



March 20, 2020

Governor Evers
115 E Capitol Dr # 1
Madison, WI 5370

CC: DHS Secretary Designee Palm
DWD Secretary Frostman
DOT Secretary Thompson

Dear Governor Evers, Secretary Frostman, Secretary Thompson, and Secretary Designee Palm:

Thank you for your ongoing work to respond to the COVID-19 public health emergency. Survival Coalition appreciates your outreach to the disability community and the opportunity for continued dialogue.

Essential Personnel and Services designation

As this crisis continues to unfold, states are moving toward requiring workers in non-essential businesses to stay home and issuing shelter in place orders. Essential personnel and essential services designations should include the workforce that provides in-home support and services to people with disabilities and older adults. Many critical services for home-bound populations are designated at the county level—we encourage statewide consistency to ensure that essential transportation and meal delivery continues for these populations.

Continuation of in-home care is critical to the continued health and safety of Home and Community Based Service waiver participants (Family Care, IRIS, PACE, Partnership, CLTS). Essential workers should include all direct care workers--Personal Care, Home Health, Skilled Nursing, In-home care mental health, hospice, remote technology service installation workers and providers etc. as well as workers that provide connection to essential community services including specialized transit, transit, paratransit, home meal delivery, and non-emergency medical transportation.

The home care workforce can play an important role in providing in-home care and monitoring of non-critical COVID-19 diagnosed patients. Strong capacity to care for people in the community will become an important asset as our health care system becomes focused on the most critical patients.

Direct care workers will need medical supplies (masks, gloves, etc.) to minimize risk of worker or client infection. We reiterate the need to consider overtime, hazard, rate increases, or other bonus payment mechanisms that may be available as part of a 1115(k) or 1135 emergency waiver. Unfortunately, this critical workforce is among the lowest paid; the benefit of continuing to serve an at-risk population must offset the risk to themselves and their families. We suggest coverage of additional supports--like childcare and transportation—is offered to these essential workers to remove barriers that might otherwise prevent them from continuing these jobs.

Health and Safety of Family Care and IRIS participants (DHS)

As the COVID-19 pandemic continues, there will be an ongoing need to monitor and conduct wellness checks on people who rely on in-home supports and services. As the number of cases continues to grow, we anticipate that some members will become infected; a process for in-home COVID-19 testing triage will be needed to protect workers, family members, and appropriately adjust member's care plans.

It is our understanding that Managed Care Organizations and IRIS Consulting Agencies have begun to identify which participants have the highest medical and support needs. It is also critically important to consider the depth of a member's family/natural support network. We are concerned there may be many members who initially have people in their lives willing and able to provide support, but their situations could rapidly change if members of their household become ill, are hospitalized, or community delivery or transportation services are limited.

Other states are expanding the ability for remote technology providers to ramp up their services. As staffing becomes more limited or many workers must focus on changing priorities, remote technology can provide a mechanism to check in and support members with the capability of emergency response. Survival Coalition has recommended that waiver service definitions and billing codes maximize the potential to use these services. DHS guidance and leadership encouraging use of remote technology can facilitate rapid implementation.

Private Sector partnerships to ensure access to food and medications

Many people with disabilities and older adults are concerned about access to medications and food. All home and community-based services waiver participants are low income, and many are non-drivers. If services that rely on volunteers (such as Meals on Wheels) have a reduction in service capacity, it is unclear if all members will have access to a grocer that can make deliveries free of charge. Outreach to the private sector to ensure vulnerable populations can access delivery services wherever they are in the state will become increasingly important.

In addition to the recommendations we provided to allow longer term prescription fills, we suggest expansion of pharmacy delivery services. It is our understanding that pharmacies apply for waivers to offer delivery services; this capability will become increasingly important the longer social distancing measures are required. Drive through pharmacy options are not sufficient to address the needs of non-drivers.

Leveraging skills of displaced workers to support Family Care and IRIS participants in their homes (DWD)

COVID-19 is causing many providers of prevocational services, day services, adult day care, supported employment, and group supported employment to close their doors and layoff their workers. In addition to the recommendations we made to prevent these providers from permanently going out of business, we see an opportunity for DWD and DHS to coordinate and match displaced already experienced workers with these vulnerable populations to fill other critical home and community based



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service system needs. Some MCOs are working to connect providers who are laying off workers and those who have hiring needs, but we believe this needs to be done on a much larger scale to minimize unemployment and stress on the long-term care system.

Many workers are entering an unemployment status where they will have a job to go back to, should their employer reopen. We encourage DWD to explore flexibility on how to match qualified displaced workers with temporary positions while still allowing those workers to return to their previous COVID-19 positions should those opportunities become available in the future.

Transportation for essential workers and vulnerable populations (DOT)

Many older adults, people with disabilities, and direct care workers rely on public transportation to get to clients' homes or access essential services including medical supplies, medical care, pharmacies, and food stores.

We are hearing that many transportation providers that serve long term care participants are closing or reducing their hours, as are many public transit systems. Independent providers who provide non-emergency medical transportation (NEMT) are reducing services; public transit systems are also an important provider of NEMT services. MCOs are reporting they are already struggling to find ways to transport dialysis patients to critical appointments.

We encourage DOT to explore any flexibility they may have to increase access to specialized transit and ensure public transit continues to operate critical routes for essential workers and vulnerable populations.

Communication strategies to assist Family Care and IRIS participants (DHS)

Multiple Survival Coalition members are being told by people with disabilities and their families that they have not heard from their MCO or ICA. While some of those contacts may be in progress, we believe it underscores the need for a uniform message to all long-term care participants from DHS. We have included some materials developed by California that offer plain language resources as a reference. Survival Coalition members are willing to help "Wisconsinite" and user test these types of communications with participants.

Also it is critical there is verified contact information—preferably multiple methods, mail, e-mail, phone—for every participant during this time. We anticipate a systematic and ongoing approach to check in on people will be necessary. Strategies might include an expedited automated check-in process—a simple text message or e-mail asking if the person is ok and requiring a response would allow MCOs to understand who they have not heard from and which members to prioritize and follow up with first. As real issues begin to arise for individuals, the MCOs and ICAs can also start tapping into the existing day and employment provider workforce to help problem solve and respond. Leveraging this existing provider network through remote supports can also help prevent social isolation and potential mental health crises.



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People who are technologically disconnected need care plans adjusted to prioritize access to internet connections and working phones. To illustrate, one Survival Coalition member shared today that a person with an Intellectual Disability knocked on their apartment door and said they had no food in the house and that their cell phone was not working. The person used their neighbor's phone to reach out to their care manager. The care manager initially shared their agency had instructed them to not go to clients' homes during this time. Upon hearing in more detail how significant the needs were for this person, the care manager said they would get food delivered to the home.

Participants need clear guidance about what to do if something goes wrong. As MCOs and ICAs are transitioning to working remotely and we anticipate workers may become ill themselves, it will be critical to set up one process (a phone number or e-mail account) that remains the constant contact for emergencies and requests for support.

In addition, leveraging the existing 211 system to provide local information about grocery store hours, availability of food delivery, pharmacy delivery, medical transportation options would be useful.

Survival Coalition is comprised of more than 30 statewide disability organizations that advocate and support policies and practices that lead to the full inclusion, participation, and contribution of people living with disability.

Sincerely,

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