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## Principles: State Budget's Impact on People with Disabilities

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### **BACKGROUND**

Disability Rights California is committed to ensuring that the state budget maintains or increases funding for services and programs that help people with disabilities have choice, independence, self-sufficiency, autonomy and the ability to live in the community. Creative “outside the box” thinking, which eliminates outdated service models, results in economic and program efficiencies, and gives opportunities for increased federal funding is encouraged as one means of ensuring that Californians with disabilities have what they need.

The state budget should achieve savings by maximizing coordination of services and responsibilities between programs rather than by cutting essential services. Any reductions in the state budget should not impact direct services to people with disabilities. Eliminated or reduced services and programs adopted during state budget shortfalls, which impact integrated community-based programs for people with disabilities, should be restored. Strategies to provide one-stop, seamless access to services should be pursued and strengthened. California must maximize its opportunities to receive federal assistance for all programs that serve people with disabilities.

## **PRINCIPLES**

### **Reduce Reliance on Institutionalization**

1. After closing state institutions, California should use operational cost savings and revenues from selling or leasing the land for budget shortfalls before reducing or making fundamental changes to disability benefits and service systems.
2. Funding for construction of new institutions must cease and funding must be redirected to community supports and services so people can live in the community rather than in segregated settings. Large community institutions and community facilities that do not generate federal matching funds (e.g., Institutions for Mental Diseases, Mental Health Rehabilitation Centers) must downsize to small community-based facilities that are eligible for federal matching funds and provide opportunities for inclusion.
3. Payment rates and methodologies must eliminate institutional bias or preference; rates should be based on the level of care, not the location of the care. The state should not maintain or increase funding for institutional care while restricting spending on community-based services and supports. A unified long-term care budget designed to move people from institutions and shift funding from institutions to the community, should be adopted.
4. California must expand its Home and Community-Based Services and Nursing Facility Waivers and use of Early and Periodic Screening Diagnosis and Treatment (EPSDT) to improve the adequacy of community-based long term services and supports.

### **Expand Opportunities for Community Integration**

1. Self-determination and community integration are civil rights that must not be compromised. The provision of community living options is not only cost effective, but also mandated by the *Olmstead* decision.
2. Independence and choice must be preserved. The budget must provide adequate support for affordable, accessible, and supportive housing and programs, and for long-term services and supports, such as In-Home Supportive Services (IHSS), that help persons with disabilities remain at home.

3. The state must adopt policies that enable people to retain their housing and return to the community if they are temporarily in long term care institutions.

### **Provider Rates and Wages for Direct Care Staff**

People have the right to quality services and supports. These cannot be provided absent adequate and appropriate compensation to secure and retain direct-care staff, including: nurses, IHSS workers, supported living staff, and other providers of home and community-based services. Direct-care staff should earn a living wage. Wages and benefits for direct care staff in the community should be comparable to or better than those provided to direct-care staff in institutional settings. Where economic conditions in a particular geographic area are used to justify additional compensation for institutional staff, additional compensation should be offered to direct-care staff in the community. In times of budget shortage, statewide hiring and salary freezes of state employees must be shared proportionately between management positions and workers.

### **Effective Community Programs**

1. Consumer-run alternatives, peer and self-help groups and programs, independent living centers, self-determination and self-directed funding are essential effective community services that must be preserved and expanded.
2. Effective programs must focus on prevention, rather than crisis management, coercive intervention, and institutionalization. Priority should be given to funding for preventative programs including, but not limited to, EPSDT, Mental Health Services Act, prevention and early intervention services, and crisis intervention services.
3. Cooperation between various state, local, and private entities responsible for provision of disability-related services is essential to maintain coordinated and effective services.
4. The provision of effective services can further be impacted by budget actions such as realignment. Examples of realignments include the transfer of people from prisons to county jails and transfer of responsibility for community mental health services from the state to the counties. Any disability services that are realigned to local governmental entities should enhance community services and promote inclusion.

5. State mandated independent advocacy services must be maintained, including the California Office of Patients' Rights, the Office of Clients' Rights Advocacy, and be expanded to include similar programs.

## **Public Benefits**

1. We oppose state, county, or local changes that eliminate services or the right to services, or result in fewer services or services of lesser quality.
2. No reduction is acceptable in subsistence and health care benefits, including but not limited to SSI/SSP, IHSS, Cash Assistance Program for Immigrants, Medi-Cal, and provider reimbursement rates. At the minimum, maintenance of current benefit levels is essential to the health and safety of recipients.

## **Education**

1. Students have a right to reasonable modifications so they can attend schools of their choice and participate in classes and programs. We oppose any reduction in programs that provide needed supports for education.
2. Children and youth have a right to a free and appropriate public education in the least restrictive environment. Funding to provide services and protect rights must be maintained or expanded. California should maintain state law provisions that expand federal requirements. There should be no reduction or elimination of services based on state mandate costs.

## **Service Criteria/Standards**

To the extent service<sup>1</sup> standards are contemplated by state or local agencies as a remedy for budget shortfalls, they should, at a minimum, ensure: access to services in the most integrated setting; exceptions for health and welfare; maintenance of services in the most integrated setting; and provide due process protections.

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<sup>1</sup> Criteria used by agencies to determine the type, amount, and duration of services an individual with disabilities will receive. "Return to Main Document"

## **Co-payment Systems**

Any co-payment<sup>2</sup> system that requires a person with a disability or the parent of a minor child to pay for a portion of the service must do the following:

- 1) Apply only to individuals or families whose income is at least greater than 400% of poverty level, and for whom the imposition of the co-pay would not adversely affect the families financial stability;
- 2) Be determined on a sliding-scale based on individual or family income and family size;
- 3) Have, at a minimum, deductions for a catastrophic loss that creates a direct economic impact on the individual or family; significant unreimbursed medical costs, or medical expenses;
- 4) Protect the individual's or families' privacy by ensuring that income records are not shared with other entities;
- 5) Provide an exception process for health and welfare, maintenance of services in the most integrated setting, and extraordinary need; and
- 6) Provide a right to appeal the co-pay.

## **Equity among Populations and Programs**

Bridging any state's budget gap should not fall disproportionately upon people with disabilities, including those that are underserved or have needs based on language, immigration status, culture, religious or spiritual beliefs, ethnicity, gender, or sexual orientation.

## **On Time State Budget**

As required by California's Constitution, it is essential that a state budget be passed on time. Extensive delays in the passage of the budget negatively impact state programs and disproportionately affect people who need services provided by state funded programs to maintain independence and autonomy.

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<sup>2</sup> We use the term "co-payment system" here to refer to any system of enrollment fees or parental co-payments. "Return to Main Document"