

Disabled in Action of Greater Syracuse
165 Martin Street
Syracuse, NY 13208

Testimony on Budget Hearings 12-07

My name is Sally Johnston and I am representing Disabled in Action (DIA). We are a civil rights organization for people with disabilities in Onondaga County. We want to express full support for the Consumer Directed Personal Assistance Program. CDPAP has made a huge difference in Onondaga County as well as statewide. It is a personal care assistance home care service that enables consumers and or family members to interview, hire, supervise and if need be dismissed their personal care assistant.

The service was designed with the Nurse Practice Act relaxed to enable the personal care assistant to do a broad array of tasks including some nursing tasks for families or consumers who are comfortable in training the personal care assistant the medical procedure. As a result, the service saves a tremendous amount of Medicaid dollars. In addition, some family members can be hired as personal care assistants through CDPAP. It does not allow for a spouse or parent, but does allow sisters, brothers, aunts, uncles and cousins. This has improved the direct care workforce for individuals in need of home care services.

In Onondaga County we are facing a severe shortage of direct care workers through the traditional home care models. This shortage has forced many individuals into nursing homes at a higher Medicaid cost to the state. Many homecare agencies provide low hourly wages and no healthcare benefits for their direct care workers. CDPAP pays a higher hourly wage with healthcare, dental benefits and a 401(k) without billing the state at a higher rate. As a result, it has made a huge difference in helping people with disabilities, the elderly and the chronically ill maintain their direct care workers.

A representative from Home Aides of Central New York stated at the public hearing in Onondaga County that CDPAP is costing more in Medicaid dollars. She stated that the participants they are serving are a lot less expensive than people served in CDPAP. The reason is because Home Aides is unable to maintain enough staff to cover the needs of their participants, thus forcing many into hospitals and from there into institutional settings at a much higher expense to the state.

CDPAP is a new and creative way to keep Medicaid cost down and at the same time provide quality services to individuals in need. We understand the states need to keep the Medicaid cost from rising. However, the state needs to examine the shortage of direct care workers in the traditional models, examine how many people are entering nursing homes as a result and perhaps create new models like CDPAP to help improve this serious problem statewide.

Thank you for giving us the opportunity to present our testimony.