

# CP State

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

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

### **2024-2025 Executive Budget**

### **Mental Hygiene**

**Presented by**

**Cerebral Palsy Associations of NYS (CP State)**

The constant fighting for crumbs in the NYS budget has unfortunately become the norm for disability services, and this situation has left us with an ever-contracting system at the precipice of implosion that will only leave more people with disabilities and their families stranded without supports. We implore the Legislature to make people with intellectual and developmental disabilities (I/DD) a priority in the SFY 2025 Budget and session.

CP State was founded almost 80 years ago by families seeking services for their loved ones, and today our Affiliates proudly support people with the most complex needs in all parts of New York State. Unfortunately, after more than a decade of flat funding, we find the following sobering statistics from 2016-22:

- Residential service opportunities have decreased by 3,800.
- Day program opportunities have decreased by 7,800.
- Nonprofit agencies are unable to recover from a staffing crisis that today remains at over 17% statewide, with many CP Affiliates running a 30-40% staff vacancy in their residential programs.
- One out of five staff missing in our programs is bad enough, but up to 2 out of 5 missing on shifts adds stress beyond where the system can remain intact.

The field has come a long way in 80 years, but things are headed in the wrong direction. We can't let the system slip any further - we need the legislature to prioritize people with I/DD and their families in *this* budget and Session.

We know the State values the workers in this field – NYS has given their own staff increases over the past two years that place their advertised starting salaries in NYC at more than \$20,000 above what is provided to the nonprofit sector – which provides the same staff and services to 85% of individuals in the OPWDD residential system. This “some are more equal than others” approach to funding services, which the State is constitutionally obligated to provide, is not only insulting to the nonprofit workers across the State but more significantly leaves these highly skilled and trained staff earning poverty wages and unable to support their own families – with 50 percent of Direct Support Professionals reporting food and housing insecurity (Miami University 2023 study). Are the staff, people and the families supported by the voluntary sector somehow less than those of state operated programs? The current funding structure seems to support that travesty of a supposition.

To begin to tackle this inequity – and it would be just a first step – we ask that the Legislature invest in the disability service system, its workforce, and the people we support. There are two basic asks in this investment:

1. Fully fund a 3.2% cost of living increase to disability providers so that they can maintain operations. This is necessary to ensure the costs of operations, which have gone up significantly, can be met.
2. Invest in the direct support workforce with funding that would allow providers to provide a \$4,000 annual/approximately \$2/hour increase to reward their long-term workers as well as raise starting salaries to compete with other industries and begin to address the discrepancy with the state operated salaries.

Additionally, as you **negotiate the 2024-2025 State Budget, we urge the Legislature to work with the Governor to:**

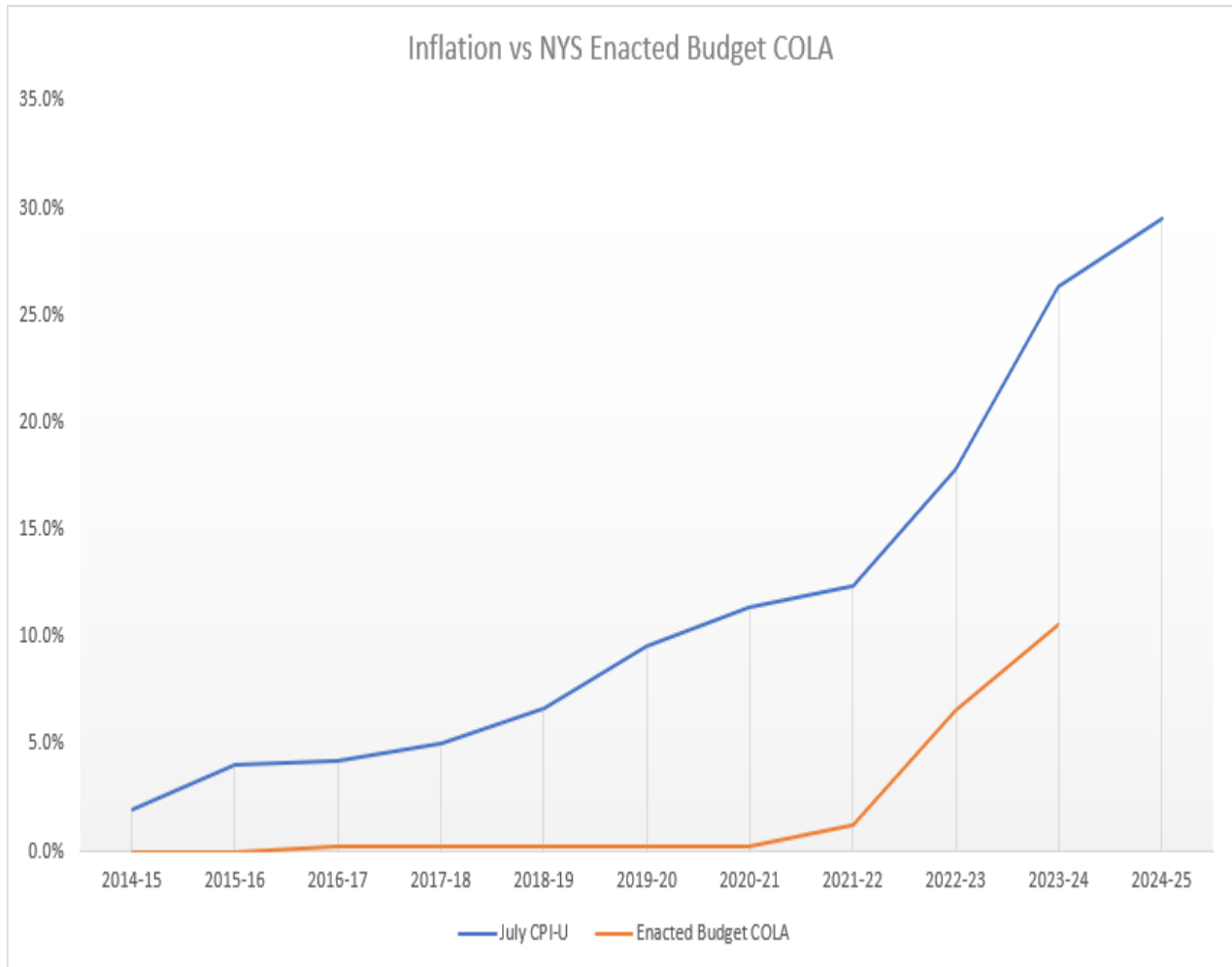
- **Invest in a 3.2% COLA to address significant inflationary increases and cost of operations.**
- **Provide an annual funding allocation of \$125 million (state share) to increase staff who have direct care/support responsibilities for individuals with I/DD.**
- Maintain the \$10.4 million (\$5.2 million in SFY 2025) in the Governor’s budget proposal, for Article 28 clinics, whose primary mission is to serve people with disabilities, to mitigate operating losses, and promote health equity for all.
- **Ensure Article 16 clinics receive a 10% increase in their rates to prevent further loss on operations.**

### **3.2% COLA**

Because of inadequate state funding, CP State Affiliates and all I/DD provider agencies have been unable to offer the competitive wages needed to recruit and retain the skilled Direct Support Professionals (DSPs) required to provide critical supports and services. Where DSPs used to be paid 30% to 50% above minimum wage, the lack of investment has resulted in starting salaries that are at or slightly above minimum wage and has resulted in an increasing workforce crisis.

While we appreciate the crucial investments of the SFY 2023 5.4% and SFY 2024 4% Cost of Living Adjustment (COLA) that you included in the Enacted Budgets, these were only initial investments that must be continued. Due to inflationary growth, operating costs have increased significantly over the past year and average wages remain barely above minimum wage. Significant cost increases over the past 12 months related to mandated fringe benefits, repairs and maintenance, utilities, food, supplies, transportation, and insurance, have resulted in intense financial pressure on the nonprofit agencies that provide services to more than 85% of New

Yorkers with I/DD. Additionally, since these provider agencies are almost exclusively Medicaid funded, they are unable to increase reimbursement for services to compensate for increased costs of operations. The Governor’s proposed 1.5% COLA does not provide the needed investment in this field, especially when the past ten years of inflation is compared to the enacted COLAs. The Enacted SFY 2025 Budget must include a 3.2% COLA.



### **Direct Support Wage Enhancement**

DSPs are highly skilled professionals dedicated to the essential care of people with I/DD. DSPs take on numerous critical responsibilities to ensure the health, safety, independence, and well-being of individuals they support. DSPs' responsibilities include medication administration, meal preparation and transportation, first aid, CPR, and attending to the comprehensive social, emotional, and psychological needs of those they support. They are integral pillars of support for New York’s I/DD community and are crucial in ensuring that over 130,000 New Yorkers with I/DD can live a life that most of us take for granted. To directly address the need for permanent investment in the salaries for this dedicated workforce, CP State joined our New York Disability Advocates (NYDA) colleagues in 2022 in proposing a Direct Support Wage Enhancement (“DSWE”), to OPWDD and the Executive Chamber, which would provide \$4,000 per eligible employee to be used for the purpose of enhancing the hourly pay rate for all direct care staff. The proposed DSWE would increase pay by approximately \$2.19/hour for all eligible staff. This increase was modeled after the SFY23 13% wage increase that New York State provided for staff who work in state operated programs and nothing for staff and DSPs that do the exact same job

for nonprofits. But rather than providing nonprofit staff with a comparable increase, the 2024 budget included a second increase for state operated staff and nothing for nonprofit staff. While we believe the State workforce providing the same services the voluntary workforce provides should receive a living wage for that work, we simply do not understand the logic between the inequality included in the enacted SFY 2023 and 2024 budgets and no investment in the voluntary sector.

The current starting wage for State OPWDD workers, following the FY 2023 and 2024 is \$24.74 for Upstate and \$27.18 in New York City. Meanwhile, the staff providing the same services to the same people with I/DD, but employed by a not-for-profit provider agency, start at \$16.48 Upstate and \$17.16 in NYC. This represents a starting wage difference of \$10 per hour in NYC and more than \$8 per hour in the rest of the state. This inequity must be addressed, and, minimally, the \$4,000 increase must be provided to nonprofit sector workers, who support more than 85% of all New Yorkers with I/DD.

### **Provide Financial Stability for Clinics that Serve People with Developmental Disabilities**

For more than forty years, New York State has counted on clinics supporting patients with significant disabilities to fill an essential gap in the service delivery system, one which otherwise would lead to expensive and unnecessary services delivered in emergency room and acute care settings. Over time, the CP State Affiliates and voluntary agencies supporting people with disabilities have stepped up to ensure their access to health services across the State through Article 28, FQHC, and Article 16 clinics. These clinics have evolved to become true specialty service providers, serving patients with the highest needs and often at a financial loss. With rate rationalization removing any surpluses to help providers to subsidize these clinics, the insufficient funding of clinical disability services has been glaringly exposed. These losses can no longer be sustained, and Boards statewide are facing tough decisions about the future of a variety of disability services.

To date, when Boards choose to close disability clinics, patients, in most instances, have no good option. In the absence of primary care, patients show up in the ER and operatory procedures are required for issues that easily could have been avoided with more timely primary care. Clinic visits are replaced with ER visits for untreated conditions that may not require, but almost always generate, MRI and other expensive diagnostic tests because the patient is unable to communicate and has no previous relationship with the ER physicians. We applaud Governor Hochul's recognition of the critical healthcare services that clinics serving individuals with developmental disabilities provide, by proposing a long overdue 50% increase above the base rate, thereby mitigating operating losses and promoting health equity for people with disabilities. We urge the Legislature to maintain the \$10.4 million (\$5.2 million in SFY 2025) in the Governor's budget proposal for Article 28 clinics, whose primary mission is to serve people with disabilities, to mitigate operating losses, and promote health equity for all.

CP State and all our Affiliates across the state would like to thank the Legislature for all your years of support and we look forward to working with you to provide equity for our staff, individuals with developmentally disabilities and their families.

About CP State – **Cerebral Palsy Associations of NYS (CP State)** is a statewide, family-founded organization with almost 80 years of advocating for and supporting people with CP and other significant developmental disabilities across the State. Our Affiliates employ almost 20,000 people, but most importantly we support close to 100,000 people with I/DD and their families through OPWDD, SED, DOH, OMH, and OCFS programs. The family of CP Affiliates have filled a niche time and again – when services were unavailable, our Affiliates stepped up. When there were no clinical services or therapies, CP worked with families to establish clinical services in every part of the state; when Willowbrook closed, CP was the leading agency to ensure the State safely transitioned people to homes in our Affiliates and we even began a new residential program in NYC to meet the need. Today, our Affiliates are the leaders in providing complex care to medically fragile New Yorkers as well as nationally and internationally recognized innovators in supporting autism spectrum disorders and medical complexity.