



Council on
Developmental Disabilities



March 23, 2020

Dear Governor Lee,

Thank you for your ongoing work to respond to the COVID-19 public health emergency. The Arc Tennessee, the Tennessee Council on Developmental Disabilities and Disability Rights Tennessee appreciate your consideration of the disability community and that of others in your cabinet during these challenging times. As you are aware, our three organizations are active at the national and state levels advocating for the needs of people with disabilities and the families and providers that support them. We are in constant communication with Tennesseans with the most significant disabilities and their support networks. Our perspective on the COVID-19 emergency is informed through that contact and through communication with our partners in other states. To that end, we have compiled a list of suggestions to guide you and your key administrators in taking steps to ensure the needs of people with disabilities are addressed during this critical time. Our organizations trust that you will reach out to us for guidance as to what would be most beneficial to support this population.

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 in the DIDD Waivers, ECF CHOICES and CHOICES. Essential workers should include all direct care workers, especially Direct Support Professionals (DSPs) and Job Coaches. Other critical workers include people that work in Personal Care, Home Health, Skilled Nursing, In-home care mental health, hospice, and remote technology service installation, as well as workers that provide connection to essential community services including specialized transit, public transit, paratransit, home meal delivery, and non-emergency medical transportation. Furthermore, administrative personnel such as Support Coordinators, Program Managers and Accounting staff are critical for the overall support of the direct care workforce.

The direct 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 K waiver 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 DIDD Waiver, ECF CHOICES and CHOICES participants

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.

If it is not already occurring, DIDD, ISC agencies, and the MCOs should 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 transportation services are limited.

Other states are expanding the ability for remote technology providers to ramp up their services. DIDD already has a strong enabling technology program and now is the perfect time to expand it. 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. The Arc Tennessee recommends that waiver service definitions and billing codes maximize the potential to use these services. DIDD and TennCare 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 Tennessee 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. It is our understanding that CVS is now providing delivery for prescriptions. Encouraging others to do so would be helpful.

Leveraging skills of displaced workers to support DIDD Waiver, ECF CHOICES and CHOICES participants in Supported Living, Group Homes and Community Living Supports

COVID-19 may cause providers of employment services and community-based day services to layoff their workers. We see an opportunity for DIDD, TennCare and/or the MCOs to coordinate and match displaced, already experienced workers with these vulnerable populations to fill other critical home and community-based service system needs. If it is not already occurring, there should be a statewide coordinated effort to connect providers who are laying off workers and those who have hiring needs. The Arc Tennessee may be able to assist in this effort by serving as a central point of entry.

Some workers may be entering an unemployment status where they will have a job to go back to, should their employer reopen. If it's not already in process, we encourage DIDD, TennCare and the MCOs to explore flexibility on how to match qualified displaced workers with temporary positions while still allowing these 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.

Please keep the needs of these populations in mind as transportation providers that serve long term care participants close or reduce their hours, and as public transit systems consider reductions in services. We encourage TN DOT to keep the needs of these vulnerable populations in mind and the potential impact on their overall health and safety if their access to transportation is eliminated.

Communication strategies to assist DIDD Waiver, ECF CHOICES and CHOICES participants

DIDD has been consistently communicating with their provider network that supports people in the DIDD Waivers. What is not as clear is the level of communication that has occurred with individuals supported in the family home or individuals on the referral list for services. It is critical during this time of uncertainty that families know of the hard work going on to ensure that HCBS services continue during the Coronavirus crisis and that contingency plans are being implemented. A uniform message across all HCBS systems will go a long way toward keeping people calm during this time. We have plain language materials from other states that we could personalize for Tennessee. Our organizations are also willing to help share information in any way we can for DIDD, TennCare and the MCOs.

It is also strongly encouraged that efforts be made to verify contact information of every participant in the DIDD Waiver, ECF CHOICES and CHOICES programs. Through our work of contacting individuals to participate in National Core Indicator surveys, we frequently come across incorrect contact information. There is no better time than the present to get updated information for everyone, including people on the referral list. It is highly possible that we will be dealing with this crisis for some time and that regular check ins will be necessary to monitor the health and safety of participants. A strategy such as an automated phone call, email or text message to check in on participants may help DIDD, TennCare and the MCOs determine who has the greatest needs.

People who are technologically disconnected need care plans adjusted to prioritize access to internet connections and working phones. To illustrate the importance of this need, we learned a person with an intellectual disability went to a neighbor's apartment and knocked on the door. He said that he had no food in the house and that his cell phone was not working. The person used their neighbor's phone to reach out to his support coordinator. The support coordinator initially shared that the agency had instructed her to not go to members' homes during this time. Upon hearing in more detail how significant the needs were for this person, the support coordinator said they would get food delivered to the home.

Participants need clear guidance about what to do if something goes wrong. As staff 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.

Once again, The Arc Tennessee, the Tennessee Council on Developmental Disabilities and Disability Rights Tennessee are grateful for your leadership and that of other key departments amid the COVID-19 public health emergency. Please don't hesitate to contact us if there is anything we can do to help during these challenging times.

Sincerely,



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