



March 12, 2020

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

RE: Coronavirus action needed for I/DD community

Dear Director Reese:

I am again requesting your involvement in assuring that persons with intellectual and developmental disabilities do not fall through the cracks of the District's coronavirus response. I want to start by thanking DOH for recognizing that "plans for care and services may require flexibility in state regulatory and licensure requirements while maintaining patient/resident safety." We appreciate the suggested considerations including "the use of telemedicine, changes in staffing patterns, visitor access and any other strategies that will allow [providers] to safely treat patients while responding to COVID-19." I would ask that the ability for a provider to deliver remote supports where appropriate to provide oversight and direction to the staff and individuals should also be a possible strategy.

Some of the concerns that I voiced in my March 4th correspondence (attached) are now coming to fruition. At least two Day Service providers have communicated with the Dept of Health that they are closing, not because they have a health concern, but because they cannot provide services either because of staffing shortages or because they are unable to legitimately bill for required community activities in order to reconcile the expenses of the program. As I know you are aware, given the scope and expectations of community based day services, if community options are limited, providers cannot be reimbursed. And presently, libraries, recreation centers, senior centers, classrooms, volunteer sites and other community-based options are closing their doors.

Thus, it would not be sustainable for a provider to accrue costs of staffing (and now at an overtime or escalated temporary staffing rate) when they cannot meet the regulatory requirements for reimbursement. Hence, when choosing between two bad options, it would be wiser to simply close and save on reimbursable expenses for day providers. This, in turn, amplifies the crisis for residential providers who now must somehow provide staffing coverage

(again at overtime or using temp staff) 24/7 when their service model expects that a person would be attending a day program during the week. Notably, the funding system does not allow for reimbursement of that daytime coverage. We need to ensure that these residential providers of last resort will be made whole.

I strongly suggest that emergency legislation be implemented which: 1) allows for the temporary expansion of provider day services to include non-community based support services so that day providers can remain open when there are limited or no community activities available for beneficiary participation; 2) lessens the eligibility and training requirements for all direct support workers so that as long as the DSP is working within the same home or program as a fully-trained staff member, that DDS training requirements will be suspended with the assurance that a fully trained staff member is also present; 3) that expected staffing ratios and expectations associated with either ICF, residential, supported living, in-home or any day supports will be suspended provided that they licensee has assurance that safety will be maintained within the program; and 4) if a residential service provider must provide services beyond its operational structure as a result of closures, quarantines or isolation, that those supports will be wholly reimbursed even if costs of staffing and supplies exceed existing funding rates.

I recognize that these are significant measures, but I am deeply concerned that the bottom will drop out of services for the I/DD community without some legislative accommodations.

I look forward to your response. Please feel free to contact me at 410-660-6641 with any questions.

Sincerely,

A handwritten signature in black ink that reads "Ian M. Paregol". The signature is written in a cursive style with a long, sweeping underline.

Ian Paregol
Executive Director, DC Coalition of Disability Service Providers

CC:

Wayne Turnage, Deputy Mayor Health and Human Services, DHCF Director

Dr. LaQuandra Nesbitt, Director

Hon. Vincent Gray

Hon. Brianne Nadeau