

**Center for Independence of the Disabled, NY**

Public Hearing on the New York State  
Executive Budget for SFY 2008-09  
Before the State Division of the Budget  
November 29, 2007

Testimony by:  
Linda Ostreicher, Director of Public Policy  
Center for Independence of the Disabled, NY



## **Recommendations for the New York State Executive Budget SFY 2008-09**

### **Center for Independence of the Disabled, NY November 29, 2007**

The Center for Independence of the Disabled in New York (CIDNY) thanks you for this opportunity to offer suggestions at this early stage of budget development.

The Division of the Budget is uniquely positioned in state government to see that investments in people with disabilities that maintain their health and independence do more than improve their quality of life, important as that goal is. Such investments also save money for the state, usually in the budget of a department other than the one doing the investment. We hope that DOB can recognize the overall financial benefit of helping people with disabilities live in their own homes, instead of institutions, and participate in work, family life, volunteerism and other community activities.

#### **Education and Employment**

- ❖ Increase funding for independent living centers, which have been flat funded for many years. The number of people with disabilities is increasing, and major problems facing our consumers are getting more severe. In particular, CIDNY finds there is no end to the need for our services to deal with the lack of affordable, accessible housing, and the difficulty of negotiating a health care system growing in cost and complexity.
- ❖ Increase funding for independent living services that work to help students with disabilities transition smoothly from high school to vocational rehabilitation training programs, employment or college.
- ❖ Continue the trend of shifting funds from sheltered employment to integrated employment.

#### **Health Care**

##### *Steps toward universal coverage*

- ❖ Expand facilitated enrollment services funding to accommodate the dramatic shifts in health coverage occurring for people with disabilities and to include disability-serving organizations in the network.
- ❖ Expand Medicaid eligibility to children with disabilities in families with income at or below 300 percent of the federal poverty level.

*Clean up inconsistencies in program policies*

- ❖ Extend coverage under New York State's Elderly Pharmaceutical Insurance Coverage program (EPIC) to people with disabilities under the age of 65. Part D has as many holes in it for Medicare beneficiaries under age 65 as it does for elderly Medicare beneficiaries.
- ❖ Limit Part D prescription drug copayments for dually eligible Medicaid/Medicare beneficiaries to \$200 per year. People on Medicaid who don't have Medicare—those who are under 65 and not severely disabled—are protected by this limit in their copayments for drugs.

*Reconfigure long-term care to better meet needs of people with disabilities*

- ❖ Expand the Extended In-Home Services for the Elderly Program (EISEP) in general, and extend eligibility to people with disabilities who are under the age of 65. This is an extremely efficient version of home help in which consumers get only the hours of help they actually want, to do the tasks they really need and want to be done. The sliding scale consumer fee contributes toward the costs of the program.

**Housing**

- ❖ Establish a Housing Investment Fund for low-income New Yorkers that meets the needs of those with and without disabilities. New housing must be adaptable, have the mandated percentage of accessible units, and have accessible units marketed well enough to succeed in finding tenants who need their accommodations. A portion of housing built with fund assistance must be affordable to people with SSI-level incomes, which in New York City are equal to only 20% of the average median income--much lower than what is now being built under subsidized 80/20 development programs.
- ❖ Increase this year's \$2.5 million housing rental subsidy for the Nursing Home Transition and Diversion waiver to \$8 million, to cover housing costs in the second year. The first year's subsidy is adequate because there will be a delay in getting consumers into apartments, so that only a few months of rent will be needed. When a full year's rent must be paid, the costs will be higher, as will be the savings to the Medicaid program from keeping them out of nursing homes.