Alliance for the Betterment of
Citizens with Disabilities

Empowering People: Providers Shaping Policies

Department of Human Services FY 2024 Budget Listening Session

November 3, 2022

Good day, Commissioner Adelman, and members of the Department of Human Services. On behalf of ABCD, thank you for this opportunity to share our thoughts as you begin deliberations on the proposed FY '24 Budget. It means a lot to us to be a part of your process.

We are thankful for the Murphy Administration's policy to ensure that front line workers, supervisors and managers receive salaries commensurate with the value, care, and professionalism they provide. We request that you consider a continuation of the annual increase to the rate to support a wage increase for these essential workers.

In FY'22 the Department took a prudent course of action when it elected to use one-time dollars to raise the Support Coordination rate through March 2024, to match the educational requirement. In an ABCD survey on the preliminary impact of this time-limited rate increase we found that we are on a trajectory of improved quality. If we do not wish to revert to a weaker system, the FY'24 NJ Budget must annualize this increase for what is effectively the foundation of our person-centered, strength-based system of care.

High quality support coordination is too important to do poorly.

Housing costs are supported for individuals with IDD by Division rental subsidies which require the rent for a bedroom in a group home be capped at 75% of the 0-bedroom FMR for 2016, equivalent to 64.7% of 2021 and probably 59% of the 2022 FMR. This combined with the notoriously lagging federal FMR makes it increasingly difficult to find and maintain rentals for licensed sites at the 2016 rates. FY'24 Budget must increase these capped rates to 75% of the current FMR.

Rental subsidies must keep pace with fair market increases.

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The mental health needs of the underserved IDD population continue to receive increased resources from the department for which we are very grateful. Nevertheless, NJCAT largely disregards mental health issues as a driver for additional care needs. In addition to funding behavioral supports which modify behavior, we need funding for services and supports to treat the mental health care needs of the individual in the community. In addition, mental health supports must consist not only of medication and therapy, but social and environmental supports and interventions. True prevention and real recovery require continuity of care from the people who are there for the long haul- family, informal caregivers, and providers. [1]

Too many people continue to experience suffering in some deep way.

We are rate takers, not makers, forced into a "make do and do without culture" - until the inconsistent intervention of government. Meanwhile we are tasked with insuring that people on both sides of the disabled divide can thrive in the same place and building a better system that stands up for human rights. For this, we need transformative investment in the form of rates which would continuously cover all costs.

The current political climate in NJ – committed, hardworking and talented members of the Murphy Administration and DHS - provides us with a window of opportunity to create lasting reform. Delay or inaction may mean a missed opportunity. Please consider an annual across-the-board rate increase for DDD community providers – 5.5% for FY'24 Budget.

It always seems impossible until it is done.[2]

[1] The Administration for Community Living (ACL) has a funding opportunity to establish a National Resource and Technical Assistance Center for People with Co-Occurring Intellectual and Developmental Disabilities and Mental Health Disabilities. The center—which "will be guided by people with lived experience, including those from underserved communities" – will build on local capacity to support those with ID/DD and mental health disabilities. It will support state agencies (with policy development, service design and coordination) as well as individuals, family members and professionals (with training peer-to-peer learning, and other resources. HHS ROADMAP FOR BEHAVIOR HEALTH INTEGRATION, September 2022.

[2] Nelson Mandela