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TESTIMONY

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**JOINT FISCAL COMMITTEES
BUDGET MEETING ON HUMAN SERVICES
FEBRUARY 5, 2026**

**STATE BUDGET ISSUES IMPACTING
OLDER NEW YORKERS AND THEIR FAMILIES
State Fiscal Year (SFY) 2026-2027**

Thank you for the opportunity to testify today. My name is Gail Myers and I am the Deputy Director of New York StateWide Senior Action Council (“StateWide.”) We are a grassroots organization with chapters throughout the state. In addition to the input of our members, we learn about problems in the aging and health care delivery systems from the two helplines that we operate through contracts from the NYS Office for the Aging as a result of state budget appropriations, the Managed Care Consumer Assistance Program and our Patients’ Rights Hotline and Advocacy Project. We also are informed by our Senior Medicare Patrol helpline, funded by the federal government, to protect, detect, and report Medicare and Medicaid fraud. These cases inform us on how the aging and healthcare systems’ policies and practices are affecting residents; we then can inform policymakers to see if system corrections can be made.

Our testimony today will focus on the NYS Office for Aging budget, specifically on programs and services that help older New Yorkers who want to remain in their homes and communities as they grow older through a “social model” of services that can stand alone or supplement the “medical model” of care.

In addition to ensuring adequate funding for the two helplines that New York StateWide Senior Action Council provides through state contracts, our members have prioritized the need to repeal Medicaid home care cuts, ensure affordable housing, improve access to dental care, and increase transparency and data on core aging services.

Supporting Not-for-Profits that Serve New Yorkers

The Governor recognized in the State of the State Message that “Not-for-profit organizations deliver vital services to New Yorkers on behalf of the state....[and] need predictable processes and on-time payments to ensure they can provide these services effectively.” She “will issue direction to all state agencies to provide consistent, clarifying guidance to contractors on timing and eligible expenses for reimbursement.” Inspite of the Governor’s intention that state agencies process contracts with non-profits in an efficient and timely manner, our experience, has been the opposite.

StateWide has had lengthy, ongoing problems with the NYS Office for the Aging’s failure to contract and pay for services in a timely manner as appropriated for our two programs, the Patients Rights Hotline and Advocacy Project (PRH) and the Managed Care Consumer Assistance Program (MCCAP). The delay has been egregious:

Processing of our contracts are delayed, and reimbursement claims can take months. Worse yet, even when we have multi-year contracts, such as our MCCAP contract which expires in 2029 - the state refuses to process our advance request, citing other priorities more important than our

services. The purpose of multi-year contracts is to avoid a lag in services that will be ongoing - refusing to pay our advance defeats that purpose.

We are owed all of our state funding from the current fiscal year and some from the prior year. As of this date, we don't even have a contract in place for one of our allocations from SFY2024-25 - and where we do have a contract, they refuse or delay release of the money.

1. MCCAP FY 25-26 – Status: absolutely no movement on it despite that we are in the 2nd year of a multi-year contract and submitted the advance claim. They have not issued the advance as expected.

MCCAP Contract OFA01-C240001GM-1010000 - this is a multi-year contract - we are in the second year - which expires in 2029. Despite having submitted the advance request in November 2025, we were told that there were other priorities ahead of ours and they would not be processing the contract until those other priorities were resolved.

2. PRH FY 2024-25 - \$31,500 – Status: NYSOFA has only just provided paperwork to be completed and submitted to them to begin processing. These funds have been reappropriated in the Governor's FY2026-27 budget proposal.

3. PRH 2025-26 – Status: PRH Contract C25025GM has been submitted as a consolidation of all of three budget lines for our PRH services. This contract is being processed as we speak as a single \$231,500 contract. We have not received any funding for FY2025-26 appropriations for PRH.

At a meeting with NYSOFA's Administration, Fiscal & Programmatic staff at NYSOFA, they asked to consolidate the 3 contracts into one (total of \$231,500). This consolidation comes after years of our requesting the agency do so. We agreed wholeheartedly and submitted all of the needed paperwork and a workplan. We submitted requested insurance documentation and updated our SSA portal. We have not received any money, while having provided services since April 1, 2025. It is particularly perplexing, when there is an operational agreement to treat the entire \$231,500 as one contract, that the agency can pursue a consolidated contract for the three allocations for the Patients Rights Hotline and Advocacy Project, but not pursue reappropriation language to ensure the contract funding is available. The Governor's proposed budget only reappropriates \$31,500 of this contract, what the Governor's Executive Budget line-itemed for our program. Funding from the legislature's addition to the Executive Budget in the final Aid to Localities budget (\$200,000) was left out of the reappropriation authority.

Recommendations:

- Assurance that the state will comply with prompt payment laws so that we may avoid the amount of money that we have to pay in interest incurred on loans to keep our

organization working seamlessly when there is an undue delay in contracting or payment processing.

- Continued support for A7616(Paulin) /S7001(Mayer), vetoed again in 2025, improving the contracting process between state agencies and not-for-profit organizations.
- Provide an Annual COLA for all human services not-for-profit providers funded through the NYSOFA Aid to Localities budget this year and into the future. The Targeted Inflationary Increase (TII) is only applied to NYSOFA's three core programs: EISEP, CSE and WIN. Otherwise, providers need to be compensated for years of flat funding, and in the case of StateWide's Patients Rights Hotline and Advocacy Project, since SFY 2017-18. The Governor proposed needed funding increases for the state workforce programs, and citing inflation, predicting that inflation will increase to 3.2 percent in 2026. The budget cites growth in wages by 5.2 percent in SFY 2025-26 and a 5.6 percent over SFY 2025-26 in New York State Health Insurance Plan (NYSHIP) costs. Yet, the not for profit providers have also endured increased office rent, staff salaries/minimum wage increases, payroll taxes (including workers compensation), health insurance premiums, liability insurance, vendor costs (printing, supplies, etc.) without an increase in funding, and the need to borrow to compensate for the delay in contracting state budget approved program services. *Had our agency received the COLA allocated to NYSOFA core programs just since FY2023-24, we would have approximately \$26,000 more funding as a baseline appropriation.*

A. STATEWIDE'S PROGRAMS: INVESTMENT NEEDED TO ADDRESS INFLATIONARY COSTS AND UNMET NEED

1. New York StateWide Senior Action Council's Patients Rights Hotline and Advocacy Project: Aid to Localities A10003/S. 9003 (Page 8, Lines 44-47).

Our helpline is open to people of all ages and abilities, including concerned friends and family. We are a trusted community resource, and oftentimes the only place a caller can find someone available to answer the phone when they are in crisis.

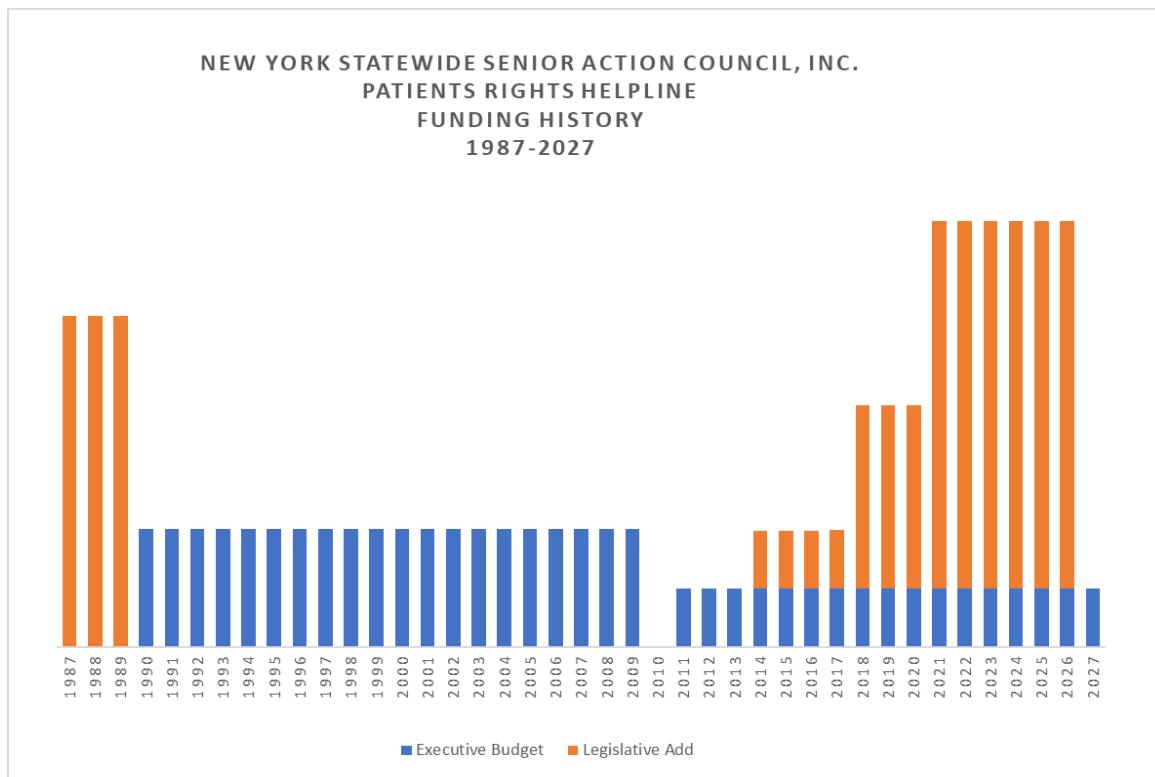
Our helpline experience helps us keep state policymakers informed of trends and emerging issues so that systemic approaches can be formulated. As such, we were key advocates for new laws and/or funding to address broad patient rights concerns, including safe staffing, the home care worker shortage, health care proxy and surrogate decision making, reducing medical debt and the first in the country hospital observation status notification law.

An increased amount of staff time has resulted from the growing demographic of older New Yorkers and growing complexity of patients rights concerns. Following a dramatic increase in volume during the pandemic, calls have continued to increase in the past several years due to changes in health care settings, from short staffing and poor quality of care in facilities to appeal rights when pre-authorization requests are denied and network capacity issues including provider groups and managed care organizations failing to agree to terms leaving patients with questions about continuity of care. Increased need, spurred in part by our increased community outreach and education efforts, has created a heightened use of this important patient rights resource.

Funding History: *StateWide*'s Patient Rights Hotline and Advocacy Project originally was funded in SFY 1987-88 at \$180,000 annually. Like other not-for-profits, we saw our funding reduced during economic crises, resulting in a cutback in the Project's staff and services.

Our budget history is reflected in the following chart.

Note: 2027 represents the Executive Budget proposal of \$31,500.



After zero funding in SFY 2010, the Executive included \$31,500 funding (a 50% reduction) in SFY 2012. The legislature restored the 50% cut in SFY 2014 and in SFY2018, \$100,000 funding was added by the Legislature to ensure that the program was viable and meeting the

needs of callers. In SFY 2021, the Legislature increased funding by an additional \$100,000, a total legislative appropriation of \$200,000 for final funding of \$231,500. That funding level has been maintained during successive years, with the Legislature's restoration of \$200,000 to the Executive Budget proposal of \$31,500. Once again, the Governor has proposed funding of \$31,500 for SFY2026-27, a cut of \$200,000, plunging the program further into insufficiency and unable to build the capacity to address immediate and future needs.

Program expansion: At the time, the additional resources allowed *StateWide* to provide thorough, personalized assistance to callers including additional time for more complex cases, more public education, additional staff to support the program and increase our collective expertise. We added a Buffalo office to supplement the work done in our Albany, Central New York, and NYC offices. In 2021, we added expertise with a nationally known expert in nursing home patients' rights, launching our interactive Virtual Resident and Family Action Council meeting series during the COVID pandemic to provide enhanced advocacy for families. In 2024, in addition to ongoing staff professional development, we created a comprehensive, interactive and updateable counselor handbook and provided in-service training so that our current and future staff will be able to easily identify resources answers and tools appropriate for the increasingly complex and varied issues presented by helpline callers.

Funding shortfalls: We are not able to keep pace with increasing need and increasing costs without an additional investment of state funds.

Using inflation calculators, we find that our baseline \$180,000 funding (1987) is equal to \$500,078.35 in 2025 dollars. Due to inflation, our buying power has decreased considerably during this time period to meet the staffing, supply and infrastructure needs of this program. Even so, the need for our services has increased exponentially and, with the increase of the elderly population, which will need more health care, hospital, and nursing home services, we can only foresee a further dramatic increase in calls, amount of time spent addressing callers' problems, and, therefore, a need to increase our capacity.

Request 1: Ensure that our program has the resources appropriated by the Legislature by including \$200,000 funded in SFY2025-26 to the reappropriations for Chapter 53, section 1, of the laws of 2025.

Request 2: Stop the cut to StateWide's Patient Rights Helpline funding of \$231,500 annually by restoring the Legislative appropriation of \$200,000.

Request 3: Recognizing that our funding has not kept up with inflation trends, that we have never received the Not for Profit/Human Services Cost of Living (COLA) increased adjustments, and that the need and complexity of cases has increased dramatically, we request an additional \$50,000 in funding in SFY 2026-27, so that total program funding is \$281,500.

2. Managed Care Consumer Assistance Program (MCCAP):

Aid to Localities A10003/S9003 – *Page 8, Lines 51-62 and Page 8, Lines 1-8*

Line Item for StateWide's program is on Page 8, Line 3

StateWide is one of six not for profit providers included in the state budget to provide assistance to Medicare enrollees. *StateWide*'s current funding is \$354,000 and is a specific line item in the SFY26-27 proposed Executive budget.

This funding enables *StateWide*'s certified counselors to assist older New Yorkers and others eligible for Medicare with year round assistance for: choosing the Medicare coverage that best meets their needs; billing problems; enrollment and benefit information on other initiatives including the Elderly Pharmaceutical Insurance Coverage program (EPIC); and community outreach and education on updated coverage issues. Counselors also provide enrollment assistance in the Medicare Savings Program (MSP) that gives low-income Medicare enrollees premium relief and assists in applications for Federal Extra Help for prescription drug assistance.

Additional resources are needed to increase outreach and provide enrollment assistance for the Medicare Savings Program. Failing to enroll in these programs costs these low-income New Yorkers, on average, \$8,000 every year in out-of-pocket expenses. With the increase in income eligibility for MSP included in the SFY 2022-23 adopted budget, and effective January 1, 2023, there is much work that we need to do to educate the community, find eligible Medicare enrollees, provide application assistance and follow up to ensure expanded benefits are being secured. We estimate that an additional 300,000 NYers are newly eligible for MSP.

Funding for this program (\$1,767,000) has been flat for years after a funding cut during the recession. This program, run by community-based not-for-profits, has not been included in the budget's Cost of Living Adjustment for human services agencies.

Last year, MCCAP saved New York residents over \$11,000,000 on their health care costs. With added funding, we can save New Yorkers an additional \$7,000,000 over the next year.

Request: Add \$1million funding for the MCCAP programs, that would add \$200,399 to StateWide's appropriation, so that we can increase capacity to reach more underserved and hard to reach seniors who are not accessing all of the benefits programs for which they rightfully qualify and provide case finding for the state's new Medicare Savings Program enrollment platform under the NY State of Health Medicaid Enterprise Client Management (MECM) System

B. NYS Office for the Aging (NYSOFA)

There is an escalating need for services due to the increased number of older New Yorkers and the necessary public policy push to encourage people to receive services in the least restrictive environment in the community rather than in residential institutions. The NYS Office for the Aging's programs delivered by the local offices for aging, including EISEP (Expanded In-Home Services for the Elderly), CSE (Community Services for the Elderly), Wellness in Nutrition and Transportation, are vitally important. In spite of increased need for services, these programs were only increased by the 1.7% TII totaling \$3.92 million across the three core service areas.

We note that the Governor's proposed budget continues last year's increased investment to address unmet need. However, without an additional investment, waiting lists continue to grow and older residents are left behind. Besides funding for the waiting lists of today, programs need additional support to build the future capacity to meet the needs of a growing aging population. The need for increased funding to address need and anticipated need is part of the recommendation of the Master Plan for Aging.

Based on demographics, we anticipate that there will be an increased need for EISEP, WIN and other services provided by local offices for aging. Additionally, in September 2025 the Department of Health implemented new Medicaid Home Care eligibility rules as a result of the Medicaid Redesign Team recommendations that changed the number of Activities of Daily Living needed to qualify. As a result, there is a surge of new low income Medicaid enrollees requesting services under EISEP. It is important to note, with the failure to roll back this change, the services will be delivered with 100% state and local funds under EISEP rather than through Medicaid where 50% of the funding burden is borne by the federal government.

The Governor proposes to invest an additional \$8 million in the NORC/NNORC programs by providing an additional \$4 million each for Naturally Occurring Retirement Communities (NORCs) and Neighborhood Naturally Occurring Retirement Communities (NNORCS). This is

much needed to support an effective social model of care that allows older adults to age in place and reduce social isolation.

The Governor has proposed restricting civil immigration enforcement in designated “sensitive” locations with the Sensitive Locations Protection Act (PPGG A10005/S9005 Part L.) This is an important step to protect New York residents. While the Governor was recently quoted telling United States Secretary of Homeland Security Kristi Noem that the help NYS needed during the recent winter storm was for Immigration and Customs Enforcement to stay out of heating centers, the budget language does not reflect protection for areas where older residents gather for essential services.

Recommendation:

Add heating and cooling centers, congregate dining sites and senior centers to the places protected under the newly defined list of sensitive locations.

Master Plan for Aging

StateWide was part of an alliance of advocates that identified a compelling need for an investment in care and a comprehensive roadmap for meeting the needs of aging New Yorkers. The Governor issued an Executive Order creating the Master Plan for Aging. The report has been completed, yet few of the recommendations are reflected in the Governors State of the State Message or Budget proposals. After the state invested \$3 million in developing the comprehensive recommendations, we do not want to see the report sitting on a shelf – it needs to be implemented in a timely manner. The Governor’s budget does not include additional funding to improve the capacity of the aging services network or to expand programs and services in other agencies that are supportive of older residents needs. We believe the time is now to make an investment in capacity building.

Recommendations:

- ***StateWide supports improved transparency and data reporting on funding allocated to NYSOFA for it's core programs – EISEP, CSE and WIN.***
- ***In order to effectively budget to meet the needs of the population, a report should identify anticipated need based on population demographics, not only looking at the number placed on waiting lists. We urge you to require a NYSOFA report that projects need based on a percent of the population expected to need services, compared to the sufficiency of resources or capacity.***
- ***Require that NYSOFA review the barriers to spending resources on the EISEP home care program to meet the needs of an aging older population and recommend solutions.***

- *Require an annual report to the Legislature, (and be made publicly available) on unmet need describing the barriers that are due to insufficient resources or capacity.*
- *Request and review data on the impact on enrollment and capacity of the EISEP program resulting from the new Medicaid Home Care eligibility restrictions.*
- *Create a publicly available, web-based dashboard to constantly track and update implementation activities recommended in the goals, strategies and proposed actions in the Master Plan for Aging.*

Home Care Worker Shortage

Constituents continue to report unmet needs, particularly in home care services throughout the state, regardless of the ability to pay or source of payment (EISEP, Medicaid, Medicare, long term care insurance or private pay.) In part, this is due to the shortage of personal care home care workers.

The state cannot be truly successful in adopting strategies that support aging in place without addressing the shortage of workers. We urge you to address the capacity issues in a comprehensive manner so that the traditional medical/health home care worker shortage and the social model aging/EISEP home care worker shortage are addressed together, and that solutions for one sector do not create further problems for the other. This cannot be a Medicaid only solution.

Recommendations:

- *Provide a livable wage to the home care workforce, including those that work for state funded EISEP services, by paying 150% of regional minimum wage through the “Fair Pay for Home Care Act” and adjust for salary compression within programs that may result.*
- *End the Medicaid Managed Long Term Care (MLTC) program and re-invest savings to improve home and community-based services including providing better pay and benefits to workers, as found in the proposed Home Care Savings and Reinvestment Act, S3222A (Rivera)/A2018A (Paulin.)*
- *Reinvest Savings attributed to Administrative Changes in the CDPAP to support recruitment and retention of home care workers.*
- *Track the services received by Medicaid enrollees that previously were enrolled in CDPAP, determine if they are able to receive the hours of care based on their individual assessment of needs while now relying on MLTC and traditional home care services.*

Protecting the Rights of Residents in Long Term Care facilities

- **Recommendations:**
 - Increase the Long Term Care Ombudsman program (LTCOP) budget, but tie the appropriation to annual reports that detail the progress toward increasing the number of paid staff to the recommended minimum number of staff.*
 - *Support recruitment and retention of LTCOP volunteers to ensure that the program meets national standards for facility visitation.*
 - *Require that annual LTCOP reports include the degree of effort to increase the number of family councils in long-term care facilities.*
 - *Oppose the Governor's proposal to discontinue funding for the Enhanced Quality of Adult Living (EQUAL) Program, which funds efforts to enhance the quality of care and life for residents in adult care facilities. (HMH A10007/S9007 Part E)*
 - *Increase the Personal Needs Allowance (PNA), the small portion of income that nursing home residents may keep each month to pay for essential personal items that are not covered by Medicaid. The PNA has not been increased from \$50 since 1988, although the federal government allows the level to be set as high as \$200 and other states have done so. We urge you to increase the excluded income to the federal maximum of \$200 with annual increases should the federal max increase, as found in A2048(Solages) /S4744A(Cleare.)*
 - *Oppose the Governor's proposal to expand the scope of practice of nursing home aides to allow them to administer medications under the supervision of a registered nurse. Residents need more hours of custodial care from aides to uphold their dignity, and more hours of licensed nursing care at the bedside to uphold their quality of care. (HMH A10007/S9007 Part N)*

C. **Protecting and Improving Benefits**

Until such time as the state adopts the New York Health Act, (S3425 (Rivera)/A1466 (Paulin,) we support incremental steps to improve benefits and affordability of health care services for all. For older residents, we urge you to improve the EPIC program and offer dental coverage.

Dental Benefits for Medicare enrollees on the NY State of Health Insurance Exchange

New Yorkers have been reporting concerns about accessing and affording dental care. In 2026, the state's Health Exchange (New York State of Health) began providing an improved stand-alone dental plans for adults. This benefit is not currently available to adults with Medicare, although allowable under federal rules. We urge the state to include people who have Medicare

coverage (and therefore do not purchase their medical insurance on the Exchange) to access a state approved dental coverage plan.

Elderly Pharmaceutical Insurance Coverage (EPIC)

EPIC is part of the Elder Law, but administered by the NYS DOH that contracts out the implementation of the program. The current contractor is Prime Therapeutics LLC. The EPIC program has been a vital resource for older New Yorkers, has helped individuals afford their prescription drug out of pocket costs – thus removing cost disincentives to adhering to a prescribed medical regimen – and has helped to lift many out of poverty by supplementing their Medicare Part D coverage and providing premium assistance to the lowest income members.

We seek improved transparency of the program, and that any administrative changes are made only following consumer advice and input. We have proposed legislation to address the concerns that have been brought to our attention by consumers that call our Helpline. The bill would keep the application a simple process, have the income brackets adjusted regularly and allow Medicare Part D enrollees under age 65 to apply. Further, it would improve transparency of program operations and provide enrollment data.

We were disappointed by the Governor's 2025 veto of A8090 (Seawright) /S7671 (Cleare,) requiring the commissioner of health to produce a report on the utilization and activity of the elderly pharmaceutical insurance coverage program, *including future enrollment and program cost projections* (Veto#74.) This legislation would have ensured that policymakers and the public have data on the EPIC program to understand the need for future funding as well as how the program might be improved, making prescription drug coverage more affordable for every New Yorker enrolled in Medicare Part D. In the Veto message, the Governor promised “The Department of Health is already in the process of preparing an annual report with this information, which will be posted to its website in the second quarter of each calendar year.” It is worth noting that for the first time since 2010, EPIC program utilization data are now posted to the Department’s website (2024 & 2025 data.) For SFY2026-27, the EPIC program is funded at the same level as previous years.

Recommendation:

- *Support S3555A to expand EPIC by including persons with disabilities younger than age 65, so that EPIC works for everyone on Medicare regardless of age, improve the transparency and accountability of the EPIC program by reinstating the consumer*

advisory panel, restore the requirement for an annual report to the Legislature and reverse administrative changes that resulted in a new and onerous EPIC application.

- *Furthermore, while we applaud new laws to eliminate all cost sharing for insulin and asthma inhalers for New Yorkers covered under commercial insurance plans, we recognize the state does not regulate Medicare Part D insurance products and the new laws well-intentioned plan to assist diabetics and asthmatics will not apply to Medicare recipients. We are grateful that federal Inflation Reduction Act now limits insulin co-pays to \$35/month for Medicare enrollees, but urge you to mandate that the EPIC program set a zero dollar co-pay for insulin and inhalers so that older residents enrolled in EPIC receive the same benefit the state has guaranteed for other insureds.*
- *Facilitate the opportunity for Medicare enrollees to purchase dental coverage from the NY State of Health.*
- *Ensure a swift timeline for implementation of the One Stop Portal for all benefits and entitlements that individuals may be eligible for as outlined in the Master Plan for Aging and in the Governor's State of the State message.*

Medicaid

StateWide urges improvement in policies that enhance the ability of people to obtain and retain home- and community-based long-term services and supports, which provide for higher satisfaction, lower cost, and abide by the right to live in the most-integrated setting (and uphold the Olmstead v. LC decision.)

We support the state's work to improve the Medicare Savings Program and Medicaid enrollment process (for beneficiaries who are not seeking long term care benefits) by changing their application processing from the local Social Services district to the New York State of Health. This new process holds assurances of speedy determinations and quick reauthorizations for those who have Medicare benefits through the Medicaid Enterprise Client Management (MECM) System, and the budget allocates additional resources to support the implementation of the MECM.

We support efforts to:

- a) ensure that the Medicaid dental benefit is comprehensive,
- b) eliminate the increased number of activities of daily living needed to qualify for personal care,
- c) restore the community-based Medicaid enrollment eligibility financial look-back for home care services to 30 days and

d) make the federal government imposed work requirements on non-exempt Medicaid enrollees as simple as possible to reduce enrollment churn in the system. We are concerned that work requirements create administrative barriers that will lead to improper terminations and disrupted access to crucial healthcare. We urge the state to adopt screening practices that protect access to care while implementing work requirements. Establishing clear exemption rules and processes consistent with Congress's intent to exempt people with serious and complex health conditions and family caregivers for older adults, prioritizing screening tools and ex parte renewals, and providing robust due process rights will reduce wrongful terminations and help preserve health and independence for older adults, people with disabilities, and their caregivers.

Recommendations:

- *Repeal SFY 2020-21 Medicaid cuts to home care services that created a resources look back of 2 ½ years for new Community Medicaid enrollees, S4786 (Skoufis)/A1907 (Paulin.)*
- *Repeal SFY2020-21 Medicaid cuts to home care for new enrollees that limits access to home care coverage by increasing the number and type of activities of daily living requiring assistance, implemented in September 2025 and now impacting the waiting lists for the EISEP program. Note: EISEP funding is 100% in state/local dollars compared to the Medicaid program where 50% of costs are borne by the federal government. (S358 (Rivera) /A1198 (Paulin)*
- *Codification of comprehensive coverage for Medicaid dental services currently required by a lawsuit that sunsets 1/1/28, that ensures coverage for root canals, crowns, replacement dentures and dental implants, S3566 (Cleare)/A1931 (Paulin.)*
- *Provide a framework for implementing federally imposed Medicaid work requirements to minimize harm and preserve continuous access to essential services for older adults, people with disabilities and chronic health conditions, caregivers, and others.*
 - *Automatically exclude people with Medicare and people eligible through the aged and disabled pathways from work requirements.*
 - *Eligibility for the medically frail and family caregiver exemptions should be based on an individual's reported medical conditions, diagnoses, functional impairments, or caregiving responsibilities, and not require proof of unemployment or inability to work.*
 - *Define the exemption for family caregivers in the broadest sense. The state must not impose restrictions like requiring the person being cared for to have a diagnosed disability, or be a dependent of or related to the caregiver. Nor should*

the state require caregivers to be providing a minimum number of weekly or monthly caregiving hours.

- *Utilize screening questions and ex parte verification to minimize administrative burden and procedural churn. To reduce administrative barriers for both Medicaid enrollees and the state, screening questions based on an applicant's declaration should be accepted as verification for medically frail and caregiver exemptions as the statute permits.*
- *Ensure accessibility, due process, and operational safeguards. Given the extensive and confusing nature of these work requirements, it is essential for the state to provide clear and accessible information to applicants and enrollees. This includes plain language, accessible notices in multiple formats and languages explaining the reporting requirements, exemptions, and information about requesting accommodations. It is especially important that the state test applications and any technology and include older adults among the testers.*
- *Increase funding for hotline/navigator services for swift responses to enrollee questions about work requirements.*

E. Economic Security/Affordability

It is vitally important to provide residents with the resources needed to be lifted out of poverty, and to thrive in the community. We salute the Governor for working to make NYS more affordable for all, including proposals to increase the availability of affordable housing, utilities and home/auto insurance.

SCRIE/DRIE

We were pleased to see the Governor's proposal to increase SCRIE/DRIE income eligibility to \$75,000 and extended for another two years.

Recommendations:

- ***The program should be made permanent.***
- ***The annual income assessment should be automatically tied to inflation adjustments.***

S1457B (Kavanagh) /A5344 (Glick)

Nutrition Programs

With benefits not keeping pace with need and food prices soaring, New Yorkers, including lower income senior households, face heightened food insecurity. We applaud the Governor's proposal to convert SNAP benefits to chip enabled EBT cards to prevent this skimming theft

from occurring. We also are pleased to see an increase in funding for nutrition outreach services and support for expanding the infrastructure of food banks, but note the budget's failure to provide enhanced funding (beyond the proposed 1.7% TII - Targeted Inflation Increase) for the NYSOFA administered congregate dining and home delivered meals programs.

Recommendations:

- *Increase the minimum SNAP benefit for New Yorkers.*
- *Support a SNAP and cash assistance fraud victims compensation fund as found in A3578 (Mitaynes)/S403 (Myrie.)*
- *Sufficient funding for the HEAP program to ensure that no New Yorker faces harsh living conditions in the winter or summer due to lack of federal or state funds appropriated for the program.*
- *Provide a framework to ensure that SNAP program work requirements do not create administrative barriers that will lead to improper terminations and disrupted access to crucial food security programs.*

State Retiree Health Insurance Benefits

We *oppose* the diminution of retiree health benefits. When retirement is considered, future retirees calculate all their anticipated benefits to plan for their needs. They must be able to count on those benefits and costs; therefore, we oppose the Governor's proposal to cease premium relief reimbursement of the Medicare Income Related Monthly Adjustment when the retiree is an enrollee of the New York State Health Insurance Program.

Recommendation:

- *Omit Public Protection and General Government (PPGG) Bill (A10005/S9005) PART EE.*

Once again, thank you for the opportunity to testify today. I would be pleased to address any questions you have about this testimony or other matters of interest to older New Yorkers.