



Alliance for the Betterment of  
Citizens with Disabilities

---

**Empowering People: Providers Shaping Policies**

Assembly Budget Committee  
Senate Budget and Appropriations Committee  
Testimony on the Proposed FY'27 Budget

March 18, 2026

March 30, 2026

Submitted by Cathy Chin, Executive Director

Good day, Chairperson Pintor Marin/Chairperson Sarlo and members of the Assembly Budget Committee/Senate Budget and Appropriations Committee. As we have shown from our monthly videos chronicling everything from individuals who built a life after decades of institutionalization to infants receiving therapies to minimize and prevent permanent disabilities, thanks to Governor Sherrill, her administration and the NJ Legislature for your continued efforts to defend societies' achievements. Let's not stop here.

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

Speech Language Therapy, \$500,000 (State share)

Day Habilitation 5% Rate Increase to Cover Transportation to and from, Nursing and Mental  
Health Clinical Services, \$13.6 million (State share)

"I couldn't get out of the house if the wheelchair van didn't pick me up."

"I practice my swallowing with my (speech) therapist, so I won't need a feeding tube.

"My daughter has a catheter and ostomy bag which requires a nurse in her day program."

"Without an LCSW who helps prevent my son's anxiety from escalating, he would be in the E/R and may be at risk of losing his housing."

Despite these realities, policies regarding transportation to and from day habilitation, habilitative therapies, nursing and mental health clinicians disproportionately disadvantage those who also have multiple physical, neurological or mental health issues. How so? Reimbursement rates for what constitutes basic services for these I/DD subgroups to continue to participate in the community are so low or nonexistent that if not for the Herculean efforts of agencies that are hell bent on adequately serving the individuals for whom they have made a moral commitment, these services would be unavailable.

We must promote access to opportunity and equality in service delivery regardless of an individual's level of complexity. These services must be deemed basic; fundamental to certain

individuals' ability to thrive in the community and, therefore, adequately resourced to be truly available.

### Uptrends Must Include Inflation

Annualized<sup>1</sup> Across the Board Cost of Living Adjustment<sup>2</sup> for All Division of Developmental Disabilities Community Providers  
\$42.5 Million (State Share)

DDD received in FY25 and FY'26 and is proposed to receive in FY'27 additional funds for the increased number of individuals receiving community services and for the shifts in consumer spending patterns to goods and services which are more expensive due in part to rising health care, utility and labor costs. Meanwhile DDD's main partners, the licensed and certified sector of the system which also see higher costs are inexplicably excluded in DDD's annual trend calculations. As course correction, we request a 3% COLA increase across the board for all DDD Community Providers which includes residential, day and support coordination services.

### Inflationary Increase for Early Intervention Providers

3% COLA, \$6 Million (State Share)

Thanks to the leadership of Senate Majority Leader Ruiz, armies of occupational, speech and physical therapists continue to show up at family homes each week to support and instruct families and to teach infants/toddlers how to walk, talk, and gently play with toys, minimizing and sometimes preventing permanent disability.

While DOH makes efforts to increase demand and accessibility, <sup>3</sup>shortages of qualified workers is a pervasive problem across health and human services. The legislature led the effort to ensure that the Early Intervention workforce is well supported, trained, and compensated. We must continue in this effort, so that children do not "face delays and interruptions in accessing the services they need to succeed. "<sup>4</sup>

To this end, we request that the Early Intervention Provider rates increase by a minimum of 3% COLA.

Once again, I thank you for your continued efforts to defend societies' achievements.

---

<sup>1</sup> Annualized increases are required to prevent forgoing federal CMS matching dollars and destabilizing the industry.

<sup>2</sup> The purpose of a COLA is stabilization in the face of cumulative inflation.

<sup>3</sup> Working with WIC, NICUs and upgrading automation

<sup>4</sup> Ibid, page 6.