

# Funding cuts may hit those with disabilities

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Advocates for New Yorkers with intellectual and developmental disabilities say they were blindsided by a new round of cuts announced by the state as agencies and providers were still reeling from the impact of COVID- 19.

“It doesn’t make sense,” said Mike Alvaro, executive director of Cerebral Palsy of New York State. “We believe we’ve already paid the price.”

That price includes 427 fatalities among people who live in group homes and residential facilities overseen by the state Office of People With Developmental Disabilities; and even more deaths among workers.

Such facilities have also been on lockdown since March, with only some restarting visitations, outdoors and socially distanced, last week.

Alvaro understands that New York state, already struggling with cuts to make up a deficit, has garnered huge expenses from fighting the coronavirus pandemic. But he doesn’t think that New York’s most vulnerable population should bear the burden.

Now agencies face at least \$300 million in cuts come October.

Institute for Human Development in Valhalla, where he helps with social media outreach. The governor pledged three years ago to phase in DSP wage increases after intense lobbying by providers and consumers.

“After all, they won’t have the money to feed their families,” Klein said.

Alvaro said that many agencies have gone ahead and given the raises, 2% in January and another 2% in April, even as the state money lags.

“Our agencies made a commitment to staff,” said Alvaro, whose nonprofit represents 24 affiliate agencies around the state.

Sen. David Carlucci, who chairs the New York State Senate Mental Health and Developmental Disabilities Committee, said that agencies often struggled to find personal protective equipment and faced reimbursement delays.

“This resulted in OPWDD front-line workers being left exposed to a deadly virus,” the New City Democrat said. “The lack of response at these critical levels was unacceptable and should have never happened.”

Carlucci has introduced legislation in the Senate that would mandate quicker reimbursement for PPE. He has also criticized the proposed cuts.

The funding cuts come from various areas, but advocates say the result will mean fewer

for a night or short time. Or the resident is hospitalized or in another medical facility seeking treatment and is due back.

Alvaro said an agency can’t cut staff, which make up 80% of their budgets, if a resident is away. In fact, he said, the agency often has to send a worker to help a hospitalized person with disabilities because there may be communication issues.

Besides, Alvaro said, it’s not the agency’s decision to keep a bed open. It’s OPWDD’s. “State rules say you are obligated to hold it,” Alvaro said of a resident’s home. “It’s not within the provider’s control through any stretch of the imagination.”

“It’s a huge step backwards for New York that worked so hard to create residential opportunities in a people-centered way,” The Arc of Rockland CEO Carmine Marchionda said during a recent Facebook Live meeting. “This is a targeted laser-focused cut on residential services.”

With a waiting list for residential placements in the thousands, Marchionda said the state should be finding ways to create more access. “We’re in the business of changing people’s lives.”

The cuts, Carlucci said, are a “disaster looming in front of us ... a time we need more instead of less.”

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The cuts will come through the Office for People with Developmental Disabilities, the state agency that oversees care for people with intellectual and developmental disabilities. Some 110,000 New Yorkers from as young as age 3 to people in their 90s, receive OPWDD services.

**Still owed**

Meanwhile, the state has yet to release wage reimbursement increases for direct support workers that the state Legislature passed.

“Andrew Cuomo ... promised that he would give the DSP raise,” said 25-year-old Brendan Klein, who is supported by two DSPs at his job at Westchester

options for people with developmental disabilities.

**‘Empty beds’** The biggest cut, estimated to save about \$238 million, would stop paying providers when there’s an “empty bed,” or a resident isn’t staying in the night in the group home or residential facility.

“It sounds good and it sounds great,” said Alvaro of Cerebral Palsy of New York State.

But the “empty beds” OPWDD references aren’t available spaces in a group home, Alvaro said.

“The empty bed is smoke and mirrors,” said Alvaro “It sounds great but the truth is OPWDD controls the flow into the bed. The empty bed can only be filled with the state’s say-so.”

The bed could be empty because a resident is visiting their family