

**NEW YORK STATE
REHABILITATION ASSOCIATION**

**2008 LEGISLATIVE & POLICY
AGENDA**



WORKING TO MEET THE NEEDS OF NEW YORK . . .

LEADERSHIP, ADVOCACY, EDUCATION AND INFORMATION
ON BEHALF OF COMMUNITY REHABILITATION PROVIDERS
AND THE PEOPLE THEY SERVE

NYSRA 
NEW YORK STATE REHABILITATION ASSOCIATION, INC.

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Opportunities for All

The community of individuals of differing abilities is a dynamic one. More than ever, discussion involves person-centered planning, informed choice, integration, and opportunity.

NYSRA supports these concepts. And while we renew our commitment to playing a constructive role in their development, we constantly review our role as leader, partner, and change agent.

Within that association framework, our members are also each committed to this dynamic and evolving community, recognizing that offering the widest range of services is the best way to ensure that New Yorkers discover the opportunities they deserve, can access the assistance they need, and will realize the potential they embody.

As partners with many entities – local, state and federal governments, community leaders, and experts along the entire spectrum of services – NYSRA’s work is focused on continuing what works, changing what doesn’t, and reaching the best possible outcomes for everyone our NYSRA member agencies encounter.

Challenges abound. But NYSRA and its member agencies will work to meet them. The people we serve deserve no less than our best effort.



NYSRA Priorities: Acting for the Disabilities Community

The New York State Rehabilitation Association is a statewide not-for-profit association representing more than 130 rehabilitation providers and allied organizations. NYSRA advocates on behalf of the *more than one-in-five New Yorkers* with differing abilities and the agencies who serve them.

Our members are the community providers who, collectively, offer the full spectrum of services and supports to adults and children throughout New York State with developmental disabilities, learning disabilities, mental illness, hearing impairments, vision disabilities, physical disabilities, addictions and traumatic brain injuries.

NYSRA members assist people in their efforts toward full integration and participation in their communities. No other association brings such a comprehensive perspective to the disability policy debate: Not only does our membership encompass the widest range of providers in New York, we also count among our number parents, individuals with differing abilities, regional organizations, and voices of the self-advocacy community.

While our members are diverse, they are not detached; NYSRA views today's disabilities community as an integrated one and strives to find issue resolution across disciplines while never losing sight of the individual challenges that face all New Yorkers.

In the policy arena, representing a diverse population through an integrated approach provides a strong foundation on which to continue our proud tradition of advocacy on behalf of New Yorkers with differing abilities and the agencies and partnerships that serve them.

NYSRA's highest priority is to advocate for people with differing abilities by ensuring they are offered broad opportunities toward community integration relating to competitive employment -- including self-employment -- as well as seeing they receive supports to pursue individual interests, to participate in activities within their communities, and to offer their talents and energy as contributing members of their communities. As an organization that endorses the concept of person-centered services, NYSRA is mindful that the richness of opportunities that accompany such a system can also bring greater costs, and shifting of systems, that add to the magnitude of the challenges we face.

These over-arching priorities guide our vision, our goals, and our practice.

For 2008, NYSRA will pursue legislation and policy directives in these areas, among others:

Medicaid Reforms at Federal and State Levels – As the Medicaid program grows in terms of the percentage of government spending, we acknowledge that care must be taken to ensure dollars are spent prudently and effectively. Services to individuals with differing abilities are a major component of Medicaid spending, and every New Yorker has a stake in how those dollars are used.

The various states are finding Washington, in some respects, giving them more flexibility as to how Medicaid works, how Federal Financial Participation is extended, and what role beneficiaries are to play as the system evolves. However, at the same time, recent years have seen a movement toward restrictions that are clearly intended to pull back Medicaid dollars flowing to the states. Even as Congress has rejected certain proposals to reduce and even eliminate Federal funding of certain elements of Medicaid, the Centers for Medicare and Medicaid Services regulators have persevered. As a result, formal proposals now exist to cut back the “rehabilitation option,” which has for years given states Federal dollars to assist in the provision of services to people with mental health conditions and/or developmental disabilities.

The trend is disturbing to NYSRA, and should be noted by everyone – those who receive services, families, providers, direct-care staff, state legislators, and even governors. If there are to be major changes to the Medicaid system, it is as yet absolutely unclear as to how the states will offset possible losses of Federal dollars.

It has never been more important that all members of the disabilities community work together to ensure that all unmet needs are eventually met.

Meanwhile, cuts in benefits are neither prudent nor cost-effective. Draconian cost-sharing cannot be absorbed by the people we serve, the committed workforce that serves them, or the not-for-profit providers who oversee those services.

We will work with our state leaders, and with leaders in Washington, to ensure the government at all levels continues to adequately fund traditional and emerging services, as needed and appropriate. Toward that end, we will advocate for sufficient dollars from Washington and we will work to see that Albany uses any new state flexibility in ways that serve New Yorkers to the fullest. At the same time, we will continue to support our members in areas of compliance as they work with overseers, such as the State Office of the Medicaid Inspector General.

The bottom line, as always, should be measured by the delivery of effective services to New Yorkers who need them, not simple cost-savings found on a balance sheet when those savings come at the expense of necessary services.

Long-Term Care Reform – New York is undergoing changes in its provision of long-term care. While developmental disabilities and mental health programs are currently “carved out” of this change process, there can be little doubt that the development of reforms will visit impacts on these populations in the future. Given the delegation of powers by the state government to county health and social services departments, NYSRA recognizes the value of working at the local level. We believe there is the potential for a perfect partnership with local officials and we will pursue an open and candid discussion with New York’s county governments. Our goal is to ensure that this process is one that yields benefits to all stakeholders as the number of aging New Yorkers of all abilities grows.

Moreover, we aim to ensure that any newly designed process will progressively include special populations and future services in a seamless fashion.

Compliance Issues – NYSRA is well aware of the culture of compliance that exists, justifiably, in today’s environment. It is critically important that all programs, regardless of funding source, maintain high levels of integrity and transparency. We caution, however, that the trend toward more – and redundant – audits, examinations and reviews can reach a point of diminishing returns: Agencies find themselves devoting more and more critical staff time to multiple inquiries that seek the same information or justifications. Care must be taken to ensure that, while government and other funders are confident that dollars are spent wisely and services delivered effectively, audit and review redundancies do not detract from agencies’ ability to provide services with necessary efficiency.

Employment of People with Differing Abilities – New York State has long recognized the importance of employment for people with differing abilities and funds vocational rehabilitation and independent living services to prepare individuals for employment in a variety of settings. This population composes perhaps 20 percent of New York’s workforce, yet, the employment rate for people with differing abilities in New York hovers only around one-third. NYSRA and member agencies continue to develop employment options that are true to the needs and wants of people with disabilities, studying and implementing integration-based services while refining and reforming more traditional employment models. We intend to continue to partner with individuals, parents, and other organizations – and to advocate for the commitment of state resources – in the effort to see that a wide array of employment options are available to all New Yorkers.

Support for the Not-for-Profit Workforce – NYSRA has for years been an advocate for increases in resources made available to providers to address workforce recruitment and retention for all who choose careers caring for people with differing abilities – direct care staff, clinicians, administrators, managers and executives – to advance policies that implement strong management models. We and our members have advocated for years for higher state rates of payment and continue to work for meaningful change to recruit, retain and justly reward the dedicated staff and management of all of New York’s service providers.

NYSRA Advocacy: The 2008 Program Specifics

MEDICAID

Fiscal issues arising at all levels of government have precipitated serious discussions regarding changes to the Medicaid program. Out of those discussions we have seen, among other things, provisions in the federal Deficit Reduction Act (DRA) which give states more flexibility to force cost-sharing and benefit reductions on Medicaid beneficiaries.

NYSRA, while recognizing that government programs must be as efficient as possible, cautions policymakers against ill-advised – and potentially costly – changes to the Medicaid program. Toward that end, NYSRA directs its advocacy efforts to both Albany and Washington, seeking to protect those who rely on the Medicaid program. Policymakers and legislators in Albany and Washington must be reminded that changes to Medicaid have far-reaching impacts on vulnerable populations. Quite simply, people with disabilities feel disproportionate impacts of changes in such programs.

NYSRA urges policymakers and lawmakers to resist changes to Medicaid that increase costs to beneficiaries. People with differing abilities already contribute many times more of their personal resources to medical expenses than people with private insurance. Cost-sharing, such as co-payments and deductibles, asks more of the disabled population than others. Savings realized by government through cost-sharing are likely offset over time by increases in acute care service visits, emergency room visits, and development of serious secondary conditions ultimately leading to more expensive services being sought.

Benefits should not be scaled back. Benefits under Medicaid are not provided unless there is a finding of medical necessity. By definition, then, cuts in benefits and services mean reductions in treatment deemed necessary to manage a health condition. For many people with differing abilities, Medicaid is now the lone source of these services; cutting Medicaid funding places these people at serious risk.

NYSRA urges policymakers and lawmakers not to weaken or eliminate the Early and Periodic Screening, Diagnosis and Treatment services within Medicaid. This Medicaid benefit is a critical investment. EPSDT ensures children are screened on a regular basis, and when a disability or health condition is diagnosed, treatment is provided. For example, a child with cerebral palsy can get access to

physical and other important therapies that increase chances of mobility and independence or help maintain the child's current skills. In addition, early identification of conditions leading to early treatment significantly decreases the costs of supporting children over the long term.

NYSRA urges that New York State continue to offer facilitated enrollment services to Medicaid-eligible consumers. NYSRA calls on state officials to endorse the view that, without such facilitation, many people will simply be uninsured and will offer greater challenges to service systems. Should federal funds be unavailable, state funds should be dedicated to continuing a facilitated enrollment system in New York.

Similarly, the state must, to the extent necessary, pick up the cost for provision of targeted case management services. Such services are essential for many people who rely on Medicaid.

Mental Health

Mental health services for New Yorkers should be offered in ways that ensure people may access supports when they need them, where they need them, and that they receive services at the level designed to assist them in recovery. NYSRA supports comprehensive mental health services for all ages, including but not limited to supported housing, for New Yorkers who need such assistance.

NYSRA seeks the following from the State Legislature and Governor in the 2008 session:

- Funding to support the OMH Financial Restructuring Project. OMH funding should include a regular, rational rate-adjustment process – NYSRA strongly supports changes to clinic rate methodologies currently proposed -- to assure adequate reimbursement for quality services. Restructuring also should include establishment of a collaborative approach to Medicaid payments with all state agencies that use Medicaid funds.
- Realistic assessments by OMH of the experiences of “early adopters” in the PROS program, highlighting phase-in issues and including open discussions about service realities.
- Continued funding for the Behavioral Healthcare Services Assessment project that focuses on services for children.
- A budget item to implement an OMH healthcare enhancement program for direct support professionals who work for mental health providers to secure proper health insurance coverage. A similar program administered by OMRDD should serve as a model for this initiative.
- Specific money in the State Budget to fund services designed specifically to assist individuals who are dually diagnosed, MH and DD, a growing population that is in danger of being overlooked.
- Funding to cover true costs of Long-term Supported Employment programs to maximize success for individuals in psychiatric recovery. OMH should review its current vocational initiatives and take action to create a system that maximizes benefits for people in recovery.
- Direction for OMH to improve the employment outcomes of people with psychiatric disabilities by acting on the following:

- ❖ Delete in OMH regulations the requirement of “VESID sponsorship” for supported employment funding and substitute that participation in VESID, ACE, IPRT, Transitional Employment and/or vocational training that has a job-placement component is sufficient.
- ❖ Conduct a pilot study to review employment outcomes when supported employment staff provide the supports to the people on their caseloads off-site and via cell phone and email with at least one weekly “electronic” contact instead of the 2 site visits per month requirement that individuals find stigmatizing and demeaning.
- ❖ OISE funding must not stop after 2 months of unemployment if Supported Employment is defined as funding that supports an individual for as long as it is necessary for *employment success*.
- Prohibit using Medicaid as the factor that determines eligibility for OMH vocational services. There must be alternative means of payment for services.
- Maintain and protect funding designated for long-term sheltered employment/State Aid programs currently in place. Flexibility in work programs must be available, providing a broad range of choices to all people.
- Preserve and provide state funding for supported education as a service that is a vital support service for adults and children in the development of their employment/career success – move from OR to CORE services within PROs.
- Direct further OMH commitment to children’s success by acting aggressively to assure students transitioning from school to work get the services they need for success.
- Provide full annualized funding of initiatives enacted in the Geriatric Mental Health Act of 2005.
- Preserve funding for ICCD certified clubhouse models separate and apart from PROS.
- Require OMH to strengthen the statewide/local compliance functions of OMH District offices.
- Provide assurances that state systems under design for Single Point of Entry activities at the county level are built with all systems in mind -- each is an integral component of any efficient and effective model.

Vocational Rehabilitation

People work. People with differing abilities want to work, and with proper training and support, they are key players in meeting the workforce needs of varied employers. To assure that success is achieved by worker and employer, vocational rehabilitation services are critical. They play an essential role in each person's life, education and career design.

For 30 years NYSRA has led the advocacy for the value of people's access to vocational services that they desire and require. Attention has been focused on businesses and secondary education institutions to help them accommodate the needs of people with differing abilities.

These advocacy efforts ask the Governor and the Legislature to:

- Maintain and protect funding designated for long-term sheltered employment/state aid programs currently in place. Flexibility in work programs must be available, providing a broad spectrum of choices to all people.
- Increase supported employment rates paid by all state agencies contracting for these services. Intensive and extended rates must cover true costs. Rates should be subject to annual adjustments indexed to an inflation rate equal to federal cost of living. Further, OMRDD should increase the rate of SEMP reimbursement to ensure provision of all necessary supports. This must be accomplished without negative impact to waiver services such as day habilitation.
- Assure that VESID contracts include an annual adjustment mechanism of at least 3 percent for mandatory state match funded case services regardless of the formula outcome from RSA.
- Ensure VESID receives additional resources from the state through its case service funds to guarantee each of its regional offices can satisfy staffing patterns required to fulfill contract requirements of providers and eliminate wait lists for individuals seeking assistance.
- Provide adequate funding to school districts for federally mandated transition planning and supports for school-to-work acclimation, or school-to-college transition.

- Encourage and support the growth and streamlining of OMRDD's Options for People Through Services (OPTS) program. OPTS projects allow design of services to fit individual needs and choice.
- Identify and provide funding for transportation services yet to be implemented that will get individuals with disabilities to and from their place of employment.
- Expand funding for the OTDA LIVES program. All future TANF initiatives will realize more positive outcomes if county level activity required the involvement of community rehabilitation providers in appropriate cases to properly place people through job matching.
- Add funding to the education budget to build services for people with learning disabilities, Asperger's Syndrome, and other neurological disorders and review current eligibility requirements of state agencies to ensure no individuals are excluded from state funded supports and services that assure their success and independence.
- Require demonstrated coordination in relation to vocational outcome reporting, data collection and quality assurance under chapter 515 between VESID, OMRDD, OMH and other state agencies as necessary.
- Require reports and provide funding to the newly installed Deaf/Hard of Hearing/Deaf Blind Council to succeed and explore vocational service needs and supports for their constituents.
- Require that VESID's present economic means test waiver for people with disabilities attending college be standard practice within BPSS-sponsored training and business schools.

Developmental Disabilities

People with developmental disabilities and their families and advocates are interested in services and supports that are driven by individual choice and design. Funding through Medicaid while masterful in our present day system is under fire both at the federal level and then again here in New York State as well. Transition to a system that refocuses design and implementation driven by individual choice and initiatives from the community are the new message from OMRDD.

NYSRA has advocated on behalf of the services provided for under NYS-CARES, NYS OPTS, SEMP and service coordination. Clinic services coordinated with the services from day and residential opportunities provide the full circle of supports. NYSRA urges the Governor and State legislature to develop a budget that includes all the elements a new system will need to offer services meeting the needs of the people with developmental disabilities as they define them.

We urge the Governor and Legislature to do this in the following ways:

- Maintain support and necessary funding of the NYS OPTS initiative. Require OMRDD to review and streamline application function to ensure project success.
- Raise the employment rate of people with developmental disabilities by requiring OMRDD to raise the rate of the Supported Employment (SEMP) program. Dedicated funding to provide placement services will increase opportunities for independence. This funding must be provided without impact to waiver services such as Day Habilitation.
- Maintain cost-of-living trends for all services provided under OMRDD.
- Bolster funding for direct care workers, clinicians and staff salaries ensuring quality services by meeting the recruitment and retention needs of providers and working toward wage between direct-care staff of agencies contracting with the state and their counterparts directly employed by the state.
- Continue the funding for the OMRDD Healthcare Enhancement program that supports direct-care workers. Maintain the component in this round that allows an agency to develop new and expand existing benefits without added cost burden to agency.

- Transform existing services and supports, thereby meeting more needs of individuals with DD by establishing a mechanism within OMRDD whereby funds are available upon request and proof, rather than lengthy appeals processes, to assist with rapidly increasing costs of general operating costs. Ongoing spikes in costs without concurrent increases in funding endanger the existence of providers.
- Direct OMRDD to establish a relief fund that would be available by application for funds for unusual swings in financial markets.
- Embrace rate solutions to meet the industry standards of required staff, clinicians and medical professionals. Ideas like adding our Rehabilitation Industry to the list of “approved” Loan Forgiveness Programs; cash reserves for sign-on bonuses and other proper business recruitment standards and prospective payment models are some that could be explored.
- Re-examine and amend OMRDD current policy for rate adjustments that allows adequate rates to ensure maintenance of quality services.
- Require a review of and recommendations for standardization statewide by OMRDD of eligibility determination practices and processes, recognizing in particular the need to serve people with dual diagnoses, autism, and other differing abilities.
- Require OMRDD to review proposed and passed legislation for unfunded mandates and provide fiscal strategies to balance deficits that may result from those mandates.
- Propose that OMRDD work with NYSRA and examine capital development processes and the barriers that keep OMRDD from realizing the full potential from OPTS and NYS-CARES
- Increase funding to Medicaid Service Coordination and streamline the eligibility process allowing many more people to have proper services to meet their hopes, dreams and desires.