



Testimony of  
Marc D. Kutner  
Director of Special Initiatives  
The Coalition of Behavioral Health Agencies, Inc.

New York State Assembly  
Task Force On People with Disabilities  
Committee on Health

on Improving Access to the Medicaid Buy-in For Working People With  
Disabilities in New York City

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The Coalition of Behavioral Health Agencies, Inc.  
90 Broad Street, New York, NY 10004-2205  
ph. (212) 742-1600; fax (212) 742-2080  
[mailbox@coalitionny.org](mailto:mailbox@coalitionny.org); [www.coalitionny.org](http://www.coalitionny.org)

Thank you for affording us the opportunity to testify before The New York State Assembly's Task Force on People with Disabilities, Committee on Health. My name is Marc Kutner, and I am the Director of Special Initiatives at the Coalition of Behavioral Health Agencies' Center for Rehabilitation and Recovery.

The Coalition is the umbrella advocacy organization of New York's behavioral health community, representing over 120 nonprofit community-based mental health and substance abuse agencies in every locality of New York City and surrounding areas. Our members comprise a broad cross section of service providers – all sizes from very small to very large; treatment and rehabilitation oriented; outpatient and residential; focused on linguistically and culturally specific populations and on many other special-needs – serving more than 350,000 individuals each day in the five boroughs of New York City and its environs. Our Center for Rehabilitation and Recovery provides consultation to New York City's community behavioral health providers through expert training, technical assistance, information dissemination and special projects. Funded primarily by the New York State Office of Mental Health, The Center guides and promotes systemic change toward the integration of rehabilitation and recovery-enhancing services within New York City's behavioral health care sector.

I would like to begin by applauding the New York State Office of Mental Health (NYSOMH) under the leadership of Commissioner Michael Hogan for its strong emphasis on the critical role of employment in recovery. Despite the current fiscal crisis and the resultant need to make painful budgetary decisions, NYSOMH priorities continue to reflect the certainty that people with serious mental illness can work, want to work, and are fully capable of pursuing

career goals successfully. The provider community, in partnership with government, will continue to do what is possible from policy, planning and programmatic perspectives to promote workforce development solutions. To that end, we are encouraged by New York State's decision to submit an application for Comprehensive Employment Systems funding under the most recent Medicaid Infrastructure Grant (MIG) released by The Centers for Medicaid and Medicare Services (CMS). The Coalition will continue to support and guide this initiative through active participation on the state's Most Integrated Setting Coordinating Council (MISCC) Workgroup on Employment and MIG Subcommittee. We are confident that these dollars can make a difference in employment outcomes for New Yorkers living with mental illness as well as affirm our State's commitment to fostering an inclusive workforce.

Most unfortunately however, in spite of consistent efforts to increase the employment rate of individuals with serious mental illness, including countless demonstration projects and other initiatives undertaken over the years, only 15 percent of New York's working age adults with mental illness are employed. This is the lowest workforce participation rate across all disability groups. We know that the crippling effects of living with mental illness pose great challenges to workforce participation. Beyond these challenges, a number of additional systemic issues impede consumers' progress toward attaining employment goals. In terms of the public health insurance system, as you know, Medicaid continues to be a vital source of health care coverage for people living with serious mental illness. As is the case with any means-tested benefit, employment income bears against allowable earnings and resource allowances associated with Medicaid eligibility. As a result, the fear of losing health insurance, particularly Medicaid, as a result of exceeding income and asset eligibility

thresholds remains among the most significant barriers to employment for adults living with mental illness. The message we are sending to mental health care consumers is contradictory. While the personal benefits of employment are rarely disputed, the income generated by work is believed to threaten Medicaid coverage. This need not be the case.

The Medicaid Buy-in for Working People with Disabilities (MBI-WPD) is an extremely attractive option for people with mental illness, in need of Medicaid, and looking to work. People can work and keep their Medicaid benefits. As coverage under the MBI-WPD is not contingent upon meeting a minimum number of work hours, and allowable earning limits far exceed those imposed under regular Medicaid, more income can be earned, health care coverage is far less likely to be in jeopardy, and self-sufficiency is ultimately increased.

As expressed by data provided by The New York State Department of Health, MBI-WPD is vastly underutilized in New York State. Shockingly, to our knowledge less than 600 consumers across all disability groups in New York City are taking advantage of this program. This represents approximately six percent of the over 6000 active MBI-WPD recipients statewide. New York City enrollment ranks fifth behind Erie, Nassau, Monroe, and Suffolk Counties. Considering the target enrollment for 2008 was 15,000 people, we are clearly behind schedule.

Since September, 2007, in collaboration with NYSOMH, and in consultation with key NYC stakeholders including representatives from the New York State Department of Health (NYSDOH), New York City Human Resource Administration (NYCHRA), New York City

Department of Health and Mental Hygiene (NYCDOHMH), community-based mental health providers, and consumer advocates, The Coalition's Center for Rehabilitation and Recovery has facilitated a work group tasked with identifying the barriers to MBI-WPD enrollment for people with mental illness in New York City and developing ways to overcome them.

As part of this effort, in May, 2008 The Center disseminated a survey among community-based mental health providers throughout NYC designed to capture consumer employment and benefits data, and better understand potential opportunities for MBI-WPD enrollment. Sixty-two discreet programs responded, representing a total consumer capacity of nearly 9000 persons. Based upon these data, approximately 24% of consumers, or 2500 people (those receiving SSDI only and currently on a Medicaid spend-down), could likely be eligible for MBI-WPD assuming they are working; the data collected account for only six MBI enrollees. Although our survey process is non-scientific, and estimates are reliant upon a number of deductions and extrapolations, we conclude nonetheless, that a large potential opportunity for increased MBI-WPD enrollment among people with mental illness exists. Clearly, the MBI-WPD has not been accessible enough and subsequently utilized to the fullest extent possible.

In line with the task force's priorities and those of other advocates that have testified before you, our workgroup believes in a multi-faceted approach to improving enrollment in New York City. While NYSDOH is currently preparing an updated MBI-WPD "Toolkit," much needed by those applying for the MBI-WPD as well as by those supporting applicants, targeted outreach to the mental health community must go further. The crucial role of marketing and promotion

has been discussed at length and ideas continue to emerge on how to better promote the MBI-WPD among both providers and consumers. Although we acknowledge the MBI-WPD as one of the smallest Medicaid programs administered by NYCHRA, they must be more proactive in advertising the MBI-WPD within their local offices throughout the five boroughs. We are in the midst of creating a single user-friendly fact sheet detailing both MBI-WPD eligibility criteria and the application process; we plan to disseminate this fact sheet widely to both NYCHRA front-line staff and community-based organizations to improve knowledge of the program among all key stakeholders. Deconstructing the complexities associated with MBI-WPD, and eliminating the confusion between MBI-WPD other Medicaid programs must be achieved. Further, in order to improve accessibility to any and all relevant information, a more centralized Internet forum to determine eligibility, and access necessary documents would be a step in the right direction. Existing Internet platforms utilized in New York City, such as Access NYC, could be most helpful in facilitating enrollment.

Staff working in New York City's Medicaid offices are critical gatekeepers to all public health insurance programs including the MBI-WPD. Given their pivotal role, NYCHRA could benefit from additional education and training on this program. Through our many conversations with consumers attempting to enroll in MBI-WPD, we have learned that NYCHRA staff often mistakenly direct consumers to pursue a Medicaid "spend down" or other less desirable options, due to unfamiliarity with eligibility criteria or general unawareness of the program. Front line NYCHRA staff interacting with mental health consumers pursuing enrollment must be prepared to provide accurate information and guidance to people with psychiatric disabilities. Very often, the confusion encountered at NYCHRA offices by consumers and the

subsequent failure to proceed with MBI-WPD enrollment represents a lost opportunity for a person desiring to return to work or hoping to sustain employment without the loss of Medicaid. We cannot allow for that to continue. Toward alleviating the sense of confusion that often arises during in-person encounters, we applaud NYCHRA's commitment to the launch of an online pre-screening tool to assist with overcoming undue administrative burden and confusion.

Our workgroup is exploring other creative options, such as taking advantage of a facilitated application process made possible through NYCHRA's agency deputization where designated provider agencies act on behalf of consumers for the purpose of submitting MBI-WPD applications. This more coordinated effort could prove helpful in soliciting, reviewing, editing and submitting large numbers of applications on behalf of consumers to ensure that the paperwork is completed properly and processed correctly.

Members of The Committee, we respectfully ask you to consider these compelling issues as you continue to explore ways to encourage MBI-WPD enrollment among people living with mental illness. If fully realized, this program could prove integral to overcoming some of the most critical barriers to employment mental health consumers face each day, and prove inspirational for those contemplating work. On behalf of the 120 member agencies of The Coalition, and the greater community-based mental health provider community, thank you for your time today. I am available to answer any questions you may have.