



March 4, 2020

Wayne Turnage, Deputy Mayor Health and Human Services, DHCF Director
Department of Healthcare Finance
441 4th St, NW 9th Floor
Washington, D.C. 20001

Dr. LaQuandra Nesbitt, Director
DC Department of Health
899 N. Capitol Street, NE
Washington, DC 20004

Andrew Reese, Director
Department on Disability Services
250 E Street, SW
Washington, DC 20024

RE: Coronavirus response planning for the I/DD community

Dear Deputy Mayor Turnage and Directors Nesbitt and Reese:

While I am certain there are many adverse health scenarios and potential service coordination crises which are being considered by the three agencies that are most involved with services to persons receiving community and ICF supports, I want to take the opportunity *before any local situation arises* with respect to an extended coronavirus outbreak in the District to obtain some agency answers.

In an effort to be proactive, the DC Coalition of Disability Service Providers has urged the I/DD provider community to re-examine emergency preparedness plans, link staff and persons supported to available CDC resources and ensure that Universal Precaution measures remain in place and in force. However, there are aspects that are outside of the control of the provider community which may impact supports if more pronounced concerns regarding coronavirus begin to surface.

The vulnerable I/DD population - some of whom have compromised health needs- is squarely in the high risk demographic based upon existing fatality and infection reports. Those persons residing in ICFs and others who have multiple health needs along with those persons receiving long term care supports are the very DC citizens who will require a proactive comprehensive governmental approach for the foreseeable outbreak. I am certain that you have noted that the Washington state COVID-19 outbreak site which is experiencing fatalities is an LTC facility, and I am hopeful that that information is helping to guide DC's response plans

The fact that DC is presently experiencing a direct support workforce crisis in the provider community is only amplifying the need for a well-considered governmental plan. A significant percentage of DC's I/DD population is entirely reliant upon staff support. Vacancy rates of direct support workers *before* the potential panic associated with a local outbreak is approximately 12%. In spite of partnerships with various temporary staffing agencies, there are presently only a limited number of per diem DSPs available to augment the staffing needs. The extensive training requirements associated with I/DD supports further limits the pool. The provider community expects a heightened number of call outs from those who are experiencing any illness. Providers also do not want to risk the potential spread of any virus to persons supported, so many organizations are now at odds with covering existing vacancies while discouraging the spread of illness.

We also expect that some community programs (day care and schools) will close which will further impact the ability for staff to work since they may need to take care of their own family members or be at home as a result of their own child coverage needs. While emergency plans address crisis scenarios, if there are inadequate staff available to perform the basic functions of operation, in order to maintain safety, providers will need flexibility.

There are additional issues that also warrant your consideration:

- If a residential or facility-based (day program) quarantine is necessary, should the provider community quarantine "in place" or bring to person supported to a DC medical facility since the basis for the quarantine would be health related?
- If there are closures of any day programs, what is the expectation for those persons who receive both day and residential supports? Note that residential providers cannot be entirely responsible for day coverage when staffing models do not exist for that scenario. And what funding mechanisms exist to cover the costs for a residential provider to provide supports 24/7 if there is no day supports option? What if relocation to a new residential site is required? How will a person's "choice" be considered if a health concern arises? What would be the impact and application of Department of Labor standards as they relate to quarantining of staff?
- Will there be an exemption related to expectations warranting payment for services for all day supports - including employment related services - when adherence to plans involving community opportunities becomes limited? Will there be some communication with respect to ISP and supports regulations related to community engagement and access if the community begins to become unsafe? Will the safety standard be determined by the provider with respect to such a determination since the individual ability of persons supported to make safe choices might be a consideration?
- We are already seeing supplies being depleted in stores, and we have noticed hard-to-find items disappearing from the homes as well (sanitizer, masks). While residential providers are required to maintain additional supplies and food on site, when shortages of supplies such as sanitizers and personal products occur (as we are seeing in other locations in the US) what does DOH, DDS and DHCF recommend?
- How will service coordination operate in the event of a local outbreak or quarantine? What about reporting requirements and annual reviews?

I am looking forward to your coordinated responses with respect to these potential issues in advance of an actual crisis. The provider community is requesting agency flexibility and/or exemptions from staffing requirements and staffing ratios in the event that the District declares a state of emergency or if there is a local coronavirus outbreak. Although, we saw the Mayor's coronavirus broadcast on Tuesday, we do need more guidance from DC officials, with respect to the issues noted above, as well as information about testing centers and community protocols. Lastly, the provider community assumes that organizational decisions which focus upon ensuring the safety of those served will be the paramount consideration in times of a crisis.

Please feel free to contact me at 410-660-6641 should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian M. Paregol". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Ian Paregol
Executive Director, DC Coalition of Disability Service Providers