



IACP

Idaho Association of
Community Providers

April 22, 2020

Director Dave Jeppesen
Idaho Department of Health and Welfare
450 West State Street PTC Building, 10th Floor
Boise, Idaho 83705

RE: Public Health Emergency
Emergency Based Funding

Dear Director Jeppesen,

We implore you to reconsider the Department of Health and Welfare's ("the Department's") decision not to pursue funding for hazard pay to sustain the workforce and capacity funding to maintain access for community-based settings.

We received Administrator Wimmer's response, dated April 13, 2020, and the subsequent Medicaid Information Release, dated April 17, 2020, indicating retroactive rate increases for services which are broadly inaccessible during the Public Health Emergency. We remain concerned that this response does not meet either of its stated purposes to "maintain a stable workforce and preserve significantly impacts HCBS provider networks"¹. We further seek clarity of the Department's response to behavioral health services while "exploring rate increases with Optum"² as pressure mounts for trauma informed care.

Workforce – Hazard Pay, PPEs, Testing, and Guidance

We struggle to understand the Department's decision against providing hazard pay for direct care staff providing in-person skill building and medical support to individuals with disabilities in their homes.

As stated in our March 27 and April 9, 2020 letters, we are experiencing a severe workforce shortage and striving to provide individuals with behavioral health and developmental disabilities with support to meet basic needs. With the expansion of unemployment, it has proven difficult to maintain staffing in hazardous conditions without access to personal protective equipment ("PPEs"). Unemployment currently provides for approximately \$15/hr; far above

¹ Medicaid Information Release MA20-24, dated April 17, 2020

² Administrator Wimmer's letter to IACP dated April 13, 2020

what community-based providers are reimbursed to pay direct care workers providing crucial and federally mandated essential services.

Across the nation, individuals with disabilities are contracting and dying from COVID-19 at a rate far higher than the general public³. This is clearest in residential settings where providers are short staffed and without access to PPEs. Inaccessibility of testing has further complicated response time as agencies are unable to access COVID-19 testing for staff and recipients after potential exposure and before exhibiting symptoms.

Without access to a stable workforce, providers struggle to comply with the Center for Disease Control's recommendations on isolation after exposure⁴. While we appreciate the flexibilities in onboarding new staff, we are unable to attract and retain qualified staff to meet the new hazards now implicit in the position. We have requested and continue to wait for guidance from the Department on how to support individuals and staff shortages after exposure, when confirmed, and when waiting on confirmation of COVID-19.

Idaho has already reported at least one death in services with underlying workforce issues. Please provide clarification if there are any circumstances in which the Department will consider hazard pay to stabilize the workforce and/or prioritize personal protective equipment and testing to lessen the hazards.

Capacity – Funding and Access

We also request additional clarification of the Department's decision and methodology in determining rate increases to services which are closed or at risk of closure.

The services which the Department identified for rate increases are limited to developmental disability services which experienced a dramatic reduction in billing, ranging from an overall 50% to 85% reduction⁵ in revenue. Providing general rate increases will not support providers to retain staffing needed or reopen services as it depends on sufficient rate increases for active

³ https://www.washingtonpost.com/local/group-homes-for-disabled-adults-grapple-with-the-spread-of-coronavirus/2020/04/18/ac2ecae2-7ff2-11ea-a3ee-13e1ae0a3571_story.html?fbclid=IwAR0AJ8Jguin2WZn_y0HIK004iUBj3ncftVRLEAwMAUSXtTpfCJ5UbVFWrcY; <https://www.nytimes.com/2020/04/08/nyregion/coronavirus-disabilities-group-homes.html>; https://www.wcvb.com/article/covid-19-cases-surge-massachusetts-homes-for-developmentally-disabled/32098885?fbclid=IwAR33pVsE_1UmDE1SHINDto2AvbdgRjoQAToGm7HyTxF5a6ImygpPiBjIdU; <https://www.njspotlight.com/2020/04/covid-19-starts-to-take-a-toll-on-new-jerseys-disabled-residents/>; <https://www.texastribune.org/2020/03/27/texas-living-facility-denton-see-coronavirus-cases-surge-39/>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

⁵ Between January 15, 2020 and April 9, 2020, billing substantially reduced in the following services as follows: Community Developmental Therapy (97537) reduced by 80%, Children's Behavioral Intervention (H0004) reduced by 50%, Children's Community Based Supports (H2015) reduced by 50%, Community Supported Employment (H2023) reduced by 74%, Center Based Developmental Therapy (H2032) reduced by 80%, and Adult Day Health (S5100) reduced by 85%.

billing⁶. It also disadvantages regional providers who are unable to bill due to concerns from families about receiving services during a pandemic.

As further clarification, these providers cannot access funding through the Payback Protection Program or any other program to offset revenue loss to maintain access. The CARES Act and subsequent guidance from the Small Business Administration requires at least 75% of utilization be provided in payroll in the eight (8) weeks following acceptance. More challenging are requirements that the recipient maintain workforce as operated prior to February 29, 2020. This is simply unattainable for providers experiencing closures and severe workforce shortages.

Providers and Idahoans with disabilities rely on the Department to provide the funding necessary to maintain access and a sufficient provider network as required by federal law. Administrator Wimmer's letter did not address the specific rate methodology or the Department's plan to monitor access. Please provide clarification regarding if and how the Department will monitor provider closures and access requirements.

Thank you for your time and attention to our requests and concerns. There is no time left to put protections in place to support Idaho's most vulnerable citizens. Please respond in writing by Monday, April 27, 2020.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Lydia Dawson', with a long horizontal flourish extending to the right.

Lydia Dawson, Esq.
Executive Director

⁶ For example: Adult Day Health is operating at 15% capacity. Even with a 40% rate increase, providers will still be operating at barely 20% operating revenue and unable to maintain services or regain workforce needed to qualify for the Payback Protection Program.