

# *Medicaid*

**Medicaid Matters New York**

# *Matters*

Testimony to the Assembly Ways & Means and Senate Finance Committees  
Joint Legislative Budget Hearing  
2020-2021 Executive Budget on Health/Medicaid  
January 29, 2020

Thank you for the opportunity to address you today. My name is Lara Kassel. I am the Coordinator of Medicaid Matters New York. Medicaid Matters is the statewide coalition representing the interests of the over six-and-half million New Yorkers who are served by New York's Medicaid program. Since 2003, over 100 coalition members – consumers, individual advocates, legal services attorneys, representatives of community-based organizations and community-based providers – have been working to advance the interests of people covered by Medicaid.

## **Medicaid Redesign Team II**

Members of the Medicaid Matters New York coalition are pleased there are no direct cuts to services or eligibility in the budget. However, the Governor is calling for a reconvening of a Medicaid Redesign Team and charging it with finding savings to the tune of \$2.5 billion. Medicaid Matters New York calls on the Governor to include the meaningful participation of consumers, advocates, community-based organizations and community-based providers on the Medicaid Redesign Team II.

History has shown a Medicaid Redesign Team process can be a way of pushing through changes and cuts under the guise of reform, with little meaningful consumer and community input. In 2011, I sat on the first MRT as the lone consumer representative. Similarly to this year's proposal, we were tasked with finding cuts that would fill a multi-billion dollar budget gap in a very short amount of time. Hearings were held across the state, and a series of public MRT meetings took place, but little connection was drawn between consumer and community input, the public MRT dialogue and what was presented as a package for approval in mid-February of that year, far earlier than what the projected timeline for the MRT process had prescribed. A second-round MRT met later that year, at which point two consumer representatives were added. Consumer representation was more robust during the ensuing workgroup process, though consumer and community representation was not adequate across all of the ten MRT workgroups.

The Governor has announced co-chairs of an MRT II, from within the hospital industry and labor, yet Medicaid Matters leaders and partners are not aware of any contact by the Cuomo administration to invite consumers or consumer representatives to serve. Tasking a group of stakeholders with finding ways to achieve a more fiscally-sustainable program without including consumer perspective would be irresponsible and inappropriate. An MRT II must include a variety of perspectives, including (but not necessarily limited to) those of people with disabilities, older adults, people in historically-underserved communities, and people of color.

The Governor's budget proposal turns its back on this commitment by leaving the fate of the program up to a process that could easily be rushed and with little chance for meaningful public dialogue. It also bypasses a legislative process or, at the very least, forces the Legislature to act on

MRT II recommendations at the eleventh hour. Without careful attention to the impact of recommended efficiencies, there is significant risk to the New Yorkers who rely on Medicaid to keep them well, financially stable, and independent.

## Medicaid Local Share

The Governor has attributed a significant portion of the increase in Medicaid state spending is due to the takeover of the local share from the counties. The Governor's budget proposes a penalty to local districts for growth in Medicaid spending. Medicaid Matters is continuing to analyze whether this proposal will harm consumers. However, tying the growth in long term care spending to Medicaid eligibility determination made by local districts is erroneous and misplaced. With the exception of an exceedingly small population, local districts do not determine eligibility for long term care services. In fact, this is the result of the first MRT's recommendation to eliminate the fee-for-service system and to mandate enrollment in Medicaid managed care plans that make those service determinations. Local districts now only determine financial eligibility for Medicaid for a subset of New Yorkers. The eligibility rules themselves are set by federal and state rules.

New York has attained one of the highest percentages of residents with health insurance in the country, thanks largely to the *Affordable Care Act* and the subsequent increase in Medicaid enrollment. New York should continue to celebrate this achievement and support efforts to provide eligible New Yorkers with Medicaid coverage.

## Conclusion

Let us be reminded of the intent of the Medicaid program: to provide coverage and access to low-income people and people with disabilities. New York State has a rich history of providing a high-quality, comprehensive Medicaid program that honors that intent. Medicaid Matters urges state policymakers to maintain its unwavering commitment to the Medicaid program and thoughtfully address the budget crisis by preserving its strengths. New York must show the nation that in times of financial challenge, we stand by our families, children, seniors and people with disabilities. To do that, our leaders must:

- Take a holistic approach and avoid taking from one area of the budget to bolster another;
- Look beyond one budget year to make smart, strategic investments;
- Enact revenue options to balance the budget, rather than expecting low-income people and people with disabilities to bear the brunt of the state's fiscal woes; and
- Establish an open process for meaningful public input and robust consumer representation to come up with policy and budget goals that honor the intent of the program.

Medicaid Matters looks forward to working with the Cuomo administration and the Legislature to reach a budget we can all be proud of.

# Why Medicaid Matters to Me: Five New York Stories



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Medicaid Matters New York thanks the following organizations that contributed these stories:

Make the Road New York  
New York Legal Assistance Group  
New York Self-Determination Coalition

## Athena & Carolyn, Brooklyn

### Athena:

I am 26 years old, live in Brooklyn, and have Cerebral Palsy. My goals are to become a French teacher and get involved in politics. In addition to professional experience working in advocacy for people with disabilities, I currently volunteer teaching French at the Brooklyn Public Library. I also co-organize a French conversation meetup.



*Athena and her parents at her college graduation*



*There is a lot that goes on behind the scenes to ensure that I get the personal care I need to be able to participate fully in my life and in all of these activities. These services are all funded solely by Medicaid.*

My personal care assistants help me get out of bed, get dressed, use the bathroom, shower, support me at work, and accompany me outside, so that I stay safe.

Cuts to Medicaid put people with disabilities at risk for living in nursing homes or hospitals. We cannot return to the 1960s and 70s in America, during which people with disabilities were institutionalized with low quality of life. Medicaid services allow us to participate actively in our communities, and live safely in our own homes.

### Carolyn:



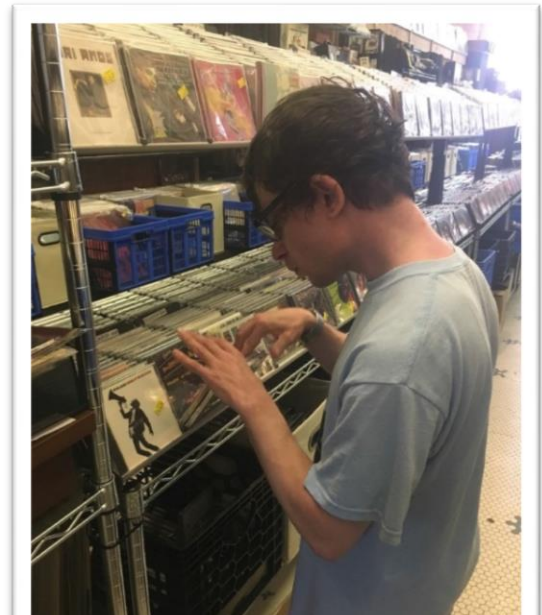
*Because of Medicaid, my daughter Athena has been able to graduate from Brooklyn College with a degree in French, has worked two jobs outside the home, and lives an active life as part of her community. If Medicaid funding is cut, Athena could end up in a nursing home—an expensive and tragic waste of a vibrant young life.*

## Maggie & Jake, Elmira

My son Jake, and 100,000 other New Yorkers with intellectual and developmental disabilities are able to live in their homes and communities thanks to Medicaid. As Jake has grown, he continues to be challenged by multiple disabilities. He needs constant supervision in order to be safe, but with Medicaid-funded direct support services, Jake has a job at a music store restocking CDs for several hours each week, a productive member of the community.



*As a family, we try to get the best health coverage we can, but regardless of how hard parents work, there's NO WAY for any family to pay for this level of long-term care.*



*Jake, Maggie's son, works at a music store*

These benefits are not just for people with developmental disabilities. They are also used by people with traumatic brain injuries, people who are physically disabled, and the elderly who receive care in their home.

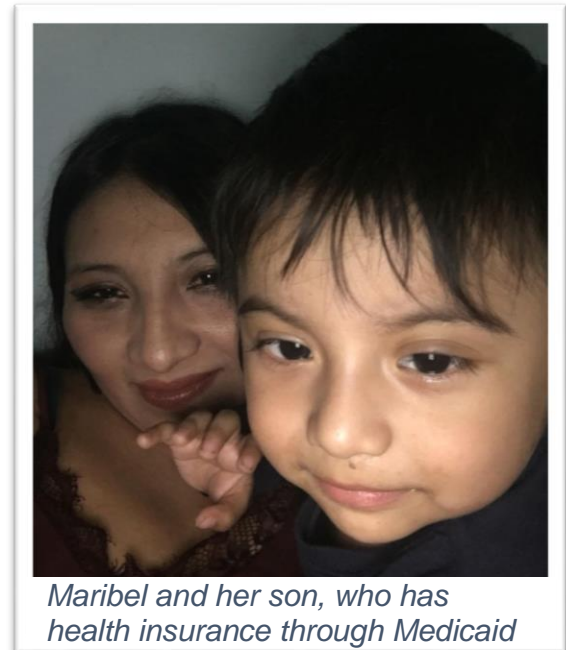



*Cuts to Medicaid will land people on the street, in hospital emergency rooms, or back in institutions.*

## Maribel, Staten Island

Maribel is a new mom who lives on Staten Island. When her son was born in 2015, she did not have health insurance. Like many other uninsured parents, Maribel worried that she would never be able to afford to pay for her son's health care expenses out of pocket.

Fortunately for both her finances and for her son's well-being, Maribel was informed by an outreach worker about New York State of Health. She promptly scheduled a meeting with a Navigator to learn about low-cost health care options for her family, and with their assistance, was able to enroll her son in Medicaid.



 *Without Medicaid, uninsured parents like Maribel must either forgo necessary healthcare for their children because they can't afford it, or risk going into serious debt from sky-high medical bills.*


## Mr. McN, New York City

After 6 months in a nursing home after a fall that broke his hip, Mr. McN, then 102 years old, wished to return to his Lower East Side Manhattan apartment. Because of the accident, he could now only do so with 24-hour care.

 *Mr. McN wished to pass away peacefully at his apartment, where he had lived for many years.*

Despite many challenges in navigating the eligibility procedures for Medicaid and for managed care plans to assess his needs while he was still in the nursing home, Mr. McN was able to return home. His advocate, a close friend, successfully worked through these obstacles and secured his discharge with home care through Medicaid.

According to a close friend, the moment Mr. McN arrived home, people in his apartment building were flocking around him to welcome him back. Mr. McN lived in his apartment for two months before passing away peacefully at home. During his final days, many beloved friends visited him to say their goodbyes.

 *Medicaid allowed Mr. McN to receive hospice care at home during his last week of life, where he experienced no pain, even in his last hours. He died in a dignified, natural way, surrounded by loved ones.*

## Miguel, Queens

Miguel is an immigrant from the Dominican Republic who lives in Elmhurst, New York with his wife and their three children. Miguel is the sole provider for his family with an estimated annual income of \$33,372. At 50 years old, he noticed serious deterioration in his health because of his untreated diabetes. Miguel went without health insurance for a long time because he believed it was too expensive and that he did not qualify for low cost insurance. After several years of trying to manage his diabetes on his own, he felt that it was time to seek professional medical help. With the help of a community healthcare organization, Miguel discovered he was eligible for Medicaid.

 *Medicaid has made it possible for Miguel to access the care he needs to stay healthy for both himself and his family.*



Medicaid Matters New York (MMNY) is the statewide coalition dedicated to advancing the interests of Medicaid beneficiaries. Over 150 coalition partners work hard to ensure policymakers understand the importance of Medicaid to low-income and vulnerable New Yorkers. MMNY has and continues to play a critical role in influencing reform of the Medicaid system in New York State.

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