November 23, 2020

Executive Office  Speaker of the House  Senate President
State House  State House  State House
Boston, MA 02133  Boston, MA 02133  Boston, MA 02133

Rep. Aaron Michlewitz, Chair  Sen. Michael J. Rodrigues, Chair
House Committee on Ways and Means  Senate Committee on Ways and Means
State House  State House
Boston, Ma 02133  Boston, Ma 02133

Re: Essential Services - by email

Dear Governor Baker, Speaker DeLeo, President Spilka, Chair Michlewitz and Chair Rodrigues:

Thank you for your ongoing consideration of individuals with intellectual and developmental disabilities such as autism, down syndrome and cerebral palsy. We appreciate the funding which has been authorized for 2021 in the budgets of the Department of Developmental Services (DDS), MassHealth and other disability agencies of the Commonwealth. We are writing to ask you to prioritize billing language and funding for our community in a supplemental budget or through another administrative mechanism.

Our network of services is essential for tens of thousands of people and their families and both private and state operated services are an extension of the Commonwealth’s responsibility to our fellow citizens. The pandemic has worsened the impact of the existing workforce shortage to individuals served in group settings and with families. We plead with you to authorize additional funding by the legislature and address rates of payment by the administration so that the Commonwealth:

1. Day and employment supports funding (5920-2025 and 4000-0601) – legislature increased by $20 Million the DDS line noted; authorization by the administration to provide pre-COVID utilization funding will allow these programs to continue given the infection control guidelines which has reduced attendance by 55% or more while requiring higher staff ratios. Buttressing these programs not only allows them to provide services directly to a portion of attendees daily, but it will allow for remote outreach, intermittent home outreach visits for those not attending and the ability to re-start full service when infection control guidelines cease for the 20,000 attendees of DDS and MassHealth day services.

2. DDS Residential Services which are in the POS (privately run) system have 7,760 participants and unlike the state operated sector do not have daytime staffing. However, since July they have not been reimbursed for daytime staff (depending on day program attendance, 1 to 3 staff may be on duty at any congregate setting). The surge combined with some staff attrition from fear or family responsibilities have left these services without adequate tools. During the spring
an average of 17.5% allowed agencies to fund a variety of strategies – additional pay, separate
sleep quarters for quarantine or for staff working multiple shifts, adequate PPE, etc. The
proposed funding of 3.25% is not adequate even when combined with proposed rate adjustment
dollars which raise the reimbursement to 9.25% over the course of the year. We realize that a
compromise is needed, which could be achieved with additional funding closer to 18%. Over
120 people have died in DDS small congregate housing at this point (estimate), while more than
1200 had the virus in private group settings by June 9 during the first surge.

3. Family and unrelated caregivers also are part of this essential network. During the first surge,
families had access to additional family support (5920-3000) which we greatly appreciate. This
need to be replicated. In addition, MassHealth AFC (adult foster or family care program, also
4000-0601) need additional stipends as they received no additional aide since March for their
24/7 responsibilities (average stipends are $9,000 and $18,000 depending on level of care).
These are cost-effective strategies to which the Commonwealth has been responsive.

All these COVID investments are federally reimbursable except perhaps for some of the additional
monies provided through family support. The rest: day, residential, AFC can be reimbursable by
authorizing emergency, temporary rates. These rates also can be variable to address day services space
capacities or staffing allocations. DDS and MassHealth could structure a true-up audit at the end of the
pandemic to make sure the funding matched the needs.

In closing, only this month, new articles appeared in the NY Times and Washington Post about our
constituency, the higher risk posed by COVID 19, and the illnesses which inevitably impact their
caregivers including reported fatalities. We plead for further relief.

Sincerely,

Leo V. Sarkissian
Executive Director

Maura Sullivan
Director, Government Affairs

cc: Rep. Kay Khan
Sen. Sonia Chang-Diaz
Rep. Denise Garlick
Sen. Cindy Friedman
Rep. Brad Jones
Sen. Bruce Tarr
Marylou Sudders, Secretary, Health and Human Services
Jane Ryder, Commissioner, Department of Developmental Services