



CONSUMER DIRECTED
ACTION OF NYS
BUILDING SELF-DIRECTED POWER

**Talking Points for Wage Parity
(FI-focused)**

Issue: Governor Hochul's budget cuts the wages and benefits of CDPA workers in New York City, Long Island, and Westchester by up to \$2.54/hour, making these workers "second-class" home care workers.

- These are talking points, but YOUR STORY is what is most compelling. These are meant to help guide you as you tell legislators how the proposal to carve CDPA out of wage parity would impact you.
- Removing CDPAP from wage parity will cut wages and benefits by \$2.54/hour for PAs in New York City, and \$1.67/hour in Long Island and Westchester County. This is a 12% pay cut in New York City and a 9% cut in Long Island and Westchester.
- This wage and benefit cut only targets CDPA, making PAs "second-class" home care workers even though, unlike home care workers in agency-based personal care they can do more complex tasks like medication administration, vent care, wound care, and more.
- If CDPA is removed from wage parity it would create the lowest wage and benefit package for PAs since January 2018, when total wages and benefits equaled \$17.09. Based on inflation, to keep pace with 2018 wages and benefits, PAs should make \$21.15. That is \$0.06 more than what they make under wage parity.
- As FIs, we can see the impact that low wages and wage and benefit cuts have on the consumers we work with. This cut will prevent people who do not have family to provide services for them from being able to hire or retain high-quality staff, leading to high turnover, lower quality, and more expensive hospital and nursing home care.
- The vast majority of PAs are Black, LatinX, and immigrant women. Cutting PA wages is not in keeping with New York's goal of an equity agenda.
- Carving PAs out of wage parity will destabilize New York's long-term care system. Consumers struggle to recruit and retain PAs and lowering their pay will drive even more out of the workforce.
- Many consumers do not have family or friends who will provide unpaid, or low-paid, supports. If their PAs quit for higher-paying jobs they will be at direct risk of both injury and institutionalization.
- This cut will disproportionately harm the FIs that are trying to do the right thing. MLTCs will force agencies who provide both personal care and CDPAP to switch cases, rewarding these agencies with potentially higher reimbursement while FIs who attempt to play by the rules see rates cut.
- FOR UPSTATE PROVIDERS - This cut will not only impact New York City and the surrounding counties. It is a \$800 million cut once annualized. Plans like VNS Health, Fidelis, and others who operate in and out of the wage parity region will extend the cuts across the state, hurting all FIs whether or not the cut applies to them.

Ask: Will you fight the wage cuts for predominantly Black, LatinX, and immigrant women workers included in the proposed budget and protect the consumers they care for?



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- The vast majority of PAs are Black, LatinX, and immigrant women. Cutting PA wages is not in keeping with New York's goal of an equity agenda.
- Taking PAs out of wage parity will hurt New York's long-term care system. While wage increases have slightly increased hiring and retention, many consumers still struggle to hire and keep workers. Lowering wages and benefits will make it even harder than it was before the increases since agency-based providers will offer more.
- Many consumers do not have family that can do this work for them. If their PAs quit for higher-paying jobs they will be at direct risk of both injury and institutionalization.
- This would harm traditional home care workers and their consumers too. History shows that MLTCs will pressure dishonest agencies to shift traditional personal care cases to CDPA "in name only", removing critical consumer safeguards like nursing supervision while exploiting workers by having them do the same job without the increased wages and benefits wage parity offered. This is why wage parity was created, and why CDPA was added in 2017.

Ask: Will you fight the wage and benefit cuts for predominantly Black, LatinX, and immigrant women workers included in the governor's budget and protect consumers like me?



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Talking Points for MLTC Elimination (FI-focused)

Issue: The transition of personal care services, including CDPA, from county-based contracts to managed long-term care (MLTC) was supposed to effectively coordinate and improve care for Medicaid dual eligibles. However, the promise of care coordination never materialized, services and responsibilities are continually taken from the plans, but the insurance companies continue to receive up to \$3 billion per year for profits and administrative expenses, with no accountability to providers or consumers.

- These are talking points, but YOUR STORY is what is most compelling. These are meant to help guide you as you tell legislators how eliminating MLTC plans would improve FI services.
- Switching to MLTC was a noble, but failed experiment. Switching to managed FFS would save Medicaid \$3 billion that currently goes to MLTC administration and overhead, instead of the healthcare people need.
- MLTC plans are supposed to provide care management for consumers; however, most consumers do not know who their care manager is or if they even have one and have difficulty attempting to contact them.
- When the home care minimum wage was raised to \$17, FIs and other agencies supported it because consumers could not hire and it was the right thing to do. But, despite the state putting in \$725 million in money to pay for the increase, the insurance companies often passed on pennies on the dollar. Some plans increased rates by \$0.05/hr for a \$2/hr wage increase. Others did not even provide an increase. Three-quarters of a billion dollars stopped with the plans.
- Agencies are forced to spend more money for fewer results. They bill dozens of entities, track down frivolous denials, and routinely are told claims are rejected for nonsensical reasons. This is time and money these agencies cannot spend improving their infrastructure and services administration. MLTCs had the job of doing assessments taken away because the state suspected they were manipulating assessment scores to inflate their fees. They also had the provision of nursing home services taken away, allowing them to shepherd high-cost members to these institutions for the state to pay for while they continue to reap windfall profits.
- The Home Care Savings & Reinvestment Act will create new care management entities that will be paid a set fee for many of the care coordination services plans were supposed to perform. Meanwhile, FIs and other providers will receive a fair reimbursement for the services they provide based on their actual costs through a system that exists today.
- While moving to fee-for-service will introduce accountability and transparency, rates will need adjusting. Moving the reimbursements to the rates used by DOH when establishing the managed care plans' reimbursements will be a start to introducing sustainability.

Ask: Will you fight to save \$3 billion of Medicaid dollars spent on insurance company administration and redirect it to quality services through the creation of a managed fee-for-service payment model for personal care services?



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Talking Points for MLTC Elimination (Consumer-focused)

Issue: When personal care, including CDPA, was switched to managed long-term care (MLTC), there was a promise to effectively coordinate care and improve quality for those eligible for Medicare and Medicaid, called dual-eligibles. This never happened. Instead, the insurance companies take about \$3 billion per year out of Medicaid for profit and administration, with no benefit to those using services.

- These are talking points, but YOUR STORY is what is most compelling. These are meant to help guide you as you tell legislators how eliminating MLTC plans would improve CDPAP.
- Switching to managed FFS would save Medicaid \$3 billion dollars that currently goes to MLTC administration and overhead instead of the healthcare people need.
- MLTCs are supposed to provide care management and coordination. Most consumers report not having a consistent care manager, or even knowing they supposedly received care management. Do you have a care manager or know who they are? Is it easy for you to get in touch with them?
- MLTC plans used to perform assessments but had that responsibility given to another company because DOH believed they were artificially raising assessment scores but lowering hours to increase profits.
- MLTCs also used to pay for nursing home placements but that was carved out because insurance companies did not want to cover the expensive benefit. This has incentivized MLTCs to push higher hour members to nursing homes, at much greater cost to the state, increasing the plans' profits.
- MLTC plans were given almost three-quarters of a billion dollars in 2022 to provide wage increases for home care workers. Agencies overwhelmingly reported receiving increases of less than a dollar from the plans to pay for more than \$2/hour for wage raises and benefit costs while some plans even *cut* rates. There was no way to hold the plans accountable.
- From 2020 to 2022, Senior Whole Health made over \$370 million in profit from Medicaid; Centers Plan for Healthy Living made \$245 million in profit; Fidelis Care made \$199 million; Healthplus made \$194 million; and VNS Health made \$187 million. FIs and other home care agencies opened lines of credit to meet payroll and workers lost benefits and overtime to make up for inadequate reimbursement.
- Eliminating MLTC does not mean a return to the old system. Care management entities will get paid a set amount to coordinate and manage care the way MLTCs were supposed to while the state pays for the services through Fee-For-Service prices they already set.

Ask: Will you fight to save \$3 billion in Medicaid dollars spent on insurance company administration and redirect it to quality services through the creation of a managed fee-for-service payment model for personal care services?



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Talking Points for PCS Eligibility Cuts (FI-focused)

Issue: New York is poised to reduce eligibility to personal care services (PCS), including consumer directed personal assistance (CDPA), that we depend on to live safely and actively in our communities. The new standard would require older and disabled New Yorkers to need physical assistance with three or more activities of daily living (ADLs). ADLs include bathing/showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating.

- These are talking points, but YOUR STORY is what is most compelling. These are meant to help guide you as you tell legislators how the impending CDPA eligibility restrictions will impact your consumers.
- Unless stopped, the upcoming eligibility cuts will lead to preventative hospitalizations due to falls for disabled and older adults, adding the risk of infections, sores, and further disability.
- FIs serve many older and disabled New Yorkers that have been able to avoid going to the hospital for decades because they have adequate care at home.
- In a recent study, it was shown that 59% of hospitalized older individuals without a prior need for ADL assistance needed assistance with at least one ADL after discharge, while 37% needed assistance with three or more.
- The impending eligibility cuts say that people who “only” need help getting dressed or going to the bathroom will be fine without these supports. We know from experience that if someone cannot go to the bathroom or get dressed, they do not actually have independence.
- Many older adults and disabled New Yorkers don’t have anyone to turn to who can provide unpaid care. They are particularly at risk of institutionalization.
- Because these standards will be more strict than those for nursing homes, people denied home care will still be able to receive nursing home care - at tremendously greater cost to the state.
- FIs continually see the impact of consumers who cannot hire enough - or any staff. If they cannot fill 20 hours a week of simpler tasks now, how will they find someone to work 50 hours a week when their health is worse?

Ask: Will you protect disabled and older New Yorkers and demand the upcoming PCS eligibility cuts be repealed in the one-house and final budget?



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- These are talking points, but YOUR STORY is what is most compelling. These are meant to help guide you as you tell legislators how the impending CDPA eligibility restrictions will impact you.
- These proposals set differing standards based on disability type, with a requirement for 3 ADLs or more for most; but only two or more if a recipient has dementia or Alzheimer's disease. This is a violation of the Americans with Disabilities Act and the Affordable Care Act's Community First Choice Option.
- Activities of Daily Living are, by definition, fundamental skills required to independently care for oneself.
- If you were suddenly unable to get out of bed, get yourself dressed, or feed yourself, would you feel comfortable living on your own without assistance?
- Unless stopped, the upcoming eligibility cuts are likely to lead to older adults and disabled New Yorkers winding up in the hospital due to falls, infections, sores, and other situations that would be preventable with personal care. This will result in greater personal care costs down the road.
- In a recent study, it was shown that 59% of hospitalized older individuals without a prior need for ADL assistance needed assistance with at least one ADL after discharge, while 37% needed assistance with three or more.
- There are many older and disabled New Yorkers who have been able to live safely at home and avoid going to the hospital for decades because they have personal care.
- Falling is the leading cause of both fatal and nonfatal injuries for people over the age of 65. More than half of older adults hospitalized due to a fall reported it was because they did not have adequate assistance with ADLs.
- The upcoming eligibility cuts say that people who "only" need help getting dressed or going to the bathroom will be fine without these supports. If we can't keep our bodies and homes clean, we risk losing our housing.
- These cuts will force families to take on unpaid care responsibilities in order to keep us safe at home while they struggle to care for their children and pay the bills.
- It is already really difficult to hire personal assistants. If I can't find someone to work 20 hours a week for me now, how will I find someone if I fall, go to the hospital, and am discharged needing 50 hours a week?
- While eligibility changes will be in place for home care, people with a need for assistance with only one or two ADLs will be able to go to nursing homes, creating a clear conflict with *Olmstead* rules.

Ask: Will you protect disabled and older New Yorkers and demand the upcoming PCS eligibility cuts be repealed in the one-house and final budget?



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**Talking Points for Fair Pay for Home Care
(FI-focused)**

Issue: New York is projected to have a shortage of 83,000 home care workers in 2025. While New York has begun to bend the curve in relation to the need for workers, the job is not done. To continue to attract and retain enough PAs to meet a growing demand for services we must pay workers a competitive wage and ensure FIs are fully funded by passing Fair Pay for Home Care.

- These are talking points, but YOUR STORY is what is most compelling. These are meant to help guide you as you tell legislators how the omission of Fair Pay for Home Care in last year's budget has impacted you.
- As providers, we are fighting for Fair Pay for Home Care because we understand how hard it is for our consumers to find and keep workers and the safety risks and stress it causes. But, we need help to make sure that the money the state invests to pay for these increases makes it to us.
- Low wages are the cause of this crisis. Passing Fair Pay for Home Care and investing in our community-based long-term care system will help consumers recruit and retain quality workers.
- Last year, the second phase of a two-year wage increase was amended. Workers in New York City, Long Island, and Westchester were forced to pay for their own wage increase through corresponding cuts to wage parity.
- The state allocated \$750 million to home care worker wage increases in the SFY 2023 budget; but, most of this money was kept by MLTCs. In most instances, MLTC reimbursements increased by just pennies on the dollar, creating a "giveaway" to plans that are posting record profits.
- DOH assumed the plans would pay providers \$27.90 per hour when determining plan rates. None of the agencies surveyed in 2022 by leading provider associations received that amount.
- The state claims it cannot force plans to "pass-through" the money that is intended for worker pay to the FIs. Fair Pay for Home Care establishes rules to make sure that money for raises is passed to us so we can pay workers.
- PAs provide critical care, including medication administration, suctioning, tracheostomy care, etc. They deserve to be paid a wage that reflects their value.
- 90% of PAs are women and the majority are women of color and immigrants. Passing Fair Pay for Home Care is a vital step in closing the earning gap and bringing equity to divested communities.

Ask: Will you fight to include Fair Pay for Home Care in the one-house and final budget?



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- These are talking points, but YOUR STORY is what is most compelling. These are meant to help guide you as you tell legislators how the omission of Fair Pay for Home Care in last year's budget has impacted you.
- Passing Fair Pay for Home Care would significantly improve the life of tens of thousands of older and disabled New Yorkers using home care by eliminating the stress of constantly looking for workers and the risks to their safety when there is an inability to staff hours on the plan of care.
- Low wages are the cause of this crisis. Passing Fair Pay for Home Care is an investment in our hard-working PAs that will help consumers like me recruit and retain quality workers.
- Last year's raise forced workers in New York City, Long Island, and Westchester to essentially pay for their own raises because of a corresponding cut to wages and benefits under wage parity. If Fair Pay becomes law, workers will earn 50% of the minimum wage, with no caveats.
- The budget also takes CDPA out of wage parity, which would make PAs in NYC, LI, and Westchester earn less than they did in 2020. Taking wage parity away from PAs would make them second-class home care workers who would be paid less for the same work.
- The state dedicated more than half a billion dollars to home care worker wage increases in 2022 but did nothing to make sure that the money would go to the FIs that pay them. Instead, it became a cash-grab for insurance plans that kept most of the money and that were already posting record profits.
- The state claims it cannot force plans to give the money meant for worker pay to the FIs. Fair Pay for Home Care creates rules to make sure that money for raises is passed to FIs to pay our workers.
- PAs are skilled workers who provide critical care, including suctioning, tracheostomy care, etc., that enables us to live safe and active lives in our communities. They deserve to be paid a wage that reflects their value.
- 90% of PAs are women and the majority are women of color and immigrants. Passing Fair Pay for Home Care is a vital step in closing the earning gap and bringing equity to divested communities.

Ask: Will you fight to include Fair Pay for Home Care in the one-house and final budget?