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Testimony to Joint Fiscal Committees of the New York State Legislature

Proposed 2019-20 Executive Budget for the NYS Office for People With Developmental Disabilities

Mental Hygiene Budget Hearing
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Good morning/afternoon Chairwoman Krueger, Chairwoman Weinstein, Chairwoman Gunther, Chairman Carlucci and distinguished members of the New York State Legislature. Thank you for the opportunity to provide you with our perspective on the proposed 2019-20 Executive Budget proposal for people with disabilities.

Introduction

The New York Alliance is a statewide association representing 175 not-for-profit agencies serving people with disabilities. The New York Alliance envisions a society where people with disabilities are contributing citizens with equal rights and the ability to live full, productive and meaningful lives.

Our association is the result of a merger between the two associations with which you may be familiar: the New York State Association of Community and Residential Agencies or NYSACRA and the New York State Rehabilitation Association or NYSRA.

We will focus our testimony on the Executive Budget proposal as it relates to the workforce shortages faced by the intellectual and developmental disabilities (I/DD) and recommendations to address recruitment and retention as well as recommendations to ensure a successful transition to managed care in the I/DD sector.

General Overview of Proposed 2019-20 Executive Budget

The New York Alliance is pleased the budget proposal for the New York State Office for People With Developmental Disabilities (OPWDD) includes investments to support: new and ongoing housing initiatives and service opportunities; funds to pay for the next increase to the state's minimum wage; and training and technical assistance for managed care readiness. We support these investments and applaud the Governor for increasing OPWDD's budget.

Investments in the Workforce

Living Wage for Direct Support

On behalf of the New York Alliance and all of our partners in the #bFair2DirectCare Coalition, we take this opportunity to thank you and your colleagues in the State Legislature for your consistent support of the campaign to implement a living wage for direct support professionals, direct care workers and clinicians across the three disabilities sectors.

Recruiting and sustaining a stable workforce continues to be the greatest challenge for our providers. The latest data demonstrates that



- 14.3% of all direct support professional jobs were vacant in 2018,
- staff turnover is 26.4%, and
- more than 12 million overtime hours were logged in the same year.

Low wages and fringe benefits and lack of a career ladder are part of the overall systemic problem discouraging people from employment in the field.

Therefore, the New York Alliance requests \$75 million in the 2019-2020 State Budget to continue to support a living wage. The funds would represent installments three and four in our 6-year installment plan to attain the living wage and would be implemented on April 1, 2019 and on January 1, 2020, respectively.

This partnership between government and the not-for-profit sector is one that is critical to the health and well-being of people with disabilities, the staff who support them, the agencies delivering the services, the human services sector as a whole and the overall economy of the respective regions in the state.

Minimum Wage Increase

As we mentioned, the proposed Executive Budget contains \$167 million to fund the next **increase of the state's minimum wage** to bring employees up to the new mandated minimum wage. We support this investment and we remain grateful to the State Legislature and the Governor for providing this funding to support the annual increases.

It is important to note, funds to support these important minimum wage increases are separate from the #bFair2DirectCare wage increases to support the coalition's living wage campaign.

Cost of Living Adjustment

Our #bFair2DirectCare request for \$75M to create a living wage for direct support professionals is intended to make up for many years of non-investment in non-profit organizations that support people with disabilities. Perhaps the best example of this is in the fact that the human services cost of living adjustment has been omitted from the state budget for nearly all of the past 10 years.

As organizations that spend the majority of their revenue on personnel costs – and the bulk of that being on wages for direct support professionals – the lack of COLAs has left providers unable to keep up with increased costs or offer competitive wages.



In order to avoid future crises like the one #bFair2DirectCare is intended to address, we respectfully request that the legislature restore the statutory cost of living adjustment that was omitted from the Governor's budget proposal.

Direct Support Professional Credential Pilot Program

In 2015, the State Legislature and Governor Cuomo charged OPWDD to provide recommendations for the design and implementation of a New York State specific Direct Support Professional credential program. The research in the report states that credentialing programs provide targeted educational opportunities that help people master increasingly specialized or rapidly changing content areas in professions without necessarily investing in a longer-term degree program. Credentialing also:

- improves the quality outcomes and affordability of long-term supports and services;
- attracts applicants into the direct support professional field with the potential to decrease turnover and vacancy rates;
- enhances competence in the field;
- yields more quality supports and services to people with I/DD; and
- advances health and safety requirements set forth by the State of New York.

The Assembly and Senate have recognized the importance of the direct support professional workforce and the tremendous value placed on training and career advancement. In 2013, both houses passed legislation to advance the Direct Support Professional credential pilot program. Assemblywoman Gunther currently sponsors a new bill, A.2077, to advance the credential pilot program. On behalf of the New York Alliance, we thank you for your ongoing support of this important pilot.

We therefore recommend the State Legislature invest \$5 million in the 2019-2020 State Budget to implement a professional credential pilot program for direct support professionals in the I/DD field to build on the use of existing core competencies, skills building and other educational resources. The credential pilot program coupled with the living wage will begin the structural fix necessary to fully address the recruitment and retention issues.

High School Program

The New York Alliance's partners in Ohio have implemented a successful and innovative program to address workforce shortages in the I/DD sector in their state. Ohio has established Community Connections Career Partnership or "C3P".



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The two-year program exposes high school juniors and seniors to the field of Direct Support through an integrated classroom and internship program. Certified instructors use a specific curriculum (DSPaths Certificate of Initial Proficiency (CIP) and Certification of Advanced (CAP)) in the classroom portion of the program which in Ohio is geared to high school students who have a high risk of dropping out or not graduating. These students also serve as interns with not-for-profit providers in Ohio. By matching students with providers (who serve as mentors), these students will enter the workforce and find positions as DSPs upon graduation.

The program was first implemented throughout the 2015-2016 school year with twelve students and three internships. In its first year, all of the students earned their credentials. The program has since expanded and now includes six schools. The New York Alliance strongly believes that implementing a similar program in New York would help address current the workforce shortages.

I/DD Transition to Managed Care

Managed Care Readiness

The NYS Department of Health and OPWDD continue to transform the systems of supports and services to people with intellectual and developmental disabilities (I/DD). Early adopter I/DD-led Mainstream Managed Care Plans, I/DD Specialized Managed Care Plans and downstate voluntary enrollment are scheduled to begin operations this year.

The New York Alliance for Inclusion and Innovation launched a technical assistance project to provide training and educational opportunities on managed care readiness to enable I/DD providers to leverage their strengths as agencies transition to managed care. This project, the Managed Care Community of Practice, is available to all I/DD providers throughout the state.

We're grateful to the State Legislature for providing our association with funds in the 2018-2019 State Budget to launch this important project and we're pleased at the success of the initiative to date. As part of the project, we've partnered with the McSilver Institute at NYU – which has vast experience in providing technical assistance to other fields that have transitioned to managed care – to perform a managed care readiness assessment of I/DD providers throughout the state.

The Executive Budget proposal contains an investment of \$5 million to continue to improve provider readiness for managed care through the ongoing development of training and tools, and to identify and implement best practices, performance measurement and outcome monitoring tools. We thank the Governor for including these important funds in the Executive Budget proposal.



The investment will also provide significant opportunities for individuals with I/DD, parents, family members and communities to design and promote managed care specific projects focused on decision-making, knowing an individual's rights, grievance procedures, familiarizing managed care organizations with the I/DD population and other specific technical assistance identified by self-advocates and families.

We therefore seek the State Legislature's support of the Executive budget request to maintain the \$5 million add in the final State Budget to continue this important project.

Specialized I/DD Ombudsman Program

The role of an Ombudsman is essential in publically funded human services delivery systems and is especially vital when new systems are put in place. An ombudsman is officially charged with representing the interests of the public and is independent from government. A (NYS) Substance Use Disorder and Mental Health Ombudsman was recently created, rightfully so, which helps individuals and their families navigate New York's behavioral health care system to ensure people have access to necessary care and services and also to help resolve issues when care has been delayed or denied. The I/DD sector is months away from implementing managed care and such a role specific to the population currently does not exist.

- The New York Alliance recommends the statutory designation of a Specialized I/DD Ombudsman Program tasked with assisting people in New York's I/DD system and their families to navigate the new managed care environment, which includes but is not limited to:
 - denials;
 - complaints and grievances;
 - quality monitoring;
 - health outcomes measures and display metrics on specialized, I/DD provider-led managed care plans and other managed care entities.

Health Information Technology

One of the key areas to ensure that managed care can be operationalized at the level where services are delivered to people with I/DD is through the use of modernized health information technology or HIT. HIT supports the health information management across computerized systems and enables the secure exchange of an individual's health information between providers, managed care organizations and other payers. Electronic health records are one example of HIT currently used by many providers but not necessarily all providers as we've



found through the managed care readiness self-assessment of the readiness project. The use of HIT varies widely across all sectors including I/DD and many are well versed in its applications while others continue to use antiquated systems that will not allow a provider to engage with managed care entities.

Even with appropriate HIT systems in place, provider agency staff need to be adequately trained on the use of new and innovative systems. Therefore, investments are required to enable providers to modernize the delivery of truly person-centered supports and services as well as timely reimbursement. Start-up funds are necessary for the

- purchase,
- training and
- optimal use of health information technology for provider agencies. Ongoing resources are also necessary to use, enhance and optimize the system.

Closing

On behalf of the New York Alliance, we thank you for the opportunity to provide you with our recommendations on the proposed 2019-20 Executive budget.