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*For people with intellectual
and developmental disabilities*

Achieve with us.

July 20, 2021

Scott Borchardt
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Chairs Michael Rodrigues and Aaron Michlewitz
Joint Committees on Ways and Means
Chair Daniel Hunt
House Committee on Federal Stimulus and Census Oversight
State House
Boston, MA 02133

Re: Joint Hearing on the American Rescue Plan Act (ARPA) Funding

Dear Chairs Rodrigues, Michlewitz and Hunt,

The Arc of Massachusetts (The Arc) is pleased to provide this written testimony for the Hearing of the Joint Committees on Ways & Means and the House Committee on the Federal Stimulus and Census Oversight regarding the American Rescue Plan Act (ARPA) Funding. Our testimony is focused on the use of ARPA and state funds for addressing essential services to constituents with intellectual and developmental disabilities (IDD) in the Commonwealth.

The Arc is a statewide advocacy organization representing 200,000 individuals with 17 chapters in the state. Its mission is to enhance the lives of people with intellectual and developmental disabilities, including autism, and their families. It fulfills this through advocacy for community supports and services that foster social inclusion, self-determination, and equity across all aspects of society. To learn more, visit www.thearcofmass.org.

This testimony regarding ARPA funding is provided in three interrelated sections:

- 1. Workforce** – There has been a gap in pay rates for the direct support workforce, which has grown over decades and has forced salaries to minimum wage instead of tracking with health care and education market rates. The reimbursement of the direct workforce through Purchase of Service (POS) contracts, MassHealth wages and rates all reflect this discrepancy. We believe the state surplus dollars matched by federal dollars can resolve this issue. Projected state recurring amount at \$238,000,000. Projected federal non-recurring at \$105,000,000.
- 2. Unmet Needs & Supports Packages** – Federal dollars from ARPA can fund pilots with supports packages to address groups such as those with developmental disabilities not yet eligible. Our review or adoption of strategies used by other states, such as New Jersey’s defined packages for persons with IDD, will help to advance employment and social opportunities. The funding could also allow families more flexibility with in-home options for those with 24/7 needs, while others could have defined packages to assist with employment, transportation, and community life. Projected state recurring costs at \$15 Million. Projected federal non-recurring at \$25 Million.
- 3. Supportive Technology** – These funds can assist with unmet communication needs, modernize tools to advance independence and leverage remote monitoring to decrease staff coverage where possible. We ask the Commonwealth to accept the Technology Forward Report and Recommendations drafted by the Innovation and Technology Task Force, found at <http://www.arcmass.org/technology-forward>. Projected state recurring amount at \$17 Million. Projected non-recurring federal funds of \$38 Million over 2-year

period for education, professional consultation, devices and expansion of access for families/individuals at home.

1. Workforce

Direct support professional (DSP) wages and benefits for people with IDD need to be based on market-based reimbursement rates in the Commonwealth consistent with health and education sectors. We estimate 29,000 DSPs serving the IDD/autism community, not including those serving other disability groups. Our funding estimate is based on the number of DSPs, however, it is also important to increase compensation for front-line managers, clinical positions, and program directors to avoid compression in pay ratesⁱ.

We can prevent people with disabilities from entering costly, restrictive, and often segregated institutional settings or in hospital-boarding situations if support staff are successfully recruited, professionally trained and retained. DSPs are disproportionately women of color, doing critical tasks that support people with disabilities with taking medications, bathing, eating, getting out into the community, and more. It is difficult work that requires thoughtful planning and communication skills as well as an understanding of ethical principles and practices of inclusion. Often it can be physical—requiring significant effort around activities of daily living. Today’s laws and regulations which focus on self-determination, inclusion and community integration require staff who are competent and prepared, but the wages do not reflect this level of skill. Presently their compensation is equal to laundry workers and drivers. Due to low wages, there is an approximate 50% national turnover rate annually, and the average national wage is less than \$11/ hour, making it difficult to provide continuity in services, provide a family sustaining wage, and threatening the quality of care.

During the period of 1987-2007, there had not been a statewide adjustment to the rates of reimbursement paid by the Commonwealth to human service providers through Purchase of Service (POS)ⁱⁱ. On the Medicaid side (MassHealth), cost of living allocated did not keep pace with inflation or corresponding growth in salaries in the health and education sectors. In the six years prior to the 2021 allocation, the Chapter 257 reserves totaled \$170,564,390 or an average of \$28,427,333.ⁱⁱⁱ

The downward pressure of rates has brought many DSP positions wages to minimum wage, and in the case of day habilitation services to barely above the total. In the recent FY’22 Commonwealth rate determination for DSPs in the Community Based Day Supports (CBDS) programs, the Department of Developmental Services (DDS) set a benchmark of \$15.48 per hour for a “blended” DSP wage.^{iv} Some provider agencies have started offering \$17 per hour due to the severity of the workforce vacancies, risking health for those they serve. They hope that the 10% federal Home and Community-Based Services (HCBS) bump will result in adequate reimbursement within this fiscal year, even though it is a short-term revenue fix.

The *recurring and surplus state funds* can leverage federal matching funds at 50% to solve a decades old dilemma of workforce pay. We estimate \$239 million will provide in the range of a 25% increase for DSP wages based on our staffing estimate. We ask that a General Court Committee along with The Arc and other groups receive information regarding relevant workforce numbers and corresponding present pay benchmarks. At present, there is difficulty not only with the DSP and front-line managers in purchase of service and MassHealth programs, but clinical services as well. The following agencies and program areas need to be considered. At DDS: Residential, CBDS, Day & Employment, Family Support & related programs, Autism Omnibus (MRC and MCB programs face similar shortages). At MassHealth: Day Habilitation, Adult Family or Foster Care, Continuous or Block Nursing and any DSP related services such as the personal care attendant (PCA) program. Clinical services such as nursing, allied health therapists or Board-Certified Behavior Analyst (BCBA) positions are affected due to individual rates or rates through services in all community-based programs. After a complete review of these positions, the estimates may need to be somewhat higher to address clinical positions and compression of wages for front-line managers.

Recruitment and Onboarding with *non-recurring federal funds* is another part of solving the decades workforce dilemma. As we come out of the pandemic, agencies are not able to obtain staffing to meet even the shortage plagued pre-COVID numbers. Individuals are not able to return to community day services straining individual or family caregiver resources as post-COVID recovery continues. *We project \$105 Million in non-recurring*

federal dollars to address the following: hiring bonuses, retention bonuses (e.g., 6 month, 12 month bonuses); marketing jobs to the public; and onboarding activities including training to ensure staff are properly prepared not only for health-related aspects such as medication, travel safety, behavioral health, etc., but also to assist in skill development and social inclusion. We estimate that \$8 million dollars should be set aside for additional transportation needs as the system returns to full utilization.

2. Unmet Needs & Supports Packages

Unmet needs are reflected in two major areas: a.) Populations without access to organized services because their support needs are related to cueing and prompting and not physical assistance; and b.) the lack of packages to provide short-term or long-term assistance to individuals with IDD. Projected state recurring costs at \$15 Million. Projected federal non-recurring at \$25 Million.

- a.) Persons with developmental disabilities (DD) not presently eligible for DD services (cerebral palsy, fetal alcohol syndrome, etc.) or borderline intellectual disabilities have little to no access to structured service delivery. We propose pilots to provide short-term (six-year) adult living transition opportunities for these populations and during the pilot period, develop long-term solutions for those who may need them periodically throughout their lives. The Mass Rehabilitation Commission model of open and closed cases can be drawn from as well as other states supporting a wider range of disabilities. These supports will not be employment only but focus on life skills, community safety, communication, and social integration. Some individuals may need a higher-level intervention based on their functional disability which can be assessed by professional staff.
- b.) Support living and self-determination packages are available in the Commonwealth today but there is inadequate transparency and inconsistency on application. In New Jersey various publications provide information on support packages. A manual identifies specific services and reimbursement schedules.^v In our state, the use of self-determination among adults with disabilities for residential assistance significantly reduces the annual cost of services per individual. Our ability to expand the supports approach can not only improve individuals' daily lives but reduce workforce pressure.

3. Supportive Technology

We are requesting the Commonwealth advance access and opportunities to supportive technology for people with I/DD and autism by embracing the "Technology Forward Report and Recommendations developed by the Innovation and Technology Task Force (Task Force), a partnership with the Department of Developmental Services (DDS), Association of Developmental Disabilities Providers (ADDP), and The Arc. The Task Force Report and Recommendations can be found at www.arcmass.org/technology-forward. It requests the Commonwealth to commence a multi-level initiative that enhances capacity at a systemic level.

Supportive technology, which includes Assistive Technology (AT), and Remote Support Technology (RST), refers to devices and technological methods used to increase HCBS community integration of individuals with disabilities. Utilizing a person and family centered approach, supportive technology can be instrumental in assisting individuals with I/DD and autism attain the highest quality of life possible in their communities. Yet, studies show that people with disabilities have been left behind in the digital age and are using digital technology at a lower rate. Increasing access to supportive technology is key in creating equitable opportunities in society for disabled individuals. Despite the immense challenges of the COVID-19 pandemic, it illustrated supportive technology's potential in bridging the access issues for people with disabilities. The pandemic also forced a major shift toward technology in supports and services for people with disabilities with little preparation or training—highlighting the necessity for a thoughtful and strategic approach. The Task Force recommends a detailed plan to 1) Build Supportive Technology Competency & Capacity in Massachusetts and 2) Outline Recommendations to Develop a Supportive Technology Pilot Program.

Further, the Task Force identified the following impact areas where the Commonwealth should focus on expanding supportive technology:

- Communication: Strategies and tools exist through assistive technology to enable many constituents served by DDS to verbally express their needs or preferences who could not do so otherwise. For

example, an increase access to communication devices for people with IDD in residential settings and day and employment programs could provide more opportunities for individuals to demonstrate independence and self-determination.

- Turning 22: The turning-22 transition process could be greatly facilitated by using technology to help individuals (and families) plan for adult life. Most striking is the drop in the ongoing support and utilization of technology from school to adult services. For those entering the workforce, technology could be pivotal in providing more meaningful employment as well as supporting real-time training and job coaching. This remote assistance does not require the physical presence at an employment site helping with the direct support workforce demand while improving an individual's level of independence.
- Residential demand: The Commonwealth is facing an increase in graduating students with IDD and autism each year combined with the growing number of aging family caregivers need more options to support their disabled family member. The expansion of assistive, augmentative, and remote supports technology could be a cost-effective, high-quality innovation to provide person centered support HCBS options other than 24/7 congregate settings.
- Employment and Community Inclusion: Individuals are challenged with securing competitive employment that maximizes their skills and allows for advancement and sustained employability. Using available supportive technology to increase self-management of tasks and job performance would be beneficial in enhancing equity for individuals with disabilities in the workforce and in their communities.

Investing in this Technology Forward^{vi} plan will increase the independence of people with IDD and autism, bring a focus on human and civil rights regarding communication and preferences and help to address the workforce shortage in the wake of the pandemic and secure HCBS integration. Projected recurring state funds at \$17 Million. Projected non-recurring federal funds of \$38 Million over 2-year period for education, professional consultation, devices, and expansion of access for families/individuals at home.

Thank you again for the opportunity to submit this written testimony regarding the use of the American Rescue Plan Act (ARPA) and state funds for addressing essential supports and services to individuals with IDD and autism in the Commonwealth. The Arc looks forward to working with the Joint Committees on Ways and Means and the House Committee on Federal Stimulus and Census Oversight in reviewing our recommendations.

Sincerely



Leo V. Sarkissian
Executive Director

Maura Sullivan, Director of Government Affairs
Ellen Taverna, Director of Public Policy
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ⁱ Rate setting for purchase of services (POS) or MassHealth programs or positions are set for a two-year period. The rate not only compensates for staff costs in the case of programs, but rent, utilities, training, office expenses, travel, and indirect expenses. There are exceptions for certain staff-based programs such as personal care (PCA).

ⁱⁱ Keep in mind, all rates are set for 2-year periods. Thus a 2% increase in rate is equivalent to a one-year increase of 1%.

ⁱⁱⁱ The average increase noted equaled 1.4% or .07% annually for three (3) of the six (6) cycles, as the allocation was for \$2 billion in services. Between 2018 and 2021, Commonwealth increased its minimum rose 22.73%.

^{iv} Blended means that the wage benchmark includes ALL DSPs regardless of experience, forcing no increases for experienced staff or minimum wage for entry level. In 2023, minimum wage will be \$15 per hour, while this rate is in force.

^v <https://www.nj.gov/humanservices/ddc/documents/supports-program-policy-manual.pdf>

^{vi} Please read the report at <https://thearcofmass.org/technology-forward> We can forward a soft copy if desired, taverna@arcmass.org