



Alliance for the Betterment of
Citizens with Disabilities

Empowering People: Providers Shaping Policies

FY 2027 NJ State Budget

Funds Needed to Surmount Budgetary Policies Which Disproportionately Disadvantage Subgroups of the IDD Population

There is no better friend to our population than the people who serve in the DHS and DDD. But some policies are veered toward what could possibly be framed as structural barriers to full opportunity.

Individuals with multiple physical, neurological, and developmental disabilities

“I couldn’t get out of the house and come to program to see my friends, play my music, and get my therapy, if the wheelchair van didn’t pick me up every day.”

“My daughter has a catheter and ostomy bag and needs a nurse otherwise she couldn’t attend her day program; I’d have to leave my job and the both of us would be at home all day.”

“I practice my swallowing every day with my (occupational) therapist, so I won’t need a feeding tube so that I can continue to eat foods I like and have meals with my friends at my home.”

Yet, the current budgetary policies regarding transportation to and from day habilitation, nursing, and physical, occupational and speech habilitative therapies disproportionately disadvantage them and others who have multiple physical, neurological, and developmental disabilities. How so? Reimbursement rates for what constitutes basic services for this subgroup to continue to live in the community are so low that if not for the Herculean efforts of agencies that are mission driven, i.e. hell bent on adequately serving the individuals for whom they have made a moral commitment, these services would be unavailable.

Individuals with IDD and co-occurring mental health conditions

Why would a department that noted “studies show that too many systems of care for people with IDD continue to focus on controlling and managing challenging behavior without adequate consideration of the potential for underlying mental health or medical conditions as the causes of the behavior”¹ also refuse to consider including in the Waiver the diversification of mental health service providers, treatment modalities, and care models? Recently, the NJ Council on

¹ DHS Response to OLS Questions, p.42 https://pub.njleg.state.nj.us/publications/budget/governors-budget/2024/DHS_response_2024.pdf

Developmental Disabilities reported that this year they are designating this subgroup as a targeted disparity population. Mental health care must reflect this group's diversity.

We must promote access to opportunities and equality in service delivery regardless of the individual's level of complexity. For these two subgroups, individuals with multiple physical, neurological and developmental disabilities and individuals with I/DD and co-occurring mental health conditions these aforementioned services must be deemed basic; fundamental to their ability to thrive in the community and, therefore, adequately resourced to be truly available.

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