

# *Medicaid* **Medicaid Matters New York** *Matters*

## 2022 Health Justice Agenda

### **Expand access to public health insurance programs and services**

New York must work toward greater health equity by providing needed coverage for older adults, people with disabilities, immigrants, people who were pregnant, and children.

- Equity for older adults and people with disabilities
  - o Raise the Medicaid income level for those age 65+ and adults with disabilities from 84% of the Federal poverty level to 138%
  - o Eliminate the asset limit for Medicaid for age 65+ and adults with disabilities
  - o Increase income limit for the Qualified Medicare Beneficiary Medicare Savings Program (which allows you to get help from the state to pay your Medicare premiums) from 100% of the Federal poverty level to 200%
- Provide Essential Plan coverage for immigrants with incomes up to 200% of the FPL
- Extend post-pregnancy Medicaid coverage from 60 days post-pregnancy to one year, including for immigrants
- Improve the Child Health Plus program
  - o Remove the \$9 monthly premium for children covered by Child Health Plus at the 200% FPL eligibility level
  - o Expand the benefit package by adding certain services not currently covered by Child Health Plus

### **Guarantee consumer and community priorities are included in the next 1115 Waiver**

1115 Waivers are agreements between the Federal government and states to waive Medicaid rules so states can try innovative, new approaches to running their Medicaid programs. New York is poised to apply for a new 1115 waiver, and it is being described as a way to reach greater equity in the wake of the COVID-19 pandemic. NYS Department of Health has laid out an ambitious plan to spend \$17 billion over five years. It is critically important that consumer and community interests are included in the new waiver design.

- What gets measured and how it is measured are what matters in system redesign. Process and outcome metrics must be developed with community members to ensure the state measures what it is actually aiming to do and does it in a way that will reach results that are meaningful to community members.
- Ensure transparency with respect to who holds the purse strings, how the funds will flow, and how the funds are spent.
- Provide support and technical assistance to community-based organizations to foster their meaningful participation in addressing health disparities and reaching greater equity.
- Foster meaningful involvement of consumers and community members by requiring they be included in governance structures and decision-making roles.

### **Protect coverage and access in the Public Health Emergency wind-down**

Due to COVID-19 easements, millions have kept their Medicaid without the stresses of an error prone recertification system. Other easements were also put in place. DOH should take the most

expansive approach to unwinding these provisions. For instance, documentation requirements should be minimized, and notice and outreach efforts must be exhaustive so people do not lose coverage.

### **Ensure access to home- and community-based services**

People have a right to live independently in their own homes in the community. Despite these rights, people suffer without home care and risk facility placement due to high turnover and workforce shortages. New York must strengthen the workforce that supports them and remove barriers to accessing services.

- Enact Fair Pay for Home Care
- Invest in higher wages for direct support professionals who support people with I/DD
- Create an independent advocacy assistance program for people with I/DD
- Repeal restrictions to the Managed Long Term Care program enacted in 2020

### **Allocate Indigent Care Pool funds to safety-net hospitals**

New York allocates \$1 billion in Medicaid funds annually through the ICP. These funds must be distributed to safety-net hospitals that actually provide services to people who are uninsured and people covered by Medicaid, rather than distributing it to all hospitals regardless of who they serve.

### **Eliminate the Medicaid spending cap**

New York's Medicaid spending cap has been in place since 2011. It was presented as a mechanism to limit growth in Medicaid spending and instill discipline in Medicaid budgeting. The cap was set at an arbitrary, fixed moment in time and not designed to keep pace with program growth. It has allowed the administration to justify Medicaid cuts and drastic changes that diminish access to services. The cap should be replaced with intelligent budgeting which would allow the state to make necessary investments and adjustments reflective of real world needs and conditions. If the cap is kept in place or some alternative is enacted, the state should be required to report on Medicaid spending on a monthly basis rather than quarterly.

### **Enact the New York Health Act**

New Yorkers should have access to comprehensive insurance coverage, regardless of their circumstances. Universal health coverage would guarantee this as a right. New York should implement the New York Health Act to provide universal coverage while we continue to work toward making improvements to public programs and access in the meantime.

### **Adopt a tax fairness agenda**

Medicaid Matters supports the Invest in Our New York campaign, which calls for more equitable taxation to bring needed revenue into our state coffers.