



April 24, 2020

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Pelosi, Leader McConnell, Leader McCarthy, and Leader Schumer:

We recognize and applaud your commitment to advocating for the health and wellness of people with complex medical needs. We are writing with an urgent request, however, for Congress to prioritize the needs of people with intellectual and developmental disabilities and brain and spinal cord injuries, a population that is extremely vulnerable to the threat of coronavirus (COVID-19).

We are a group of national home and community-based care providers representing 70,000 employees serving nearly 100,000 individuals across the country with significant medical complexities. Most of the people we serve live in group homes designed specifically to care for them throughout their lifespan. Our services are critical to keeping these individuals with complex medical needs in their homes and out of hospitals during the outbreak.

People with intellectual and developmental disabilities and brain and spinal cord injuries often rely on 24-hour, life-sustaining care provided by specially trained in-home care providers. They count on these caregivers to show up to their residences every day.

These essential caregivers, who include direct support professionals, nurses, and medical therapists, are the heroes on the frontlines of the COVID-19 pandemic. Even under normal circumstances, recruiting and retaining our staff is extremely difficult due in part to low reimbursement Medicaid rates set by states. Vacancy and overtime costs are regularly higher

than national averages and wages are below national retail and service industry averages. This vital workforce experiences turnover at a rate of over 50% nationally.

Retaining and attracting additional caregivers to ensure continuity of care during the COVID-19 outbreak has proved to be extremely difficult. Increasingly, frontline direct care workers are not working due to their own infection or fear of infection, while others are staying home to care for infected loved ones or due to childcare issues. Together our services are facing high vacancy and turnover rates. Each vacancy represents a number of individuals with medical complexities that we will be challenged to serve.

Further, a lack of funding to obtain additional personal protective equipment (PPE) puts both caregivers and the individuals they support at risk during this nationwide shortage. Together, our businesses have purchased millions of masks, along with tens of thousands of gowns, bottles of hand sanitizer and other material, to ensure the safety of our frontline workforce. PPE is not typical to the services that our frontline workers provide so these are entirely new costs to us, draining any additional resources we have during this crisis.

We are deeply concerned that Medicaid-funded providers and, above all, these frontline caregivers have been overlooked for federal COVID-19 resources. As you know, Medicaid is funded by both the federal and state governments, but providers and our workforces are paid for their services through rates set by the state. While some select states have acknowledged this vital workforce in their temporary FMAP increases provided through the Families First Coronavirus Response Act legislation, **most states have not allocated any additional increases to workforce with the FMAP increase. We are therefore looking to the Public Health and Social Services Emergency Fund (PHSSEF) established by the CARES Act to directly ensure needed relief to providers.** Since HHS does not directly fund Medicaid providers of these services, we are concerned that HHS may omit an essential group of providers who are providing life-sustaining care to one of the country's most vulnerable populations.

HHS needs to get this right. Medicaid providers are dealing with frontline staffing challenges and PPE supply issues in real time and failure to act will put people at dire risk. Our services are critical to slowing the outbreak, relieving the surge on hospitals and keeping the most vulnerable populations in their homes and out of other institutional settings. We share, with the state, an obligation to serve these individuals, especially during an emergency period.

We therefore respectfully request that you join us in urging HHS to provide payments to Medicaid HCBS providers from the PHSSEF equitably with what has been done for Medicare providers. In upcoming legislation, we are also requesting the creation of dedicated resources for the retention and recruitment of our direct care workers by: 1) offering hazard or bonus pay and 2) by providing additional funding for PPE and other high-demand medical supplies.

We cannot overlook the millions of hours of services that are being provided to individuals with complex medical needs during this crisis and need HHS and Congress to treat them and their care providers equitably to their Medicare counterparts. Thank you for your ongoing support of our services and helping provide us a voice with HHS on the value of our frontline workforce.

Sincerely,



William McKinney, CEO
The MENTOR Network



Lori Kress, COO
Dungarvin



Robert Barnes, President
ResCare Community Living



Robert Efford, CEO
Embassy Management, LLC



Mark Lashley, CEO
Caregiver, Inc.



C. Lynn Mason, CEO
Broadstep Behavioral Health, Inc.



Mickey Atkins, CEO
D&S Community Services



Jeanne Duncan, CEO
RHA Health Services