

Honorable Gina Raimondo
82 Smith Street
Providence, Rhode Island 02908

July 29, 2020

Dear Governor Raimondo,

The Community Provider Network of Rhode Island (CPNRI) is requesting deliberate, immediate action to address the systemic challenges within the individuals with intellectual and developmental disabilities service system as a result of COVID-19.

CPNRI recognizes and appreciates your leadership managing the public health policies that have effectively decreased the spread of the COVID-19 virus in Rhode Island. While we are thankful for this leadership and acknowledge that our collective community actions are containing COVID-19, there will be serious and potentially disastrous impacts on the intellectual and developmental disability (I/DD) community if the identified issues below are left unaddressed.

CPNRI has drafted multiple memos, recommendations, and requests to notify the State of safety concerns; PPE and testing needs; emerging financial solvency risks; workforce challenges; and the ongoing human needs that community providers are unable to meet. It is incumbent upon the State to ensure the safety and well-being of Rhode Island residents. There is no greater responsibility or priority of the government.

This crisis has been underway for 20 weeks and is anticipated to extend well into 2021. Providers and families have successfully protected Rhode Islanders with intellectual and developmental disabilities from the catastrophic spread of COVID-19 to this population. While the State has responded to some of our recommendations, there is a lack of sustained commitment to the systemic challenges we are facing. Families are tired, our workforce is tired, and we need a stronger commitment from the State to partner with providers on collective solutions. Our progress is not promised; we must remain vigilant and formalize our strategies and solutions to this ongoing crisis.

There are four critical items the State has failed to fully address. Providers recommend the following in order to maintain the low incidence of COVID-19 within this community and prepare for future surges: adequate PPE supplies; prioritized and/or rapid testing for our workforce; investment in a stable workforce and creation of financial remedies to increase access to services.

Financial Relief: The current reimbursement method does not support the changes that must occur in service delivery to manage the pandemic and thereafter. Without significant changes to the payment methodology and the rates, individuals will not have access to services.

Request: Immediate convening of a taskforce which includes: Governor's office staff, EOHHS staff, BHDDH staff, providers, Court Monitor and expert consultant to design a COVID-19 transformation program for I/DD over a four-week period.

Request: Development of a payment model that clearly aligns with HCBS rule and community inclusion.

Workforce Stabilization: The workforce is the vital asset of Medicaid providers. Without a stable workforce, services cannot be delivered. This is a simple fact that must not be overlooked, and the State must act to preserve and stabilize this workforce.

Simply put, this is a social justice issue. Our workforce is comprised primarily of women and minorities. Of the 17 providers who responded to a survey, approximately 40.0 percent of their workforce are minorities and 70.0 percent are women. DSPs on average make \$13.00 per hour. These are poverty wages for essential workers that support and improve the lives and well-being of some of our most vulnerable citizens. Rhode Island must do more to eliminate the perpetuation of poverty wages in their State funded Medicaid delivery system that disproportionately impacts women and minorities. An investment in Medicaid is an investment in Rhode Island workers and the individuals they support.

Beyond the economic value of providing a living wage for workers who provide Medicaid funded services, Rhode Island has the responsibility to ensure access to services and adequacy of their Medicaid provider network. Currently the provider community is unable to meet the needs and entitled benefits of the community due to staffing challenges which are a direct result of the low wage reimbursement offered by Medicaid. Currently, of the 20 providers reporting, they are unable to meet the needs of 427 individuals living in our community. We must act.

Request: Medicaid rates that increase the DSP wage minimally to \$15.00 per hour.

Request: COVID-19 Workforce Stabilization Fund extension to incentivize retention of essential workforce.

Testing: Testing remains a challenge for providers. Understanding the Center of Disease Control (CDC) issues rapidly changing guideline/practices/research, the provider community must be assured these guidelines can be fully effectuated by alignment of the Department of Health (DOH) guidelines and process for securing testing and expediting results. Residents in congregate care (CC) facilities are in the high and highest risk categories according to identified chronic conditions with high prevalence in this community. Further, many CC facility residents are also of advanced age. These factors along with the high probability of COVID-19 spread in CC settings support the need for consistent practice of immediate testing when COVID-19 positive cases are identified either in staff or residents.

Request: Definitive policy that expedites and prioritizes I/DD congregate care workforce and residents specifically for group homes supporting persons with intellectual and developmental disabilities.

Request: Designated community locations that prioritize both testing and results for I/DD workers and group home residents.

Request: Distribution of testing supplies to I/DD group homes when requested and standing facilities that can ensure results are prioritized.

Request: Rapid Test machines for regional distribution for the Developmental Disability network of providers and/or established process to access rapid testing.

Request: Providers would like to engage the DOH in consultation as policies are developed to ensure the clinical recommendations and policies are well informed by the community of practice and unique care offered at I/DD group homes.

PPE Supply Management: As of July 27, 2020, REMA released a formal PPE request and distribution process. CPNRI is hopeful this process will result in adequate PPE distribution for RI Medicaid providers. Notably, distribution of PPE is only now being formalized under this temporary process, which concerns all providers of Medicaid funded services.

Request: State funded PPE supplies for operating Medicaid funded services through the duration of the pandemic.

Request: Convene REMA and DOH with the disability provider network and community advocates to ensure alignment of future emergency preparedness planning with the needs of the disability community.

Thank you for your attention to the identified requests and your support of Rhode Islanders with intellectual and developmental disabilities.

Sincerely,

A handwritten signature in black ink, appearing to read "Tina Spears". The signature is fluid and cursive, with a large initial "T" and "S".

Tina Spears, M.P.A | Executive Director
Community Provider Network of Rhode Island