Alliance for the Betterment of
Citizens with Disabilities

Empowering People: Providers Shaping Policies

Legislation which has shortcomings in design, application, outcome, fairness and scope

S3752/A5637 establishes certain governance and service standards of DDD providers.

Flawed and impractical.

By requiring independent volunteers with no fiduciary responsibility, duty of loyalty or altruism to be members of an agency board of directors and audit committees, an effort to increase transparency can amount to exposure for both the agency and the volunteer. In addition, where would agencies find what amounts to hundreds of volunteers statewide to perform these functions?

Short sighted.

The numerous small and medium- sized agencies will be negatively impacted by limiting funds earmarked for indirect costs, overhead and retention to 15% of total revenue because they are less able to operate at internal economies of scale, unlike large providers. In addition, the small and medium-sized agencies will be less able to save or borrow enough money to expand and grow their programs and services, stunting development. "It seems like the state's goal is to have only a handful of large agencies provide services across the state."[1]

Counterproductive and biased

Under FFS our industry has transitioned from medium to high risk. To remain competitive, agencies' executive salaries are based on published salary guides. Capping salaries of DDD providers will mean many will be paid less than what they are worth. Because executive talent (like nursing, direct care, and physical, occupational and speech therapy) is transferable, we risk staff departure to other human services and health care sectors which are not subject to the cap. If the state is wedded to a cap, they should instead consider a level playing field by handicapping all Medicaid providers in DHS, DCF and DOH, not just those which provide DDD services and support.[2]

Ineffective.

Recreating statute which already exists in statute, will not force bad actors to comply with laws governing Workmen's Comp, insurance coverage, board liability, and nepotism.

November 6, 2025

[1] ABCD member comment to ED.

[2] This statement is not meant to be construed that ABCD is in support of salary caps for human and health care service sectors. We use it merely to highlight that the proposed policy is biased against DDD service providers.

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Alliance for the Betterment of
Citizens with Disabilities

Empowering People: Providers Shaping Policies

New Jersey Division of Medical Assistance and Health Services
New Jersey 1115 Comprehensive Medicaid Waiver Demonstration

Post-Award Public Session
July 17,2025

On behalf of ABCD, thank you Commissioner Adelman, Deputy Commissioner McGuire, Assistant Commissioners Woods and Seifried and DHS staff for all your efforts to prevent the reduction of federal Medicaid funds.

Thank you for the opportunity to provide comments on N.J.'s 1115 Comprehensive Waiver Demonstration.

Remote Supports. Technological and Moral Progress

Remote Supports (RS) are a means by which to deliver Division of Developmental Disabilities Waiver services to maximize the level of self-dependence chosen by and appropriate for the individual.

The use of RS will enable individuals to live independently in the community, work in competitive integrated environments, participate in inclusive community activities, improve their quality of life, and increase their safety, health, and privacy. In addition, considering the current workforce shortage, RS will help minimize passive staffing when appropriate and safe.

Currently, the Centers for Medicare and Medicaid Services is prioritizing the acceleration of technology to help make smarter clinical decisions and to supplement (and not replace) what clinicians do. We fully support any efforts by the Administration to ensure that RS becomes a Waiver service.

Policies which Disproportionately Disadvantage Subgroups of the I/DD Population

- 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."

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"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 (speech) 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 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 and participate in day programs are so low or nonexistent 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 relatively unavailable.

- Individuals with co-occurring I/DD and mental health conditions

I am baffled by a department that noted "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] is the same department that refuses to consider including in the Waiver diversified behavioral health care services for this subgroup which is made up of heterogeneous individuals.

ABCD was formed with the express purpose of advocating for individuals with I/DD who have complex needs. There is no better friend to our population than the people who serve in the DHS and DDD. We must promote access to opportunity and equality in services delivery regardless of an individual's level of complexity. For these two subgroups, these aforenoted services must be deemed basic; fundamental to their ability to thrive in the community and, therefore, adequately resourced to be truly available.

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

Alliance for the Betterment of
Citizens with Disabilities

Empowering People: Providers Shaping Policies

Medicaid Town Hall
Hosted by Representative LaMonica McIver (D10)
ABCD Discussion Points
March 21, 2025

Reckless policies must not replace a stable and enduring program which provides health and long-term care to over 1.85 NJ citizens including people with IDD. Their lives count. Here in D10, 29% of your neighbors rely on Medicaid for health coverage.

What is Medicaid

Medicaid is public health insurance for low-income adults, older adults, people with disabilities, pregnant people and children.

Medicaid provides comprehensive health coverage like hospital care, physician services (primary, specialty and dental), prescription drugs, behavioral health, etc.

Unlike private health insurance and Medicare, Medicaid also provides comprehensive long-term care to individuals who meet the level of care for services in an institutional setting like a nursing home or ICF/IDD. Services and supports for individuals who are eligible for institutional care are now permitted in the community. This program called home and community-based services provides, day habilitation, assistive technology, assistance with daily living, supportive employment, habilitative services, etc. Human service services. These services are a lifeline into the community for over 100,000 people, including individuals with I/DD.

Potential Changes and Uncertainties

Proponents of the policy maintain that it is not their intent to cut services, but to reduce waste, fraud and abuse in the program. Currently the state and federal government are responsible for ensuring program integrity to prevent, detect and recover Medicaid waste, fraud and abuse. Though efforts could be improved by investing more into the system,[1] independent authorities maintain that there is nowhere near $880B over 10 years in additional waste and fraud to recover in Medicaid.

[1] Hinton, E. *5 Key Facts About Medicaid Program Integrity*. March 18, 2025. Kaiser Family Foundation. For every $1 spent on program integrity, $2.80-$3.46 is recovered.

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Unless the $880B target is decreased, the only way to reduce spending is to reduce Medicaid services. The state believes this would translate into an annual cut of between $2-$5B in NJ Medicaid's 24B budget. Though we have every confidence that the state will do everything in its power to decrease the impact on Medicaid recipients, people will undoubtedly be hurt.

- Eligibility Part I. Work requirements. According to KFF, 64% of individuals enrolled in Medicaid are employed, 7% are in school, 8% are retired, 10% have a serious illness or disability, which precludes them from working and 12% are either not working because they can't find a job or due to care giving in the home. Independent analysis says savings to the program would be limited. What's more, in states that have imposed work requirements, people who were eligible lost coverage because the compliance requirements were too complex.[2] According to NJDMAHS this could impact up to 700,000 individuals.[3]

- Eligibility Part II. Medicaid expansion. The ACA, commonly referred to as "Obamacare" permitted states to opt to raise the income eligibility. In NJ the maximum income rose to 138% of the FPL. Over 500,000 individuals are now on Medicaid because of the expansion. Changes to exact savings could involve eligibility, reduced services, or increased cost share.

- Rate reductions. State governments work individually with the federal government to set standard rates for all Medicaid services. To make savings, some or all rates could be decreased. Since Medicaid rates are well below commercial insurance and Medicare rates, Medicaid providers may choose to decrease or discontinue serving the Medicaid population.

- Optional services. The federal government allows states to provide optional services in addition to mandated services required in the law. Optional services include but are not limited to rehabilitation therapy, prescription drugs, dental care, and home and community-based services. To make savings some optional services may be reduced or eliminated (since they are not required).

If the target is not decreased, we will see a loss of health and human service care. Communities will be sicker, poorer, and because the human service lifeline will be frayed, less diverse.

- Advocates don't lose their confidence about being right. They continue to mobilize, stand up, and fight back to the extent that all elected officials will think twice about cutting this program and do the right thing.

We have fought these battles before. We can do it again.

[2] Condon, Alan. *Work Requirements Could Strip $5M People of Medicaid, Report.* March 18, 2025. Beckers Hospital Review.
[3] *Modeling Impact to NJ Medicaid of Congressional Budget Proposals.* February 2025. NJDHS.

Alliance for the Betterment of Citizens with Disabilities

Empowering People: Providers Shaping Policies

PUBLIC HEARING & PUBLIC COMMENT

ALLIANCE FOR TH BETTERMENT OF CITIZENS WITH DISABILITIES (ABCD)
EARLY INTERVENTION ASSOCIATION (EIPA)

NEW JERSEY EARLY INTERVENTION SYSTEM
PROPOSED NEW RULES: N.J.A.C. 8:17-19

SEPTEMBER 9, 2025

The Early Intervention Provider Association of ABCD appreciates the opportunity to provide testimony as to the necessity for and the content described in the "new proposed rules" identified in N.J.C.A. 9:17-19.

The historical documentation and alignment with the annual application for Federal Part C funds submitted to the United States Secretary of Education in 34 CFR 303.208, offers a clear path of regulatory authority and accountability in the distribution of Federal Part C resources.

Regarding the new rules proposed in Subchapter 19 of N.J.A.C. 8:17, the membership of EIPA fully supports the adoption of the following:

N.J.A.C. 8:17-19.1	Procedures for Public Notice, Public Hearing, and Public Comment for all new or revised policies or procedures
N.J.A.C. 8:17-19.2	Procedures and standards for a public hearing on new or revised policy, procedure or rule
N.J.A.C. 8:17-19.3	Public comment procedures on a proposal to implement a new or revised policy or procedure
N.J.A.C. 8:17-19.4	Public notice of availability for IDEA Part C funding

In addition, EIPA has reviewed the required Impact Statements (Social Impact, Economic Impact, Federal Standards Statement, Jobs Impact, Agriculture Industry Impact, Regulatory Flexibility Statement, Housing Affordability Impact Analysis, Smart Growth Development Impact Analysis, and Racial and Ethnic Community Criminal Justice and Public Safety Impact) and respectfully withholds any contrary comments or suggestions to the Impact Statements.

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The ABCD Early Intervention Provider Association (EIPA) has been in existence since 2006 and has been a tireless advocate for improving the Early Intervention System (EIS) and making recommendations to the NJDOH that foster provider sustainability in a competitive and changing environment. The fourteen member organizations of ABCD EIPA operate independent of one another and collectively provide services to more than 60% of the total number of children served in the State of New Jersey.

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Assembly Health Committee

A Cut to One is a Cut to All
Federal Medicaid Cuts Possible Impact on the System and its Stakeholders

May 6, 2025

Good day, Chairperson Murphy and members of the Assembly Health Committee. On behalf of ABCD, thank you for the opportunity to testify regarding the impact federal Medicaid cuts will have on the health care and human services system for individuals with intellectual and developmental disabilities and delays.

Medicaid is public health insurance for 1.85M New Jerseyans who are low-income adults, older adults, people with disabilities, pregnant people and children.

Medicaid provides comprehensive mandated and optional health coverage. Unlike private health insurance and Medicare, Medicaid also provides comprehensive long-term care to individuals who meet the level of care for services in an institutional setting like a nursing home or ICF/IDD. Services and supports for individuals who are eligible for institutional care are now permitted in the community. This optional program called home and community-based services (HCBS) provides, day habilitation, assistance with daily living, supportive employment, habilitative services, etc. These services are a lifeline into the community for over 100,000 people,[1] including almost 30,000 individuals with I/DD.

Wage, Fraud and Abuse

Independent sources state that there is not enough wage, fraud, and abuse left in the system to get anywhere near the $880B target.[2] In addition, you can't cut your way to reduce waste, fraud, and abuse. If this is the goal, investment in improved data analytics and boots on the ground are what is called for.

Possible Impact of Federal Medicaid Cuts

The impact depends on whether the federal government chooses to change eligibility requirements or decrease funding.

Eligibility Requirements.

[1] In addition to the I/DD population, as an alternative to institutionalization, HCBS provides services and supports to the elderly, people with mental illness and children

[2] The state and federal governments are currently required to prevent, detect and recoup waste fraud and abuse in the Medicaid system.

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- Work requirements. According to KFF, 64% of individuals enrolled in Medicaid are employed, 7% are in school, 8% are retired, 10% have a serious illness or disability, which precludes them from working and 12% are either not working because they can't find a job or due to care giving in the home. Work requirements would particularly impact members with mental illness, substance abuse issues, certain disabilities, those caring for young children and elderly relatives and who cannot find work. The results of several state pilots which put in place work requirements not only failed but cut many working adults off the program because proof of work was too onerous, time consuming, and confusing. In addition, requiring people with disabilities who are working to document and verify that they are working will lead to those who do not successfully navigate these bureaucratic processes losing Medicaid coverage, including access to the very employment supports necessary to continue working. They will also likely have negative consequences for DSPs many of whom work part time or with inconsistent schedules. If DSP are unable to meet reporting requirements, they will lose their health care and further endanger the sustainability of our community-based supports for people with I/DD. According to NJDMAHS this could impact up to 700,000 individuals.[3]

- Increased frequency of eligibility verification. Currently, NJ verifies eligibility on an annual basis, which has been very challenging for the state and counties. If frequency was increased to every 6 months or quarterly, some entitled individuals would no doubt lose eligibility due to their failure to complete more frequent paperwork.

Decreased Funding.

- Reduction in federal matching funds. $14B of NJ's current Medicaid $24B budget is paid for by the federal government.
    - Elimination of the 50% floor would translate into a reduction to NJ of approximately $2.2B from the federal government.
    - Elimination of the 90% federal share for Medicaid expansion (500,000 people, 1,000 of which have I/DD) would translate into a reduction to NJ of approximately $2.3B from the federal government.
    - Elimination of both the 50% floor and the 90% Medicaid expansion would translate into a reduction to NJ of approximately $5.2B from the federal government.
    - Setting a per capita cap would have an unknown impact on NJ, though NJ Medicaid Director Woods anticipates it would be significant - billions of dollars.[4]

- Restrictions on existing health care funding streams
    - Reducing or forbidding provider taxes from 6% to hospitals, HMOs, counties and nursing homes would reduce revenue by an average of 17% of state share of the cost of Medicaid, that helps fund NJ's share of Medicaid payments which are matched by the federal government.[5]
    - Direct payments require MCOs to provide incentives for higher quality care in hospitals, teaching hospitals and safety net hospitals.

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[3] *Modeling Impact to NJ Medicaid of Congressional Budget Proposals.* February 2025. NJDHS.
[4] Ibid.
[5] Burns, Hinton, Williams and Rudowitz, *5 Key Facts About Medicaid and Provider Taxes,* March 2025

The loss of federal dollars will impact:

- Reimbursements. To make savings, some or all rates could be decreased. Since Medicaid rates are well below commercial insurance and Medicare rates, Medicaid providers may choose to decrease or discontinue serving the Medicaid population. This would negatively impact access to rehabilitation services for infants and toddlers eligible for early intervention and to health care and home and community-based care to adults with I/DD.

- Optional benefits. In addition to services mandated by law, the federal government allows states to provide optional services such as rehabilitation therapy, prescription drugs, dental care, and home and community-based services. To make savings some optional services may be reduced or eliminated. Since physical, occupational and speech language therapies are optional benefits, this would have a negative impact on infants and toddlers eligible for early intervention. Home and community-based services may also be reduced or eliminated, which would have a negative impact on the ability of adults with I/DD to live in the community.

- Eligibility.

The reality of a reduction of our federal match is that governors will take the heat if they get billions less in funding, knocking a hole in their state budgets and forcing their administrations to reduce provider payment rates, reduce or eliminate optional benefits, and cut eligibility, in that order. Past Commissioner of NJDHS, Drew Altman, now of the Kaiser Family Foundation has written the following:

> *There is an unwritten handbook state human services and Medicaid officials use for cutting Medicaid if they have to. First, make the case for the state funding to replace any shortfalls. Then cut payments to providers (which are often already low). Then selectively reduce benefits if you can. Then last on the list, cut people from the program.*[6]

Final thoughts.

- The I/DD population is complex and diverse and can be found in every corner of the Medicaid program.
- A cut to one is a cut to all.

[6] Altman, Drew. *Why Most States will not Replace Federal Medicaid Cuts.* KFF. March 21, 2025

Alliance for the Betterment of
Citizens with Disabilities

Empowering People: Providers Shaping Policies

New Jersey Disability Legislative Caucus Welcomes the 221st New Jersey Legislature
Member Introductions and Advocacy Successes
February 20, 2024

Chairpersons Ruiz, Bucco, Dunn and Greenwald, members of the NJ Legislature, NJ Disability Legislative Caucus, Director Witowsky, and the NJ Council on Developmental Disabilities, thank you for this opportunity to share some the important work of the caucus.

The Alliance for the Betterment of Citizens with Disabilities (ABCD) is an alliance of community providers in NJ devoted to improving the lives of individuals with intellectual and developmental disabilities.

In addition to the provision of day and residential programs and services for adults, our member agencies provide early intervention services – physical, occupational and speech language therapies to infants and toddlers, birth to three, with developmental delays or disabilities. The goal of this intervention is simply to minimize and prevent permanent disability.

As this program is administered by the Department of Health it was easily overshadowed by hospitals and nursing homes. Because of the many years effort by the NJ Legislature, Administration, Council, Caucus, and others, for the first time in over a decade and a half Early Intervention received a rate increase and continues to receive more attention and resources by the state. Resources which we have used to help bolster our workforce of licensed rehabilitation therapists who we compete to employ with hospitals, nursing homes, schools, and clinics.

17,000 infants and toddlers were served last year by the Early Intervention system in NJ, thousands more than in years past. But to the extent the recent audit by the State of New York on their Early Intervention System is indicative of New Jersey's, "many children are not receiving services, and children who are receiving them aren't always getting them in a timely manner.[1]" We need to double our efforts to improve access, especially in low-income and

[1] Office of the NY State Comptroller. February 2023. *Department of Health. Oversite of the Early Intervention Program.* Report 2021 S 25. Key Findings. https://www.osc.ny.gov/files/state-agencies/audits/pdf/sga-2023-21s25.pdf

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underserved communities.[2] In this regard, we are thrilled to be working with Advocates for Children in New Jersey on their new program, Unlocking Potential Part II or "UP" the goal of which is that by 2027 100% of families with children prenatal to age 3 that live in 5 designated historically underserved communities will be connected to resources they want and need so their families can thrive.

The human cost to infants and toddlers who do not receive timely and exceptional early intervention service is tremendous, the cost to the public purse substantial.[3] The commitment to our children and their families must be enduring.

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[2] National Institute for Early Education Research. Rutgers Graduate School of Education 2023. *The State(s) of Early Intervention and Early Childhood Special Education. Looking at Equity.* https://nieer.org/wp-content/uploads/2023/05/SE_FullReport.pdf

[3] Prenatal to 3; Policy Impact Center. 2023. *Early Intervention Services*. https://pn3policy.org/pn-3-state-policy-roadmap-2023/us/early-intervention/#:~:text=EI%20Services%20Can%20Save%20States,million%20depending%20on%20the%20state.

Alliance for the Betterment of
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Empowering People: Providers Shaping Policies

S3752 finds blame and institutes controls which will threaten NJ's main partner in delivering services to individuals with IDD in the community by diminishing the capacity of licensed and certified agencies to perform vital services and provide desired results.

- Regarding agency governance and oversight, the bill requires independent volunteers who have no loyalty to the agency and may have a conflict of interest to exercise power and control over the agency in such a way that has no personal consequence for them.

- Despite the National Center for Non-Profits recommendation that between 25 -35% of revenue be earmarked for indirect costs, alone, this bill would limit the total earmark to 15% to include not only indirect costs but overhead and retained earnings.

- Unlike contract based where risk was shared between the state and agency, under FFS the risk is borne by agencies which are currently required to save for emergencies, pay capital costs (repairs, maintenance, and purchase), supplement programs and services for which the Medicaid rate is below cost, and ensure expendable assets cover about 5 months of expenses. Efficiencies which lead to growth and development, improve access and services, and enhance fiduciary responsibilities will no longer be encouraged but, instead, become a condition for possible receivership.

- Though many of our executives began as DSPs and case managers (making below market value for most of their careers) they have developed skills that are not easily replaceable and are valued across industries. To retain talent, salaries are based on published salary guides which help to ensure agency compensation is internally equitable and externally competitive and not on random rates that the Christie Administration came up with 14 years ago with a COLA add on.

- Unlike the shortsighted policy attempted by the Christie Administration, the bill's salary caps do not include all human services, but single out DD. If enacted, our executives will not have to leave their homes as they will be tapped to run local for- and not-for-profit agencies and companies while current for-profit owners will choose to take their investment dollars elsewhere. Our executives devoted most of their careers to this industry, it may be unadvisable to assume that they will make continued sacrifices to run multimillion dollar organizations.

- Creating in statute what already exists under state and federal laws and regulations governing the corporate form for the conduct of lawful nonprofit and for-profit activities, executive compensation, conflict of interest and nepotism, illegal and unethical incidences for which a board can be held liable, insurance coverage from Workmen's Compensation to general liability is not going to make the bad guys do the right thing.

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- If the mere existence of current law isn't working to prevent possible incidences like Bellewether, why would adding an erosive and redundant policy to the mix be the solution? Rather, the solution is for DHS to take steps to ensure CCP/SP[1] provider agencies follow all state and federal laws including requirements to run a company in New Jersey, comply with the terms and conditions outlined by DDD in the Division's policy and procedure manuals,[2] and on a yearly basis in addition to reviewing the annual audited financial statements required of all CCP/SP provider agencies, include an audit to review documentation and service quality.

The transition to FFS changed the roles and responsibilities of all entities on the service continuum including that of DHS/DDD. Over the last few years, it has become clear the need for increased systemic oversight, investigation, and enforcement.

November 18, 2024

[1] Community Care Program and Support Program.

[2] We understand that for meaningful enforcement to occur, the division must be partnered with Medicaid.

Alliance for the Betterment of Citizens with Disabilities

Empowering People: Providers Shaping Policies

Senate Health, Human Services and Senior Services Committee

Testimony of Cathy Chin on S1067

Respectfully Submitted, March 14, 2024

Good day, Chairperson Vitale and members of the Senate Health, Human Services and Senior Services Committee. On behalf of ABCD, thank you for the opportunity to publicly express our appreciation to the primary sponsors Senator Greenstein and Senator Ruiz and to voice our support of S1067, the "Right to Mental Health for Individuals who are Deaf or Hard of Hearing Act."

A few facts.

- For adults with IDD not only is the prevalence of hearing loss much higher but occurs at an earlier age than in the public[1]
- As with any human being, hearing loss in people with intellectual and developmental disabilities (IDD) can negatively impact multiple spheres of life, including the occurrence of depression.[2]
- Individuals with IDD and a mental health condition are often referred to as, "the last and least served," – historically misdiagnosed, understudied, and undertreated.[3]

We need to do a better job identifying and treating mental health conditions in people with IDD and improving access to mental health services for individuals who are deaf and hard of hearing is an important step forward in that direction.

Thank you.

[1] Herrer, G. Intellectual Disabilities and Hearing Loss. July 2023. www.asha.org
[2] Danyluk,A, Rafik, J. Hearing Loss Diagnosis and Management in Adults with IDD. March 21, 2023. National Library of Medicine. www.ncbi.nlm.nih.gov/pmc
[3] Beasely, Joan B. *An Overview of START with Dr. Joan B. Beasely,* (Institute on Disability/UCED, University of New Hampshire, 2016.) Webinar at www.centerforstartservices.org

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Alliance for the Betterment of
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Empowering People: Providers Shaping Policies

Senate Health, Human Services and Senior Services Committee

Testimony of Cathy Chin on S3140

Respectfully Submitted, October 7, 2024

Good day, Chairperson Vitale and members of the Senate Health, Human Services and Senior Services Committee. On behalf of ABCD, thank you for the opportunity to publicly express our appreciation to the primary sponsors Senators Singleton and Beach and to voice our support of S3140.

ABCD's 14 member agencies which provide Early Intervention (EI) services, served over 65% of all children enrolled in EI during CY 2023.

EI is a family centered evidenced-based model providing physical, occupational and speech-language therapy to infants and toddlers birth to three with developmental delays or disabilities. Since 85% of brain development occurs during the first three years of a child's life, this is a critical window to identify and address delays before they become significant barriers to healthy development. EI's goal s to minimize and prevent permanent disability.

We have the NJ Legislature to thank for our recent rate increases. These increases are an important first step (17,000 children were seen in CY 2023, thousands more than in year's past) but they alone will not solve a problem over 15 years in the making (our wait list remains higher than in 2019). Increasing demand through an expansion of eligibility criteria to include older children or, as they do in Massachusetts, children who are low birth weight, premature, or at risk would create an even more burdensome supply problem.

Undervaluing and underpricing EI over the last few decades has eroded our prestige and talent which has resulted in

- A workforce which continues to choose to work in hospitals, nursing homes and schools which, unlike EI, have been able to keep pace with wage growth.

- Untold numbers of infants and toddlers who have missed a narrow window of opportunity to minimize and prevent barriers to their development, undermining their capacity to realize their full potential.

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- Services that have been unavailable to numerous eligible, minority, low income, rural, urban and foster care children.[1]

- A rate of return loss of $4 - $9 for every prevention dollar spent.[2]

In addition to expanding eligibility, the state must commit at least as much time to building EI back up and expand our capacity, as it did to wearing it down.

Thank you.

[1] Prenatal to 3; Policy Impact Center. 2023. *Early Intervention Services*. https://pn3policy.org/pn-3-state-policy-roadmap-2023/us/early-intervention/#:~:text=EI%20Services%20Can%20Save%20States,million%20depending%20on%20the%20state

[2]Center on the Developing Child at Harvard University. www.developingchild.harvard.edu

Alliance for the Betterment of Citizens with Disabilities

Empowering People: Providers Shaping Policies

Senate Health, Human Services and Senior Services Committee

Testimony of Cathy Chin on S3752

Respectfully Submitted, December 19, 2024

Good day, Chairperson Vitale and members of the Senate Health, Human Services and Senior Services Committee. On behalf of ABCD, thank you for the opportunity to discuss S3752

I understand that the target of this legislation is, by my count, the 1126 organizations which provide community inclusion, community-based support, individual support, certified day habilitation and/or licensed residential[1] for adults with intellectual and developmental disabilities in the community and which have Medicaid approval and hire and train staff as per the requirements of the Division of Developmental Disabilities. What I am not clear on is the problem that this legislation seeks to solve. If it is to decrease the motivation for for-profits to apply or to remain which by my count is approximately 640/57%, I am not convinced this is doable or advisable. If it is to rein in the 1000 plus providers to ensure that they are abiding by all laws, regulations, and rules, we support this goal but, regrettably, the bill will not achieve that result for two reasons.

- The service system is no longer contract based. Unlike contract based, Fee For Service (FFS) providers do not get paid in advance, do not have guaranteed service demand, must reserve funds for capital costs, emergencies, unintended events and, agency growth, supplement programs and services for which the cost is not fully covered by Medicaid, integrate individuals and programs into the community, run multimillion dollar companies. FFS requires sophisticated leadership and additional resources.
- If a provider is not complying with state and federal laws and regulations governing the corporate form for the conduct of lawful nonprofit and for-profit activities, executive compensation, conflict of interest and nepotism, illegal and unethical incidences for which a board can be held liable, insurance coverage from Workmen's Compensation to general liability, in addition to the myriad of requirements included in the DDD manuals, another statute isn't going to change behavior.

If the desired result is for an applicant to obey all laws, regulations and rules, then this must be the case before they are entitled to receive payment for services. DDD must have the

[1] Approximately 223 agencies provide licensed residential and/or certified day habilitation services.

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enforcement authority and the resources by which to do so, as is currently the case for CSOC in DCF.

For the 1126 agencies operating in the system and not fully compliant, place them on provisional status and provide a date on which to comply. Notify the individuals and their families. While taking these measures, one may want to consider temporarily closing the system to new applicants.

No one knew the impact that FFS would have on our system. Enough time has elapsed for us to take stock and decide what to do to ensure that all individuals receive services from providers which are fully compliant with applicable laws, regulations, and rules.

Definitions

Community Inclusion Services
Services provided outside of a participant's home that support and assist participants in educational, enrichment, or recreational activities as outlined in his/her Service Plan that are intended to enhance inclusion in the community. Community Inclusion Services are delivered in a group setting not to exceed six individuals and are limited to thirty hours per week. Transportation to or from the site is not included in the service.

Community Based Supports
Individually tailored support services that assist with the acquisition, retention or improvement in skills related to living in the community for participants, in or out of their residence, with or without the caregiver present, to achieve and/or maintain the outcomes of increased independence, productivity, enhanced family functioning, and inclusion in the community, as outlined in his/her service plan.

Day Habilitation
Services that provide education and training to acquire the skills and experience needed to participate in the community, consistent with the participant's Service Plan. This may include activities to support participants with building problem-solving skills, self-help, social skills, adaptive skills, daily living skills, and leisure skills. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choices Day Habilitation may be offered in a center-based or community-based setting, is limited to thirty hours per week. Transportation to and from Day Habilitation is not included in the service.

Individual Supports (Rate also used for services in Group Homes)
Services in or out of the participant's residence, to achieve and/or maintain the outcomes of increased independence, productivity, enhanced family functioning, and inclusion in the community, as outlined in their Service Plan. Individual Supports may include assistance with community-based activities and assistance to, as well as training and supervision of, individuals as they learn and perform the various tasks that are included in basic self-care, social skills, and activities of daily living. Self-Directed Employees (SDEs) who provide Individual Support Services may be members of the participant's family provided that the family member has met the same standards as providers who are unrelated to the individual.