



NYDA 2022 Legislative Priorities

INVESTMENT IN NEW YORK'S CARE ECONOMY

1. COLA – Projected to be 5.4% for FY 2023

Following a decade of provider agencies not receiving the statutory required cost of living adjustment (COLA), the significant fiscal impacts of COVID-19 and the current level of inflation, agencies have experienced significant cost drivers that necessitate the full 5.4% COLA, as provided for in the July 2021 CPI-U report.

Agencies have seen significant cost increases related to mandated fringe benefits, repairs and maintenance, utilities, food, supplies, transportation and insurance over the past 12 months which has resulted in significant financial pressure on agencies. Additionally, since the I/DD provider agencies are solely funded by Medicaid funding, agencies are unable to increase the cost of services to compensate for increased costs of operations. This has also directly led to provider agencies inability to invest in workforce wages for direct care workers, which has resulted in wage stagnation for the past decade.

2. Workforce Funding

Continued investment in DSPs' salaries is vital to the ability of the field to recruit and retain staff, and for future viability of the field.

As proposed as part of the OPWDD eFMAP plan, direct care CFR Title Code 200 series staff will receive a 20% increase. It is critical to maintain and expand 20% wage enhancements to continue these significant efforts. To bolster this significant investment, we recommend the following actions:

- Expand to CFR Title Code 100 and 300 Series Frontline Workers.
- Secure a commitment to continued funding of the 20% wage enhancement to prevent a fiscal cliff.

3. Recruitment and Retention

In addition to increased wages for staff, the following strategies as put forth by NYDA through the Workforce White Paper and by provider associations have been identified as priorities for inclusion:

- Establishing a Personal Income Tax Credit for Direct Care Staff
 - This would be a \$2,500 – \$5,000 refundable personal income tax credit for employees providing direct care to individuals with I/DD, employed by a not-for-profit provider

agency and would be phased out on individuals with AGI in excess of \$50,000 and would be limited to those with AGI under \$100,000.

- Implementation of Statewide Recruitment Programs
 - Expansion of the current BOCES and Community College Programs Statewide to facilitate employment in the direct care field.
- Implementation of Credential and Career Ladder Programs
 - Credential Program – Advance language in the SFY 2023 Budget to implement a statewide standardized DSP credential program and continue funding to provide wage enhancements for DSPs, which will build upon the \$20 million eFMAP proposal put forth by OPWDD.
 - Career Ladder – Advance language in the SFY 2023 Budget to establish a career ladder program, which will provide a pathway to an associate’s degree in the human services field for current DSPs.
- State of New York Advocacy for Federal Direct Support Professionals Standard Occupational Classification
- The Arc New York’s Regulatory Reform Proposals
 - *Please see attached.*

RATE REFORM

Currently, OPWDD is in the midst of developing a new rate methodology, which will have significant implications for voluntary provider agencies for years to come. Through this process, agencies have been engaging with OPWDD and other stakeholders on the technical aspects of the rate redesign. However, provider agencies have expressed significant concern around the potential outcome of the final rate methodology, which may result in significant losses for provider agencies statewide for years to come.

Specifically, concerns have been raised that due to the rate methodology change, agencies that have invested in direct care wages will be penalized due to the proposed regional cost approach that is currently being contemplated. Given the workforce emergency that exists in the field, this is a major concern and could result in irreparable harm. We ask that the rate reform process recognize the significant challenge providers are facing and that the new methodology not contain any component that would remove or negate any investment the legislature or providers have made in the workforce.

Additionally, concerns have been raised about the ability for the CAS to predict enhanced staffing needs based on the lack of ability to identify the intensity of service needs for individuals, resulting in individuals being classified into lower tier classifications.

While this process is still evolving and we are committed to working collaboratively with OPWDD and the State to develop a methodology that provides fair and equitable rates for years to come, we do wish to express our concerns at the current juncture.