

April 28, 2020

The Honorable Greg Abbott  
Governor of Texas  
Office of the Governor  
State Insurance Building  
1100 San Jacinto  
Austin, Texas 78701

Dear Governor,

The undersigned, representing public and private providers of essential community-based services for persons with intellectual and developmental disability services (IDD), send this letter with both gratitude for your leadership during this COVID-19 public health emergency and to urge your support for desperately needed emergency funds for IDD providers across the state.

Operated by more than 500 providers across rural and urban Texas and serving more than 35,000 Texans who live primarily in foster care arrangements or small group homes, the programs our members collectively provide include: Intermediate Care Facilities (ICF/IID), Home and Community Services (HCS), and Texas Home Living (TxHmL).

Without urgent action from the state, Texas' most vulnerable residents are in danger of losing critical care during the COVID-19 pandemic.

#### NEEDED ACTION

1. Increase Medicaid reimbursement rates across the board by at least 19% to help ICF/IID, HCS, and TxHmL providers cover the growing costs of providing services.
2. Designate direct care workers as "Essential Health Care Staff," giving providers of IDD services enhanced access to much needed personal protective equipment (PPE) and allowing our employees to get to work without concern.

In the face of this COVID-19 public health emergency, IDD providers are simultaneously dealing with the challenges of retaining a workforce of direct care workers (paying higher hourly wages), incurring substantial over-time costs in an environment that experiences chronic workforce shortages and accessing PPE to protect staff and individuals receiving services in accordance with local, state and federal requirements. IDD providers are also facing specific challenges assisting residents who may be infected with COVID-19 but cannot articulate symptoms and have difficulty understanding the need to isolate, and comply with handwashing and other sanitizing guidance which requires additional supports and monitoring. These IDD program providers are doing their best to keep their residents safe and out of hospitals and working diligently to prevent the spread of infection.

We urge the state to move forward with funding a relief package as quickly as possible to help offset the building costs threatening the ability of providers to continue to operate in a way that keeps everyone safe.

The IDD associations are aware of HHSC's rate proposal submitted to the Office of the Governor and the Legislative Budget Board on April 15, 2020. This proposal includes \$11.4 million (AF) [\$3.8 m (GR); \$7.7 million (FF)] to provide a rate increase for in-home day habilitation services. These funds are intended to help offset substantial losses providers have incurred since they shifted from site-based day habilitation services to in-home services beginning March 13, 2020. This shift was the result of HHSC guidance that

stated the risk of spreading COVID-19 across this vulnerable population was too high in the shared environment of site-based day habilitation settings.

The three IDD associations appreciate your support for the in-home day habilitation rate increase as a first step to alleviate the high costs providers have incurred since an early point in the state's actions to protect citizens from COVID-19, and request this funding be approved and distributed as quickly as possible.

While this funding will assist with some of the immediate gaps in staffing in HCS group homes, the funding addresses only a small portion of the growing costs HCS providers are experiencing and does not address the growing costs experienced by community-based ICFs/IID. However, it is becoming increasingly urgent for the state to provide additional time-limited reimbursement rate increases to assist IDD program providers as they strive to meet the needs of vulnerable Texans with intellectual and developmental disabilities. Please keep in mind that Medicaid is the only payer for these essential services for this vulnerable population, and the providers of these services do not benefit from other funding streams available for Medicare providers or the uninsured.

As reflected on the attachment, many other states have taken action to assist providers of IDD services. We urge Texas to do the same. Without immediate financial help, these community programs, representing a system that prides itself on being able to support and protect persons with IDD from harm, are themselves at risk of being completely overwhelmed, leaving many of our most vulnerable residents at risk.

Please allow us to reinforce the strength of your efforts to keep Texas safe and moving forward economically by supporting our request for emergency funds for providers serving people with intellectual disabilities in communities across our great state.

Sincerely,

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## COVID-19 Emergency Funding Request for Providers of IDD Services

### What is IDD?

Formerly described by the term “mental retardation”, intellectual disability (ID) most often occurs at birth, or early childhood, and is a condition characterized by significant limitations in practical and social skills, as well as intellectual functioning.

### Why are HCS, TxHmL, and ICF/IDD Services Crucial?

More than 35,000 individuals with intellectual and developmental disabilities (IDD) receive residential and other long-term services and supports from providers of Home and Community-based Services (HCS), Texas Home living Services (TxHmL), and Intermediate Care Facilities (ICF/IID). These services offer an alternative to institutional care, making it possible for individuals to remain in community.

The response to COVID-19 has dramatically changed how HCS, TxHmL, and ICF/IID services are provided. Stay-at-home orders and social distancing requirements have eliminated access to certain services provided outside of the home setting, such as day habilitation, placing greater stress on families and residential programs. This stress is exacerbated by enhanced hygiene and screening protocols to prevent COVID-19 spread, fears of being infected and self-quarantine orders if exposure occurs or symptoms are exhibited, all of which are creating an increase in staff shortages.

Considering a direct care worker crisis existed long before the pandemic (turnover rates above 51% and 18 – 20% vacancy rates are typical), IDD providers need economic resources now more than ever to support direct care staff retention.

### What is Needed?

Emergency funding is needed to address challenges providers face in retaining staff and ensuring they have the Personal Protective Equipment (PPE) they need during this public health emergency. This includes funds to:

- 1. Increase wages to retain direct support and other front-line staff.** Direct care workers are the backbone of community-based services individuals with intellectual disabilities, yet they are among the lowest wage earners in health care. In order to make ends meet, these workers often hold dual, sometimes triple employment across various long-term care programs and providers, such as State Supported Living Centers (SSLCs), nursing homes, and private or public IDD programs.

Recognizing this as a factor in spreading COVID-19 in programs serving vulnerable populations, Dallas County and San Antonio recently issued orders to prohibit long-term

care staff from working for multiple employers if any resident at one worksite tests positive for COVID-19. While these specific orders may be time limited, the risk of staff serving vulnerable individuals, working at multiple sites will remain a high risk in this COVID-19 environment.

To mitigate this risk, providers should have the resources to increase pay and make it feasible for direct care workers to work at one site.

- 2. Address increased overtime costs.** Efforts to combat the spread of COVID-19 have taxed IDD providers and direct care staff. IDD providers are compensating staff for more overtime hours since the declaration of the COVID-19 emergency. Overtime costs have grown because HCS, TxHmL, and ICF/IDD providers are losing staff who do not have access to another adult to stay home with their children, or the staff are contracting COVID-19 and must be quarantined for at least 14 days.

### **What are Other States Doing?**

Below are strategies employed to-date by eight states, which funded emergency rate adjustments in response to COVID-19.

- **Alabama:** Applied an initial 19% rate increase for residential services.
- **Connecticut:** Applied rate increases ranging from 5% to more than 25% to providers depending upon program being operated.
- **Illinois:** Applied a 20% increase to IDD residential provider rates.
- **Kentucky:** Allowed residential providers with staffed residences to request a 50% rate increase for the next 120 days. The provider must submit a letter outlining the reason for the request, which can include increased staffing costs, day training closures, or any other significant cost increase will be sufficient to receive the increase.
- **Nebraska:** Applied a 15% rate increase to provider rates.
- **New Jersey:** Adjusted provider rates on an emergency basis.
- **North Carolina:** Applied a 40% increase to provider rates.
- **Ohio:** Applied a 30% rate increase to IDD residential provider rates
- **Washington:** Similar to Alabama and Kentucky, funds have been appropriated to cover increased overtime, wage increases and other COVID 19-related costs in residential settings.