



2010 DISABILITY PRIORITY AGENDA

The New York Association on Independent Living (NYAIL) is dedicated to removing barriers to full community integration and safeguarding the civil rights of people with disabilities of all ages. NYAIL represents Independent Living Centers (ILCs) and the people with disabilities they serve. ILCs are cross-disability, consumer-controlled, community-based not for profit organizations that provide a variety of services, such as advocacy, peer counseling, independent living skills training, and assistance with medical needs, housing, education, employment and other necessary services that empower people with disabilities to live independent, fully integrated lives in their communities.

As New York strives to cope with historic budget shortfalls, NYAIL continues to advocate for systemic reforms to ensure that services and supports for people with disabilities are provided in the most integrated setting, as required by the Americans with Disabilities Act and the US Supreme Court's *Olmstead* decision.

Moreover, substantial cost savings will result from shifting State funding from institutional and other segregated settings to fully integrated services and supports in the community. For example, in 2008, 52,229 individuals were enrolled in segregated employment programs through OMRDD alone, including sheltered workshops, **at a total cost to the state of more than \$1 billion**. The cost per person in these segregated programs is \$21,309 compared to \$5,291 per person in integrated supported employment programs.

As required by the State's Most Integrated Coordinating Council (MISCC) legislation, which sought to ensure the State complies with the *Olmstead* decision, New York must examine **all** service systems and funding streams, looking across state agency and other artificial "silos," to shift State funding to integrated programs from much more costly institutional and segregated services, to both comply with federal law and decrease costs to State taxpayers.

To accomplish these goals, NYAIL responds to the Executive Budget and proposes budget priorities, as follows:

2010 BUDGET PRIORITIES

INDEPENDENT LIVING CENTERS

- Adequately fund Independent Living Centers, essential community-based advocacy and service organizations that help people with disabilities

access services and supports to live independently in their communities. Restore \$1.2 million in 2008-09 SFY ILC funding cuts and increase ILC funding to generate additional savings to the State and provide critical services to people with disabilities.

Independent Living Centers are at the center of the solution to ensuring people with disabilities are served in the most integrated and cost effective settings by all service systems. In SFY 2008-09, ILC funding was cut twice, in April and during the August special session, for a total cut of \$1.2 million from the previous level of \$13.2 million.

Increasing funding for Independent Living Centers carries **no cost** to the State because of the substantial savings generated by these essential services. In fact, not adequately funding ILCs costs the State money in lost savings. **ILCs have conservatively saved New York taxpayers more than \$9 in institutionalization costs for every state dollar invested in ILCs, for a net savings of more than \$110 million each year as a result of avoided institutional care for people with disabilities.** (VESID, 2007) NYAIL's 2008 statewide needs assessment outlines significant gaps in services and underserved areas of the state, resulting in substantial funding inequities and lost State savings. (Center for Government Research, 2008) ILCs play a key role in enhancing individual independence and economic self-sufficiency, and provide critical safety net services in the current economic downturn.

Moreover, a recent national study of ILCs, funded by the federal Centers for Medicare and Medicaid Services, supports the critical role of ILCs in helping states comply with federal law and save costs:

Centers for Independent Living continue to demonstrate value in assisting individuals with disabilities of all ages to gain needed skills and obtain needed supports to live independently in integrated community settings. Centers have proven to be effective partners in helping government comply with the Americans with Disabilities Act and save money by supporting individuals with disabilities to live in less-costly community settings. (Rutgers Center for State Health Policy, June 2008)

RESPONSE TO 2010-11 EXECUTIVE BUDGET PROPOSALS

- **Oppose proposal to cap personal care services at 12 hours a day**, forcing thousands of New Yorkers with disabilities to shift to different service systems that will limit their control over their own services, and will force some into unwanted institutionalization.
- **Support funding for rental/housing subsidies** for participants in the Nursing Facility Transition and Diversion (NFTD) and Traumatic Brain Injury (TBI) Medicaid waiver programs.

- **Oppose the increased assessment to 0.7 percent on total home and personal care provider revenues and the elimination of the 2010 home and personal care trend factor**, both of which would significantly impact providers, including many ILCs providing CDPAP services, already struggling to support people in the community.
- **Oppose elimination of Medicaid and EPIC wrap around coverage for Medicare Part D** which may limit individuals' access to essential prescription drugs.
- **NYAIL is concerned about the proposal to implement a new episodic reimbursement methodology for home care in 2012**, which seems to create a disincentive for home care agencies to serve people with significant disabilities and threatens to curtail access to 24 hour care. NYAIL needs more information on this proposal.
- **Support the county long term care financing demonstration program** which will provide up to five counties with incentives to reduce beds and ultimately close their county nursing facilities and redirect the funds toward increasing community based services.
- **Oppose Early Intervention proposals that decrease Medicaid rates for home-based visits and establish parental fees.**
- **Support increased funding for the State Low Income Housing Tax Credit (SLIHTC).**
- **Oppose OMRDD's community residential program initiatives** that shift individuals from large institutions to smaller institutions, such as "community-based" group homes.
- **Oppose elimination of the 2010 Human Services Cost of Living Adjustment** which would directly impact direct care workers employed through human service programs, including OMRDD, OMH, OASAS, DOH, SOFA, and OCFS.

BUDGET RECOMMENDATIONS

- Expand facilitated enrollment for Medicaid to SSI-related applicants through community-based disability advocacy organizations.
- Eliminate the asset test for the SSI population applying for Medicaid.
- Extend 12-months continuous Medicaid coverage to people needing long term care.
- Allow co-location of mental health services in community-based health care settings.

DISABILITY COMMUNITY PROPOSALS

In November 2009, in response to Governor Paterson's Deficit Reduction Plan (DRP), NYAIL, the Center for Disability Rights and the Consumer Directed Personal Assistance Association of New York State (CDPAANYS), called on the Governor and the Legislature to implement a variety of cost-saving proposals in long term care to avoid massive Medicaid cuts as proposed by the Governor. The recommended policy changes would help increase the independence and

community integration of seniors and people with disabilities while simultaneously saving the state upwards of \$287 million. The proposals are summarized below, with their associated potential savings. The full proposal is available on our website at www.ilny.org.

Recommended Policy Changes and their Associate Savings

Proposed Policy Change	Non-Federal Share Savings
1. Increase utilization of the Nursing Facility Transition and Diversion Waiver to transition people from nursing facility placement to community living	\$85.7 million
2. Divert people from nursing facility placement using the Nursing Facility Transition and Diversion Waiver	\$84.2 million
3. Shift people currently receiving Certified Home Health Care to the less costly Consumer Directed Personal Assistance Program	\$43.4 million
4. Shift people currently receiving Traditional Personal Care to the less costly Consumer Directed Personal Assistance Program	\$26.6 million
5. Expand the pool of direct care workers to match the federal rules for family caregiving to promote the use of more cost-effective services	\$39.4 million
6. Utilize assistive technology to contain costs	\$7.7 million
Total Savings from the Proposals	\$287.0 million

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