



2021 Legislative Priorities

POLICY BRIEF

Social Services

December 30, 2020

Policy Snapshot:

- **Enact S.7650 (Mayer) / A.10020 (Benedetto) (2019) reforming the use of “handicapping conditions with disabilities” to eliminate outdated use of terms for peoples with disabilities.**
- **Enact S.5459 (Ritchie) / A.6215 (Barclay) (2020), updating the accessible parking requirements.**
- Fully fund the costs of any services the State continues to provide when the federal government ends their federal financial support.
- Reinstigate local training programs so that counties do not need to pay for workers to travel to Albany for training.
- Eliminate the issuance of home relief to those who have exhausted their 60-month limit on TANF.
- Restore county authority to audit individuals applying for Medicaid and other social service programs to ensure program integrity.
- Restore home relief to a 50/50 state /local match.
- Restore open-ended child welfare funding to 65% state share.
- Restore the State's participation in child support administration.
- Restore SNAP administration reimbursement.
- Lower county and New York City statutory Medicaid caps to reflect current payments and savings provided by the Affordable Care Act.
- Complete the takeover of the administration of the Medicaid program from local districts as required under the law. Preserve county Medicaid cost caps.
- Require NYSDOH implement Community First Choice Option, not the local districts.
- Require NYSDOH to pursue collection and litigation for spousal refusal versus the LDSS.
- Require NYSDOH to pursue Right of Election.
- Require NYSDOH to take over cases where Medicaid incorrectly paid the provider.
- Enact a 50-50 recovery partnership between counties and the state (through OMIG) to conduct retroactive and prospective reviews of county incarceration files to ensure Medicaid managed care companies were not inappropriately reimbursed for monthly premiums while an individual was in the county jail.

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Policy Priorities:

Funding Offsets for Federal Cuts to The Senior Nutrition Program

County Offices of the Aging provide Senior Nutrition Services programs that serve many of the state's most vulnerable seniors with both nutritious meals and a means of regular social contact. The 2020 and 2021 State Budgets provided an additional \$15 million for the Expanded In-home Services for the Elderly Program (EISEP) services through local Offices for the Aging to address the unmet needs of the elderly. Demand for nutrition services continues to outstrip funding from the state or federal governments. Most counties have determined that it is in the best interests of all county residents that the seniors in their communities continue to receive the valuable service provided by the Senior Nutrition Program, even when funding shortfalls must be covered by local tax dollars.

Recommendation

NYSAC recommends that the SFY 2021-22 State Budget proposal increase funding for county senior nutrition services programs.

Protect Medicaid Disproportionate Share (DSH) Hospital Payments:

Congress established the Medicaid Disproportionate Share (DSH) program in 1981 to ensure state Medicaid programs provided adequate payments to public hospitals whose patient populations were disproportionately composed of low-income Medicaid and uninsured populations. New York State receives over \$1.8 billion annually in federal DSH payments, which leverages state funds providing a total of \$3.7 billion in combined state and federal resources for hospitals. Even though New York has fewer uninsured people since enactment of the Affordable Care Act, federal DSH payments remain a key funding source for many hospitals across the state. Congress has delayed the implementation of these federal funding cuts each year since 2014, but they are set to begin October 1, 2019 if no further action is taken by congress to again delay the cuts. If the DSH cuts are not delayed, New York hospitals would lose over \$600 million in federal funds, or 33 percent, and these cuts would double in size in 2021.

Recommendation

NYSAC calls on the State to urge our Congressional Delegation to once again delay these funding cuts until a sustainable solution for preserving the program is reached. NYSAC encourages the State Legislature encourage the Congressional Delegation to prevent the cut.

Medicaid Savings – Promotion and Advancement of Telemedicine

Effective 2020, the state greatly expanded the use of telemedicine in Medicaid. Counties support the utilization of this technology to increase quality and access to care for Medicaid beneficiaries and others seeking responsive and assuring medical services and information, for routine matters and more importantly during a possible emergency. We also believe it can be especially helpful in areas that lack necessary health care providers and we strongly encourage the state to promulgate regulations for telemedicine use in the Early Intervention program, that currently struggles with a lack of qualified providers in many areas of the state.

Rensselaer County recently announced the details of a new public-private telemedicine partnership designed to improve the quality and accessibility of health care for Medicaid patients throughout the county. The partnership brings together private resources through United

Concierge Medicine, CDPHP, County DSS and 9-1-1 services that provides a virtual app allowing patients to connect with emergency medical providers 24 hours a day, seven days a week. Under this system, called “ER Anywhere”, CDPHP Medicaid patients will be able to consult with emergency medical providers to discuss treatment or to triage any acute medical issue. The system allows emergency medical professionals to assess the situation and even provide for a direct hand off to 9-1-1 if it is deemed necessary. The goal is to provide quick access to medical professionals for patients, while reducing the number of ER visits.

Recommendation

Counties propose the state allow up to 12 counties (initially) to share in a portion of the Medicaid derived savings from this initiative when they partner with the private sector, state, 9-1-1 and other local services in promoting this technology and normalizing this health care delivery mode as a workable option for beneficiaries and providers. Counties can be a vital partner with the state and private sector to promote these advancements so they can become an accepted and normalized health care service delivery tool for Medicaid beneficiaries and others. Without broad acceptance and outreach to beneficiaries, the initiative may not reach its full potential. We believe that expanding public private models similar to what Rensselaer County is doing can promote telemedicine in conjunction with other public services, improving quality of care and access for beneficiaries, while also streamlining and optimizing the delivery and availability of vital 9-1-1 and other services.

- Quickly promulgate regulations to implement telemedicine utilization for the Early Intervention program.

Make Permanent Housing the Central Focus of Preventing Homelessness

The level of homelessness is occurring in an environment where the New York economy is strong, the number of private sector jobs is the highest in state history, the state is experiencing record low unemployment in every region of the state, and we are in the midst of the strongest wage growth in over a decade. Local social service districts focus scarce resources on achieving permanent housing, preventing homelessness, and providing temporary placement. Insufficient state shelter reimbursements are compounded by no increase in a decade, even as housing costs have soared.

Recommendation

- State leaders should target supportive housing overseen by OMH, OASAS, DOH and OPWDD to prevent homelessness and quickly re-house people that become homeless;
- OMH, OASAS, DOH, OPWDD and DOCCS should focus efforts on services to prevent people from becoming homeless and for rapid re-housing by providing necessary clinical services, supports and after-care during the transition period to permanent housing;
- The State should use mobile mental health and alcohol treatment services that will take people from shelters and motels to their appointments or bring services directly to them;
- The State should ensure that existing funds for improving housing stock target low income housing in communities across the state (urban, rural and suburban) and is linked to a larger effort to prevent homelessness;

- State funding should target rental assistance to prevent evictions and to provide transition funding for people moving out of shelters and motels to more permanent housing in order to achieve stable housing;
- The State should expand existing shelter supplement plans and approve plans that require more state money, instead of insisting on savings or cost neutrality criteria, which ultimately limits the ability to reduce homelessness;
- The State should support efforts to use safety net assistance funding for stable housing so counties can be less reliant on shelters and motels;
- The state should encourage innovation and approve local waivers that propose new approaches; and
- The state should develop a public relations campaign to convey how everyone in the community benefits when we achieve stable housing for those most in need.

Accessible Parking Space Requirements for Persons with Disabilities and Enforcement of Illegal Parking

The New York State Legislature introduced legislation, (S.5459/A.6215) in 2019 which will update accessible parking requirements to bring New York State law in line with the Americans with Disabilities Act (ADA) and International Building Code as adopted by New York State. Under current law, shopping facilities with more than five stores and at least twenty parking spaces must designate 5 percent or ten spaces (whichever is less) as accessible parking spaces, and law enforcement can ticket and or tow violators if a local law is in place.

The proposed legislation amends Section 1203-c of the vehicle and traffic law to give law enforcement the authority to ticket and tow illegally parked vehicles in spaces and access aisles designated for persons with disabilities and removes the provision that accessible parking requirements only apply to shopping centers or facilities with five separate retail stores. The proposed legislation amends section 1203 of the Vehicle and Traffic Law to replace the term "handicapped" with the term "persons with disabilities."

Recommendation

NYSAC is supportive of this legislation and encourages its adoption into law.