Empowering People: Providers Shaping Policies

May 26, 2021

To: Jonathan Tew

From: Cathy Chin

Re: Requested HCBS Expenditures for Increased FMAP, for Your Consideration

Though both residential and day programs which provide services to adults with intellectual and developmental disabilities are in dire straits with staffing at the present and foreseeable future, if I had to prioritize one over the other, it would be day programs. Though both use the same employment pool, many day programs are particularly vulnerable to the vagaries of the current labor market because they have been under-resourced - their rates do not account for many of their costs. In addition, during the outbreak, many of their staff were redeployed to residential and wish to remain there. This crisis is evidenced by the fact that many ABCD providers which have re-opened day programs are having to restrict requested program services by between 25-40% simply because they do not have enough staff.

Using the language provided in the May 13, 2021 Letter to State Medicaid Directors, HCBS needs to be “strengthened” for day programs, “enhanced” for residential services, and “expanded” for mental health and supportive employment.

I request that agencies be provided the resources and the flexibility to determine what combination of options will help solve the staffing problem for their unique system of care. Activities for your consideration include:

- Recruitment Incentives such as sign on bonuses
- Reimbursement for additional recruitment expenses
- Referral fee
- Retention strategies to include awards/bonuses to DSP staff at 3 months, 6 months, 1 year and 2-year anniversary.
- Longevity bonuses for those who have worked for the agency over a certain number of years.
- Hazard payment
- Health Care Reimbursement Accounts – Set aside funds to pay employees and their families out of pocket health care/prescription costs for 2 years.
• FSA for Childcare/Family Care – Set aside funds to help subsidize employee childcare costs/expenses, family care costs/expenses while working for 2 years (Most of our staff are women who disproportionately shoulder the weight of childcare and caring for the needs of other loved ones.)

Since the FMAP funds are not long term, providers are unlikely to create a program which does not already exist for individuals they serve. Based on this, I request for your consideration the expansion of the following services:

• Supportive Employment services and staffing/additions to individual budgets to get people employed and trained during this time when many entry level positions are opened across the state. Services could include time limited paid internships for community employment. Individuals would be paid a competitive wage for part time positions with community employers for a period of six months. At the conclusion of the internship period, the employer could offer the individual a paid position.

• Mental Health Services. Enhanced mental health support/services for individuals particularly as it relates to trauma supports.

• One time/flat fee to hire clinician for limited period of time (1 year-2 year) to work with staff who are experience psychological issues related to the PHE, to include contracting EAP services, when and if preferred or hiring a clinician is more challenging or unsuccessful.

Funds to expand individual’s functional capabilities:

• Home modifications to ensure access so that individuals may age in place.

cc: Assistant Commissioner Langer Jacobs
    Assistant Commissioner Jonathan Seifried