



DOWNSTATE NEW YORK ADAPT

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Image description: "Downstate NY ADAPT" text over & under image of PWD in wheelchair with arms raised, breaking handcuffs' chain overhead, under arching text "Free Our People"

February 10, 2026

Honorable Liz Krueger
New York State Senate
Chair, Committee on Finance
Email address: financechair@nysenate.gov

Honorable J. Gary Pretlow
New York State Assembly
Chair, Committee on Ways and Means
Email address: wamchair@nyassembly.gov

Re: 2026 Joint Legislative Budget Hearing on Health

Dear Senator Krueger and Assembly Member Pretlow:

These comments are submitted on behalf of Downstate New York ADAPT, a chapter of National ADAPT, the nation's largest grassroots, non-hierarchical community of disabled people that fight for the right to live and fully participate in the community. We are not a provider organization. We are a coalition of disabled Medicaid beneficiaries and our allies.

ADAPT's main goal is to fight against the institutional bias that slants nursing home care over home care. **We therefore demand that the following be included in the corresponding One-House budgets, with consideration to the remarks about each submitted below:**

- (1) Repeal of MRT2's stricter eligibility criteria for home care, see [S. 358/A. 1198](#)**
- (2) Repeal the Single-FI arrangement for CDPAP, see [S. 1189/A. 2735](#)**
- (3) Include the Home Care Savings and Reinvestment Act, see [S. 2332/A. 2018A](#)**
- (4) Repeal the Nursing Home Transition and Diversion Waiver Enrollment Cap**
- (5) Include Fair Pay for Home Care, see [S. 8955/A. 1991](#)**
- (6) Reintroduce legislation that would require the independent assessor to automatically provide home care recipients' their UAS and thus provide needed transparency regarding recipients' home care assessments, see prior bill [S. 2933](#) (Years: 2023/2024)**
- (7) Modify the New York Independent Assessor Process for Home Care Determinations**
- (8) Establish a specialized health home program to serve certain individuals with physical disabilities, see [S. 1918/A. 9205](#)**
- (9) Require the Commissioner of Health to establish minimum hourly base reimbursement rates for home care aides, see [S. 3599/A. 1112](#)**
- (10) Include the New York Health Act, see [S. 3425 /A. 1466](#)**

Include Repeal of MRT2 Stricter Eligibility Criteria (S. 358/A. 1198)

As we have already made NYS well aware, DNY ADAPT has been working diligently to repeal the disastrous changes set forth by MRT2. **MRT2 had one major goal: cut \$2.5 billion out of Medicaid spending**¹. We fundamentally disagree with this form of cost-saving. Austerity politics never save money. Decreasing access to public services and healthcare only decreases the health and well-being of the public, which later accrues higher levels of spending for the State as medical conditions worsen without access to preventative or maintenance health care services. **MRT2 should never have happened, especially with such limited consumer input.**

Of note, we have strongly opposed the restrictions made to home care eligibility. **We continue to ask for bill S.358/A.1198 (that will repeal these changes) to be included in the Budget.** **We, New York State voters, consider it a great act of violence to restrict access to home care access in general, but it is an especially callous act considering the pandemic has made, and COVID continues to make thousands of New Yorkers now disabled with long-COVID.** In the following section we outline why such an egregious change to home care eligibility will be detrimental to New York State's budget.

These changes will violate the federal Community First Choice Option (“CFCO”). New York State receives an additional 6% funding from the Federal Government (FMAP) for complying with CFCO policies. The additional FMAP is supposed to be earmarked for community-integration, as long as these programs continue to meet CFCO standards. New York State has put 90% of the CFCO additional 6% FMAP into the pre-existing CDPA program, while MRT2 and many of the Governor's proposed budget changes will significantly limit access to or wholly eliminate services for people at risk of institutionalization. According to CMS Expenditure reports, the average amount NYS gathered for CFCO was \$282.5M annually, and \$1.13B in total from 2015-2019², according to the most recent data we were able to access.

Shockingly, while this additional money is supposed to be earmarked for Olmstead-like efforts, changes in home care eligibility will force more people into nursing homes and other institutional settings. Long-term care costs will skyrocket when more disabled people are forced into institutions, as congregate care settings are exponentially more expensive than home care and this will further strain NYS's budget.

Secondly, NYS avoids fully implementing all CFCO services, including environmental and vehicle modifications, moving assistance, and assistive technology. On top of these pre-existing violations of CFCO, the restrictive eligibility criteria completely disregard the framework of CFCO.

¹ NYS Governor Cuomo Picks Members for Medicaid Redesign Team; No Consumer Representation Some Focus on Workforce and Safety Net Sustainability (2020):

Medicaid.gov, Expenditure Reports From MBES/CBES :<https://www.nyaprs.org/e-news-bulletins/2020/2/5/cuomo-picks-members-for-medicaid-redesign-team-ii-without-consumer-representation-some-focus-on-safety-net-sector-sustainability>

²<https://www.medicaid.gov/medicaid/financial-management/state-expenditure-reporting-for-medicaid-chip/expenditure-reports-mbescbes/index.html>

We remain concerned that the State has, and continues to, blatantly violate federal requirements and guidance for CFCO and it seems that New York should not be receiving this federal funding in the first place due to its failure to carry out full implementation of the program. The new eligibility criteria make it even clearer that NYS never had any intention of complying with proper guidelines for the extra 6% FMAP. This issue has been raised by ADAPT for several years without an acceptable response or solution from either the State Legislature or the Executive. ADAPT stands ready to engage through the appropriate federal channels to ensure NYS continues to use CFCO funding as it was intended - to move people out of institutions and provide services in home and community-based settings - should this pattern of ignoring federal protections for people with disabilities continue.

These eligibility changes violate federal guidelines in the following ways:

1. Created a more restrictive **eligibility criteria that differ based on “type of disability”** (i.e. physical disabilities versus Alzheimer’s, ‘physical maneuvering’ versus ‘supervision’). Pursuant to **42 U.S.C § 1396n(k)**, acceptance of CFCO funding mandates that home and community based services must be given in such a manner that is without regard to an individual’s *“type or nature of disability, severity of disability”*. Also reiterated on Page 7 of the CFCO Technical Guide by CMS³, *“42 CFR 441.515 requires states to provide CFC to individuals on a statewide basis and in a manner that provides services and supports in the most integrated setting appropriate to the individual’s needs and without regard to the individual’s age, type or nature of disability, or the form of home and community-based attendant services and supports the individual needs to lead an independent life.”*

These changes leave eligibility determination up to a proprietary assessment tool determined by the commissioner in the New York State Department of Health. This tool, the UAS-NY, **was never intended to be used in eligibility determination**, as it was created as a quality-of-life assessment. Therefore, it is not enough of a nuanced or comprehensive tool to be used for this matter. Even more concerning, consumers do not get a copy of their assessment outcome, even though it is common practice in other states. Such a lack of transparency hurts all New York taxpayers because there is a lack of accountability since there is no way to know if such assessment was correct unless a recipient challenges the assessment. Moreover, eligibility is determined by an algorithm and the score that the UAS produces, instead of it being determined in a more nuanced and inclusive way that accounts for the individual nature of each person’s disability.

New Yorkers with disabilities that will not change or only increase should not be subject to yearly assessments, let alone two assessments per year. This requirement is an obvious money grab by Maximus that the Department of Health should eliminate and thus, save precious funds to finance more, not less, home care.

³ Community First Choice Option (CFCO) Technical Guide, CMS: https://www.medicaid.gov/sites/default/files/2019-12/cfc-technical-guide_0.pdf

2. Created a more restrictive eligibility criteria that **eliminates instrumental activities of daily living (IADL) and health-related tasks** support from home and community-based services.

This eligibility criteria change eliminates from consideration the need for assistance with IADLs from eligibility criteria (shopping, cooking, housekeeping, making beds, etc.), essentially stating that “physical maneuvering” of the body is the only valid form of caretaking for people with physical disabilities. This is an incredibly restrictive criterion to meet and is not a very nuanced or accurate portrayal of disability. Needing help with tasks that are about the ways in which we navigate or interact with our environment (IADLs) are JUST as critical and lifesaving as body focused tasks (ADLs).

42 U.S. Code § 1396n (k)(1)(A) requires that any State receiving CFCO funding “make available home and community-based attendant services and supports to eligible individuals, as needed, to assist in accomplishing activities of daily living, instrumental activities of daily living, and health-related tasks through hands-on assistance, supervision, or cueing.” The NYS Budget law that changed New York State’s Social Services law disregards federal CFCO guidelines set forth by CMS, which states that IADLs/Level 1 care must be included. Please refer to pages 3-4 of the State Plan Amendment #13-35⁴ and page 17 of the CFCO Technical Guide by the Centers for Medicare and Medicaid Services (“CMS”). You will find that they highlight the mandate of both ADLs and IADLs services be included, and that such services “are a means to maximize independence and integration in the community, preserve functioning and defer or eliminate the likelihood of future institutional placement.”

3. **MRT2 eligibility changes**, now implemented, are fueling a grave public health crisis, will increase healthcare costs long term, and **violates the Supreme Court Olmstead decision** that clearly requires states to provide services in the most integrated setting.

These new eligibility criteria for community-based care are STRICTER than the eligibility criteria for institutional living. The Supreme Court’s Olmstead⁵ decision mandates that services must be made available in the LEAST RESTRICTIVE setting⁶, which sets forth a legal requirement for home care services to be available BEFORE nursing home care⁷. Yet these new criteria are leaving eligibility for home care up to a

⁴ NYS SPA #13-35: https://www.health.ny.gov/regulations/state_plans/status/non-inst/approved/docs/app_2015-10-23_spa_13-35.pdf

⁵ Olmstead v. L.C., 527 U.S. 581. (1999): <https://supreme.justia.com/cases/federal/us/527/581/>

⁶ <https://www.hhs.gov/civil-rights/for-individuals/special-topics/community-living-and-olmstead/index.html>

⁷ Olmstead Community Integration for Every New Yorker: <https://www.ny.gov/programs/olmstead-community-integration-every-new-yorker>

proprietary assessment tool that indicates these new criteria for home care does find many individuals eligible for nursing home placement before they qualify for home care services. Rather than move people out of institutional settings as federal law requires of state policy, programs and services, implementation of the MRT2 eligibility cuts will increase the number of individuals placed in institutional settings unnecessarily.

For those who are not deemed eligible for nursing home placement, denial of home care services will leave individuals in the community without proper services, which will inevitably lead to deteriorated health, an increase in injuries, and greater medical spending long term. A decrease in the overall well-being of New Yorkers will only increase long-term care costs, ER visits, hospitalizations and overall medical spending in the long run.

A disabled person who is denied home care will incur injuries and infections that progress their disability, and if they don't die, it might make them eligible for home care eventually BUT at that point they will require a higher level of care and cost to the State, not to mention the pain and suffering imposed upon the individual. **This change in eligibility criteria is the equivalent of not allowing medical care for a basic cold, but instead only providing healthcare for when it develops into pneumonia.**

Not only will the State have an abundance of Olmstead lawsuits in the coming years, but the State will also be forced to spend more Medicaid dollars because people will be approved for institutional care more frequently and more readily than they will be for home care. As we know, institutional settings cost significantly more money. In 2024, annual costs for these settings ranged from \$146,352 in Central New York to a whopping \$176,016 on Long Island⁸.

Moreover, congregate care settings are not as safe as home and community-based living, as illustrated during the pandemic. The high costs of nursing homes are not correlated with a high quality of care; instead, congregate settings have been demonstrated to isolate residents and spread infectious disease.⁹

Finally, the extent to which former Governor Cuomo disregarded the value of disabled lives is abundantly clear and continues to resonate into the current administration through the FY 2026 budget proposal. Not only did Cuomo deliberately put COVID-19 patients into nursing homes, where the most medically at-risk are incarcerated, but he showed little remorse. We heard the message loud and clear from his dismissive response to the AG's report, which revealed that the number of nursing home COVID deaths was deliberately underreported by his team. Allowing the MRT2 home care eligibility changes to stand echoes the same disregard and intentional violence against disabled New Yorkers. **The Senate and the Assembly now have an opportunity to do better and create a different path for New York.**

⁸ Estimated Average New York State Nursing Home Rates: <https://nyspltc.health.ny.gov/rates.htm>

⁹ NYS Attorney General's Report, Press Release for "Nursing Home Response to COVID-19 Pandemic": <https://ag.ny.gov/press-release/2021/attorney-general-james-releases-report-nursing-homes-response-covid-19>

Therefore, repealing MRT2's stricter eligibility criteria for home care by including S. 358/A. 1198 and the New York Health Act, S. 3425/A. 1466 in the respective One-House budgets is a critical first step. The austerity politics that have diminished the care and dignity in disabled lives must stop with the end of the former Governor's reign. We have the opportunity to act swiftly to undo further harm. The damage is continuing and multiplying. Luckily for the Legislature, we are handing you an opportunity to address this restriction in eligibility for home care.

Include Repeal of the Present Transition to a Single Fiscal Intermediary and Establish A Licensure Process and Requirements for Fiscal Intermediaries to Continue to Operate in the Consumer Directed Personal Assistance Program

(S. 1189/A. 2735)

We oppose the Governor's transition of NYS to one Fiscal Intermediary (FI) in the Consumer Directed Personal Assistance Program (CDPAP). Per New York State government contract, Public Partnerships LLC (PPL) has taken over as the single fiscal intermediary for consumer Directed Personal Assistance in New York State, effective April 1, 2025. Over 600 current fiscal intermediaries, which provide consumer choice and tailored support that are fundamental to program aims have been eliminated. We continue to voice our vehement opposition to this change, not only because PPL has a terrible track record of service provision, but also because the payment delays have left personal assistants with no choice but to leave their jobs. This change has affected over 170,000 Personal Assistants and put the health and safety of over 280,000 consumers at risk. These consumers could end up hospitalized, in nursing homes, or dead. The Governor's claim that this change was necessary to eliminate purported fraud has already been debunked by the New York State Department of Health. The money the Governor claims will be saved is minimal compared to the medical costs the State will incur when these consumers require additional hospitalizations, nursing home stay, or end-of-life care. Further, NYS DOH's spending of an exorbitant amount of money airing a commercial designed to shut down any proposed concerns about this plan by calling those who are speaking out "liars" does not change the truth-PPL is not properly providing home care services. We do not understand why DOH continues to play a petulant game and waste hundreds of thousands of dollars, all the while painting the disability community as the ones "wasting money" simply by needing home care services.

We ask for [S. 1189/A. 2735](#) to be included in the Budget. This bill would establish a licensure process and requirements for fiscal intermediaries to continue to operate in the Consumer Directed Personal Assistance Program under Medicaid and would repeal the present transition to a single Fiscal Intermediary for New York State. We support this proposed legislation because it will address the concerns of those that have been raised about the operation of CDPAP while at the same time minimize any potential disruption to Medicaid consumers and to the workers who provide services to these consumers pursuant to CDPAP. Among other things, this proposed legislation would require Fiscal Intermediaries to provide data on such things as the number of members served, the area that the Fiscal Intermediary serves, the number of personal assistants employed by consumers, including the number of hours worked by each person assistant, and the period of employment in personal care of each personal assistant, and the relationship of such

personal assistant with the consumer. Additionally, each Fiscal Intermediary would have to state the number of authorized hours received by each consumer as well as the number of hours of service billed for each consumer and the self-directing status of the consumer. Further, under this proposed legislation Fiscal Intermediaries will be required to obtain a license from New York State in order to operate after April 1, 2027.

We believe that this proposed legislation will improve CDPAP as well as enhance and not diminish the quality of services provided to New Yorkers and result in greater transparency and fiscal accountability. At the same time a repeal of the present transition to a single Fiscal Intermediary for New York State will stop the detrimental rippling effect such a move to a single Fiscal Intermediary has had on New York State's economy and, in turn, the state budget, and will reduce the possibility that CDPAP consumers receive a lesser quality of service or no care at all. Having one Fiscal Intermediary smack of monopolization and eliminates consumer choice which can only increase costs as well as more injuries and deaths.

Include the Home Care Savings and Reinvestment Act (S. 2332A/A. 2018A)

The “Medicaid Redesign Team” (MRT), first implemented by former Gov Cuomo in 2011, drastically changed the structure of Medicaid systems in NYS by privatizing services out to **private insurance** companies, often known as “managed care organizations” (MCO). These MCOs then determine and define what is “medically necessary” under the Medicaid state plan. This privatization has had a dramatic effect on disabled New Yorkers’ [access to their federal entitlement to Medicaid home care](#). While the privatization of care drives up the overall Medicaid spending, the State uses disabled individuals and our services as scapegoats. Our care is first on the chopping block while the main culprits of the rising costs, private insurance companies, remain unscathed and continue to enjoy excessive profits.

New York State continues to waste money (at least \$5.5 billion in the past 4 years alone) paying private insurance companies to mis-manage Medicaid Home care. These companies pocket billions while we get blamed for the “rising cost of home care.” **The Home Care Savings & Reinvestment Act (S.2332/A.2018) would remove Managed Long Term Care Programs and return home care services to a fee for service system, saving NYS between \$25 and \$32 billion over the next ten years.**

Remove The Cap Pertaining To The Nursing Home Transition & Diversion Program

We strongly oppose the current cap on enrollment for The Nursing Home Transition and Diversion Waiver program. This program has been instrumental in ensuring New Yorkers with disabilities have the opportunity to live a life of dignity and access in the community instead of being stuck in institutionalized care with little options. The push we have noticed from NYS in recent years to, either directly or indirectly, prioritize institutionalization over community living is disgraceful, and unnecessarily draining on New York State’s finances. Nursing homes strip an individual of freedom, access, and an overall better quality of life, while directly contributing to increased Medicaid spending and poorer health outcomes. It is a great act of violence against all New Yorkers for this administration to restrict a program designed to not only promote health

and well-being of our community but also risk increased Medicaid spending with an influx of individuals being trapped in institutions during a time in which we continually get blamed for an “influx” of Medicaid costs. During a time in which the rate of disability is only increasing with the landscape of Long-Covid, the Nursing Home Transition and Diversion waiver program’s cap will only result in more New Yorkers being institutionalized. We demand that this cap be removed so that many New Yorkers’ lives can be saved many and significant funds be more effectively spent. Thus, we strongly encourage legislation that would remove the current cap

Include Fair Pay for Home Care Act (S. 8955/A. 1991)

We remain firm that home care jobs are healthcare jobs, on par with other healthcare industry job responsibilities and skills, and home care is not a minimum wage job. Thus, we continue to demand that Fair Pay for Home Care be fully funded in this year’s State Budget.

The three-dollar hourly increase proposed in 2022 instead of Fair Pay was insulting to our workers. Fair Pay was deliberate in establishing home care worker wages at 150% of the minimum wage, thus ensuring that this occupation remains viable, livable, and competitive as minimum wages increase over time.

This three-dollar hourly increase in wages will cause further industry instability. This minimum wage increase was enough to kick many home care aides and personal assistants off public benefits, such as food stamps or Medicaid, without being enough for them to survive on their salary alone without such services. Now, many disabled consumers will be forced to live with the reality that our workers may cut back hours to retain these vital services. Even though this would be an understandable decision on the part of our home care workers out of their own self-preservation, disabled folks will still be left in the same critical position of diminished care and a scramble to find more workers.

Additionally, the minimum wage increase passed in April 2022 did not provide funding pass through mechanisms, such that managed long term care plans do not withhold adequate funding for providers to cover the minimum wage increases. Fair Pay for Home Care was developed with all actors at the table. It guarantees that state funding is not hoarded by privatized managed long-term care plans and is instead appropriately distributed to provider agencies. Not incorporating this mechanism is the 2022 minimum wage policy, while DOH refuses to provide the necessary oversight on managed long term care plans, was wasteful, unfair, and did not meet the goal of a wage increase. We now see managed care companies have, indeed, failed to offer the full increase in reimbursements to providers.¹⁰

¹⁰ Lohud, “NY home aides get minimum wage increase as state faces caregiver crisis”, 18 October 2022 <https://www.lohud.com/story/news/health/2022/10/18/ny-home-aides-get-minimum-wage-increase-what-you-need-to-know/69568555007/>

With a home care workforce that is 90% female and more than 80% who are minorities, Fair Pay for Home Care is not just an economic issue but one of gender and racial justice. A living wage for our home care workers is long overdue. Low wages are a leading reason for a mass exodus from the field despite an ever-increasing need for community-based personal care services. These workers, even if deeply committed, simply cannot afford to stay in these positions. At present, New York State faces the worst home care worker shortage in the nation, and the consequences are dire. **We are not grateful for the bare minimum and performative actions.**

A study by the [CUNY School of Labor and Urban Studies](#) found that public investment in home care workers would actually save money long-term, and represents a strategy that is both morally and fiscally compelling. Given that the COVID-19 pandemic has laid bare the vital role of caregivers, now is the time to make lasting change. Furthermore, COVID-19 has been a mass disabling event which suggests that the demand for home care will only grow in the years ahead.

This bill must recognize that the cost of living varies from region to region throughout the state. Fair Pay for Home Care is a commonsense solution with bipartisan support and the endorsement of more than 50 community organizations. Put simply: it is a win-win-win for consumers, for workers, and for the State. New York State was once a leader in compassionate long-term care policy, and we can be once more.

Reintroduce and Include Bill to Solidify Home Care Recipients' Need for Assessment Transparency ([S. 2933 \(2023-2024 Legislative Session\)](#))

Consumers of home care services in NYS have to go through initial evaluations and yearly recertification processes by meeting with an independent nurse that conducts an assessment on their disability using the [Uniform Assessment System](#). Even though there are frequent errors on the assessment that lead to inadequate authorization of home care hours, and illegal and unjust denial of services, consumers are not currently entitled to view a copy of their evaluation or assessments to verify that the information is correct. As such, many of these errors go unnoticed, leading to lack of appropriate services and diminished care that is only resolved through needless administrative work for fair hearings. Copies of all evaluations and re-assessments, including the full UAS, should be made available to consumers, just like all other essential medical documentation. **Determination of health care needs must be a collaborative process between nursing assessor and individuals. Part of the collaborative process must include individual review of one's own medical records which includes any documentation and information concerning an assessment/evaluation for home care services under Medicaid.**

Modify the New York Independent Assessor Process for Home Care Determinations

The implementation of the New York Independent Assessor or NYIA into the home care eligibility process frankly adds an unnecessary layer of expense and bureaucracy in a system that is already confusing for many of our State's most vulnerable citizens.

The role of Maximus in initial assessments for community-based long-term supports and services (CB-LTSS) presents a clear conflict of interest given that Maximus has financial incentive to deny services. **In fact, a Department of Health (DOH) representative has estimated that since NYIA's inception, denials have increased from 1-3% to 10-11%.** These denials will force New Yorkers entitled to Consumer Directed Personal Assistance (CDPA) services into costly and dangerous institutional settings. Existing consumers in need of reassessment are currently "grandfathered" into the old system and excluded from NYIA, but we have received no written assurance that this will remain the case, nor have we received any information about the proposed plan for existing enrollees in the future. The secrecy and confusion are disconcerting for the thousands of families relying on these lifeline services and violates proper financial practices.

It is outrageous that services are being cut while New York, in the words of former Assemblymember and Health Committee Chair Richard Gottfried, "shovels billions into a huge, little-known company" and awards it more than 20 state contracts which are granted and renewed with disturbingly little oversight.¹¹

Maximus serves as a Medicaid managed care enrollment broker in 22 states and determines Medicaid eligibility in 13 states.¹² Yet, across the nation, the company has been cited for colossal mismanagement. In states such as Texas, Kansas, North Carolina, and Arizona, Maximus-related blunders have resulted in harm to both consumers and employees. A most egregious example is the thousands of Tennessee children improperly kicked off Medicaid due to a flawed eligibility process developed by Maximus.¹³

Similar corrupt practices persist in New York, where, according to former Assemblymember Gottfried, a 2014 audit by the comptroller revealed contracts lacking "detailed budgets, rate schedules, and other basic protections."¹⁴ The report also found excessive profits and over-the-top travel expenses billed to the State, such as lodging in \$599 per night luxury hotel rooms.¹⁵

¹¹ Gottfried, R. N. (2021). Don't let Cuomo push through another Maximus extension.

<https://www.timesunion.com/opinion/article/Commentary-Don-t-let-Cuomo-push-through-16053955.php>

¹² Government Contractor Accountability Project (2019). Maximum harm: Maximus Medicaid management failures. Retrieved from https://maximusaccountability.org/sites/default/files/2019.11.07_maximumharmreport.pdf

¹³ Government Contractor Accountability Project (2019). Maximum harm: Maximus Medicaid management failures. Retrieved from https://maximusaccountability.org/sites/default/files/2019.11.07_maximumharmreport.pdf

¹⁴ Gottfried, R. N. (2021). Don't let Cuomo push through another Maximus extension.

<https://www.timesunion.com/opinion/article/Commentary-Don-t-let-Cuomo-push-through-16053955.php>

¹⁵ Office of the State Comptroller. (2014) Report 2014-STAT-02A:

<https://www.osc.state.ny.us/files/audits/2017-11/bse-2014-05-06.pdf>

With hospitals overburdened, providers struggling, and consumers facing barriers to care, why does New York continually reward a for-profit behemoth that has demonstrated no interest in helping consumers or direct care providers?

We demand greater transparency around the NYIA process, given our concerns that it serves merely as a vehicle to further restrict home care. Further, we believe our State must divest from Maximus and take our safety net programs back from a corrupt corporate interest with a proven record of grievous errors and poor conduct.

Include the Establishment of a Specialized Health Home Program to Serve Certain Individuals with Physical Disabilities (S. 1918/A. 9205)

Health Homes provide individuals with complex medical conditions specialized case coordination and management services that go beyond the ability of managed care nurse coordination services. Due to a myriad of wide-ranging needs and systemic barriers, many people with physical disabilities are unable to successfully navigate finding medical doctors, specialty services, accessing durable medical equipment or consumable medical supplies, receiving accessible transit services in their local area, and more. When disabled individuals are unable to find providers and services, they often experience decline in physical health with increased medical complications.

The goal of a Health Home program is to ensure members receive the care and services they need by providing individualized coordination between providers, including identifying accessible services in local neighborhoods, connecting members to needed medications, assistance with housing, and other community programs to maintain independence and safety. While many may believe these services already exist under the managed care coordination, the reality is that managed care plans are unable to meet the needs of people with physical disabilities in a manner that does not require the member to identify, connect with, or follow up between providers and services. Managed care as it exists lacks the knowledge of accessible infrastructure in local areas, cultural competency, and resources necessary to meet the complex needs of people with physical disabilities. Consumers are provided outdated lists of contracted providers, but no details on whether facilities are accessible beyond front door entry. Consumers are told which services may or may not be covered, such as durable medical equipment, yet many managed care coordinators cannot explain the process of how to go about requesting a new wheelchair, including the point of entry.

New Yorkers with certain physical disabilities will benefit from specialized coordination and assistance that a Health Home would provide. We are glad to see that such a bill has been introduced in the New York State Senate, S. 1918 and Assembly A. 9205. As presently written the bill only applies to those who are Medicaid eligible, have a diagnosis of a neurological, muscular or neuromuscular condition and a mobility impairment.

DNY ADAPT demands that the wording of the present proposed legislation be amended to include all adults who are Medicaid eligible and are disabled and not only to those who are Medicaid eligible, have a diagnosis of a neurological, muscular or neuromuscular condition and a mobility impairment. It is our position that by establishing a more appropriate framework for New Yorkers with disabilities within the home health program, the needs of adults with disabilities would be better served and the results will be that by spending a little money here, New York State will be able to avoid the higher cost of hospitalizations later.

This Legislature must establish a Health Home program to serve people with disabilities.

Include Proposed Legislation That Would Require The Commissioner of Health to Establish Regional Minimum Hourly Base Reimbursement Rates for Home Care Aides ([S. 3599/A. 1112](#))

DNY ADAPT demands that [S. 3599/A. 1112](#), proposed legislation that would require the NYS Commissioner of Health to establish regional minimum hourly base reimbursement rates for home care aides needs to be included in the state budget. In New York State, we constantly hear a call for transparency and accountability with respect to home care costs. We submit that by establishing a reliable and predictable mechanism to ensure that home care providers receive adequate reimbursement from managed care organizations for the purpose of paying their employees mandated wages and benefits and to cover other costs of the employer, we will also accomplish the dual goals of transparency and accountability with respect to these home care costs. Consequently, clearly it is common sense to include this proposed legislation in this year's budget.

Include the New York Health Act ([S. 3425/A. 1466](#))

DNY ADAPT demands the re-introduction into session and inclusion of the New York Health Act (NYHA) in the state budget, as it will give all New Yorkers the freedom to choose their providers without regard to health insurance networks, as well as open access to long-term care services for all New Yorkers. The privatization of healthcare in this country is one of the most violent attacks on our citizens, especially those with complex medical needs. This proposed legislation will alleviate the healthcare-related financial burdens that many New Yorkers face every day, as well as address the needless lack of access to healthcare that many face daily. Healthcare is a right and should not be negotiated by for-profit entities. DNY ADAPT continues to strongly support the New York Health Act, as it will make systemic changes that will guarantee universal, comprehensive, single-payer healthcare to everyone who lives or works in New York State, regardless of immigration status.

Additionally, New Yorkers that require home care services are often forced to remain in poverty to retain their home care through Medicaid or Social Security eligibility, which has strict asset and income restrictions. NYHA would allow all people to access long term care services, such that disabled New Yorkers will no longer have to choose between a livable wage and their basic healthcare, and seniors and others who become disabled yet are not eligible for Medicaid are no longer forced to bankrupt themselves and their families before being forced into institutional care.

Summary

In closing, we respect this opportunity to voice the needs of the disability community and the priorities our community requires to live fully integrated, dignified and healthy lives. We remain hopeful that our elected officials understand the gravity of issues addressed herein and will move with a sense of urgency felt by each of us to ensure equal rights and opportunities for disabled New Yorkers.

Respectfully yours,
Downstate New York ADAPT
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