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***Testimony of the Alliance of TBI & NHTD Waiver Providers  
Before the Joint Legislative Public Hearing on the SFY 2022-2023 Executive Budget Proposal:  
Topic Health  
-Supporting the Waiver Programs in This Year's State Budget-  
February 8, 2022***

Thank you, Senator Krueger, Assemblymember Weinstein, Senator Rivera, Assemblymember Gottfried, Senator May, Assemblymember Kim and all the committee members for the opportunity to testify on Governor Hochul's proposed Health and Medicaid budget for State Fiscal Year 2022-2023.

My name is John McCooey, and I am the Board Chair for the Alliance of TBI and NHTD Waiver Providers. The Alliance is a state-wide organization comprised of Traumatic Brain Injury (TBI) and Nursing Home Transition & Diversion (NHTD) Waiver providers, non-waiver provider organizations, and individuals who are interested in supporting the Alliance's mission. Our mission is to strengthen, unite, and advocate on behalf of New York State Department of Health's TBI & NHTD waiver providers to ensure the quality, cost effectiveness, and continuity of the TBI & NHTD waiver programs. Our mission ensures that the people served by these programs will continue to have access to the services they need to remain living in their homes in their communities.

***About the Waiver Programs***

New York's TBI and NHTD Waiver providers annually serve over 6,000 waiver participants who are dispersed across the State. TBI and NHTD Waiver providers employ over 2,000 professional staff and over 16,000 paraprofessional staff (home care aides).

Both programs are 1915(c) Medicaid Waiver programs. That is, the State's participation in the waivers allow for the provision of targeted specialty services not otherwise available through the State's Medicaid program. The key element of both programs is that the Waiver services are provided for people in a community setting which has proven to yield cost savings while providing individuals with independence and better health outcomes. ***It is important to note that unlike other types of providers, Waiver programs are completely dependent on Medicaid fee-for-service rates.***

- TBI Waiver. The TBI Waiver is open to Medicaid recipients between 18 and 64 years with a primary diagnosis of TBI or similar non-degenerative condition who are assessed to need nursing home level of care but choose to live in the community rather than in a nursing facility. A service coordinator works with the beneficiary to develop an individualized plan of Waiver services<sup>1</sup> to allow the person to live safely in the community. Click [here](#) for more information.

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<sup>1</sup> TBI Waiver services: Service Coordination; Independent Living Skills Training; Structured Day Programs; Substance Abuse Programs; Positive Behavioral Interventions and Supports; Community Integration Counseling; Home and Community

- NHTD Waiver. The NHTD program allows Medicaid eligible seniors (age 65+) and people with physical disabilities (age 18-64) – who are eligible for nursing home level of care to receive comprehensive services they need while they live in a community-based setting. As with the TBI program, the individual is the primary decision maker and works in cooperation with providers and others they may choose to develop a Service Plan.

### ***SFY 2022-2023 Budget Priorities***

The Alliance and the population they serve desperately need the Legislature’s assistance in this year’s State budget to allow for these Waiver programs to stabilize and grow.

**Workforce.** The pandemic has exacerbated the pre-existing workforce crisis. Waiver agencies have experienced up to 40% reductions in workforce, and it is impossible to attract a workforce when there is insufficient funding to be both competitive in attracting a workforce and financially sustainable. While the Alliance appreciates the Governor’s statements about intent to invest in the community based health workforce, the Budget does not contain sufficient measures to do so. It fails to include funding to provide base rate increases necessary to expand and retain the community-based workforce over the next five years. To sustainably grow this workforce, we urge the Legislature to ensure that the final budget includes:

- Additional and sufficient funding to support a minimum hourly reimbursement rate for Waiver providers that would include a sufficient minimum hourly wage to attract and retain workers, all costs tied to base wages (e.g. overtime, benefits, payroll taxes), and reasonable administrative/operational costs and investments. One proposal that effectively addresses these issues is the **Gottfried/May Fair Pay for Home Care Act (A6329A/S5374A)**, and we urge the Legislature to include this measure in the final budget.

**PPE.** Home and community-based providers, including Waiver providers, generally have not had the benefit of robust federal pandemic assistance. For example, PPE costs – which, prior to the pandemic, were negligible – will now be an ongoing necessity and cost for which rates don’t account. The Medicaid budget should include additional dollars to ensure to cover previously unfunded costs of the waiver providers (including PPE and workforce).

**Housing Resources.** One of the biggest challenges to Waiver participants is access to appropriate and affordable housing that allows them to remain in the community. Across the State, Waiver participants are on waiting lists for housing. **To help address this problem, the Alliance asks that the dedicated funding for the NHTD Waiver housing subsidies (currently funded at 3.86M over two years) be doubled.**

**Enhanced FMAP.** While not a budget item per se, the enhanced FMAP allocated to New York by the American Rescue Plan was to be distributed in 2021, but no later than January 2022. These funds – which were designed in large part to help bring one-time relief for certain workforce issues -- has yet to be distributed. Anything the Legislature can do to ensure that these funds are released would be appreciated.

We appreciate the opportunity to testify today, and welcome any questions.

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Support Services; Environmental Modifications; Respite Care; Assistive Technology (special medical equipment and supplies); Waiver Transportation; and Community Transitional Services.