

April 7, 2020

Mr. Phil Wilson
Acting Executive Commissioner
Texas Health and Human Services Commission
4900 North Lamar
Austin, Texas 78751

Dear Acting Executive Commissioner Wilson,

The undersigned, representing public and private providers of essential services for persons with intellectual and developmental disability services (IDD), send this letter to draw your attention to the critical need for emergency funding as providers for this vulnerable population struggle during this COVID-19 crisis. Not only are they dealing with unfathomably real situations, they are also not getting the help they need from a system that prides itself on being able to support and protect persons with IDD from harm. More critically, two individuals have now died from COVID-19 and others (including the staff who provide the daily hands-on direct care) are confirmed positive. We recognize we stand among many who have daunting needs, but this population is one we must all ensure does not get overlooked during this crisis.

Currently there are over 500 providers of IDD Medicaid community-based services in Texas serving more than 35,000 individuals through the following residential and other long-term services and supports programs: Home and Community-based Services (HCS), Texas Home living Services (TxHmL), and Intermediate Care Facilities (ICF/IID). The 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. In particular, 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, particularly given the unavailability of critical Personal Protection Equipment (PPE) and self-quarantine orders if exposure occurs or symptoms are exhibited, all of which are creating an increase in staff shortages. Furthermore, the significant disruptions that stay-at-home orders, social distancing and stringent hygiene requirements create are especially difficult for the IDD population to understand and comply with, cause inordinate mental and emotional distress, and require additional supervision and staff support.

Considering a chronic staffing shortage of direct care workers 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 and limit burnout

by staff working over their typical 40 hours per week to cover the increase vacancy rates providers are experiencing. Please see Attachment A for details regarding funding needs.

In considering our request please know that many other states have already approved emergency funding to increase rates for IDD service providers during this crisis. The funds cover a host of needs including: staff wages to support retention and cover increased overtime costs; increased nursing utilization; and retainer payments for Day Habilitation facilities which have had to close during the pandemic. Though not inclusive, Attachment A provides information about some of the states which have already moved forward with increased funding for providers of IDD services.

To reiterate, these community-based providers serve Texas' most vulnerable and high-risk population. The risks that the IDD population faces during the COVID crisis are comparable to that of the nursing facility population. Your support of this request will not only help minimize the impact of COVID on their operations, but more importantly, help minimize the impact on and ensure the health and safety of the individuals receiving these services.

Sincerely,

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c: Greg Abbott, Governor of Texas

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.

Attachment A (continued)

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.
- **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.