Critical Funding and Support Needed in 2017-2018 Budget to Help People with Developmental Disabilities

Office for People With Developmental Disabilities

- Provide **$45 million to begin to fund a living wage** for Direct Support Professionals.
- Restore **0.8% COLA ($18 million)** and increase the Medicaid COLA by the **Medical CPI ($76 million).**
- Provide **$25 million** to fund residential supports for 400 individuals with complex needs living at home.
- **Modernize the MHL definition of "school"** to eliminate stigma and provide fiscal & regulatory relief.
- **Dedicate $100 million of the $2.5 billion affordable housing plan** for individuals with developmental disabilities.

State Education Department

- **Provide $18 million** for special education schools to narrow the teacher compensation gap.
- Provide special education schools **a 4% tuition increase** in 2017-18 school year.
- **Include statutory index for annual tuition increases** for 4410 and 853 special education schools and **Establish a reserve fund** to maintain fiscal viability.
- **Set aside UPK seats** to ensure classroom integration with 4410 special education preschools.

Department of Health

- **Provide a 4% Early Intervention rate increase** to address 20+ years of flat/decreasing rates.
- **Reject the Early Intervention Health Law changes** that would further burden providers.
- **Maintain Prescriber Prevails** in Medicaid fee-for-service and include in Medicaid managed care.
- **Set aside $50 million** of $500 million Health Care Facilities Fund for developmental disability providers to achieve transformation goals and operational efficiencies.

The Coalition of Provider Associations, or **COPA**, which consists of five associations – the Alliance of Long Island Agencies, Inc. (ALIA), Cerebral Palsy Associations of New York State (CP of NYS), the Developmental Disabilities Alliance of Western New York (DDAWNY), the InterAgency Council of Developmental Disabilities Agencies, Inc. (IAC), and the New York Association of Emerging and Multicultural Providers (NYAEMP) and **NYSARC** have joined together to offer comments and recommendations on the 2017-2018 Executive Budget Proposal for the:

- Office for People With Developmental Disabilities (OPWDD),
- State Education Department's Special Education Program, and
- Department of Health.

OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

INVEST IN A LIVING WAGE FOR CRITICAL WORKERS

#bFair 2DirectCare

Direct Support Professionals (DSPs) are the approximately 100,000 people (Full Time & Part Time) who deliver the services that individuals with developmental disabilities and their families depend on, 24 hours each day, seven days a week. These highly trained staff members perform mentally, emotionally and physically demanding work, requiring sophisticated judgment and decision making. In many cases, the health and wellbeing of the people they serve rests entirely on their shoulders. These are far more than minimum wage jobs. Yet years of grossly inadequate funding makes it clear that the State ignores this fact. It's time for Direct Support Professionals to make a living wage!

Labor is by far the largest component of our budgets, with approximately 80% of our wages going to front-line staff who provide direct supports. Unlike other sectors where automation and use of technology may offer alternatives, the supports we provide require talented human beings. Providers already face a workforce crisis, some with direct care staff vacancy rates of more than 20 percent due to the low wage and challenging nature of our work. As a result, we pay millions of hours of overtime each year and many shifts are beginning to go unfilled. Unlike other health care providers, those who support individuals with developmental disabilities are almost exclusively funded through Medicaid with no alternative source of funding to increase wages. If we cannot attract and retain qualified workers we are forced to accept less qualified applicants and/or reduce the amount of support we provide for each person and/or cut services.

We are dismayed that despite our widespread sharing of statistics by the bFair2DirectCare Campaign documenting this workforce crisis, the Executive Budget provides no funding to increase the salaries of those providing direct support to individuals with developmental disabilities, beyond funds to support bringing very low-wage workers to the new minimum wage standard. Without addressing this issue, the State of New York will not be able to uphold its statutory obligations to support individuals with developmental disabilities. As our ability to attract and retain qualified staff deteriorates, our vacancy rates will soar, incidents which endanger the welfare of the people in our care will increase due to lack of qualified staff, and the qualified ones who are left will experience "burn-out" due to the burden of increasing overtime hours worked. In short, staff, families and, most importantly, the people with developmental disabilities who depend on us, will suffer.

An investment of $45 million a year for the next six years would provide a living wage to these essential professionals. Because they are Medicaid dollars, each dollar the State spends will be matched by federal funding which will enable us to begin to pay what DSP's deserve and become competitive with other businesses so that nonprofit providers can attract and retain the best and most compassionate workers. Further, an investment in these salaries will boost local economies across New York State as workers support business and industries with their purchases of goods and services.

> **<u>Recommendation:</u>**
> **Provide funds in this budget to begin to provide a living wage for Direct Support Professionals.**
> **<u>Cost:</u> $45 million (State share)**

<u>RESTORE THE COLA/TREND</u>

Year after year the human services COLA has been deferred. Again this year, the Executive Budget proposes to defer the 0.8% COLA and the corresponding Medicaid Trend for not-for-profit providers serving individuals with developmental disabilities. This saves the State $18.4 million and eliminates matching federal funding costing providers $36.8 million. Yet, State operated services are receiving a Medicaid trend increase. Average Medicaid increases in rates for OPWDD not-for-profit service providers have been one-half of one-percent per year over the last nine years. COPA (ALIA, CP of NYS, DDAWNY, IAC & NYAEMP) and NYSARC strongly believe the failure of the State to include trend factors in its Medicaid rates may be a violation of federal law, specifically Social Security Act §1902(a)(30)(A) which requires that "payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers." Therefore, we request that the final budget restore the 0.8% increase and, as is used for other Medicaid funded services, base the CPI Index used to calculate the COLA/Trend on the actual CPI for Medical Care Services as published by the US Department of Labor in order to cover the rising costs which have been ignored over the past 8 years. The revised COLA/Trend for this period would be 4.1%.

> **<u>Recommendation:</u>**
> **Restore the 0.8% COLA/Trend in the final budget.**
> **<u>Cost:</u> $18.4 million (State share)**

> **<u>Recommendation:</u>**
> **Use the CPI Medical Care Services Index to calculate the COLA/Trend for Medicaid Funded Fee-for-Service programs.**
> **<u>Cost:</u> (additional to cost of 0.8% COLA restoration) $75.9 million (State share)**

DEVELOP NEW SUPPORTS AND SERVICES FOR INDIVIDUALS WITH COMPLEX NEEDS LIVING AT HOME WITH CAREGIVERS

Funding of $30 million in State funds for additional day and residential supports is included in the Executive Budget. This is far short of what is needed to provide the supports necessary to serve high needs individuals with developmental disabilities living at home with their families. The need for services, including day, at home support, out of home residential and other services, far surpasses what $30 million will buy. This is particularly true given the needs of graduates from residential schools.

According to OPWDD's 2016 report on the Residential Request List, among the thousands of people on the wait list: 46% live with caregivers over the age of 60; 53% have only one caregiver at home; and 48% need help with almost all of their daily living activities. At numerous public forums held by OPWDD throughout New York State, the most frequent concern expressed by families was the lack of sufficient residential options. The concerns continue to be expressed with greater urgency than ever before. Most families want to secure a residential placement for their loved one as part of an orderly planning process. However, placements often do not occur until there is a dire emergency. This is precisely when families and their loved ones are least able to cope with the emotional and physical strains of a residential upheaval and it creates needless risks to the health and safety of all individuals involved. These additional residential opportunities will be a significant step towards giving families of people with developmental disabilities the assurance that their loved ones will receive the critical supports and services they need when their families can no longer care for them.

Recommendation:
Provide $25 million (State share in 2017-18) to fund 24-hour residential support for 400 individuals with complex needs living at home with caregivers.
Cost: $25 million

MODERNIZE THE ANTIQUATED MENTAL HYGIENE LAW DEFINITION OF "SCHOOL"

The Willowbrook State School, opened in 1947, is the most infamous of the New York State Schools and the setting for a national scandal in the 1960s. New York State Mental Hygiene Law (MHL) defines these state "Schools" in Section 1.03 which has been amended to call these institutions "Developmental Centers." There have also been amendments to remove the word "retarded," change OMRDD to OPWDD, and add additional supports and services. Even though over the past seventy years "School" has become interchangeable with developmental center and large state run institutions for individuals with developmental disabilities, Section 1.03 "Schools" can still be interpreted to mean all OPWDD supports and services. At a time when people with developmental disabilities were not seen as contributing members of their communities, "School" was a euphemistic term but it has become archaic. It is critically important to modernize MHL Section 1.03 to clearly define "Schools" as developmental centers and delineate them from community based services provided through the Medicaid Home and Community Based Services (HCBS) waiver. The HCBS waiver requires community integration, person centered planning, small homes with residential supports, employment programs, etc. These are the opposite of the state schools/developmental centers which are large segregated institutions. It is time to remove all confusion and stigma that these state "schools," with fewer than 300 residents, have for the more than 130,000 individuals with developmental disabilities that mostly live at home and fully participate in their communities. Additionally, modernizing the definition will provide fiscal and regulatory relief from contradictory rules and regulations.

Recommendation:
Modernize the Mental Hygiene Law Section 1.03 definition of "School" to address the current community based settings and remove the confusion and stigma of the current definition, to:

> "School" means the in-patient service of a developmental center under the jurisdiction of the office for people with developmental disabilities or a facility *that has specifically been designated as a school by the commissioner.*

Cost: No cost and will provide fiscal & regulatory relief

HOUSING FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

ALLOCATE FUNDS FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES AS PART OF THE 5-YEAR CAPITAL PLAN

The Executive Budget includes an additional $526.5 million to supplement the $1.97 billion appropriated in Fiscal Year (FY) 2017. The five-year Capital Plan would build 6,000 units of supportive housing and build or preserve 100,000 units of affordable housing over the plan period. New York State has an agreement with the Centers for Medicare & Medicaid Services (CMS) to transform the systems and services to individuals with developmental disabilities. Access to affordable housing funding is an essential tool to meet these obligations. OPWDD Capital funds, used to create housing specifically for individuals with developmental disabilities, have been drastically reduced for a number of years. Therefore, we are pleased that the Executive Budget lists people with developmental disabilities as eligible for these funds, but ask that a specific allocation of $100 million, over the five years, be earmarked for them.

Providers of services to individuals with developmental disabilities would utilize $20 million for each of the five years to develop affordable housing units. The funding would be used exclusively for capital construction since supports and services required by the individuals residing in the newly developed integrated housing would be funded through Medicaid. Dedicating funding for desperately needed affordable housing for individuals with developmental disabilities will assist the State to fulfill the mandate of the Americans with Disabilities Act (ADA) as interpreted by the Supreme Court's Olmstead decision, which requires states to provide integrated housing opportunities for individuals with developmental disabilities.

Recommendation:
Dedicate $100 million out of the proposed $2.5 billion Affordable and Supportive Housing five-year Capital Plan for individuals with developmental disabilities.
Cost: No additional cost

STATE EDUCATION DEPARTMENT – SPECIAL EDUCATION

COPA (ALIA, CP of NYS, DDAWNY, IAC & NYAEMP) and NYSARC members operate schools that provide special education services to preschool children ages 3-5 (known as 4410 schools) and school age students ages 5-21 years (known as 853 schools) for their local school districts. 4410 and 853 schools are approved private special education schools, chartered by the Regents, that serve students whose local school districts and BOCES are unable to serve them because of the severity of their disabilities. Students are placed by their school district's Committee on Special Education (CSE) or Committee on Preschool Special Education (CPSE) only after all public settings have been considered and determined inadequate to meet the needs of the student. The State's legal responsibility under the federal IDEA is to provide a "free and appropriate public education" (FAPE) for all children. For those children placed by their school district in approved special education schools and preschools, our programs meet that federal mandate. Although our schools educate New York's many students with the most severe disabilities, the tuition rates are not adequate to meet this challenge. While Education Aid spending has increased at a rate of at least 3%-4% every year, the schools serving these students whose significant needs cannot be accommodated by their local school districts have been denied similar increases. As a result, our 853s and 4410s are increasingly unable to meet the rising operating costs and are unable to pay our teachers, who must meet the same requirements as public school teachers, anywhere near what a local school district pays. Staff recruitment and retention is now a crisis for 853 and 4410 schools. **We wholeheartedly support the NY State Education Department's (SED's) proposal to add $700,000 for a Special Education and Related Services Public Data Oversight and Reporting System which we anticipate will provide the data required to support the financial help we desperately need**.

INCLUDE FUNDS TO ALLOW 853 AND 4410 PROVIDERS TO NARROW THE BROAD TEACHER COMPENSATION DISPARITY

Our 853s and 4410s are unable to pay our teachers, who must meet the same requirements as public school teachers, anywhere near what a local school district pays. Staff recruitment and retention is now a crisis for 853 and 4410 schools. With no tuition increases, beginning with the 2008-09 school year, the gap has grown to the point where it is virtually impossible for our special education school age and preschool programs to hire and retain qualified teachers. It has become just as impossible to hire certified teacher assistants, paraprofessional staff and therapists but this request only addresses teacher recruitment and retention.

Based on information provided by SED's Rate Setting Unit, we calculate that $18 million would be necessary to add to current classroom based rates to reduce the compensation gap to the pre-zero growth conditions. This amount would still result in a significant gap between what our special education school age and preschool programs can pay and what public schools pay but it would at least allow approved classroom based providers to begin to address the growing teacher vacancy and turnover crisis. The Executive Budget includes two $2 million pots of monies to assist the approved special education schools with recruitment and retention of teachers. While this has been helpful, the per-teacher distribution is minimal in comparison to the need. We are pleased that the Division of the Budget (DOB) and SED have agreed, for the 2016-17 school year, to include those funds directly into the prospective rate without going through the cumbersome contract process.

We ask that an additional $18 million be provided in a similar manner. As stated above, while this influx of funds will assist in the recruitment and retention of teachers it will not address the certified teacher assistant, paraprofessional and therapy staff shortages but we believe this is a reasonable first step in assuring that students placed in these schools by school districts will have qualified teachers available to provide the instruction mandated by the students' IEPs.

> **<u>Recommendation:</u>**
> **Provide $18 million in new funding to allow 853 and 4410 providers to narrow the increasing gap between their teacher compensation and public school teacher compensation.**
> **<u>Cost:</u> $18 million**

REQUIRE A MINIMUM 4% TUITION INCREASE, STATUTORY INDEX AND RESERVE FUND FOR 4410 AND 853 SCHOOLS

4410 Preschools:

As previously mentioned, in 2009 SED imposed a freeze on tuition increases for preschool special education classes. This freeze had remained in effect for six years and has pushed many preschool providers to the brink of extinction. Two years ago, and again last year, the State Education Department requested 4% increases for these schools but only 2% was approved. SED's Rate Setting Unit acknowledges that it does not reimburse these programs for all their approved costs and expresses serious concerns about the resulting funding gap. In 2015, eight programs across the State closed, impacting 550 children and families. One of the reasons that DOB was unable to approve SED's requests is the funding methodology itself. 4410 preschool services are reimbursed 40.5% by the counties, with the State picking up the balance of the cost. With the counties' tax cap equivalent to CPI growth (.6 and .8% for the past two years), approving 4% increases on 4410 tuition rates would have constituted nearly the entire allowable spending growth. For this reason, and the fact that these education costs shouldn't be borne by the counties in the first place, **we wholeheartedly support the NYS Association of Counties' request to cap responsibility for 4410 preschool costs at the 2013/14 spending levels.**

School Age Special Education – 853 Schools:

School age 853 providers have faced a similar financial crisis due to the impact of a four-year tuition freeze. The financial losses reported by 853 providers are also considerable. Although the fiscal impact on 853 providers has been softened somewhat in the past four years by annual financial adjustments, significant and sometimes additional challenges remain. Similar to 4410s, 853 schools struggle to recruit and retain teachers, clinicians, teacher's aides and other staff who are hired by their local districts where their pay and benefits are significantly higher (and for 10 months rather than 12 months) and the children who can be served by their public school do not have as significant disabilities and behavioral issues. As a result, when they leave the 853 school and move to the public school, the salary can be as much as a $30,000 to $40,000 increase, significantly better benefits including a fixed pension, a ten month work year instead of a twelve month work year and children whose disabilities are not as significant and so they can be accommodated by the public school. Therefore, New York State must invest in the 853 schools in order to continue to fulfill the federal requirement of a free and appropriate education for children with disabilities until they are 21 years old.

FUNDING TO ADDRESS THE FINANCIAL CRISIS

On a statewide basis, between 2011 and 2013, preschool and school age special education classes have lost a combined $110 million. New York State must make a commitment to adequately fund 4410 center based preschool and 853 school age special education if these services are to continue to be available to the children and their families who depend on them.

Therefore, COPA (ALIA, CP of NYS, DDAWNY, IAC & NYAEMP) and NYSARC urge the following:

1. **Require a minimum 4% tuition increase for the 2017/18 school year for both classroom based 4410 preschools and 853 school age special education approved programs.**
   Over the last eight years, costs have continued to rise while tuition rates have increased by just 4% for 4410 providers, 12% for 853 school age programs and 31% for school districts.

   Recommendation:
   Require a 4% increase for classroom based 4410 preschools and a 4% increase for 853 school-age programs
   Cost: **No additional cost in the 2017-18 Budget**

2. **Include the Regents/SED recommendations for a statutory index and reserve fund.**
   For four years, there had been no growth factor associated with tuition rates for 853 schools. Even though there were modest increases over the last four years, the fiscal viability of many providers remains in question. In November of 2013, the Regents approved a plan, including statutory and regulatory changes (created with the recommendation of various stakeholders) that would revitalize 853 schools and create a viable structure for the future.

   Recommendation:
   Include the Regents' recommendations, including the creation of a statutory index for establishing growth in annual tuition rates, and the authority to establish a general reserve fund to maintain fiscal viability for 853 schools.
   Cost: **No additional cost in 2017/18 Budget**

3. **Include a statutory index and establish a general reserve fund for 4410 preschools.**
   Similar to what was accomplished for 853 schools, a workgroup was convened that produced recommendations regarding 4410 preschool education reforms. The report, published in December 2014, clearly points out that tuition does not cover costs for providers across the State and warns of fiscal instability of the program. Six consecutive years with no growth factor and only two subsequent 2% increases has led to the closure of well-respected preschools and consideration by boards of directors of the closure of many more. A reliable growth factor is essential to ensure that these services are available for the most vulnerable three to five year olds in New York State.

   Recommendation:
   Include a statutory index for tuition increases and the authority to establish a general reserve fund for 4410 classroom based preschool special education providers.
   Cost: **No additional cost in 2017/18 Budget**

REQUIRE SED TO ESTABLISH A UPK PRIORITY SET ASIDE TO INTEGRATE 4410 CLASSES

We firmly support the education of children with and without disabilities in inclusive classrooms and recognize the benefits to both groups from learning with differently-abled peers. Nevertheless, our commitment to offer Least Restrictive Setting environments to children with disabilities has been hampered by both funding methodologies, which do not cover the full cost of typically developing children, and structural issues within program models that don't support an integrated model. We are pleased that the budget includes the provision that SED modify tuition reimbursement methodologies for Special Class Integrated Setting (SCIS) classes and, additionally, we urge that SED establish a priority set aside of UPK seats to ensure that 4410 providers who currently operate SCIS classes (or want to establish them) will have sufficient numbers of "typical children" to integrate their classes. This recommendation supports SED's goal of ensuring that preschool students with disabilities have access to high quality inclusive educational settings.

> **Recommendation:**
> **Set aside UPK seats for 4410 providers to ensure that providers operating SCIS classes achieve true integration**
> **Cost: No new funding is required**

DEPARTMENT OF HEALTH

EARLY INTERVENTION PROGRAM

The Early Intervention (EI) program, authorized under Part C of the federal Individuals with Disabilities Education Act (IDEA), provides critical services for children, with disabilities and developmental delays from birth to three years of age, and their families. Research has shown that EI services, which are provided in a comprehensive, coordinated and collaborative manner, as intended by law, are cost-effective and successful in improving long-term prognoses and minimizing the need for life-long services. **While we strongly support the Executive's proposal to amend the Insurance Law to increase commercial insurance coverage of the EI program, an investment in EI is clearly both fiscally and socially prudent.**

PROVIDE A 4% INCREASE TO ADDRESS 20+ YEARS OF STAGNANT RATES

Over the past 24 years, the New York State Department of Health (DOH) has made EI rate adjustments that have resulted in millions in savings for the program and community based **providers are being paid less today than when the program began in 1994.** The rate for home and community based individual visits, by far the most frequently delivered EI service, actually **decreased** in all areas of the state by an average of 6-8%. Therefore, with rates based on pre-1993 cost data, minimal across the board increases, and several re-calculations resulting in decreases in some rates since that time, the reimbursement is significantly out of date in terms of costs for salaries, benefits, and other fixed costs that have skyrocketed in the last 24 years.

While all other comparable service systems have received continuing increases in trend factors and cost of living adjustments over these past 24 years, the financial needs of the early intervention service system has been essentially ignored and neglected, discouraging providers and compromising the quality and availability of services for children and families. We believe that a 4% COLA is justified based on the overall impact of rate adjustments, the increased cost of services over the past 24 years and the significant administrative and billing responsibilities associated with the State Fiscal Agent.

Recommendation:
Include a 4% increase for EI program reimbursement rates.
Cost: $6.4 million

REJECT THE EXECUTIVE'S PROPOSED PUBLIC HEALTH LAW CHANGES THAT WOULD FURTHER BURDEN EARLY INTERVENTION PROVIDERS

The Governor's proposed amendments to Public Health Law § 2559 Section 5 would allow DOH or the Department's fiscal agent to request that providers appeal a third party payer denial prior to submitting claims to the county for payment. Early Intervention providers have taken on increased responsibilities in the past few years for the filing of claims and tracking reimbursement from commercial insurance. Many providers have had to hire additional staff to manage the billing and claiming in order to collect reimbursement. However, these providers have not received any rate increases from New York State for their services, let alone to offset these additional costs. The Governor's proposal would require that providers take on the additional responsibility of appealing third party insurance claim denials and not allow them to submit claims to the county for reimbursement until such appeals are exhausted. In the Governor's Executive Budget he indicates that in "FY 2016 alone, nearly 85 percent of claims submitted to private insurers were denied – insurers received $70 million in claim submissions, of which they only paid $12 million in reimbursement."

This proposal would cause significant cash flow issues for providers who are already financially vulnerable. The state fiscal agent has the expertise and infrastructure to appeal denied claims and providers should not have to wait for reimbursement pending the appeals process at a cash flow differential of approximately $58 million. Based on the information in the Governor's Executive Budget, providers would be burdened by having to appeal nearly 85% of their commercial insurance claims.

Recommendation:
Reject the Governor's proposed changes to Public Health Law that would further burden Early Intervention providers.
Cost: No additional cost

MAINTAIN PRESCRIBER PREVAILS FOR ALL NINE CLASSES OF MEDICATION

COPA (ALIA, CP of NYS, DDAWNY, IAC & NYAEMP) and NYSARC provide medical care for well over 100,000 individuals with disabilities and their families. The Executive has proposed the elimination of a physician or prescriber's determination as to which medication is best for his or her patient, also known as prescriber prevails. This proposed elimination of the "Prescriber Prevails" medication management for seven classes of medications, particularly seizure, epilepsy, and endocrine medications, in Medicaid fee-for-service, will result in costly, unintended consequences including delays in treatment (due to appeals), sub-optimal substitutions, and increased acute care utilization by patients who had been previously stable on a medication regimen.

This proposal will directly impact one of the most vulnerable New York State populations, those with developmental disabilities who receive care in Diagnostic and Treatment Centers (Article 28) and Article 16 clinics. Individuals with developmental disabilities have a higher risk of seizure disorders and hospitalization if not controlled by the most appropriate seizure or epilepsy medication.

Specialty providers who treat individuals with developmental disabilities are in short supply. The addition of a labor intensive appeals process to this already scarce resource is not a judicious use of medical practitioners' time. Our practitioners have demonstrated significant Medicaid cost savings to New York State Medicaid with reduced acute care utilization and minimal hospitalizations of the most medically complex and behaviorally challenged developmentally disabled populations in New York.

Therefore, we strongly urge that Prescriber Prevails be maintained for all nine classes of drugs in Medicaid fee-for-service and include the same nine classes in Medicaid managed care.

> **Recommendation:**
> **Maintain Prescriber Prevails for all nine classes of drugs, including seizure and epilepsy drugs, in Medicaid fee-for-service and include the same nine classes in Medicaid managed care.**
> **Cost: None due to savings from reduced acute care utilization**

AUTHORIZE DEVELOPMENTAL DISABILITY PROVIDERS ACCESS TO THE NEW $500 MILLION HEALTH CARE FACILITIES FUNDING

Such funds will help meet the goals of federal and state mandated transformation to smaller, more integrated and person centered settings and to achieve program efficiencies to generate savings to reinvest in services through enhanced IT functions, sharing of services, mergers and consolidations and managerial responsibilities. Billions in similar funds (i.e., Health Care Facility Transformation and HEAL Grants) have been appropriated to achieve efficiencies in the State's hospital system. However, despite the enormous challenges facing developmental disabilities providers to meet very costly transformational goals and operate more efficiently, the costs of transformation for these providers has been entirely ignored.

> **Recommendation:**
> **Authorize a set aside of $50 million for not-for-profit developmental disability service providers of the $500 million Health Care Facilities funding included in the FY 18 State budget request.**
> **Cost: No additional cost**

Coalition Of Provider Associations

The Coalition of Provider Associations, or COPA, consists of five associations – the Alliance of Long Island Agencies, Inc. (ALIA), Cerebral Palsy Associations of New York State (CP of NYS), the Developmental Disabilities Alliance of Western New York (DDAWNY), the InterAgency Council of Developmental Disabilities Agencies, Inc. (IAC), and the New York Association of Emerging and Multicultural Providers (NYAEMP) – because people with disabilities, their families, and the organizations that support them are increasingly frustrated by over $600 million in State funding cuts over the past six years and the lack of investment in our workforce and supports and services. COPA represents more than 250 not-for-profit agencies across New York State that provide supports and services to almost one hundred thousand New Yorkers with developmental disabilities and their families and employ more than 120,000 dedicated professionals with combined annual operating budgets of nearly $5.2 billion.

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NYSARC Inc. Established 1949

NYSARC, Inc. is the nation's largest parent governed nonprofit organization serving people with Intellectual and other Developmental Disabilities. NYSARC has a statewide membership of 102,000 individuals. Through its 48 chapters across the State NYSARC serves 60,000 people daily in a variety of day and residential settings. NYSARC also has 6 Developmental Center Chapters to advocate for the needs of persons still living in institutions.

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