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Consumer Directed Personal Assistance Association of New York State

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TESTIMONY OF THE CONSUMER DIRECTED PERSONAL ASSISTANCE ASSOCIATION OF NEW YORK STATE (CDPAANYS)

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Senator DeFransisco, Assemblyman Farrel, Senator Hannon, Assembly Member Gottfried, other distinguished members of the panel, I would like to thank you for the opportunity to testify before you today regarding the impact of the Governor's proposed Executive Budget on the Consumer Directed Personal Assistance Program (CDPAP).

CDPAANYS is the only organization in New York whose sole mission is to represent the interests of consumers, personal assistants and fiscal intermediaries involved in CDPAP. Because of this, we provide a view of the program unencumbered by interests in other programs or services.

We would first like to thank the Legislature and the Executive for your continued support for CDPAP. As part of last year's budget, the Legislature expressed strong support for CDPAP by mandating that managed long term care (MLTC) programs offer the program as part of their benefit package. This year, Governor Cuomo has sought to strengthen this provision by extending it to mainstream managed care plans. **CDPAANYS is fully supportive of this measure and encourages the Legislature to adopt it.**

The Executive, with the Medicaid Redesign Team (MRT), has continued its support for CDPAP throughout the past year. The MRT Managed Long Term Care Work Group recognized that, in fulfilling its charge, it did not consider the numerous issues that CDPAP poses to the successful implementation of mandatory enrollment in MLTCs and Care Coordination Models (CCMs). Therefore, this Work Group's final report recommended creating a specialized Work Group to examine MLTC implementation specifically as it relates to CDPAP.

The Department of Health (DOH) has recently convened this specialized Work Group for the first time, and consumers, advocates, providers, plans, and others have come together to quantify transition issues such as

maintaining the viability of the program; ensuring that consumers continue to maintain their right to recruit, hire, train, supervise and, if necessary terminate, their personal assistants; ensuring that reimbursement is set at a level to prevent dramatic decreases in wages to personal assistants; and making sure plans and other critical stakeholders receive proper education and training about the program. The Governor's commitment to ensuring this process works is to be commended; however, we ask the Legislature to engage in helping to protect this crucial program.

First and foremost, the incorporation of CDPAP into managed long term care and mainstream managed care must be delayed until the program's unique aspects have been identified, considered and planned for. We recognize that changes are being made in a difficult fiscal environment and that is why it is important to stress that this delay could be undertaken in a manner that is cost neutral.

As of now, enrollment into mainstream managed care is set to begin on July 1st. Enrollment in Managed Long Term Care will begin on a rolling basis, beginning in Manhattan and the Bronx on July 1st as well. CDPAP will continue to roll into MLTC on a rolling basis. On January 1, 2013, it is set to be implemented in Nassau and Suffolk. It will proceed according to a set schedule from there.

However, as previously noted, the MRT has already recognized that CDPAP poses complexities that other programs such as personal care, traditional home care and other community based long term care programs do not. If these issues are not fully addressed, there is no "backup program." CDPAP will fail for people and they will require more expensive, less independent models of care, including institutions.

The CDPAP Work Group established by the MRT just began discussions and will work through the issues as aggressively as possible; however, we must recognize that four months is not a sufficient amount of time to adequately identify, consider and plan for the transition of the intricate legal and programmatic issues surrounding CDPAP.

From a budget savings perspective, CDPAP could be delayed without creating a fiscal impact. DOH is planning on transitioning approximately 2,000 individuals per month to mandatory managed long term care and mainstream managed care. According to the United Hospital Fund, in 2008 there were approximately 29,000 dual eligible consumers receiving personal care in New York City. However, of this, only about 5% of spending for personal care in New York City was on CDPAP. This means that personal care transition can occur, and budget savings can be met, while ensuring proper transition of CDPAP through a delay.

We must also ensure that the philosophy of the program is protected through this process. Many of you were intimately involved in the creation of CDPAP. Now, as we move forward, CDPAANYS trusts that the transition to managed care and managed long term care can work to strengthen the program and add consistency that is desperately needed. However, we must use this opportunity. **This means that we seek your support to ensure that the state protects the Consumer Directed Personal Assistance Program Regulations that**

were promulgated last year and to find ways to ensure the protection of the consumers' rights.

This delay is necessary if the state is truly committed to growing CDPAP and promoting consumer directed care. This decision is not only the right thing to do, but is also the fiscally prudent measure. CDPAP is currently \$2.16 less expensive than traditional personal care on an hourly basis, and those savings increase when compared to more expensive and specialized forms of long-term care. Developing appropriate CDPAP reimbursement that focuses on wages and benefits for the direct care personal assistant is something that cannot be rushed.

Once we establish the proper CDPAP transition plan, individuals must be presented an accurate, unbiased portrayal of CDPAP when they are first enrolling in long-term care. It must be appropriately explained and materials presented in their native language.

Further, when assessing individuals for the program, the state should operate off a strengths-based approach rather than the current deficit-based approach.

Currently, individuals must prove that they are capable of self-directing their own care in order to be enrolled in CDPAP. A subtle change in thought could dramatically effect enrollment in the program. If assessments were forced to determine that an individual was not capable of self-directing his or her own care, it would have a dramatic effect. The primary programmatic effect would be that assessors would begin to focus on the consumer's strengths, not their deficits, something completely in keeping with the program's founding philosophy. This subtle change could impact how the program is presented, how consumers are assessed, and how people take part in and succeed in the program.

Finally, the Legislature should work with the Governor to begin implementing the Community First Choice Option. This program, which was part of the Affordable Care Act, was committed to by the Governor last year. However, little progress has been made, and the planning that is being done in relation to CDPAP and managed care also hasn't considered Community First Choice, even though CDPAP and CFCO will inherently overlap. Especially given that the program will result in an extra 6% in federal matching funds for anyone using CFCO, we would encourage the Legislature to work with the Governor to develop a plan to use the program as a means of leveraging federal dollars within the Medicaid program and lowering state costs over the long term.

The state has done a tremendous amount over the past year to protect and begin to strengthen the Consumer Directed Personal Assistance Program. We hope that the Legislature will focus on this vital, cost-saving program as part of this year's program and continue the progress you have begun to make.

Thank you.