

April
2nd



California Disability Community Advocacy Conference

PROTECT SERVICES FOR CALIFORNIANS WITH DEVELOPMENTAL DISABILITIES!

Protect supports and services by calling on Congress to reject any attempt to cut Medicaid funding.

Urgent Action Needed:

Members of the U.S. Congress are currently debating drastic cuts to Medicaid, which provides funding for supports and services for Californians with intellectual and developmental disabilities. Congress must vote NO to any cuts to Medicaid.

Why is this Happening?

The U.S. Congress has recently approved a budget plan that aims to cut spending by \$880 billion over the next ten years. The Congressional Budget Office, which is independent and nonpartisan, has said that if these cuts go through, Medicaid is likely to face major reductions. This would mean that California could lose around \$10 billion each year in Medicaid funding. As a result, state lawmakers in California would have to make very difficult choices about which state programs to cut.

Key Issues:

- Medicaid is a federal program that funds healthcare, long-term care, and home-and-community based supports. To qualify for Medicaid you must have very low income or have a disability.
- In California we rename Medicaid and call it Medi-Cal, but it is essentially the same thing.
- The federal government and the states share the cost of these services. In California, Medicaid funds about half of all Medi-Cal programs and services.
- More than 500,000 Californians with developmental disabilities rely on Medicaid funded services for health, safety, well-being, and community inclusion. These services include:

- All regional center services for Californians with developmental disabilities and their families (supported living, supported employment, transportation, day programs, respite, early intervention, group homes, and many more).
- In-Home Supportive Services for people with disabilities and seniors (IHSS).
- Covered health care for people with disabilities, low-income children, pregnant mothers, and other low-income Californians (Medi-Cal).
- All long-term care services, including nursing facilities, prescription drugs, and home and community-based services (HCBS).
- School services and therapies for children on Medi-Cal, including school psychologists, speech and language therapists, personal care aides, nurses, and more.

CALL TO ACTION FOR STATE LEGISLATORS:

Advocate on behalf of your constituents with your Congressional colleagues to protect Medicaid from any and all cuts during budget negotiations.

For questions, contact Jim Frazier, Director of Public Policy, The Arc and UCP California Collaboration
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MAXIMIZE ACCESS TO REGIONAL CENTER SERVICES:

Stabilize California's existing network of service providers by removing unintended roadblocks to access.

Urgent Action Needed:

Corrections to the new rate models implemented by the Department of Developmental Services is needed in this budget year to avoid the closure of programs.

Why is this Happening?

On January 1, 2025 the California Department of Developmental Services (DDS) finalized the full implementation of their new rate models, which is a new structure that determines the rates regional centers pay service providers across the state to provide critical support to people with intellectual and developmental disabilities. This large undertaking has included some unintended consequences which, if not quickly corrected, will harm people's access to services.

Key Issues:

- Based on the recent report by the California Policy Center on Intellectual and Developmental Disabilities, the workforce crisis is worsening: inequities within the Medi-Cal system.

- Average pay is \$16.50-\$18/hour
- 40%+ annual turnover rate
- 60%+ of Direct Support Professionals report excessive workload
- Over 50% of agencies struggle to fill DSP positions

- A budget proposal by Assembly Member Stephanie Nguyen aims to ease the workforce challenges and maximize the effectiveness of the recent rate model implementation by doing the following:

- Provide staffing flexibility by allowing providers and regional centers to choose daily vs. hourly billing units instead of being forced into hourly units.
- Formalize a process to petition DDS to create a new rate model for innovative services so the system isn't stuck providing the same services forever.
- Last year's bill, AB 2423, requires DDS to update the cost inputs of the rate models every two years and fund them subject to an appropriation by the Legislature. This proposal will clarify that DDS must also update the attendance rates in the rate models.
- Remove from statute the rate for Tailored Day Services, and instead allow DDS to set that rate, consistent with the process for setting rates for other services.
- Eliminate the hold harmless sunset provision which will reduce rate for a small handful of providers.

CALL TO ACTION FOR STATE LEGISLATORS:

Support the trailer bill budget proposal by Assembly Member Stephanie Nguyen that aims to maximize access to regional center services.

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