2010*

The Center for Disability Rights, Inc. (CDR) is a non-profit Independent Living Center providing services and advocacy to people of all ages and with all types of disabilities. CDR is headquartered in Rochester, NY, with offices in Geneva, Corning, Albany, and New York City. Each year, CDR closely reviews and responds to the Executive's proposed budget. CDR's response focuses on the proposed budget's impact on people with disabilities and, more specifically, how the budget affects the ability of people with disabilities to live independently in the community.

The State's disability community has been advocating for policy changes in New York that would increase the independence of seniors and people with disabilities *and* save the State money by reducing Medicaid expenditures. Even in the face of serious financial difficulties, New York State has a great opportunity to improve the lives of seniors and people with disabilities by supporting them to live in the most integrated setting as mandated by the 1999 U.S. Supreme Court's decision in *Olmstead*. Unfortunately, instead of developing state policy that promotes savings through people receiving services in the most integrated setting appropriate for their needs, the Administration has once again proposed significant Medicaid cuts that directly impact people's ability to transition to or remain in the community.

Long Term Care

Oppose

(1) Oppose: Cap on traditional personal care hours at 12

In the 2010-2011 Executive Budget, the Governor proposes a requirement that individuals who are assessed to need more than 12 hours of personal care services a day on average within an authorization period to switch to another program, such as the Long Term Home Health Care Program (LTHHCP), the Nursing Home Transition and Diversion Waiver (NHTD), or the Medicaid Managed Long Term Care Program (MLTC). The State originally projected savings of $30M in 2010-11 and $48.7M in 2011-12 [S.6608/A.9708, Part C Sec 13 and 13-b]. The 21-day amendments modified the original proposal from targeting traditional personal care and consumer directed personal care consumers to only those in traditional personal care and the State maintained the $30M savings level.

This proposal is clearly an example of discrimination based on extent of disability.

Targeting people who are the most significantly disabled, yet living in the most integrated setting possible, is imprudent and discriminatory. We vehemently oppose this proposal. The Administration's actions have the potential to reverse thirty years of progress in disability policy, ultimately costing the State more in institutional care. There are a myriad of flaws with this proposal and, in the end, these alternative programs will not be able to serve this population.

(a) Proposal to shift to Nursing Home Transition and Diversion Waiver (NHTD)

- While theoretically a good option, the NHTD waiver has been the victim of massive infrastructure and bureaucratic problems created by the NYS Department of Health! Providers are currently struggling to enroll a slow trickle of applicants in the face of numerous administrative obstacles, let alone the potential flood that this proposal presents. For example, the waiver is in program year three and there are currently only 23 enrollees in NYC.
- The number of slots in the waiver is currently capped and cannot be increased without Federal approval. This could obstruct the over 22,000 people currently in nursing facilities in NYS, who have indicated that they wish to return to the community, from getting onto the waiver.
- The aggregate cost effectiveness of the waiver will be compromised by the disproportionate and rapid influx of people with significant needs.
- In part to address the limitations on waiver slots, the State is proposing an NHTD program whereby the State will supplement the cost difference for those who cannot access the NHTD waiver. CDR asks: how is this a cost savings proposal? If there are "extra" funds for a state-NHTD Program, then why not redirect these funds toward expanding the waiver or maintaining current federally matched personal care options?

Instead of cutting services to save money, NYS should…

establish an expedited enrollment process for NHTD.

The Department of Health should create an expedited enrollment process for the NHTD waiver. An expedited enrollment process would (1) allow people to transition directly from the hospital to their homes; (2) it would provide a mechanism for people who do go to a nursing facility for rehabilitation to be able to quickly return to the community; and (3) it would increase the number of enrollees on the waiver, as well as allow the State to draw down Money Follows the Person (MFP) funds. This approach would promote the concept that the individual is expected to be as independent as possible and help them return home with more cost-effective services. CDR projects that the State could **save $16.1M in the state-share** in one year by diverting people from institutional placement and gradually enrolling people via an expedited enrollment process.

The Center for Disability Rights is a strong advocate for the waiver and supports efforts to expand enrollment, but not at the expense of consumer choice. If the State is looking to save significant funds in long term care, then the State must resolve bureaucratic issues within the waiver and establish an expedited enrollment process to allow people to more efficiently enroll.

(b) Proposal to shift to Long Term Home Health Care Program (LTHHCP)

- The LTHHCP has an <u>individual</u> cost cap of 75% cost of a nursing facility; not an aggregate cap that looks at the average of all program enrollees. Consequently, the vast majority of people targeted in this proposal would not be eligible for this program.
- It is highly improbable that any more than an extremely small number of individuals receiving more than 12 hours of personal care could even qualify for the LTHHCP.

(c) Proposal to shift to Medicaid Managed Long Term Care Program (MLTCP)

- MLTCP is a voluntary program and people should never be forced into it.
- Several MLTCP providers have indicated that they will not be able to afford to serve the influx of high service consumers because of the need for balancing budgets within aggregate managed care cost caps.

Consequences of all of the proposals:

- *Lack of choice!* For individuals who receive services in traditional personal care, they may be forced into a program that they do not prefer, resulting in a disruption of services.
- *Unemployment and loss of benefits!* Personal care attendants will loose their jobs and often their benefits. In some regions, well managed personal care programs provide better direct care worker wages and benefits than other service delivery models.
- *Loss of available workforce!* A large number of the affected workers will not continue to provide home services and there will be significant disruptions in services for the consumers. Does the state really want to limit the available workforce when workforce shortage is frequently identified as a significant problem in long term care?

(2) Oppose: Cash assessment increase from .35% to .7%

The proposed assessment of providers' (CHHAs, LTHHCP, LHCSAs and CDPAP providers) gross receipts will increase from .35% to of .7% of the provider's gross receipts starting April 1, 2010. CDR fought this proposal in the last budget. This is a cut in state investment in home care/personal care and a tax on providers who are already struggling to support people in the community. The state projects savings at $17.6M for 2010-11 and $19.2M for 2011-12. [S.6608/A.9708 Part C Sec 7-Sec 11]

(3) Oppose: Elimination of 2010 trend factor

Operating expenses increase every year. Eliminating the trend factor increases the challenges to operating cost effective alternatives to institutions. This approach further reduces reimbursements. CDR is currently operating on the 2007 base year. The State projects savings at $25.8M in 2010-2011 and $32.3M in 2011-12. [S.6608/A.9708 Part B Sec 1]

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focus on transitioning the institutionalized New Yorkers who wish to return to the community.

According to the 2009 3rd quarter report of CMS' Minimum Data Set (Q1A), there are currently 22,027 New Yorkers living in nursing facilities who have indicated they wish to return to the community. Institutionalizing these individuals, despite the fact that they want to live in the community, costs over $2.5 billion. Even if the state only realized 85% of the TBI waiver's savings and transitions 25% of the Medicaid-eligible individuals who have expressed a desire for community-based living, gradually over one year, CDR estimates NYS would **save $16.3M** in the state-share.

(4) Oppose: Elimination of the 2010 Human Services Cost of Living Adjustment (COLA)

This would impact providers under designated Human Services programs, including OMRDD, OMH, OASAS, DOH, SOFA and OCFS. There will be no COLA for the purpose of setting rates, contracts, or any other reimbursements. Direct care workers, who are employed through human services programs, are already significantly underpaid for their work. Recruitment and retention of quality direct care workers is essential to supporting community-based care. By not supporting direct care workers who provide services to people with disabilities in the community, the state is once again establishing policies that are inconsistent with its claim that they support reducing institutional placements in favor of community-based care. Appropriate wages and benefits for these workers are *a critical component* of reforming long term care services toward community-based initiatives. [S.6608/A.9708 Part N]

(5) Oppose: SNF Quality Incentive Pool
According to 2007 Thomas-Reuters data, in terms of per capita spending by states, New York spends dramatically more for nursing facility care than other states, three times more than Washington State. In fact, only two other states – Connecticut and Pennsylvania – spend more than $300 per day per capita on nursing facility placements, like New York.

At a time when drastic budget proposals target seniors and disabled people living in the community, it is unconscionable to put additional money into the nursing facilities. This is clearly institutionally biased. While these are not new monies – rather, the State is shifting existing monies from the nursing home rebasement reform – it is still concerning that the State is not doing the *right* shifts. The State needs to stop investing in this antiquated and dysfunctional model of long term care and shift monies toward consumer directed personal care and other community-based programs. While we recognize that for those who are unfortunately trapped in an institution there is a need for high quality of care, this proposal comes at a time when every dollar counts and any investment into institutions is a poor investment for the State. [S.6608/A.9708 Part C Sec 5-a]

If the State can find $50M to redirect toward a quality pool for nursing facilities, than the State can find $30M to eliminate the personal care cap proposal.

Similarly, there appears to be an appropriation for an Adult Home Quality Enhancement Account. According to DOH, this funding comes from the consolidation of various adult home-related programs. More information is necessary; however, in the wake of *DAI v. Paterson*, putting money into adult homes does not support the direction of the State to end discriminatory segregated residences. These funds should be redirected to community-based alternatives, not shuffled back into the same outmoded facilities. [S. 6604/A.9704, Department of Health]

(6) Oppose: CHHA episodic payment system
The subgroup to the 2009 legislatively formed Home Health Care Reimbursement Work Group issued a report as an addendum to the formal Work Group Interim Report that outlines their concerns over the proposed episodic payment system for CHHAs. According to the subgroup, which is represented by LHCSAs, CHHAs, and consumer advocates,

> "…the methodology for the treatment of outliers is seriously flawed. Consumer and provider representatives on the Workgroup cannot support the system as proposed because the modeling conducted by Workgroup members confirmed that the Department's proposed episodic payment system will result in substantial losses every single 60-day period for the remainder of a young disabled person's lifetime. This will require providers to 'balance' the number of these high need, high loss patients with many more patients who <u>might</u> represent a financial gain, thereby creating the need to limit access for patients such as those with HIV/AIDS, Multiple Sclerosis, the OMRDD population and those with complex non-healing wounds (such as individuals with paraplegia, quadriplegia)."

CDR echoes the concerns identified by this subgroup that the proposed episodic system has a built-in disincentive for home care agencies to serve people with significant disabilities.

There are a few positive elements in the proposal in Article VII: (a) It is delayed until 2012, which will give DOH more time to correctly implement the system. (b) The originally proposed

elimination of contracting between CHHAs and LHCSAs is off the table, which is a win for people with disabilities. (c) It exempts children under 18 and "other discrete groups as determined by the Commissioner," which provides some room for discussion. (d) There is a small quality incentive pool. However, we still approach this proposal very cautiously and more information is needed. [S.6608/A.9708 Part C Section 14] We absolutely do not support reforms that result in reduced access to community-based care.

(7) Oppose: Voluntary Residential Health Care Facility Rightsizing Demonstration Program
This demo would encourage nursing facilities to convert up to 5,000 beds statewide into "another type of program." An additional 2,500 beds was added to the originally planned 2,500. This appears to be another attempt by the State to encourage nursing facilities to operate as institutions of a different color (i.e. convert nursing facility beds to assisted living beds). We were not in support of last year's proposal to convert 6,000 nursing home beds into Assisted Living Program (ALP) beds because, as is with the nursing facility quality pool, these are misdirected efforts. These facilities are still a form of segregated institutional placement. In fact, some ALPs operate in the same building as a nursing facility and some are just converted beds, an alternative to genuine right-sizing. Furthermore, the State has still not extended the enhanced assisted living regulations to ALPs. A better solution would be for NYS to reduce nursing facility beds and conversely increase home and community-based funding. [S.6608/A.9708 Part C Section 23]

Support

(8) Support: County LTC Financing Demonstration Program
This demonstration authorizes up to five counties to participate in a County Long Term Care Financing Demonstration Program. The purpose of the demo is to provide incentives for counties to reduce beds and ultimately close their county-operated nursing facilities and then redirect the funds toward enhancing community-based services. Community-based programs include, but are not limited to, PACE, LTHHCP, MLTC, adult day services, expanded senior housing, and assisted living programs. Most notable is the state's authorization to counties to provide subsidies to private skilled nursing facilities to accept residents who are hard to place (e.g. behavioral). [S.6608/A.9708 Part C Section 21]

While all counties would benefit, CDR is particularly pleased to see this proposal on the table during a time when Albany County's long term care plan is highly contested. County Executive Mike Breslin has committed to focusing the County's budget on community-based alternatives; however, the County Legislature is pushing back and demanding that the County build a new skilled nursing facility. This debate has been ongoing for about a year and has been extremely intense, often devolving into political gamesmanship. Albany County has the potential to be a model for community-based long term care supports and services, but instead they may be heading down the counter-productive and costly road of rebuilding the status quo. These types of demonstrations, as the Administration is proposing, are exactly the kind of forward thinking that NYS needs.

(9) Support: LTHHCP reassessment from 120 to 180 days
This is a cost savings proposal that will not negatively impact people with disabilities' access to services. It is about reducing paperwork and streamlining an already cumbersome system for dual eligibles on Medicare and Medicaid in the Long Term Home Health Care Program (LTHHCP). The State projects a savings of $.6M in 2010-11 and $1.5 in 2011-12. [S.6608/A.9708 Part C Section 15]

(10) Support: Allow HC providers to collaborate under dual waivers to jointly provide services
There are some individuals who are enrolled in the LTHHCP waiver but require non-health related services through alternative waiver programs, such as through HIV/AIDS programs. However, due to DOH's restrictive interpretation of CMS' regulations, individuals must choose one program. This proposal would allow individuals to receive case management services from the program that best suits their needs, regardless of the waiver that currently serves them. This is an attempt to better meet consumers' needs for case management across complex, silo'ed systems of service delivery. [S.6608/A.9708 Part C Section 16]

(11) Support: Create a Federal-State Medicare Shared Cost Savings Partnership Program
This appears to be an attempt by the state to draw down federal Medicare dollars by recouping savings attributable to the Medicaid system. Currently, when Medicaid-funded programs and services reduce hospitalization or physician visits, the savings are attributed to Medicare and the State does not recover the savings to the Medicaid system. This proposal, which requires federal approval, would work to rectify this systems gap and reinvest the savings in the State's health care system. [S.6608/A.9708 Part C Section 19]

(12) Support: Stricter penalties for LHCSAs that do not report
This emerged from the Home Health Care Work Group in response to the Department of Health's claim that more than half of Licensed Home Care Services Agencies do not submit state required reports on time. This data is essential to formulating the policy directives of the State and CDR supports efforts to increase transparency. [S.6608/A.9708 Part C Section 18]

(13) Support: Medicaid streamlining initiatives
Finally, after years of pushing for Medicaid streamlining initiatives that benefit general Medicaid consumers but excluded the aged, blind and disabled consumers, the Governor has made a proposal for the long term care population. Individuals who receive Medicaid long term care services in community-based programs ("including but not limited to waiver services provided or authorized by the OMRDD") will be able to personally attest to their income for *recertification* into the same program. CDR recommends strengthening the language to ensure that all consumers in community-based programs are eligible because confusion could arise from the OMRDD-specific reference in the bill. If the consumer switches to a different program, then they will be subject to standard income attestments and documentation. [S.6608/A.9708 Part B Section 47-48]. However, it should also be noted that the streamlining enrollment initiatives (i.e. asset test, fingerprinting, face-to-face interviews) that were enacted in the last budget for the general Medicaid population have still not been extended to the SSI population and we urge the State to make these available to people with disabilities.

(14) Support: LTC Financing Demo Program
This demonstration, based off of the former "New York State Compact," would be available for up to 5,000 individuals statewide to enter into a program to receive long term care services without having to spend down to Medicaid financial eligibility levels. Similar to the concept of the Partnership for Long Term Care for long term care insurance, this proposal would require the individual to contribute toward the cost of their long term care but would not require them to do so to the point of poverty. People with significant needs (e.g. MS) who would otherwise not qualify for long term care insurance, would be able to purchase an affordable plan. The Commissioner will submit a report on the findings from the demo to the Legislature on November 1, 2015. [S.6608/A.9708 Part C Section 204]

Questionable

(1) Questionable: Uniform Assessment Program
The State has been pushing for a long term care uniform assessment tool for several years. In the last budget, there was an appropriation for $5M yet there was no defining language in Article VII, which concerned consumer advocates. In the Executive Budget, there is a $4.8M appropriation but again no language on program details [S. 6604/A.9704, Department of Health]. There is a uniform assessment tool to establish rates for ALPs [S.6608/A.9708 Part C, Section 22], but this appropriation is for the "program" that the Department of Health continues to be secretive about. Consumers must be involved with the development of this tool.

Independent Living

Support

(1) Support: No ILC cut. (But the cuts from 2008-2009 still have not been restored!)
We would like to commend the Executive for protecting independent living from further damage. The Executive Budget did not propose direct cuts to the Independent Living Center (ILC) network. Run by people with disabilities, for people with disabilities, ILCs are critical to providing services and advocacy to New Yorkers with disabilities to maximize independence and self-sufficiency.

According to a report by the Center for Governmental Research, "ILCs have conservatively saved New York taxpayers more than $9 in deinstitutionalization costs for every state dollar invested in ILCs … ILC services contribute to a net savings of upwards of $110 million each year as a result of avoided institutionalized care for people with disabilities…" (*Independent Living in New York State: A Needs Assessment.* Center for Governmental Research. Prepared for: the New York Association on Independent Living (NYAIL). Donald Pryor, Ph.D. December, 2008).

Instead of cutting services to save money, NYS should…

amend NYS regs regarding who can receive payment for personal care to be consistent with federal regulations.

Federal regulations [42 C.F.R. § 440.167] state that personal attendants cannot be a family member who is "legally responsible" for the care of an individual. This is interpreted to include spouses and legal guardians (parents) of minors. However, NYS regulations [18 NYCRR § 504.14(h)(2)] are much more restrictive than federal regulations and expand the prohibitions on attendant employment to additional members of the consumer's family to include parent of an adult, child, son-in-law, or daughter-in-law. If the NYS regulations were amended to expand the definition of personal attendant to match the federal regulation, CDR estimates that 3% of the senior Medicaid-eligible nursing facility population could gradually transition into the community over one year and NYS would **save $21.1 million** state-share annually.

However, ILCs have not been safe from targeted cuts over the past two budgets. In the fiscal year 2008-09, ILC funding was cut twice - in the enacted budget and then during the August special session – for a total cut of $1.2 million from the previous level of $13.2 million. This is essential to the State's ILC network and we urge the State to restore this funding.

Pharmaceutical Coverage

Oppose

(1) Oppose: Elimination of the wrap around coverage for Part D for EPIC and Medicaid

In addition to the elimination of the wrap around coverage for Part D, the budget also eliminated co-pay coverage for EPIC. In the past, Medicare Advantage enrollees who did not want to switch to a Part D plan did not have to. Now, there is forced enrollment into both EPIC and Medicare Part D. Most concerning is the repeal of subdivision 6 of Section 250 of elder law, which required EPIC to serve as payer of last resort. This provision protected consumers from leaving the pharmacy without medications which they require but are not covered by their Medicare Part D formulary. The State claims that these proposals will save $4.3M in 2010-11 and $5.1M in 2011-12. [S.6608/A.9708 Part A Sec 30 and 31]

Housing

Oppose

(1) Oppose: OMRDD's community residential programs

OMRDD is proposing several residential program initiatives. CDR supports their plan to downsize and ultimately eliminate *Developmental Centers* through 2013. However, moving people from large institutions into smaller institutions, such as "community-based" group homes, is not the direction the State should be heading. All people, with any or no disability, have the civil right to live in their own home. The proposed additional 144 state and nonprofit residential opportunities must include supports for fully integrated, accessible, affordable housing. Similarly, the expansion of the *NYS Creating Alternatives in Residential Environments and Services (NYS-CARES) Program* is another example of the State investing significant monies ($15M in this budget) into group homes, which are small institutional settings, when the funds should be redirected to supporting people with disabilities in their own, fully integrated homes. We do support the expansion of the at-home residential habilitation services, which is a component to this proposal. [Agency Presentation, OMRDD]

(2) Oppose: Cuts to Rural Rental Assistance Program (RRAP)

This is a rental subsidy program for low income people and seniors in upstate New York who live in properties financed through the U.S. Department of Agriculture's "515" program. RRAP was cut by nearly $1M in the Deficit Reduction Program and the Executive Budget does not restore these cuts, which pose serious threats to existing tenants. The Rural Rental Assistance general fund appears to be reduced by nearly $600K. [Agency Presentation, DHCR]

Support

(3) Support: Continued funding of the NHTD housing subsidy and TBI housing subsidy

The Department of Health has continued to commit funding to the housing subsidies administered through the NHTD and TBI waivers. For people with disabilities, the lack of accessible, affordable, integrated housing is a primary barrier to transferring to and remaining in the community. The State can expand home and community-based waivers, but without appropriate housing, no more people will be able to receive services in the community. Nursing facilities should not be a substitute for accessible, affordable, integrated housing.

(4) Support: Continued commitment of $4M from DHCR internal monies for *Access to Home* – though no additional funds in Executive Budget

Despite no additional commitment from the Executive, the Division of Housing and Community Renewal will continue to support the Access to Home Program, which is essential for providing

home modification funds to owners to accommodate persons who require accessibility modifications.

(5) Support: Increased funding for the State Low Income Housing Tax Credit (SLIHC)
The budget proposes an additional $4m for the SLIHC, totaling $40m over the next ten years. The SLIHC is a critical affordable housing program, assisting households that are at or below 90% of the area median income (AMI) – which is less restrictive than the Federal program set at 60% or below of AMI. In recent years, the SLIHC has also added emphasis on the creation of accessible housing. Securing accessible, affordable, integrated housing is one of the primary requirements for community integration for people with disabilities. NYS must protect and enhance its affordable housing programs. [Agency Presentation, DHCR]

(6) Support: OMH will close 8 Adult Inpatient Wards
OMH will close eight wards and shift the staff of six of the wards to less costly community-based settings and convert the other two wards to less staff-intensive outpatient residential care to support transition to community. The State projects a $9M savings in 2010-11 and $18M in 2011-12. The decision from the federal district court in the adult home ruling in *DAI v. Paterson* affirmed that adult homes are not the most integrated setting appropriate for individuals and are in violation of the 1999 U.S. Supreme Court decision in *Olmstead*. [S.6608/A.9708 Part H]

The *DAI v. Paterson* ruling required the State to develop a plan to expeditiously transition the 4300 residents of the adult homes in NYC. According to the New York Association for Psychiatric Rehabilitation Services (NYAPRS), "A portion of savings from delays in bed development begun in 2009-10, as well as proposed actions in this year's budget, are being reinvested pursuant to a proposed multi-year remedial plan in response to a Federal district court decision. This remedial plan would provide additional OMH supported housing for individuals leaving adult homes. The remedial plan would provide additional funding of $1 million in 2010-11 to begin assessments of current residents, with funding of $20 million annually in five years to be used for 1,000 additional supported housing units, education, skills development, and ongoing reviews of remaining adult home residents. *(2010-11 Investment: $1 million; 2011-12 Investment: $4 million)*." CDR supports these actions by the State toward ending segregation of and discrimination against people with disabilities.

Public Assistance

Support

(1) Support: No SSI cut
We must commend the Executive for not including a proposed cut to the state's supplement to Supplemental Security Income (SSI) in this year's Executive Budget for approximately 667,000 New Yorkers. Individuals living on SSI in NYS are already well below the federal poverty level and any cut to SSI would have detrimental effects on this population. [S. 6607/A. 9707 Part HH, Section 1]

In addition, the State will take over the responsibility of administering NYS' SSI supplementation program from the feds (SSA). There is a concern that this endeavor could result in the State making SSI *determinations* and ultimately making the process difficult for recipients to access the benefits that they are entitled to. If the State assumes this process, then will the State also oversee appeal hearings? This streamlining effort is projected to save $60M annually. CDR does not

support a proposal that is intended to restrict people's classification (i.e. single and living alone in the community) for SSI assistance. We strongly urge the State to establish a formal cross-agency implementation workgroup that includes SSI beneficiaries in order to ensure that this action will not have adverse effects on a population that is already living below the federal poverty line.

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develop regional paratransit vouchers from State appropriations to local transportation authorities.

NYS allocates lump sums to local transit authorities to be used for transit programs, including rides for people with disabilities. The State does not specify how the funds must be used and thus there is a financial incentive to not provide rides. The State should require localities to establish a fee-for-service system, dedicating a portion of the funds to be used as paratransit vouchers. People with disabilities could use the vouchers for alternatives like accessible taxis, which are less expensive than traditional paratransit, and the taxi company would submit the voucher for payment from the local transportation authority. This would increase reliability of rides, increase the number of available rides, and reduce the costs of paratransit for the State.

Transportation

Questionable

(1) Questionable: DOH to manage non-emergency transportation

DOH will be able to take away the responsibility of managing non-emergency transportation from the local departments of social services and will contract with external transportation manager(s) to oversee review and approval of transportation orders. The commissioner is authorized to enter into an agreement with these transportation managers without an RFP. Non-emergency transportation is a very important service to people with disabilities in the community in order to get to medical appointments and the like. There could be problems if the transportation managers make the process too complex and people cannot access necessary rides. [S.6608/A.9708 Part B Section 31]

Additional Proposals

As part of the "Healthier New York" initiative, the primary two proposals put forth by the Governor, which do not involve cuts, are the $1.00 tax increase on cigarettes and the newly proposed tax on sugared beverages. The State claims that these taxes will not only serve to address the State's fiscal crisis, but will also discourage New Yorkers from unhealthy habits, ultimately reducing the burden on the State's health care system. While the latter remains to be seen, CDR supports these proposals as they are alternatives to cutting essential programs.

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expand the options for assistive technologies to reduce reliance on personal care attendants.

While there are options for assistive technologies under the waivers and through vocational rehabilitation, generally this type of assistance has been overlooked by DOH, which oversees much of New York's long term care system. Discussions about the use of technology and equipment have generally focused on tele-health as opposed to meeting more basic needs of individuals who want to live independently. Technology, however, has the possibility of significantly reducing long term care costs. For example, people who require 24-hour or overnight home care because they are unable to get out of bed independently to open the door for the morning attendant could potentially reduce hours if they were provided with assistive technology which allows them to open the door. Assuming that the state only provided such assistive technologies to 20 people a month for one year, reducing their need for personal care by 8 hours a day, the state could **reduce Medicaid spending by $4 million**.

Like the Governor, the Center for Disability Rights believes the State needs to be creative during this difficult economic time. CDR and other consumer advocates, have presented the State with alternative proposals – some briefly addressed in this paper – that do not call for cuts to services, but rather require systemic shifts to support people with disabilities in the community. For more information on CDR's cost savings proposals, visit www.cdrnys.org/budgetproposals.