



# 2021 Advocacy Priorities

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## Medicaid

### **Issue:**

Medicaid is the backbone of services to people with developmental disabilities across the nation, and particularly in New York State. Medicaid comprises approximately 90 percent of the funding to the Arc New York and other developmental disabilities providers in our state. Cuts to Medicaid funding would prove devastating to the families we serve and services we provide.

Previous attempts to repeal and replace the Affordable Care Act (ACA) would have cost New York State between \$4 billion and \$7 billion in federal Medicaid funds. That represents nearly a 10% cut to all Medicaid providers, and would devastate the state's system of programs and services for people with developmental disabilities.

Medicaid is still at risk. Amid The COVID-19 pandemic, advocates across the nation and state are working tirelessly to keep individuals with Intellectual and Developmental Disabilities at the forefront of policy decisions. Dedicated funding for Home and Community Based Services (HCBS), paid leave for caregivers, funding for personal protective equipment (PPE), and stimulus funds for dependent adults continues to be part of our federal priorities. Other proposed negative actions include cuts to the nation's Medicaid program and attempts to eliminate it as an entitlement program by converting it to a block grant or per capita cap system of reimbursement to states. Even as a leader in progressive services for individuals and families, New York State risks casting aside decades of progressive policy in favor of financial expediency.

## **Position:**

The Arc New York, along with thousands of other developmental disabilities providers and advocates across the state and nation will vigilantly defend the Medicaid program from any actions in Albany and Washington that seeks reduce Medicaid funding. We will tirelessly advocate for equal care for all individuals in all circumstances, settings, and situations. To this end we will not waiver.

# Rate Reduction Plan

## **Issue:**

The New York State Department of Health proposed cuts in reimbursement for Individual Residential Alternatives (IRA) and Intermediate Care Facility (ICF) residential programs by eliminating the occupancy adjustment resulting from vacancies and reducing reimbursement by 50% for days when residents are in the hospital or are taking therapeutic leave days for family visits. The proposal also would impose an annual “cap” of 96 days of therapeutic leave days, after which reimbursement would be reduced to zero.

The proposed cuts total about \$200 million on an annual basis and would result in a reduction in reimbursement by as much as 7.5% for certain residential programs with significant vacancies, including vacancies due to deaths from COVID-19. This action was taken without any consultation or discussion with stakeholders.

Occupancy adjustments resulting from vacancies would slash reimbursement in half for days when our brothers, sisters, sons, and daughters must go to the hospital, receive therapy, or visit family.

These cuts are not simply about empty beds; they are the homes our loved ones return to. This would jeopardize that basic security. Just as our own expenses do not go away when we on vacation or in the hospital, the cost to a provider for caring for our loved ones does not simply vanish when they are away from home. Imagine an individual who is burdened with knowing that spending time with his/her/their family could cause financial harm to the place they call home. This is not how to treat people.

The costs for direct care staffing - 80% of which is the salary paid to direct care staff, clinical staff and residence supervisors - are fixed and can't be reduced simply because our loved one is out of the house. Our dedicated staff provides care around the clock for everyone in a home, and if one person is in the hospital, providers can't just place a staff member on unpaid leave until the hospital stay is over.

## **Position:**

Voluntary providers have been cut yet again after years of underfunding by the New York state. This action will no doubt cause a decrease in the number of residential openings in the state at a time when there is a waiting list for many families. New York has a constitutional obligation to care for its most vulnerable citizens. We will fight to make sure that our family members are not just numbers on a spreadsheet, where their home is safe and available for them regardless of whether they visit family or need medical assistance.

# Self-Direction

## **Issue:**

Self-Direction is the practice of empowering people with developmental disabilities to manage the supports and services they receive. Under a Self-Direction model, the person with developmental disabilities chooses the mix of supports and services that work best for them, decides how and when those services are provided, and selects the staff and/or organizations that provide them.

Within the FY 20-21 enacted NYS budget, there was a modification made to self-direction through the MRT II. This provision restricts eligibility of services to two or more or three or more Activities of Daily Living (ADL). Exemptions were made for those with Alzheimers and dementia, but left out individuals with I/DD. Assembly Gottfried and Senator Rivera introduced A10486/S8403 (NYS Legislature 2019-20 session) to correct this oversight and include I/DD within the exemption. We ardently support this legislation.

Under the current Self-Direction model, families and individuals navigate upwards of 10 to 15 service types, all governed by differing regulations and guidelines, and requiring

different forms and templates. Providers spend a significant amount of time developing, obtaining, reviewing, and correcting required documents, including mileage reimbursements, timesheets, vouchers, vendor and contactor invoices, monthly notes, and expenditure reports. It is unreasonable to expect families to understand this complex system, and its administration is a drain on provider resources.

In addition to the reporting and administration challenges, there is often a disparity in salary between staff hired directly by individuals through Self-Direction and staff hired by provider agencies. This discrepancy exacerbates the difficulty providers have recruiting and retaining skilled employees.

Self-Direction is further complicated by the “joint employer authority” status for self-hired staff. Individuals participating in Self-Direction may hire and manage their own staff. However, provider agencies overseeing the larger Self-Direction program bear the full billing and employment risk with virtually no authority to manage that staff.

## **Position:**

The Arc New York supports the Self-Direction service model, but believes this program will not serve populations who need it most, unless the Legislature acts to pass A10486/S8403 (2020) Additionally, it will only see long-term success if OPWDD simplifies the system of service documentation and clarifies the employer/employee relationship and pay scale. We advocate for solutions that will make Self-Direction viable for both provider agencies and the families and individuals participating in the program.

# Workforce: Direct Support Professionals

## **Issue:**

Direct Support Professionals (DSP)s are essential workers who provide daily care, services and supports to people with intellectual and developmentally disabilities 24 hours a day, 7 days a week. Caring for people with complex needs is a rewarding yet challenging job, which requires ongoing training, high-level of responsibility, and skill.

This workforce has shown exemplary strength and fortitude throughout the COVID-19 pandemic crisis and continue to demonstrate their commitment to the people they serve. These are not just jobs; they are careers and should be treated as such.

Nonprofit provider agencies funded by OPWDD employ nearly 100,000 DSPs, and deliver 85 percent of the needed services to approximately 130,000 people with intellectual and developmental disabilities in New York State. Almost all funding for these agencies comes from the government at rates set by the government.

Statewide, reimbursement for DSP salaries has increased, but barely over minimum wage. These dedicated individuals would thrive with a clear career path. Some of our most knowledgeable DSPs are being lost to higher-paying entry-level job sectors, which continue to increase their hourly wages. Their contributions, ingenuity, and dedication are immeasurable. We cannot afford to lose their skills and insight. However, the federal government and New York state struggle to acknowledge their contributions by means of hazard pay and access to Personal Protective Equipment (PPE).

Throughout the COVID-19 pandemic, DSPs have conducted themselves with the utmost professionalism, adapting to ever changing executive orders, and new requirements. They are at the forefront of this crisis more than any other, adapting in ways that demonstrate their dedication to the individuals they serve. Yes, DSPs are caretakers and friends, ensuring that needs are met, but they have also been thrust into being healthcare providers and COVID-19 preventers in short order.

It is absolutely critical that we secure adequate government funding to pay our DSPs a wage commensurate with their ability, experience, and performance. If we do not, our programs could be reduced or eliminated due to lack of staffing, and many years of progress toward community integration, choice, and deinstitutionalization will be lost. We have already seen valuable DSPs leave the field due to the hardship they face. They are our front-line essential workers and deserve more.

State-run programs and staff are reimbursed at a higher rate than those in the voluntary sector. The reality is, if nonprofit programs are eliminated due to insufficient staffing, state operations would need to provide services at a much higher cost. This is a disruption that individuals and families do not want to see. If we were to look at the bottom line, this would result as an additional strain to taxpayers at the time when they can least afford to pay more.

Direct Support Professionals are designated in their own right by the Bureau of Labor Statistics, and as such there should be opportunities for professional advancement, certifications, and the pursuit of a life-long career. Such expertise may well end up reducing costs in the long run, but first, we must acknowledge that DSPs deserve a path forward and individuals with I/DD deserve a passionate advocate at their side daily.

## **Position:**

We will continue to advocate on behalf of our workforce. We know their worth, they know their worth, and families and individuals know their worth every day. We will continue to advocate for New York state to treat I/DD DSPs fairly as health and human services professional, rather than minimum wage hourly workers. Any bias associated with supports and services for individuals with I/DD will be taken seriously, including the withholding of resources to develop our workforce, who yearn for more than a job, they want a career. We will make sure this becomes a reality.

# Telehealth and Teleservices

## **Issue:**

During the COVID-19 crisis expanded use of telehealth services were permitted as a means to meet the critical medical needs of people. Across the state, residents experienced swift care at a time when meeting in person with medical professionals was difficult or entirely forbidden.

Access to care across multiple medical disciplines finally became a possibility, whereas previous regulatory and statutory barriers made it difficult or impossible to offer services in such a way. Healthcare delivery in this manner has been sought by I/DD service providers as an option for flexible quality care for individuals. We have witnessed efficacy with this technology and support solidifying this with other flexibilities into the future.

The Center for Medicare and Medicaid Services (CMS) has indicated a willingness to accept innovations to service delivery, including day and community habilitation, but it will be incumbent upon states to propose and support such models. As the entire world came online to live day by day, forge forward, and accomplish life goals, there is no

reason why people with intellectual and developmental disabilities should not be provided the same opportunity to the life they chose. There should be no delineation of opportunity or associated barrier.

## **Position:**

The Arc New York seeks to make permanent the expansion of Telehealth and Teleservices found in Governor Cuomo's Executive Order 202 and the March 31, 2020 Department of Health Guidance document. We support A10715 (Gunther)/S8688 (Harckham) and A10723 (Rosenthal)/S8785 (Harckham), which seek to bill services at standard in-person rates.

Additionally, we will continue to seek service model innovations to include teleservices on par with current programs and rate conventions. Billing codes must be clear and embrace new methods of achieving an individual's life plan. Rates for services should be based on outcomes, rather than mode of delivery. The flexibilities and creativity are ours to propose as the Empire State. We have historically served as a model to other states; we must continue to forge forward despite our collective challenges

# Human Services Financial Sustainability Funding

## **Issue:**

Every day, approximately 100,000 individuals with intellectual and developmental disabilities (I/DD) rely on providers in the voluntary sector for programs and supports to lead a fuller, more inclusive life. A trained and dedicated workforce, along with consistent financial investments, are needed to provide these services. If non-profit programs are unable to operate due to insufficient funding, those still needed services will become the responsibility of state agencies, at a higher cost to taxpayers.

For over a decade, our Chapters have not received adequate funding to address workforce challenges or for other investments. Since 2010, voluntary providers like our Chapters have only received a total cost of living adjustment of 0.2%. Over this same period, the inflationary rate was approximately 19%. Although the bFair2DirectCare

campaign provided a much-needed wage increase for direct support professionals, these increases have still not brought our staff to a living wage, nor have meaningful increases for the majority of other staff been funded.

A decade without any meaningful cost of living adjustment has stripped at least \$5 billion from voluntary providers, like our Chapters across the entire field, making them less and less capable of remaining financially viable. Meanwhile, state operated facilities have seen year over year growth despite voluntary providers' ability to support individuals and families at a lower overall cost. Maintaining existing facilities and infrastructure is equally as challenging, on top of the workforce crisis. For many of our Chapters, we have seen the percentage of remaining useful life of our fixed assets (buildings, equipment, vehicles), decrease as Chapters have not been able to make necessary reinvestments. In addition, state-operated facilities reported a significantly lower turnover rate than our Chapters, presumably due in large part to the higher wages they are able to pay.

Any business needs a reasonable contingency to appropriately manage operations, particularly when virtually no cost of living adjustments have been funded. The rate rationalization methodology, which applies to voluntary providers, does not allow Chapters like ours to produce the necessary contingency funding during the base year, which is every other year, without getting a rate reduction. Furthermore, rates are consistently late from the state resulting in additional lack of predictability and instability, since those rates are adjusted retroactively.

Simply put, it is absolutely critical that we secure adequate government funding to invest in our workforce and our programs to provide supports for the people we serve. Without this, our programs could be reduced or eliminated due to lack of staffing, and many years of progress toward community integration, choice, and deinstitutionalization will be lost.

In an effort to achieve financial viability, we will work with a broad coalition of providers and focus on a campaign to secure predictable and sustainable funding opportunities for workforce, infrastructure, and planned investment. It is critical that the I/DD field speak with one clear and consistent voice.

We will also work with oversight agencies, government officials, and legislators, to allow for administrative flexibility, which can help our providers operate more efficiently, and to redirect and reinvest our savings in our workforce and infrastructure. Additionally, reducing burdensome and sometimes duplicative regulations can help reduce the financial burden on our chapters.

## **Position:**

The State of New York must recognize the unsustainable financial position of voluntary IDD providers like The Arc New York Chapters, and agree to propose and deliver budget funding that provides adequate, consistent, and predictable resources.

# Rate Rationalization

## **Issue:**

Rate Rationalization is the current methodology by which reimbursement rates are calculated for providers in New York State. Rate rationalization has significantly restricted the interchange of funds between various OPWDD-funded programs. This flexibility is essential to maintaining program continuity and viability. In many instances, providers are being held to revenue levels that are lower than actual cost. Rate rationalization also acts as a disincentive to providers that might otherwise wish to operate more efficiently, because if the provider achieves program savings, these savings will simply be stripped away in the next round of rebasing.

Prior to cost-based rate rationalization, providers were funded under a budget-based methodology for their largest programs (i.e. Individualized Residential Alternatives (IRA); Prevocational Programs; Day Habilitation; and Intermediate Care Facilities). Such methodology provided the flexibility necessary to generate an operating surplus in one program and use it to support another program in the midst of a financial challenge.

Now more than ever, we need to have flexibility to support our programs and services across the board. The state must come to the table and provide a more equitable way to fulfil its constitutional duty. Unless these issues with Rate Rationalization are addressed, this reimbursement methodology will adversely affect the delivery of

necessary services to people with intellectual and developmental disabilities for years to come.

## **Position:**

The Arc New York will continue to work with DOH and OPWDD to resolve a growing number of problems with the reimbursement methodology. We also recognize that legislative action may be necessary. We propose the following:

- apply annual trend factors. OPWDD and DOH have been unable to identify our field for selective receipt of annual trend factors, as was done in the past;
- incorporate a vacancy factor into the day program methodology to recognize that costs cannot be avoided on days when facilities are forced to close and/or attendance and billing is limited by external factors such as COVID-19/flu quarantines, or inclement weather;
- eliminate use of budget neutrality factors lower than 1;
- increase retainer days. The annual IRA limit of 14 retainer days for hospitalization is tied to the state's nursing home retainer day limit and applied per CMS requirement. We need to address this to obtain funding, as hospitalization days continue to increase for our aging population;
- increase Article 16 and 28 clinic fees. Two-thirds of these clinics operate in deficit and are at risk of being closed. DOH and OPWDD are open to further consideration of the need to increase such clinic fees;
- adopt a policy that supports proactive auspice change and access to "higher of rates" rather than waiting for a provider to fail financially and be consolidated in crisis circumstances; and
- consider discontinuing rate rebasing, to stabilize rates, afford greater flexibility and efficiency, and support the continued operation of all OPWDD-funded programs.

# Residential Development

## **Issue:**

Thousands of New York state citizens with intellectual and developmental disabilities are waiting for placement in a community residential setting, and many are in immediate need. The state has not provided an adequate way for families to plan for the future when providing care at home becomes difficult or impossible. People with intellectual and developmental disabilities and their families face an onerous placement process without a clear understanding of that process or the extent of their wait.

However, while thousands await suitable placements, many residential vacancies go unfilled.

Vacancies within certified residential settings have grown in recent years because of an administrative requirement to fill the opening with someone from the “Emergency Need” placement category. Often, the care needs and behaviors of these individuals are incompatible with the home in which the vacancy exists, which prevents optimal person-centered care. In these cases, the vacancy remains unfilled, despite the fact it may be a suitable placement for individuals from the Current Need or Substantial Need categories.

Offering housing almost solely on an emergency basis makes it impossible to guarantee placements will be found in the most appropriate, least restrictive home environment. These restrictions also lessen the individual’s opportunity for choice in their own housing.

We are working with OPWDD to improve the flexibility and timeliness of the placement process, to more expeditiously place individuals into available vacancies that are compatible with their needs.

Additionally, with the onset of the COVID-19 pandemic, there is a concerted effort to move to single room accommodations within houses. As a result, we will require the necessary support to use development funds to meet this urgent need. This will ensure the stability of housing moving forward and protect individuals with I/DD, who are generally have higher instances of infection and fatalities, due in part to certain comorbidities.

## **Position:**

We continue to advocate for increased residential development, and an improved placement process, especially for people living at home with aging caregivers. We propose the following actions be taken to ensure there is sufficient residential development to meet the growing need:

- transparently assess the number of people who have requested or need residential services and keep a wait list with a publicly available summary;
- streamline the eligibility process so that people on the wait list can have their eligibility rapidly assessed and established;
- make administrative enhancements necessary to more efficiently match people seeking placement with existing vacancies;
- match and place individuals in already existing residential settings which can meet their individualized needs; and
- provide capital and operating funds to establish as many new residential opportunities as necessary to meet the needs of New Yorkers with intellectual and developmental disabilities, particularly for those individuals with behavioral and psychological needs.

## **Managed Care/SIP-PLs**

### **Issue:**

The OPWDD system will transition to managed care in phases, beginning with an enhanced care coordination model through the development of regional Care Coordination Organizations (CCOs). Scheduled rollout for approved specialized I/DD plans is still to be determined, pending finalization of the (Specialized I/DD Plans – Provider Lead) SIP-PL document by OPWDD. In 2020, this document was revised again and The Arc NY provided comments. Given the delays, it appears that scheduled voluntary enrollment in I/DD specialized plans will be delayed further.

In previous years, it was anticipated that the state budget would apply ongoing DOH Global Cap resources to support the initial start-up costs of transitioning the OPWDD

service delivery system from a fee-for-service payment structure to managed care. However in FY21, that provision was conspicuously absent. OPWDD is the last remaining Medicaid system to transition to managed care, which has shown enhanced quality outcomes and cost control for other Medicaid populations. Shortfalls in the Global Medicaid budget have raised doubts with respect to the State's capacity to fund MCO administrative costs as originally planned. Given the omission of startup funding outside of the current OPWDD budget, we are concerned of the possibility of diverting resources from core services.

Without necessary sustainability investments and participation of all individuals from state operated programs, the current fee-for-service system and models of support and services for individuals with I/DD will become broken; our system is at a major crossroads. A considerable number of OPWDD service providers have failed and others will continue to do so under the current system. This is a system that is not sustainable. Transitioning to managed care under the SIP-PL provider-led MCO approach with necessary financial investments and with appropriate regulatory flexibility could provide a pathway leading to a more sustainable system for the future.

## **Position:**

SIP-PLs must be approved prior to OPWDD beginning transitioning to managed care. We advocate for increased standardization, new models of care coordination, and investments at both the state agency and provider agency levels, including investing in information technology and technical assistance. Any savings resulting from the implementation of CCOs and managed care must be reinvested in the OPWDD system.

In addition, start-up and administrative costs cannot be taken from funds currently utilized for supports and services. Any attempt to use funds currently utilized for supports and services will result in the creation of a financial crisis that will rapidly and irreparably damage the service system, before any positive outcomes can be derived from managed care.

# Guardianship

## **Issue:**

In New York State, when a person becomes 18 years old they are assumed to be legally competent to make decision for themselves. However, some individuals with intellectual or developmental disabilities may have difficulty doing so independently. The Arc New York fully embraces supportive decision making, person centered, with options to explore life to the fullest. Now in its 50<sup>th</sup> year, Article 17-A of the Surrogate's Court Procedure Act was enacted in 1969 to allow parents and family members to continue to have legal responsibility for loved ones with intellectual and developmental disabilities after the age of majority. An Article 17-A Guardianship is very broad and covers most decisions that are usually made by a parent for a child such as financial and healthcare decisions. This continued legal authority recognizes the lifelong nature of intellectual and developmental disabilities, and is essential for families to help their loved ones make critical decisions into adulthood, including decisions on life-sustaining treatment.

The Arc New York supports legislation to reform Article 17-A in response to NYS constitutional concerns raised by surrogate courts that guardianships do not sufficiently recognize the due process rights of people with disabilities. Also based on this concern, Disability Rights New York (DRNY) initiated a lawsuit in federal court to repeal Article 17-A. The Arc New York hoped that its bill would strike a balance between respecting the rights of the individual and giving parents and family members the legal authority to care for their loved one in a manner appropriate to the unique needs of the individual.

Family members rely on Article 17-A to provide the reassurance that sound decisions will be made on behalf of their love one. If Article 17-A were to be repealed, it would imperil critical programming decisions, financial decisions, and health care decision for tens of thousands of people with intellectual and developmental disabilities and their families throughout New York state. Crucial decisions would be made, not by a person's loved ones, but by strangers serving on the Justice Center's Surrogate Decision-Making Committee.

If the Health Care Decisions Act, which is embedded in Article 17-A, were repealed as well, it could force families to revisit a period in which people with intellectual and developmental disabilities could not make end-of-life decisions for themselves,

potentially subjecting them to needlessly painful, extreme, and futile life-sustaining treatments.

## **Position:**

We support revising Article 17-A to remedy constitutional concerns. We oppose any legislation that would create an onerous process and burden families with additional legal proceedings and expenses. The ultimate proposal we would support must strike a balance between respecting the rights of the individual and giving parents and family members the legal authority to care and advocate for their loved one in a manner appropriate to the unique needs of the individual. 17-A of the Surrogate's Court Procedure Act was enacted in 1969 to allow parents and family members to continue to have legal responsibility for their loved ones with intellectual and developmental disabilities after the age of majority. This continued legal authority recognizes the lifelong nature of intellectual and developmental disabilities, and is essential for families to help their loved ones make critical decisions into adulthood, including decisions on life-sustaining treatment.

# Justice Center

## **Issue:**

The Justice Center was created through legislation known as the "Protection of People with Special Needs Act," to protect the health, safety and dignity of all people with intellectual and developmental disabilities.

People with I/DD should be treated with respect, protected from abuse, neglect and mistreatment. Ensuring the safety and wellbeing of the people we serve is a shared responsibility, and is essential to the mission of The Arc New York.

While the creation of the Justice Center for the Protection of People with Special Needs has resulted in some positive outcomes, it has also created unfunded, administrative burdens on providers. Additionally, some people we support, as well as our workforce, have been negatively impacted by the agency established to protect them.

## **Position:**

We propose continuing to advocate for common sense amendments to the “Protection of People with Special Needs Act” and Justice Center policy and practice, to simplify and streamline reporting requirements and investigative processes, which impede the hiring and retention of qualified personnel and lead to other problems that needlessly tie up resources critical to maintaining adequate care. Specifically, we propose to:

- narrow the definition of neglect to remove subjective and nebulous language, and to eliminate arbitrary and capricious determinations; and
- provide safeguards for staff and managers who make a reasonable determination whether a case is reportable or not to the Justice Center to prevent the Justice Center from charging an employee with “obstruction of a reportable incident” simply for making a good faith decision that the Justice Center may not agree with.
- fight for equal treatment of unionized and non-unionized employees by the Justice Center to ensure that vulnerable people are protected consistently and adequately;
- ensure employee due process rights by reducing investigative cycle times and appeals processes, and
- narrow the Justice Center’s use of the “obstruction of a reportable incident” to instances in which there have been intentional efforts to impede Justice Center investigations.

## **Preschool / Early Intervention**

### **Issue:**

Preschools that serve children with developmental disabilities are paid significantly less than it costs to operate them; the state reimburses these programs at 94 percent of allowable cost and even less of actual cost. Chapters of The Arc New York can no longer subsidize preschool programs without endangering other OPWDD related programs.

In addition, due to the teacher compensation gap between special education schools and public schools, we also continue to have extraordinary teacher recruitment and retention challenges.

Preschools need appropriate growth factors and tuition rate increases along with other fiscal support to bring reimbursement more closely in line with the cost of operations.

Research shows that investing in preschool programs has a significant return on investment.

## **Position:**

We advocate for the following to support and sustain preschool and early intervention opportunities for children with intellectual and developmental disabilities:

- include statutory index for annual tuition increases for 4410 preschools and 853 special education schools, and establish a reserve fund to maintain fiscal viability;
- provide \$18 million for special education schools to narrow the teacher compensation gap;
- set aside Universal Pre-school (UPK) seats to ensure classroom integration with 4410 special education preschools; and
- provide a 4% Early Intervention rate increase to address 20+ years of flat/decreasing rates.

# Employment

## **Issue:**

Even though many people with intellectual and developmental disabilities want to work and have the skills to do so, there are limited employment opportunities available to them. As a result, the majority of adults with intellectual and developmental disabilities are either unemployed or underemployed.

The Arc New York supports the Customized Job Programs legislation, A1415 (Santabarbara) / S6626 (Skoufis). This bill would establish a pilot program that

subdivides state jobs into simpler component parts to provide opportunities for minimum-wage, integrated employment for people who could effectively perform some, but not all aspects of a job.

## **Position:**

The Arc New York supports increased employment opportunities for people with intellectual and developmental disabilities, and will work to:

- enhance employer tax credits for hiring people with disabilities;
- secure additional funding for job coaches and other supports;
- create new state job opportunities for people with intellectual and developmental disabilities;
- pay a subminimum wage when appropriate;
- pass the Customized Job Programs legislation; and
- continue to transform sheltered workshops into integrated businesses where appropriate.

# Transportation

## **Issue:**

Reliable transportation is a key to independence, opportunity and a full life within one's community. Very few people with severe intellectual or developmental disabilities can drive or own their own cars, therefore they rely on public transportation and transportation services. There is currently insufficient funding and infrastructure to ensure these individuals have reliable transportation to employment, community supports and recreational opportunities.

The COVID-19 pandemic has only exasperated this crisis. Providers have placed their fleets on the market for sale, unable to keep them sustainable given piecemeal guidance. These fleets are specialized in their own right and need to be maintained as a necessary accessibility tool.

## **Position:**

We continue to advocate for adequate and specialized transportation for people with intellectual and developmental disabilities. This is a lifeline to their community when personal and public transportation are simply not an option. to work, day settings, and recreational opportunities.