



**TESTIMONY SUBMITTED TO THE  
NEW YORK STATE LEGISLATURE**

**Joint Hearing of the  
Senate Finance and Assembly Ways and Means Committees**

**2020-2021 Executive Budget  
Mental Hygiene**

Presented  
On behalf of New York Disability Advocates  
(NYDA)  
by  
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Good afternoon Committee Chairs Krueger, Weinstein, Mannion, Gunther and members of the Senate Finance Committee, Assembly Ways and Means Committee, and the Mental Health and Disabilities Committees. Thank you for your ongoing support of people with Intellectual and Developmental Disabilities (I/DD) and for the opportunity to speak with you today regarding Governor Cuomo's 2021-22 budget proposal.

**New York Disability Advocates (NYDA)** is a statewide coalition of seven provider associations representing more than 300 not-for-profit agencies that are responsible for providing vital services and support to more than 130,000 New Yorkers with intellectual and developmental disabilities (I/DD).

These I/DD agencies, regulated by the Office for People with Developmental Disabilities ("OPWDD"), provide lifelong, comprehensive, individualized services to support people with developmental disabilities in all areas of their lives. In addition to delivering physical and behavioral health services, they assist with transportation, housing, medication administration, cooking, and feeding, as well as developing personal care, community living, employment, and money management skills.

We must work in concert to uphold the promises we have made to those who depend on us every day. While we are grateful to the Legislature for your prior commitment to our services and the workforce that provides them, today we seek your continued support and investment in our programs to preserve and strengthen the system of care for individuals with I/DD that we have proudly built together.

### **BACKGROUND**

Over the past decade, the not-for-profits which provide supports and services to New Yorkers with disabilities have been asked to do more with fewer resources. Additionally, the continued deferral of the statutory Cost-of-Living Adjustment (COLA) for over a decade has significantly deprived providers of vital resources needed to maintain operations.

Prior to the COVID-19 pandemic, 37% of providers reported losing money on their OPWDD services, and cash on hand has been a significant challenge for agencies. At the start of 2020, half of NYDA's providers had less than 40 days and 33% had less than 30 days of cash on hand, and more than 1 in 3 providers had already closed, reduced or modified programs due to the financial hardship they were under.

### **COVID-19 IMPACT ON PROVIDERS**

From the start of the pandemic, the I/DD service delivery system struggled to be recognized as a significant component of the public health system that is responsible for keeping our particularly vulnerable population safe and out of hospitals. Our residential programs were left to finance the cost of the emergency on their own, without any financial support from the state to meet the increased costs of responding to the emergency.

Not-for-profit providers were struck twofold: From March 1st through October 31st, our agencies incurred significant financial impacts as a result of the pandemic, and the State has not yet recognized the significant reduction in payments to providers.

We're extremely concerned that the Executive Budget builds in these reduced disbursements as permanent cuts to the I/DD sector. The Executive Budget also includes the cuts to residential

services, originally planned for October 1st, which has been delayed to May 1st. These cuts will reduce residential opportunities significantly, for the most vulnerable people with I/DD across the state and limit the ability of care coordination organizations to provide efficient care management. These actions combined are an additional \$330 million removed from the service delivery system, when providers are already besieged with losses and added expenses due to the pandemic.

Furthermore, in August the State instituted a 20% withhold on all non-Medicaid State share payments, which directly targets programs that support families and enable people to stay in their homes, both of which are critical supports during the pandemic.

### **DAMAGING CUTS**

The Governor proposes to defer the Cost-of-Living-Adjustment for OPWDD programs, impose a 1% targeted rate reduction on OPWDD supports and services, continue a 5% reduction in OPWDD non-Medicaid local assistance payments and other reductions. These will further weaken an already distressed service system. We recognize the state is in a fiscal crisis, but if additional federal funds are received by the state., statutory protections must be enacted to ensure that all cuts to the I/DD system are restored.

**Comment [WD1]:** Read like it was 5% of 20%, or 0.01 instead of 0.05. I thought just saying continuing 5% is clearer.

### **RESIDENTIAL**

Providers of residential programs require the autonomy and financial support needed to deliver the best care possible for New Yorkers with I/DD. The State must enact funded, statutory provisions that authorize OPWDD residential providers to accept any individual, who is determined to require OPWDD supervised residential services and is eligible to receive OPWDD residential services, into vacancies in their supervised residential programs.

Along these lines, we are in support OPWDD's Residential "FLOW" proposal to help individuals living in State-operated residences to transition, where appropriate, to voluntary-operated programs to accommodate young adults with more intensive needs that have aged out of residential schools.

### **TELEHEALTH**

Prior to the pandemic, telehealth has proven to provide people with developmental disabilities better quality healthcare services and significant savings to Medicaid in avoiding ER and hospitalizations. During the pandemic, telehealth has proven to be invaluable to people with developmental disabilities. Part F of the HMH Article VII bill put forth common sense reforms to the Telehealth program, but we support an amendment to eliminate the current "distant site" restrictions on where the practitioner is located. Telehealth is advantageous because of its flexibility - removing these limitations would allow providers to use it to its full potential.

**Comment [WD2]:** Should/ can we expand on this?

### **BUDGET TRANSPARENCY**

OPWDD not only has an obligation of transparency, but a statutory requirement to develop and implement a comprehensive statewide plan under section 5.07 of the Mental Hygiene Law. However, each year more and more fiscal and programmatic actions occur without discrete appropriation or Article VII language. Therefore, it is clear that it is necessary to require an OPWDD Budget Scorecard as well added transparency from the agency to the Legislature for

Residential Certified Capacity vs. the current Certified Residential Opportunity Request List; and Year-Over-Year Spending for Each Specific Service and/or Support Program.

**WORKFORCE**

This pandemic has proven that our Direct Support Professionals and other I/DD provider staff are truly heroes. They must be included in any workforce development, education and training initiatives enacted in the budget to address the significant workforce challenges that exist. vaccinations.

**Emergency I/DD Worker Recruitment and Retention Funding Proposal**

To address the significant residential workforce shortage that voluntary providers of supports and services to individuals with I/DD are facing, we ask that the State invest \$25 million in the recruitment, training and retention of non-supervisory residential direct support professionals. Using federal COVID-19 relief funds, the State could establish a program to provide payments to community organizations and agencies providing certified residential services to individuals with developmental disabilities.

The funds allocated shall be available based on the following criteria and shall be paid quarterly on a pro-rata basis to community organizations and agencies that fit such criteria. Funds will be allocated quarterly amongst two tiers, with Tier 1 receiving 75% of the allocation and Tier 2 receiving 25% of the allocation.

**Average Total Agency DSP Vacancy Rate for Past 6 Months**

<b>Tier 1</b>	25%+
<b>Tier 2</b>	20%-24%

**CONCLUSION**

New York has an obligation to care for its most vulnerable citizens, and nonprofit providers have been a steadfast partner in maintaining and enhancing supports and services for New Yorkers with I/DD and their families.

But we need your help.

With your support of the investment and regulatory changes outlined in this testimony, we can continue to create efficiencies, provide necessary supports to people when and where they need them, and continue to be known as one of the best states in the country for all people, including those with intellectual and developmental disabilities.

We would like to thank the Legislature for its ongoing support, and we look forward to continuing to work with you on behalf of people with I/DD in New York State.