



**ACCSES-DSPA Alliance**  
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**Statement by Charles Houston**  
**Medicaid Commission**  
**September 6, 2006**

Hello, my name is Charles Houston. I am the Executive Director of the Queens Centers for Progress, Chair of the Board of Directors of Disability Service Providers of America (DSPA), and a member of the newly formed alliance between the American Congress of Community Supports and Employment Services (ACCSES) and DSPA. The ACCSES-DSPA Alliance has been formed to promote community-based solutions designed to maximize independent living and employment opportunities for persons with disabilities. The ACCSES-DSPA Alliance is proud to represent a diverse membership spanning twenty-six states whose cumulative annual expenditures on services to people with disabilities exceed \$2 billion. We advocate for empowerment and self-determination of individuals with disabilities on a national scale because everyday we work toward a goal of improving independent living for individuals with disabilities in our communities.

I am going to focus my comments today on the community-based service provider and the vital role Medicaid plays in services to people with disabilities. The role of the provider is a multi-faceted one. We serve as advocates, educators, and therapists, providers of medical care, coaches, and employers for people with disabilities and their families. Additionally, providers, such as the eighty (80) members of ACCSES and DSPA, are often a locus of knowledge when it comes to the utilization of services for individuals with disabilities and the associated administrative hurdles inherent in the Medicaid program.

Among the 1200 people we serve daily at Queens Centers for Progress are Joyce and Lona, two sisters in their 40's. Lona speaks using simple phrases and requires assistance to complete basic daily tasks such as bathing and dressing. The sisters moved into one of our residences six years ago as their parents were in failing health. Lona shares a room with Joyce, and is able to help her older sister, who has more difficulty with very simple tasks. In addition to receiving residential services, they attend one of our day programs, and are part of our Medicaid Service Coordination program.

Joyce and Lona's parents died shortly after the sisters moved into our group home, but in their last years they had the knowledge that together their daughters would be living for in a caring home, would have meaningful activities during the day, and would have the opportunity to be part of their community. The long-term services which we provide to Joyce and Lona are considered "optional" under Medicaid statute, but the only options available to Joyce and Lona, should these services become unavailable, would be institutional care.

Our staff who work with Joyce and Lona have dedicated their lives to improving the lives of others. They care deeply for each person in our program. They celebrate every accomplishment. They are involved in helping people learn and move on from setbacks or losses, but it is difficult for people to make a career out of providing direct care, long-term services to people with disabilities.

I'm sure you've been told of the workforce crisis that exists in our field at present, and the projections that this crisis will worsen in coming years. Because of low wages, many well-trained individuals cannot afford to stay in the industry. At my agency we have difficulty filling direct care positions, and many of our staff have to work two jobs. I know from talking with my colleagues around our state and nationally that we are not unique. The quality of long-term care services is compromised and the continuum of care is often interrupted for individuals with disabilities when we cannot hire and retain staff who will stay with us.

Providers support improvements to the Medicaid program. Our goal of independent living for people with disabilities falls in line with "Money Follows the Person" and MiCASSA legislation. We would welcome conversations on new, consumer-driven models where the Medicaid recipient truly becomes the customer and providers become responsible to them and their needs. As the disability community continues to appeal for long-term care options in their homes and communities, the members of DSPA and ACCSES support permanent changes in the Medicaid system that would reflect this positive shift in demand.

We believe in a continuum that will allow each person to choose the services they need at a particular point in time. We need a flexible, comprehensive system that makes resources available to support those choices. Many individuals, like those we serve, will need life-long supports. They and their families frequently look to providers to be partners in their quest to enjoy an active life as full members of their communities.

As the Commission finalizes its Medicaid reform recommendations, we urge you to ensure the preservation of the vital services that individuals like Joyce and Lona require to remain healthy and part of their communities, and to also entertain innovative ideas that could improve the delivery of services in a way that empowers the recipient. Additionally, we strongly urge you to keep in mind the vital role of the provider in your discussions and recommendations. With our knowledge of the Medicaid system, our goals of improving delivery of services, and our commitment to empowerment of the people we serve, we believe we could not only serve as an important resource to the Commission, but as change-agents when it comes to improving the lives of individuals with disabilities