Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD) Demonstration Program & Career Pathways Training (CPT) Program 1115 Waiver Amendment
Public Hearing Transcript
December 4, 2024

Good afternoon, everyone. Thank you for joining us. We're just going to give it another minute to allow some more folks to join the call and then we'll go ahead and get started. Thank you for your patience.

Welcome everyone and thank you for joining us today for the public hearing on the Medicaid Buy-In Program for Working People with Disabilities Demonstration Program and Career Pathways Training Program 1115 Waiver Amendment. Before we begin, I'm gonna turn it over to my colleague Georgia to describe how to enable the closed captioning feature and how to make the two ASL interpreters easier to see. Georgia?

Thanks, Simone. Closed captions are available on today's webinar. To enable closed captions during the webinar, please locate the CC icon in the lower left-hand corner of your screen. Click on ‘show closed captions’ and then closed captions will be enabled throughout the duration of the presentation. Additionally, we do have two ASL interpreters with us today, Miriam and Trudy. Their video is available on the top portion of your dashboard screen, and if you'd like to have the interpreter visible next to the presentation, you can move them to the stage. To move an ASL interpreter to the Webex presentation area or stage, just right click on the interpreter's video icon and select ‘move to stage’. I'll pass it back to you Simone for the agenda.

Thank you, Georgia, and thanks to our two ASL interpreters, Miriam and Trudy. My name is Simone Milos. I work in Strategic Operations and Planning at the Office of Health Insurance Programs at the Department of Health. Thank you again everyone for joining us today. To walk through the agenda, first we'll provide some background on the public hearing format. Then we will provide an overview of the 1115 waiver generally. Next, we will provide an overview of this specific amendment request on the Medicaid Buy-In Program for Working People with Disabilities and the Career Pathways Training Program, and we will end with time for public comment. Next slide, please.

Here we have some information on the public hearing. Today's public hearing is the second of the two scheduled public hearings for this amendment request. During today's hearing, we will provide information about the proposed amendment request and afford the public an opportunity to provide comments. Public hearings are required by federal regulations and New York's Special Terms and Conditions, or STCs. The STCs are the agreement between the Centers for Medicare and Medicaid Services, or CMS, and the State. The recording, transcript, and slides from today's hearing will be available on the 1115 waiver website about seven to ten days after the hearing. Language translation is also available upon request. Next slide, please.

Here we have some information on 1115 waivers. Section 1115 demonstration waivers grant flexibility to states to implement innovative projects that advance the objectives of the Medicaid Program. Under Section 1115 of the Social Security Act, these waivers authorize the Secretary of Health and Human Services to waive certain Medicaid program provisions and regulations and allow Medicaid funds to be used in ways that are not otherwise allowed under federal rules, i.e., making certain investments eligible for federal match. Typically, 1115 waivers are approved for three-to-five-year terms. Next slide, please.

New York's 1115 waiver is called the Medicaid Redesign Team, or MRT waiver. The MRT waiver was formerly known as the Partnership Plan and has been in effect since 1997. The MRT waiver was last renewed on April 1 of 2022 and is effective through March 31 of 2027. The amendment that we're discussing today is an amendment to the MRT waiver. The goals of the MRT waiver are to improve access to health care for the Medicaid population, improve the quality of health services delivered, expand coverage to additional low-income New Yorkers with resources generated through managed care efficiencies, and advance health equity, reduce health disparities and support the delivery of health-related social need, or HRSN, services. Next slide, please.

I'm gonna now turn it over to my colleague, Mary Frances, who will provide an overview of the proposed Medicaid Buy-In Program for Working People with Disabilities Demonstration Program.

Thanks, Simone. Thanks for sharing your screen today with me. Good afternoon, everyone. My name is Mary Frances Carr and I work in the Department of Health's Office of Health Insurance Programs as well, and we're the office that oversees the Medicaid Buy-In Program for Working People with Disabilities and I'm happy to provide an overview of the 1115 amendment request that we are making to the Centers for Medicare and Medicaid Services. Next slide, please.

So, this slide, basically explains what we're seeking federal approval for. We're seeking to implement a new Medicaid Buy-In Program for Working People with Disabilities, and our goal by doing this is to establish enhanced Medicaid financial eligibility rules for the program. This would replace our current Medicaid Buy-In Program for Working People with Disabilities, or our MBI-WPD program for short, and our goal is to help more New Yorkers with disabilities find and maintain employment while they obtain critical services needed to live in the community and work independently in the community as well. As Simone mentioned earlier, implementation of this waiver request requires approval from the Centers for Medicare and Medicaid Services. And that's within the federal Department of Health and Human Services, as Simone mentioned. Next slide, please.

So, what we'll do for talking about the demonstration program that we're seeking is, for some context, we'll look at our current MBI-WPD program, which will help us kind of look at the changes we're going to seek. What this program is, is a work incentive program, it's a Medicaid program for certified disabled, and certified blind individuals who are working and between the ages of 16 and 64. When we say work, that means

any work activity for which the individual receives financial compensation and pays any applicable income taxes and payroll taxes. When the term certified disabled is used, that means that the individual is meeting the definition of disabled as that term is defined by the Federal Social Security Administration under the rules for the Supplemental Security Income Program or an individual can be certified blind and demonstrate that by certification by the New York State Commission for the Blind. Again, individuals in the program who are working are between the ages of 16 and 64, so no older than the age of 64. Our current program is comprised of two groups, the Basic Group and the Medical Improvement Group, and we'll talk a little bit more about those groups in just a moment. The program has income levels that are above the regular Medicaid limits, which is a favorable part of our program, of our MBI-WPD program, and has resource levels that apply to anyone in our Aged, Blind, or Disabled category. The program also has favorable treatment of retirement funds and retirement accounts for individuals that are enrolled in the program. And that means that if someone has a retirement fund or a retirement account, anything in those accounts or funds is not counted in the Medicaid financial eligibility calculation. Our program uses SSI related budgeting methodology, and that's a budgeting methodology that's used by the Social Security Administration when it's determining eligibility for the Supplemental Security Income, and part of that methodology means that there are certain disregards, or certain deductions that are taken from income that allow someone to basically have gross income and then after those disregards and deductions are applied, there's a net income amount and so it's favorable budgeting in that respect as well. This kind of budgeting also means that the resources of a legally responsible relative are counted in the budgeting and so, for instance, a legally responsible relative could mean a spouse, so the spouse of an MBI-WPD participant. So, this type of budgeting requires consideration of the legally responsible relative's income and resources in the budgeting as well. This program authorizes premiums, so there's a premium schedule that's applied to this program. We currently have a moratorium on collection of those premiums, but we do have a premium structure in place for the program. This program also permits a grace period, and that allows for lapses in that work activity, that required work activity that we just talked about, due to someone losing their job or due to a change in their medical condition. And so, someone can lose a job through no fault of their own and still remain in the MBI-WPD program during a grace period, which is essentially a period of time during which they're pursuing other employment. So, you can have a grace period and remain in the program without work activity for up to six months in a 12-month period of time. As I mentioned, the program is comprised of two groups, the Basic Group and the Medical Improvement Group. The Basic Group meets all of the criteria that we just talked about. There is no minimum number of hours that the individual needs to work while in the Basic Group, and there's no minimum amount of funds that they have to earn in that period in that group as well. The Medical Improvement Group is comprised of individuals that lose eligibility in the Basic Group because they medically improve. Their condition medically improves to a point at which they no longer meet that criteria of disability under the Supplemental Security Income definition that I talked about. But they still have a severe impairment. So, if that happens with an individual in our MBI Basic Group Program, they can transition to the Medical Improvement Group. In the Medical Improvement Group, there is a requirement for the individual to be employed at least 40 hours a month, and to earn at least the federally

required minimum wage. We began this program on July 1, 2003, and there are about 12,500 participants in the program right now. And the reason that we created this program was to address the concern that was most commonly expressed by individuals with disabilities who want to work, or were working, or are working. And that's the fear of losing health insurance coverage, should their employment earnings be too high and potentially impact their eligibility for Medicaid benefits or Medicare benefits. Especially if an individual who's working is not able to obtain private health insurance through their employer, or if they do have employer-sponsored health insurance coverage, if it's not robust enough. So, this program really helps individuals with all of those concerns, work, get ready for work, obtain the services they need to continue working and also live and remain in the community and live independently. Without this program, many would choose not to work or would restrict themselves to earning lower levels of income in order to basically retain Medicaid coverage or Medicare coverage. So, when the federal statute back in 2002 allowed states to implement this optional program, New York State did so in 2003. We were able to implement our program, as I mentioned with our Basic Group and our Medical Improvement Group. Next slide, please.

So, this brings us to what we are requesting, the changes to the program that we are requesting. It will still be a work incentive program as we talked about for certified disabled or certified blind individuals who are working and meeting that work requirement, and who are at least 16 years of age. But we are asking for elimination of that upper age limit, so there would no longer be an age cap at the age of 64. So, you could be age 65 and continue being in this program. The new program would still be comprised of the Basic Group and the Medical Improvement Group. We are seeking more favorable income and resource rules for the program. We would have a new premium structure, which we'll look at as well. We would cap enrollment at this program at 30,000 participants. And this program, if it's approved, would replace the current MBI-WPD program that I just talked about in the prior slide. Next slide, please.

And I neglected to mention, sorry, of course our new program would continue to have the grace periods that I explained as well, so there'd be no change to that component. So, under this demonstration program that we're seeking, we will have our current group, our current enrollees that are in our Basic Group or our Medical Improvement Group, they would be redetermined under the new demonstration program rules at their Medicaid renewal, so that they can benefit from these enhanced eligibility rules that I just looked at with you. And if they're found eligible, they would transition to the new program, and they'd be included in the program enrollment cap of 30,000. Next slide, please.

So, this slide and the next few slides after this offer a comparison, so we can see side-by-side, the rules and requirements under the current program and then the proposed rules that we're seeking under the new program. So, for income as you can see, currently an individual can have up to 250% of the federal poverty level in income. Under the new program on the right-hand side all the way over on the right, we're seeking to increase that level to 2,250% of the federal poverty level. For resources, you can see what our 2024 resource limits are for a household of one or a household of two. Those levels increase every year based on, you know,

increases to those levels that have a factor that rely on the federal poverty level. Under the new program, we're seeking to increase that resource limit to $300,000, and that would be a fixed level, but as you can see that's quite an increase from our current resource level. So again, a resource limit of $300,000 for the new program is what we're seeking. Under retirement funds, again, we have favorable rules right now that allow us to disregard all funds that are held in retirement funds or retirement accounts for our MBI-WPD enrollees. We also have other treatment of resources that are more liberal, as compared to regular Medicaid rules that we have permission for already, under federal permission. So, we are seeking to maintain all of those favorable rules, there'd be no change to those rules in the new demonstration program, we would continue those favorable resource rules as well. Next slide, please.

So again, this continues our side-by-side comparison in our current program. As I mentioned, under SSI related budgeting, the income and resources of a legally responsible relative, such as a spouse, are counted in our MBI-WPD program recipient's Medicaid eligibility budgeting. Under the demonstration program that we're seeking, we're seeking for that criterion to be waived. So, the income and resources of a legally responsible relative would not be counted. The next box shows premiums, and currently, as I mentioned, we have a structure that applies when an individual's income is between 150% and 250% of the federal poverty level. And those premiums are 3% of someone's net earned income, plus 7.5% of their net unearned income. Under the new program, we'll have a premium structure, and it's comprised of four tiers that we'll look at in a moment, and they would apply when an income is equal to or greater than 250% of the federal poverty level. For an enrollment cap, right now we have no limit on the number of eligible participants in our program. Under the new program, we're seeking a 30,000-participant cap in the new demonstration program. Currently for age limit, as we've talked about, recipients have to be at least 16 years of age, but no older than the age of 64, so have to be less than the age of 65. And again, under the new rules that we're seeking, recipients will have to be at least 16 years of age, but we would have that upper age limit removed. So, you can be older than the age of 64 and continue to remain in the program or even apply to the program if you've never been in it before, and you are older than the age of 64. Next slide, please.

So, this looks at our proposed premium structure for the new program that we're seeking. It would start, again, when an income is at 250% of the FPL or greater. So, if someone has income that's less than 250% of the federal poverty level every month, there'd be no premium obligation. So, looking at the second box here, that's when our premiums would start, so the income would be between 250% but less than 300% of the federal poverty level, then the premium is the lesser of $347 a month or 4% of the monthly income. And then you can see the structure that moves from there, the premium that would apply when income is between 300% but less than 400% of the federal poverty level would be the lesser of $518 a month or 6% of the monthly income. The next tier, 400% but less than 500% of income at the federal poverty level, the monthly premium would be $779 or 8.5% of the monthly income. And then the last level, the highest level of income on the structure, between 500% of the

federal poverty level, but less than or equal to 2,250% of the federal poverty level, which will be our new income max, if we're permitted to have that. The monthly premium would be the lesser of $1,033 a month or 8.5% of the monthly income figure. Next slide, please.

So, this program, the new program that we're seeking, you know, our goal is to extend to more of New York's working individuals with disabilities the opportunity to maintain their financial independence through employment, when they're working or when they're seeking new employment or seeking employment for the first time, to obtain or retain their Medicaid coverage if they already have it, and obtain access to critical services despite earnings that may result in income or resources that would normally be in excess of our regular Medicaid limits. And we certainly will be able to have individuals apply and continue participating in the program regardless of them being age 65 or older. So, in summary, those are the high-level goals of these demonstration program changes. And I'll turn it back to Simone for continuation.

Thank you, Mary Frances, next slide, please.

Next, we'll provide an overview of the proposed Career Pathways Training, or CPT, Program Amendment. Next slide, please.

The CPT program is an education and training program that was authorized as part of the New York Health Equity Reform, or NYHER, Waiver Amendment that was approved earlier this year in January. This program is designed to create a reliable workforce pipeline to address workforce shortages by funding education and training for health, behavioral health, and social care workers throughout New York State. Under the CPT program, Workforce Investment Organizations, or WIOs, are authorized to make backfill payments to providers or employees attending education or training programs during work hours in order to preserve access to care. Next slide, please.

Currently, backfill payments for the CPT program are limited to a maximum of two days per week. We are seeking to amend the current two day maximum to allow for up to five days. CPT participants may require up to five days of backfill coverage for more intensive periods of certain educational programs, while other titles may need fewer than two days of backfill coverage, due to less extensive training and educational requirements. This variability highlights the need for a more flexible approach to backfill based on the demands of the academic program. Next slide, please.

This brings us to the end of the proposed amendment overview, and we will now move to the public comment portion of today's public hearing. Next slide, please.

I'll provide some guidelines for the public comment process. We have a list of pre-registered commenters. Those individuals will be called on to speak today in the order in which they registered. If you did not pre-register to speak but are looking to provide comment today, you can either raise your hand or send a message in the Q and A and

we would be happy to add you to the speaker list. When it's your turn to speak, I will call your name and your line will be manually unmuted to allow you to provide your comment. Comments will be timed. Please limit your comments to five minutes. We are accepting written comments through December 14th by email at 1115waivers@health.ny.gov or by mail at Department of Health, Office of Health Insurance Programs, Waiver Management Unit, 99 Washington Avenue, 8th floor, Suite 826, Albany, New York 12210. Next slide, please.

If you have any questions, comments, or would like some further information, please feel free to contact us at 1115waivers@health.ny.gov. Next slide, please.

This slide contains some resources, such as New York's 1115 Waiver website, the current STCs, and a direct link to the proposed amendment application. And again, at the bottom of the slide, our email address is included. Next slide, please.

As I mentioned earlier, we will be timing the public comments today. This slide will simply alert the speaker that there's one minute remaining of their five-minute presentation time. Next slide, please.

And this slide here will alert the speaker that their time is up. With that being said, we do, as I mentioned, we have a list of pre-registered speakers. Again, if you would like to provide comment but did not pre-register, either raise your hand or send a message in the chat and we can add you to the list. And our first registered speaker today is Rachel Holtzman. Georgia, can you please unmute Rachel's line?

Rachel, whenever you're ready.

Great. Okay, thanks so much. Hello, my name is Rachel Holtzman. I'm an Equal Justice Works Fellow and Staff Attorney at the New York Legal Assistance Group. Thank you for this opportunity to comment. Please note that the following oral comments are an abbreviated version of our full public comments, which we will submit to the state via email by the deadline. Founded in 1990, the New York Legal Assistance Group or NYLAG is a leading civil legal services organization combating economic, racial, and social injustice by advocating for people experiencing poverty, or in crisis. Our services include comprehensive free civil legal services, financial empowerment, impact litigation, policy advocacy and community partnerships, and more information is available on our website, www.nylag.org. NYLAG strongly supports expansion of the Medicaid Buy-In Program. Below, we review the provisions we support in this expansion, raise some concerns and offer recommendations for how the expansion is implemented, and ask for some clarifications on language. First, NYLAG strongly supports expansion of the Medicaid Buy-In Program. We support the elimination of the upper age limit of 65 years of age. The proposed amendment would allow New York State to close a critical gap in federal law, which terminates the Ticket to Work Program at age 65. With the important changes in this draft waiver amendment, our clients in the Medicaid Buy-In Program will be able to remain in the program with all of its benefits such as retirement fund disregard when they turn 65. Second, we support the continued disregard of all funds held in retirement funds or retirement accounts, and the continued

use of other, more liberal methods of treating resources under New York State Plan. Enabling Medicaid Buy-In Program participants to work past 65 without drawing from their retirement ensures they will be able to support themselves with their retirement funds for a few more years than they would otherwise. Third, we support the increased income and resource rules. Establishing a Medicaid Buy-In Program income limit of 2,250% and a resource standard of $300,000 will greatly expand the number of working individuals with disabilities who are eligible. While we support increasing the asset limit, should an asset limit exist, we urge that in the future, New York State follow other states that have eliminated the asset test, for their Ticket to Work Programs, such as Massachusetts, Colorado, and Texas, or that have eliminated the asset test for Medicaid entirely, as California has done. Asset rules and public benefits programs demonstrate inherent racial biases and asset rules and public benefits programs perpetuate racial inequities that say exempt the value of homes and retirement funds, which many black, indigenous, and people of color consumers are unable to purchase. And fourth, we support waiving a spouse's income and resources by deeming the income and resources of a legally responsible relative as unavailable. NYLAG also makes the following recommendations for changes to this important expansion. First, we recommend there be no cap on enrollment for this program or in the alternative, that the cap on enrollment does not include individuals eligible under existing criteria. Second, we recommend that the monthly premium schedule be modified, so it's capped at no higher than 7.5% for all income levels at or below 450% of the federal property level. Third, we recommend that the additional premium relief be applied to middle income families, so as to avoid a regressive premium structure. We recommend specifically that New York State modify the premiums required for families earning between 250 and 399% of the federal poverty level and more information about this will be submitted in our written comments. And lastly, NYLAG asks for the following clarifications, either in the waiver amendment or implementing guidance. First, we ask that language on the monthly premium be clarified for individuals with incomes between 150 to 250%. We ask for clarification that existing state statutory provision for a $25 premium for individuals or 50 for couples for income between 150 and 250% of the federal poverty level, that it'll be repealed or not take effect. Second, we ask that language around the income limit be clarified to state it's based on the full family, including non-eligible spouses and children, and third and finally, we recommend language about the Medical Improvement Group be clarified, so as not to assume that everyone over 65 falls into the Medical Improvement Group. Thank you for this opportunity to submit public comment. Feel free to contact us with any questions.

Thank you for your comment. Our next speaker today is Alison Roberts. Georgia, can you please unmute Alison's line?

Alison, you should be all set.

My name is Alison Roberts. I am here with a colleague, Yesenia Carrero, and we're advocates in the Public Benefits Unit at Bronx Legal Services. While we support the expansion of the Medicaid Buy-In Program for Working People with Disabilities, we're asking for the elimination of the cap on the number of participants and for meaningful outreach to people who might be eligible for the program. At Bronx Legal Services,

we're part of Legal Services NYC, which is the large, the largest civil legal services organization in the country. And our Bronx Public Benefits Unit provides direct legal services to people seeking critical benefits, including cash assistance, SNAP, Medicaid, Medicare, long term care, and housing subsidies. As part of our work, we help older adults with disabilities obtain, retain, or increase Medicaid coverage, and through this work, we see first-hand how life changing Medicaid can be to clients when they receive full benefits. We recognize that the proposed expansion of the MBI-WPD Program will have a transformative impact on disabled New Yorkers. The proposed changes are very welcome, but they're an incomplete improvement to increasing Medicare coverage and access to care for people with disabilities. That's why the cap on participants should be removed and affirmative outreach to newly eligible New Yorkers conducted, so the expansion can reach its true promise. Since the COVID-19 pandemic, a greater number of New Yorkers have self-identified as disabled. In New York State, there's been a 14.4% increase in working aged people with disabilities documented between 2020 and 2022. And while some people with disabilities are unable to work, others often can and desire to work, but because they are reliant on public insurance programs like Medicaid, income limits can be a barrier to maintaining their jobs and medical care at the same time. And that's why we're excited about this expansion of the MBI-WPD Program, but we think it should be expanded without a cap on the number of enrollees. The proposed expansion is necessary to meet the needs of New Yorkers, including people who need personal care services and durable medical equipment to return to the workplace. Increasing the program's income and asset limit, disregarding income held in retirement funds, deeming spouses' income and resources unavailable, and removing the 65-year-old age cap will all expand New Yorker's access to this vital program. However, the cap limits the impact this new demonstration can have. The current program serves about 12,500 New Yorkers, and capping enrollment at 30,000 will mean that either only about 18,000 more people can join the program or worse, some of the 12,500 people who currently rely on the program will lose their coverage. As I'll discuss further, we have reason to believe that there are people currently eligible who aren't enrolled in the Buy-In Program, and so artificially capping the number at 30,000 ignores previous failures to reach out to people who should be enrolled. And even if we ignore the current under enrollment, the proposal, as it currently stands, builds in a cliff that will be upon us in less than seven years if SDOH's estimates about the number of people who will join the program hold. And our state needs an expanded program that reaches all eligible New Yorkers to offer them access to insurance, and that's why we need this program expanded without the cap. But to make the promise of the expanded program a reality, SDOH and local partners also need to use tools already at their disposal to encourage enrollment. As many of us know, the State is already able to assess Medicaid eligibility by looking at applicant's incomes and OTDA and SDOH both have access to the state data exchange as well as different databases on income, and they also have access to information for every recipient already getting SDOH programs because they're required to disclose income information. SDOH should use this data to identify people who might be eligible for the enhanced program and people who are already eligible for the program. And once they have done so, they should send notices of eligibility to such applicants or former applicants so they can enroll in the enhanced program demonstration. SDOH should also partner with existing aged, blind, and disabled facilitated enrollers to promote the program and conduct outreach. And additionally, the

staff at local Social Services Agencies such as the New York City Human Resources Administration need to be adequately trained so they can identify eligible individuals who might be able to join the expanded program. As legal services advocates, we've seen the impact on clients when they can't access programs for which they're eligible. We worked with one elderly client who was eligible for the Medicare Savings Program, but was not screened or enrolled by HRA, and that client struggled to pay his premiums for five years, spending almost $10,000 in premiums before we were finally able to help him enroll. My colleagues and I, that's why my colleagues and I are excited about the proposed enhancements to the Medicaid Buy-In Program for People with Disabilities, but we want the program to reach its full potential. To ensure it does SDOH, should eliminate the 30,000-person cap and simultaneously work with local social services districts to identify eligible individuals and conduct targeted outreach. Thank you and our full comments will be submitted via email.

Thank you for your comment. Our next speaker today is Richard Lauder.

Richard, it looks like your line is unmuted now.

Okay, I was just wondering, I have no way of knowing whether my camera's working-doesn't matter. I think I'm going to talk about my job for just a moment first and then my personal story which has been submitted by email. I'm not speaking for my employer or for any of the organizations in which I have been involved. Having said that, I work in a mental health program that is designed for a particular model. That model is psychiatric rehabilitation, and it has a very heavy emphasis around the state on putting people to work. It's been very successful in getting them to work. It's been very successful in terms of mental health outcomes. I am an OMH Certified Peer Specialist, where people who are in recovery ourselves and share our lived experience. I've been in the system for some 12 years and about for somewhat more than the first half, I was a participant in a program, different program but the same model as the one I now work in. So, I am part of the pipeline, and my fellow peers are part of the pipeline that you've been talking about to channel people, and obviously disabled people into work in social services. With the current age limit working in a program for older adults, we obviously can't put them to work if they're going to keep Medicaid. That happened to me. I just have to ask you to bear with me just a minute. Due to my age, I was in this program, due to my age over 65, I've lost access to Medicaid, and I can no longer contribute surplus income to my Special Needs Trust. That's part of the Medicaid program for surplus income. Under present law, my IRA would have to be placed in distribution status. This happening even as the federal government is again raising the minimum age for IRA distribution. That would result in taxable income, and I need one third of that to pay rent for supportive housing. As such, the proposed waiver directly enhances my ability, and the ability of the people that I work with, to work in the mental health sphere of contributing lived experience in the system to my fellows in recovery whilst maintaining my nest egg against the time of actual retirement. It probably goes without saying that this doesn't pay very well, and I need all the nest egg I can get. This situation would not appear to be unusual, and I'm sure that favorable action would add to the established knowledge that work is among the best of therapies. That's all I have. Thank you for hearing me.

Thank you for your comment. Our next speaker is Jessica Tambor. Georgia, can you please unmute Jessica's line? And Jessica looks like you should be all set.

Can you hear me?

Yes.

Hi, my name is Jessica Tambor and I work at Bronx Independent Living Services. I have a disability, and my clients have disabilities. People with disabilities are able to do more now than they were ever able to do before when Medicaid Buy-In was first established. We are living longer, have educations, families, and have the ability to work and manage our own money. A lot of us don't need other people to manage our money for us, but the way the system is right now, if we have too much money, other people have to manage it because we're not allowed to. In today's economy, everything's extremely expensive for everyone. People with disabilities have more expenses than people without disabilities. They should be able to establish a savings and be able to look forward to having a career that pays competitively to what we should be earning and help us pay our expenses. If my original career worked out, I would have been on track to earning too much money for Medicaid, which would have meant I would have lost all my home care. And then I wouldn't be able to live at home, work or have a full life. I would have had to make a decision of keeping the job that I want and went to school for, or my home care, which is a horrible decision to have to make. It's because I have Medicaid that I can live an active life. Recently, I was asked what would happen if I earned too much money to be over the Medicaid cap and I said I would wind up in a nursing home, so I can't do that. This should not be the case. Rent and other expenses are too high these days for us to be forced into low paying jobs. Medicaid is the only way we can live full lives and we are thankful for it and now they have to get with modern times and increase their limits. Thank you.

Thank you for your comment. Our next speaker today is Tiffany Luciano. Georgia, if you can unmute Tiffany's line.

I think we might have lost Tiffany. Maybe we can come back.

Okay, sounds good. Our next speaker would be Athena Savides.

Hello, can you, hello?

Yes, we can hear you.

Okay? Okay. Hi, my name is Athena Savides and I'm not speaking today on behalf of my employer. I'm speaking on my own behalf. Thank you so much for the opportunity to testify here today. It's my first time ever testifying so please do bear with me. We're so appreciative, as so many people here today have already said, of the Medicaid Buy-In Program for Working People with Disabilities. I have a disability myself, but we do have some concerns and NYLAG and others have already pointed out several of them, but I

will go ahead and give my own thoughts on them as well. So, my thoughts are that we have a right to work, all of us do, whether we have disabilities or not, or whether regardless of our age or anything else. That's why it's so good that the proposal removes the age cap of under 65 years old. The concern that we have, or one of the concerns that I have, is the cap on the number of people eligible to participate in the program because it's only 30,000 people. What if someone got a job, for example myself, where they could earn up to $75,000 a year, but then realized that the cap for the program was already met and then they couldn't work and they would lose all their health care services, so it's not really fair and I think that the cap is arbitrary and it should be wider, as Alison pointed out to, to be accommodating of more people. Another thing that is really amazing is that the proposal that you're speaking about today would eliminate the marriage penalty and I think that's great because it eliminates discrimination because people, disabled people, would be able to get married like myself without losing half their benefits from the program. And I wanted to point out that this sets a precedent for the SSDI and SSDI programs to have the same limits removed, which I know some in the fields have been working on for a few years now. I also wanted to point out that if non-disabled people had these income and asset limits and tests, you know, they would never put up with it. There would be immediate backlash from them because it's unfair, so we shouldn't have too either. I especially wanted to mention that for those disabled people who have ME and long COVID, there's a horrific lack of accommodations and home care for them, so the vast majority of them are kept from being able to work even if they wanted to. And long COVID is a result of having the COVID virus, COVID-19, and ME is a related, is a similar health condition that affects people's ability to work as well. Last thing I wanted to say is that if we want to, as Jessica just said, if we want to earn, if we're in a field where we can earn over $75,000 a year, as I would be if I am able to follow my, you know, my dream career of becoming a teacher, those people have a lot of privileges. So those people who earn less money or are forced to because of the cap if they can't work other jobs, they'll be thought of as second-class citizens, and just because we're disabled, we shouldn't be perceived that way. So that's all I wanted to say. Thank you so much for this opportunity.

Thank you for your comment. Circling back to see if we have Tiffany Luciano on the line?

Okay Tiffany, go ahead.

Okay, my name is, my name is Tiffany Luciano. I'm a 39-year-old disabled woman that has recently entered the workforce. My whole life, I was encouraged by my family never to let my limitations stop me from reaching my accomplishments. It is no secret that due to my disability; I need help with my activities of daily living. For this reason, I have home care services seven days a week, 12 hours. Without the services I would be bed-bound and unable to function. Unfortunately, upon obtaining employment, I was told that if I make too much money, I could lose my insurance, which pays for my home care services and other medical expenses. I find this outrageous that I must choose between my services that provide me essential needs, and my desire to want more out of life. Please let me make myself clear. I do agree with the Medicaid Buy-In expansion. What I don't agree with is with the caps and the restrictions because disabled or not, we deserve to live life like everyone else. Thank you.

Thank you for your comment. Our next speaker today is Simone Rodriguez.

Good afternoon, thank you for hosting this. My name is Simone Rodriguez. I am a born and raised New Yorker living with a disability that causes me to need home health care covered by Medicaid to live independently. I'm currently living in a state that does not offer a Medicaid Buy-In Program, so I have experienced the draconian limitations to my career and potential imposed when one needs to earn an income within the parameters imposed by the SSA. Thus, I strongly urge you to implement the amendments that propose to expand the MBI Program by extending the eligible income and age ranges and eliminating the marriage penalty. These are changes that allow disabled New Yorkers to live lives of dignity in a state that is becoming increasingly more expensive. It is why I chose to come home to attend law school starting this upcoming fall. However, this choice will be an intolerable gamble if a program cap is put in place, as it will be a minimum of an additional three years until I am licensed to practice as an attorney and can hold a full time job, and we have no reasonable metric based on some of the previous commenters alluded to, that we can't identify how many individuals eligible for the program are not yet utilizing those services, so we have no reasonable metric to judge when the program will fill up. Placing an arbitrary cap allows privileged disabled New Yorkers who are more likely to know about the program to close the door behind them leaving future generations in an even worse place than we are today, unable to work under any version of MBI, when today they may qualify under the current restricted program. Therefore, let's not make things worse than they already are. I urge you again to please reconsider the cap and expand the Medicaid Buy-In Program. Thank you.

Thank you for your comment. Our next speaker is Heidi Siegfried.

Here we go. Alrighty. Hi, I'm Heidi Siegfried. I'm currently working as a Health Policy Associate with the New York State Association on Independent Living, which is an association of all the independent living centers in the state who have a mission to remove barrier, all types of barriers to living, for people with all types of disabilities, to live independently in the community. And you know, we have some written testimony that I wrote, but I also wanted to just kind of add some additional comments. You know, this is a really important thing and we really support the expansion of Medicaid Buy-In because it is an important work support and I'm actually, you know, we're hearing a lot of talk now with the potential administration, and the potential of adding work requirements to some of these programs for healthcare but this is like a much better approach to provide support, so that people can work. I'm a veteran of the introduction of work requirements going back to when President Clinton signed them into law for other welfare programs when I was a welfare attorney and, you know, we always try to make the point that people want to work as long as the working conditions are not oppressive, because this is what gives us meaning in life. It enables people to contribute to the community, but it is important to be able to have adequate health coverage to, you know, to be able to do it, and actually, you know, since the pandemic, the employment rate and the labor participation rate of people with disabilities has actually increased. And part of that is because employers all of a sudden realized that they could provide accommodations to people with disabilities to enable them to work in a way that they weren't willing to see before the pandemic. So, we have more people wanting to work, more people able to

work and not being treated in a discriminatory fashion. And so, this is really something that we need to expand, the Medicaid Buy-In Program. One of the most important things about the Medicaid Buy-In Program expansion that you've put on the table is actually eliminating the age limit. And I did find that, you know, when shortly after law had passed but before we were just hoping to get to implementation, you know, I did work with people who had constructed this elaborate way of keeping their Medicaid, having income and adding earned income to their already low income to be able manage to get by and when they're approaching 65, it's like, how do I reconstruct my system because I'm going to be getting Medicare, but I may lose Medicaid if I keep my income. So, it's just a very complicated dance that has to be done to keep eligibility for these programs. This program is in fact underutilized because as we said, there hasn't been outreach. It's practically a secret program and it's only when people go to benefits counselors, independent living centers, perhaps the facilitated enrollers that was just mentioned for ABD, aged, blind, and disabled people, that they learn about the program and are able to take advantage of it. And I do agree with Alison, I think it was, who said, you know, we, we should be able to, we should be able to have the data to, you know, automatically enroll people in the program when we can see that they're eligible. I will say that, you know, in New York City, HRA is constantly taking people that are in the program now and when they recertify, they get stuck into a spend down program, which is kind of ridiculous, but you know at the Center for Independence of the Disabled New York, our benefits counselors had to write all over in black magic marker this is an MBI-WPD application, to avoid being kicked out. So, I was hopeful when we set up the exchange that this could be something that could be automated, and I remember Judy Arnold at the time, who has since retired said, you know, we just gotta get the basics down before we can add some of these more complicated eligibilities. So, you know, I think it's certainly time to explore adding these more complicated eligibilities and getting people who we can see are eligible automatically enrolled into it or at least offered it. So, you know, I would, that would really be something to work on for the future. Unfortunately, I think the biggest problem that we have right now is this idea of having a cap of 30,000. You know, I understand that there's a thought that we want the program to be manageable, but the cap is going to have to be revisited as it was suggested probably in about seven years and, you know, that will be problematic. So, you know, that's kind of something that I'd like to see, we'd like to see eliminated. Thank you for your consideration of my comments and those of the other commenters.

Thank you for your comment. This brings us to the end of the list of pre-registered speakers. As a reminder, if you would like to provide comment today, please feel free to either raise your hand or send a note in the chat and we can unmute your line to provide comment.

It looks like Michael Orzel, Georgia, can you please unmute his line?

Okay.

Can you hear me?

Yes, we can hear you.

Okay. I am speaking on my own, but I was working since 1987 and in 1993 I came to Albany and worked for the state. Right now, I am 67 years old. For the past three years or so I've been trying to retire so I still got Medicaid without paying anything. But now since I'm 67, and you will (inaudible) I will now have to give my money to somebody else to pay what I paid for about 40 years and see, this is unconscionable. Now this is, I am married happily for 36 years. My spouse is partial (inaudible) disabilities. So, since she has Medicaid, but I don't. She has had surgeries, four in the past two years, and her doctor said she can't work, financial (inaudible) in our house (inaudible). I cannot believe that I'm completely (inaudible) pay my bills and before this happens…[1]

Apologies to Michael, I think we lost him, but I'm going to connect him back.

Can you hear me now?

Yes, we can hear you now, sorry about that Michael.

Where did I drop out? Can you tell me where I dropped out?

Just about the last 10 seconds.

Ok, like I said, I have to pay somebody to pay our bills and with this new system it would be wonderful, but I am worried that since my wife, we both have CP, I heard that you said that the spouses their income is waived but I think that you meant that a spouse who does not receive Medicaid. I am worried that if this goes soon then the law would not consider us because we are both disabled. Thank you.

Thank you for your comment. If anyone else would like to provide comment today, please feel free to either raise your hand or send a message in the chat.

Georgia I'm not seeing anyone else. Are you seeing anyone on your end?

I don't see anybody at this time.

Okay. Well, thank you everyone so much for joining us for today's public hearing. We really appreciate the thoughtful comments. As a reminder, we are accepting written public comments through December 14, and again, I thank you so much for your time today. Take care.

[1] Audio interference noted. Speaker was reconnected to continue.