



Alliance for the Betterment of
Citizens with Disabilities

Empowering People: Providers Shaping Policies

Department of Human Services Budget Listening Session
Commissioner Johnson

Testimony of Cathy Chin, Executive Director
Respectfully Submitted on
December 14, 2020

Good day, Commissioner Johnson and members of the Department of Human Services. My name is Cathy Chin and I am here on behalf of ABCD. Thank you for the opportunity to share our thoughts as you begin deliberations on the FY '22 Budget.

Commissioner, during budget hearings Assemblyman McKeon framed the relatively low incidences of COVID among the DDD population as a "success story" and asked how you did it to which you graciously and accurately acknowledged the efforts of all.

- You immediately closed day programs and instituted an enhanced rate for residential settings to ensure the safety of 8000 individuals sheltering in place
- You crafted guidelines and advocated for resources while providing a never-ending stream of communication which continues to provide information and foster community.
- Meanwhile in the trenches during the first 2 months
 - Day program nurses played a critical role in residential care. Their expertise empowered staff and alleviated the feelings of helplessness and fear of those in need. They saved lives.
 - Front line staff took enormous risks and often worked without protective gear while continuing to provide compassionate and quality care.
 - Providers spent millions with no guarantee of reimbursement on work force related costs and PPE supplies.
 - Managers handled the unchartered crisis with confidence and steadiness, projecting hope and strength while filling in for front line staff when needed.

We do not give up.

For FY'22 we ask your consideration in raising the rate for front line workers and managers to ensure that they receive salaries commensurate with the care and professionalism they provide.

Before the rollout of the current system in 2014, concerns were raised about the viability of day programs which serve individuals who due to medical or psychiatric issues, have high absenteeism rates. Because providers would only be paid when people are present and the rate included neither an absence nor nursing factor, these day programs ran the risk of being under-resourced. The solutions were:

- Over-enrollment. But what happens on the day in which more people show up than there are slots available?
- Minimum attendance requirements. But the disability is why they are not there every day, not sleeping late.

Because of these structural issues and inherent imperfections in a market system, we will continue to fail this group of individuals who, if discharged, will have few if any community options. In addition to our request for an across the board 5% absence factor can a reasonable accommodation be made for chronically absent individuals which would also include a nursing factor?

Support Coordinators have shown themselves valuable partners through their continuous education, assistance, and support to individuals and their families with minimal or no disruption during COVID – proving once again that care coordination is too important to do poorly. Please consider correcting their current rate which is based on an education misclassification.

Finally, to prevent interruption of services, enable leaders to focus on mission, outcomes, and invest in the health of their agencies, it is incumbent upon State government to consider the full financial context in which the community provider operates. Please consider an annual COLA.

