

UNITED AMBULETTE COALITION
Preserving Your Lifeline to Critical Care

**JOINT LEGISLATIVE HEARING ON 2017-18 EXECUTIVE BUDGET PROPOSAL
TRANSPORTATION INITIATIVES IMPACTING NYC PROVIDERS
FEBRUARY 16, 2016**

Honorable Finance Chairs Senator Young and Assemblyman Farrell, Senator Hannon, Assemblyman Gottfried and distinguished members, my name is Neal Kalish, and I'm a Director of the United Ambulette Coalition. I want to first thank the Legislature for this opportunity to present on the Executive Budget, and corresponding topics impacting the ongoing viability of the industry.

The United Ambulette Coalition is a not for profit industry advocacy group that represents and provides a voice for New York City ambulette providers with the Department of Health, the New York State Legislature, Transportation Managers and regulatory authorities providing industry oversight.

We are seeking your help and support to address two items in the Executive Budget; Minimum Wage rate relief which is dramatically underfunded, and Adult Day Health Care reimbursement methodology.

Minimum wage, in particular, if not properly addressed will jeopardize our ability to provide quality care and service to the segment of the Medicaid population most in need of access to what are often life sustaining treatments like dialysis.

Background

Just briefly, some background on the New York City ambulette industry...we provide access to Medicaid recipients to medical care and treatments by means of ambulette service.

The service we provide is frequently to a life sustaining treatment like dialysis, radiation and chemotherapy. Without the access we provide, it is fair to suggest that many amongst this population would require a far more costly ambulance transport to an emergency room, possibly resulting in overnight hospital stays, at a far more extreme multi thousand dollar per night expense to the Medicaid program versus a \$34 ride (rate inside 5 miles in NYC) in an ambulette.

We serve is the hardest to serve of the Medicaid population, the sick, elderly and infirm; they are wheelchair bound, or have difficulty ambulating on their own, often weak, and often suffering with side effects of a treatment, leaving them in a frail condition; as is often the case/ often a side effect of a dialysis treatment, radiation or chemo treatments as examples.

We provide access to Adult Day Treatment programs, these are programs that often keep the elderly from requiring far more costly nursing home admissions, and we provide access for the Mentally Challenged to rehabilitation facilities.

We keep New York City hospitals, and their clinics and Emergency Rooms operational as it relates to the Medicaid population and access to necessary services the hospitals provide, ensuring the safe and

timely transfer of Medicaid recipients, who otherwise would be unable to access care in and out of NYC hospitals.

The service we provide is a door to door assist to and from a residence in and out of our vehicle, and to and from a medical facility.

We go up and down flights of steps in non-elevator buildings, carrying wheelchair bound patients to and from their residence. Typically we utilize two man trucks, a driver and a paid helper to handle this labor intensive task.

We move in and out of some of the most challenging, and dangerous housing projects in the nation.

We sit in snarled traffic in for prolonged periods of time, as New York City has become a traffic nightmare with bus lanes, bike lanes, no turning lanes, pedestrian plazas, and thousands upon thousands of taxis and Livery cars. A recent New York Post article documented the average vehicle in Manhattan moves at an 8MPH crawl (attached).

As an Industry I believe the level of care and service we provide to the Medicaid recipient in need of access is remarkably reliable, a few examples are as follows:

- During and immediately after 9-11 when the City was in a distressed state, we continued to run, providing access to care and treatment for Medicaid recipients.
- Following Hurricane Sandy when New York City was shut down, and buses, subways, taxis and Livery cars were paralyzed, we continued to provide access to life sustaining dialysis treatments.
- During treacherous blizzards, when the city shuts down, but, dialysis facilities remain open, we risk our businesses to transport those in need of treatment.

With more medical care provided increasingly on an outpatient basis, and demographic/aging of the population and the alarming increase in chronic conditions like diabetes and hypertension trips to medical appointments are the lifeblood of a sustainable healthcare system. Without the service we provide many would be left stranded, unable to access preventative care and treatment, and many would end up in Emergency Rooms, often admitted overnight for extended care at a cost to the healthcare system that is far more burdensome to the Medicaid program relative to the far more modest cost of a transport to a preventative medical treatment in an ambulette.

ISSUE 1: Minimum Wage is not being adequately funded in the Executive budget.

As background we employ thousands of predominantly minority employees, including drivers, matrons and helpers who provide assistance to the driver in carrying wheelchair bound patients up and down stairways in non-elevator buildings, along with our office, administrative staff and mechanics.

- Many of these employees, particularly matrons and helpers were at the \$9 minimum wage that recently escalated to the New York City \$11.00 minimum.
- **Overtime is excessive in our industry**, and is paid at time and a half, so an \$11 per hour employee earns \$16.50 after working 40 hours. We are serving facilities that operate 24/7 in some instances, as is the case with hospital emergency rooms. Dialysis units open at 4 or 5 am, and run through midnight. So, to meet the needs of the facilities and the Medicaid recipients traveling to these facilities, we are required to pay excessive overtime.
- Those who were previously earning at or above minimum wage are demanding wage increases.

After all, why should a driver that was earning \$11 or \$12 an hour remain at that rate, when a matron or helper on board the vehicle, who is less skilled, and has a far less burdensome job responsibility is now earning the minimum wage of \$11 per hour? So we are facing a hugely burdensome increase in payroll, as minimum wage increases 66.6% within the next two years.

	<u>2016</u>	<u>Dec 31,2016</u>	<u>Dec 31,2017</u>	<u>Dec 31, 2018</u>	
Min Wage NYC	\$9.00	\$11.00	\$13.00	\$15.00	
Overtime > 40 hrs	\$13.50	\$16.50	\$19.50	\$22.50	
% Increase	--	22.2%	18.2%	15.4%	+66.6%

In December 2016, the DOH provided some rate relief in NYC, however, it did not come close to covering the impact of minimum wage increases on our payroll.

- The relief we received was approximately a 4% increase, on transports under 5 miles. While we are appreciative of any rate relief to address minimum wage; the rate adjustment did not encompass the more difficult, time consuming and labor intensive over 5 mile transports, and it did not cover hospital discharges, wheelchair carry up and carry down transports and adult day transports.
- MLTC plans and their brokers, which account for approximately 40% of a providers work, have, up to now, not passed along any rate relief, nor has the OMRDD program. So, while some of the MLTC plans, and their brokers, are already paying below the established Medicaid rate, they are also not providing any funding relief that we require to compensate our labor force for minimum wage escalations.

Our plea is that funding be appropriated now, to provide us with relief beginning in April, addressing transports that have been excluded from any Minimum Wage driven increase.

We are also seeking help mandating the MLTC programs to pass along minimum wage relief to the industry, and pay the established Medicaid rate. We are requesting that OMRDD pass along rate relief on Minimum Wage, as well.

Presently the Executive Budget includes \$800,000 in 2017 funding for Minimum Wage Impacts linked to transportation, and \$4 million for fiscal year 2018, which is to cover all of New York, not just the city.

The reality is that transportation for NYC alone will require an increase estimated at \$2.50 per transportation trip leg, to account for the vast majority of our labor force moving to a minimum of \$13.00. There are an estimated 4.4 million ambulette transports in New York city, (source: DOH RFP for transportation manager; 2.6 million on the Fee for Service side), and an estimated 1.7 million incremental (which is our estimate) for MLTC transports.

So, in total there are an estimated 4.4 million ambulette trips* at \$2.50 per unit equating to an estimated \$11 million funding required for New York City minimum wage pass through on the MLTC and Medicaid side. This excludes any adjustments outside of New York City.

*excluding OMRDD

ISSUE 2 – Adult Day Health Care

We oppose the Executive Budget initiative that would preclude Adult Day Health Care programs from administering transportation directly for enrollees in their programs.

Presently ADHC programs are able to coordinate transportation directly with transportation providers, and then bill Medicaid. The facility receives a 10% administrative fee, and reimburses the transportation provider directly for services provided. We believe ADHC facilities should continue to have that flexibility.

There are several advantages here in that the ADHC facility then has the ability to credential and contract with providers based on their own quality metrics, which likely include on time performance, and safety measures. They are able to ensure providers are carrying meaningful insurance limits. Ensure drivers are wearing uniforms, and carry IDs to enter their facility, etc.

The population attending Adult Day Health Care programs often has developmental disabilities, dementia, behavioral / mental health issues, chronic illnesses, and other functional limitations. It is important that the provider base have experience with this population. And the ADHC facilities are adept, having done this for years, at identifying and contracting with those providers who are experienced and understand the special needs and handling requirements of this population.

The ADHC plan may contract with one or two providers, whereas if the program is directly managed by the State's transportation manager, the concern is an open network of providers will be utilized, who are lacking the appropriate experience and credentials to properly handle this population. Instead of one or two quality, credentialed providers, the facility could turn into a literal circus with 5 or 10 providers sending vehicles, in an uncoordinated manner.

Summary

The UAC thanks the Legislature for the opportunity to share with you our perspective regarding the Executive Budget. We are seeking your help and support with two items, that if not properly addressed will be truly detrimental to the Medicaid population, as it relates to our ongoing ability to provide necessary, safe and timely access to this population.

- 1) Minimum wage needs to be funded so that our rates for transportation are increased for all transport services we provide, not just transports under 5 miles. The estimated annual budget amount required for NYC is \$11.5 million for ambulette only, and this is required to fund Medicaid side and MLTC transports in New York City.
- 2) Adult Day Health Care providers being allowed to continue contracting directly with transportation providers, versus the program being directly run through the Medicaid Transportation Manager.

Thank you again for the opportunity to present today on these topics, and for any help and support you can provide.

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The real reason for New York City's traffic nightmare

By [Shawn Cohen](#), [Yoav Gonen](#) and [Laura Italiano](#)

December 2, 2016 | 11:34pm | [Updated](#)

Modal Trigger

Bumper to bumper traffic along Canal Street. Photo: Matt McDermott

Time for some traffic problems in Manhattan!

City officials have intentionally ground Midtown to a halt with the hidden purpose of making drivers so miserable that they leave their cars at home and turn to mass transit or bicycles, high-level sources told The Post.

Today's gridlock is the result of an effort by the Bloomberg and de Blasio administrations over more than a decade of redesigning streets and ramping up police efforts, the sources said.

"The traffic is being engineered," a former top NYPD official told The Post, explaining a long-term plan that began under Mayor Mike Bloomberg and hasn't slowed with Mayor de Blasio.

"The city streets are being engineered to create traffic congestion, to slow traffic down, to favor bikers and pedestrians," the former official said.

"There's a reduction in capacity through the introduction of bike lanes and streets and lanes being closed down."

The concerted effort includes:

- Pedestrian plazas that have cut off entire lanes of traffic and created bottlenecks.
- Protected bike lanes on major avenues that eat up a traffic lane and force trucks to double park.
- Cross streets where turns are forbidden on nearly all avenues.
- Intersections where drivers must wait for green arrows to turn onto avenues.
- Ordering traffic agents to focus more on writing tickets and less on directing traffic.

The goal of the jammed traffic is to shift as many drivers as possible to public transit or bicycles.

An added benefit was supposed to be safer streets, but city officials have said that while 45,000 fewer cars and trucks now come into Midtown daily than in 2010, pedestrian deaths are on the uptick this year.

The driver headaches began under Bloomberg in 2003, with his THRU Streets program that prohibits drivers from turning onto most avenues from nine Midtown cross streets during weekday hours.

Bloomberg then tried to drastically cut vehicle traffic with a congestion-pricing program that would have charged drivers to enter Midtown.

Albany nixed that plan in 2007, and the next year, Bloomberg changed tactics.

He again targeted drivers with his ambitious Green Light for Midtown Project, which, starting in 2009, installed roadway-narrowing redesigns of Columbus Circle, Broadway, Times Square and Herald Square.

Green Light includes pedestrian plazas and protected bike lanes that are still being completed under de Blasio, who has further snarled traffic with reduced speed limits, redesigned intersections and aggressive summons-writing as part of his Vision Zero initiative.

Modal TriggerAn NYPD officer directs traffic along Canal Street.Photo: Matt McDermott

“This all goes back to when Bloomberg wasn’t getting his congestion pricing, so they started doing others things,” a second source said.

“They’re not coming out and saying it, but they’re doing other things to cut down on traffic coming into city, things such as taking streets that had four lanes and making them three by creating bike lanes, or putting a plaza in, creating pedestrian islands,” the source said.

“They’re purposefully cutting down on the number of vehicles coming into the city by cutting down the space for vehicles.”

The source said de Blasio “doesn’t care about traffic” and noted that the mayor could now blame congestion on President-elect Donald Trump, whose Trump Tower in Midtown is now ringed with security.

“He really doesn’t care,” the source said. “Instead of working around it and helping it out, he’ll just blame everything on Trump.”

Adding to the gridlock, traffic agents are being ordered to focus more on writing tickets and less on keeping vehicles moving, a former NYPD traffic-safety officer said.

“Almost nobody’s doing traffic direction anymore. Everybody’s focused on enforcement of parking violations,” said the former officer, who was a liaison with the National Highway Traffic Safety Administration.

The NYPD declined to comment.

‘The city streets are being engineered to create traffic congestion, to slow traffic down, to favor bikers and pedestrians.’

De Blasio spokesman Austin Finan on Friday denied any effort by City Hall to slow down cars.

“The notion that we want or are somehow ‘engineering’ traffic congestion is absurd,” he said.

“Economic growth, record tourism, construction activity and a growing population means our streets are overburdened like never before.

“DOT and NYPD work extremely hard to keep New Yorkers moving on our streets safely and efficiently by foot, bus, car and bike.”

Still, Manhattan has become a vehicular hell where drivers suffer an average speed of 8.2 mph.

Among them was Braulio Cefea, who was stuck in a traffic jam on the Manhattan side of the Queens Midtown Tunnel Friday.

“This is a bad idea,” he said of Midtown’s intentional traffic snarls. “Bad, bad idea!”

Troy Johnson, 29, sitting in the same traffic jam, was furious at the insiders’ allegations of an effort by City Hall to clog traffic.

“If it’s true,” he said, “you are going to see some serious road rage!”

Additional reporting by Danielle Furfaro