

Testimony before the Assembly Human Services Committee  
Bill A5123  
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Thank you Chairwoman Downey and members of the committee for the opportunity to comment regarding bill A5123 which requires group homes and other community-based programs, as a condition of licensure, to implement policies to prevent social isolation of residents. Disability Rights NJ believes in the goal of this bill and fully supports the sponsors intent to create meaningful plans for individuals with disabilities to be more fully engaged with their communities and social support networks. Presently, the state already has some basic structures in place that we believe can be expanded upon and strengthened to achieve these goals in a way that aligns with the intent of the Home and Community Based Settings (HCBS) final rule and supports consumer directed practices. We also believe that through the statewide transition planning process there is opportunity for individuals, family members, and stakeholders to collaborate on how to make these outcomes achievable and sustainable.

Disability Rights New Jersey is the federally funded, designated protection and advocacy system for people with disabilities in the State of New Jersey. Under our federal enabling

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statutes, we provide legal representation, advocacy, education and training, and information and referral to people with disabilities, their families, and the professionals who serve them. Created in 1975 by Congress in response to a series of investigative reports which exposed abuse and neglect at a New York state institution for individuals with developmental disabilities, a core function of protection and advocacy agencies including Disability Rights NJ is to have a regular, ongoing presence in settings where individuals receive services, and to investigate incidents of abuse and neglect. In this role, Disability Rights NJ has been investigating allegations of abuse and neglect in state developmental centers and state psychiatric hospitals since it was formed in 1994. However, as individuals have moved from institutions into more community settings such as group homes, Disability Rights NJ has expanded its role to ensure that individuals with disabilities continue to be free from abuse and neglect wherever they might reside.

We understand the intent of this bill is to increase access and opportunities for individuals residing in licensed settings to have and use appropriate technology and supports to facilitate social connectedness and prevent social isolation. The bill requires residential providers, as a condition of licensure, to adopt and implement policies to encourage and enable residents to engage in communications with family members, friends, and other external support systems, as well as increase access to recreational, religious, and other activities outside of the group home setting. We fully support these objectives as they are exactly the kinds of outcomes that the HCBS settings final rule is intended to achieve. All individuals who are receiving services under DDD's Supports Program or Community Care

Program are a part of this Medicaid HCBS program. A 2020 report by the Council on Quality and Leadership looked at the impact of the HCBS Final Rule outcomes on health and safety. Their findings revealed a significant relationship between these outcomes and people with I/DD's emergency room utilization, less incidents of abuse and neglect, and fewer injuries. This rule aims to ensure individuals are participating in meaningful activities, including those of ones' choosing, and are having richer and more fulfilling lives, all of which serve as social determinants of health; and data coming from quality reports, such as the Council on Quality and Leadership, should inform how to make the system better.

The Centers for Medicaid and Medicare Service (CMS) requires approval for a Statewide Transition Plan that details how the state will bring their HCBS services into compliance with the Final Rule. While the implementation of this plan has been extended out to March 17, 2023, New Jersey is one of only five states that have yet to have even an initial approval on a statewide transition plan. We believe that there is valuable opportunity for individuals, families, and stakeholders to be involved in the statewide transition planning process to enhance and strengthen measures that will achieve better health and safety outcomes for the individuals served through HCBS programs. We encourage the sponsors to explore ways to achieve these intended outcomes through requiring a more robust transition planning process that increases HCBS Setting Rule outcomes.

There are also existing structures currently in place that could be strengthened to achieve intended outcomes. For example, strengthening the person-centered planning process, which is part of the HCBS rule and has been operative since 2014. The Division of

Developmental Disabilities currently employs a Person-Centered Planning Process that informs the Individual Service Plan. As it exists now, the PCPT (Person Centered Planning Tool) addresses, or is intended to address, areas such as importance of relationships, activities, communication needs, and employment goals. The Plan is also intended to identify all the services and support that an individual needs in order to achieve these goals. Just as the Division added more detailed sections to the tool regarding employment, it would make sense that additional detailed sections could be added to specifically address social needs and assistive technology needs. In addition to being individually directed, approaching in this manner ensures that the supports put in place will follow the individual in whatever setting they reside, as opposed to policies in place by a provider that may not be individually tailored and may not follow the person if they choose to change to another provider. It will also reach a larger population of individuals, including those who do not live in licensed settings. The existing support coordination system has the responsibility of engaging in the person-centered planning process with individuals in order to create a comprehensive service plan. They must have the resources and knowledge base to explore all the areas where an individual can receive support to achieve their goals. In addition, they have the responsibility to ensure that the services in the plan are being delivered. We believe that this system could be improved upon with better oversight in order to ensure that social interaction and assistive technology are fully addressed in individual service plans. This will be much more effective in the long run, as well as promote a process that is more individually directed versus provider directed.

Once again, thank you Chairwoman Downey and members of the committee for the opportunity to comment on A5123. We appreciate your efforts to address the social isolation of individuals with disabilities even though we have alternative ideas on the mechanism that is being proposed. We will gladly answer any questions that you may have.

