



# The Federal Landscape in the Time of COVID-19

Shannon McCracken, VP of Government Relations



@TheRealANCOR

[ancor.org](https://www.ancor.org)

# How to Even Talk About Such Momentous Times?



# A World Upside Down?





*Sorry* WE'RE

**CLOSED**

For me...

2019



2020



# Member Appreciation Week!



**WE**   
**OUR**  
**MEMBERS**

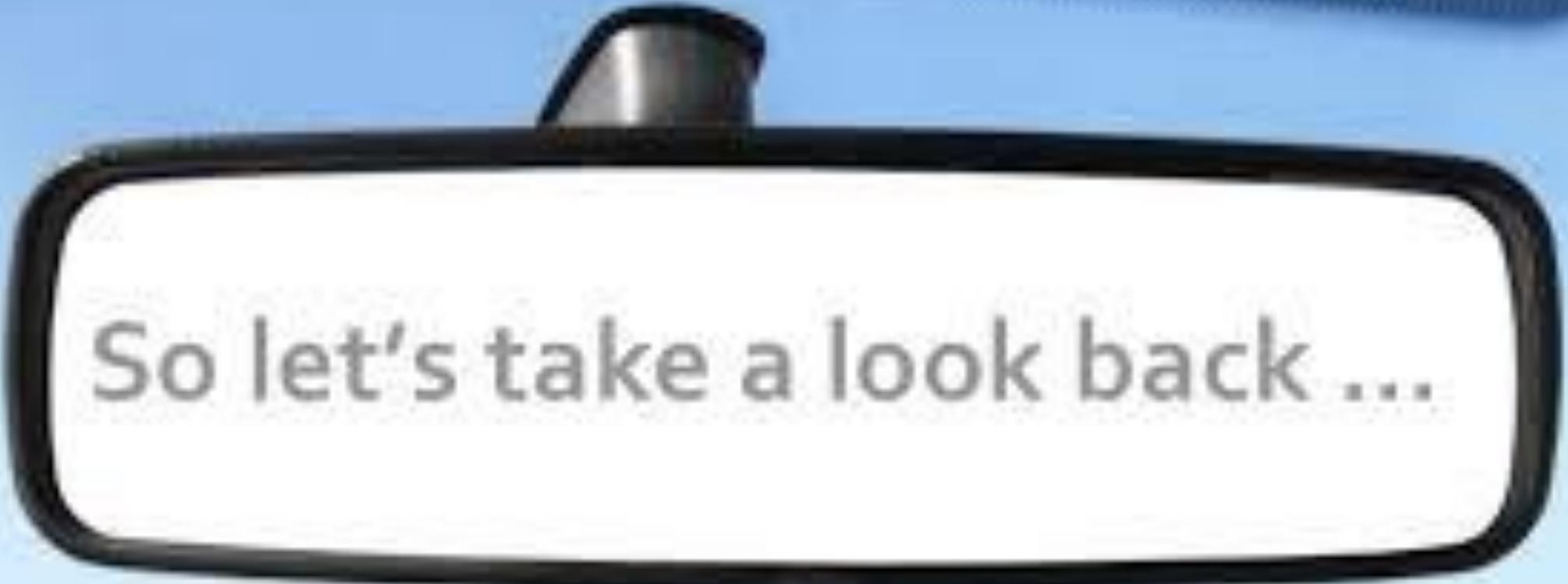


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# Alliance ANCOR Volunteer Leaders

- Josh Rael – State Association Executive Committee
- Ellen Jensby – Government Relations Advisory Committee
- Douglas McNeil – Board of Representatives
- Partnership with Coleman Institute

A close-up photograph of a car's rearview mirror. The mirror is rectangular with rounded corners and a black frame. It is mounted on a silver metal stem. The background is a clear, bright blue sky. The text "So let's take a look back ..." is printed in a simple, grey, sans-serif font across the center of the mirror's glass surface.

So let's take a look back ...

# Goal for 2020: Pass the Hospital Bill

ANCOR is thrilled to announce that on Monday, U.S. Representatives Mary Gay Scanlon (D-PA) and Tom Emmer (R-MN) introduced the Isaiah Baker and Margie Harris-Austin Act. The bill would authorize states to reimburse, if they so choose, Direct Support Professionals' (DSP) time supporting individuals during short-term hospital stays. Currently, home and community-based services (HCBS), specifically those under 1915 (c) waivers, have not had this option available to them. This has been a priority issue for ANCOR, which led advocacy on this bill throughout 2019, because of its potential to [improve health](#) outcomes for people with disabilities and because supports during hospital stays have been an unfunded cost for providers. While the House bill does not yet have a number and its text has not yet been loaded to Congress.gov, we are excited and grateful for the bill's introduction. We expect a Senate companion bill in the very near future.



# Senate Version Introduced



ANCOR is thrilled to announce that this week, Senators Rob Portman (R-OH) and Gillibrand (D-NY) introduced a companion bill to the Isaiah Baker and Margie Har

# Breaking News

JAN. 11

## **China reported its first death.**

On Jan. 11, Chinese state media reported the [first known death](#) from an illness caused by the virus, which had infected dozens of people. The 61-year-old man who died was a regular customer at the market in Wuhan, . The report of his death came just before one of China's biggest holidays, when hundreds of millions of people travel across the country.

# February 8, 2020 US Senate votes to acquit



FEB. 29

## **The United States reported a death.**

On Feb. 29, the authorities announced that a patient near Seattle had died from the coronavirus, in what was believed to be the [first coronavirus death](#) in the United States at the time. In fact, two people had died earlier, though their Covid-19 diagnoses were not discovered until months later.

# March 3: ANCOR conference call with CDC consultants



# H.R.6074 - Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020

- Status: Became Public Law on 3/6/2020
- **Title II – Financial Services and General Government**
  - Small Business Disaster Loans – Allows \$1 billion in loan subsidies to be made available to help small businesses, small agricultural cooperatives, small aquaculture producers, and nonprofit organizations which have been impacted by financial losses as a result of the coronavirus outbreak. This funding could enable the Small Business Administration to provide an estimated \$7 billion in loans to these entities. In addition, provides \$20 million to administer these loans.
- **DIVISION B – Telehealth Services During Certain Emergency Periods**
  - Emergency Telehealth Waiver: Allows the Secretary of Health and Human Services (HHS) to waive certain Medicare telehealth restrictions during the coronavirus public health emergency. These waivers would allow Medicare providers to furnish telehealth services to Medicare beneficiaries regardless of whether the beneficiary is in a rural community. This provision would also allow beneficiaries to receive care from physicians and other practitioners in their homes. This provision is estimated to cost \$500 million.

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- On March 13, ANCOR signed onto a [letter from the Consortium for Citizens with Disabilities to the House Education & Labor Committee](#) urging the prioritization of the needs of people with disabilities when crafting COVID-19 relief packages.
  - On March 16, ANCOR sent a [letter to the Centers for Medicare & Medicaid Services \(CMS\)](#) urging it to offer clarifying guidance and flexibility in several areas related to disability support.
  - On March 19, ANCOR sent a [letter to the National Governors Association](#) urging its members to declare Direct Support Professionals as essential workers.
  - On March 25, ANCOR signed onto a [letter to the Federal Emergency Management Agency](#) urging it to prioritize providers of home- and community-based [disability services](#) when appropriating Personal Protective Equipment.
  - On March 26, ANCOR sent a [letter to the U.S. Department of Labor](#) urging it to address the needs of provider organizations and Direct Support Professionals in its regulations surrounding emergency paid sick and family leave provisions of the Families First Coronavirus Response Act.
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# Congressional COVID Response – 2<sup>nd</sup> March bill

- Families First Coronavirus Response Act – became law 3/18/20
  - Emergency paid leave act provisions apply to small businesses
  - Increases FMAP to states by 6.2%
  - Tax credits for paid sick and family medical leave

# H.R.6201 - Families First Coronavirus Response Act

- Status: Became [Public Law on 3/18/2020](#)
- **DIVISION C – Emergency Family and Medical Leave Expansion Act**
  - Section 3102. Amendments to the Family and Medical Leave Act of 1993. This section provides employees of employers with fewer than 500 employees and government employers, who have been on the job for at least 30 days, with the right take up to 12 weeks of job-protected leave under the Family and Medical Leave Act to be used To care for a child of an employee if the child’s school or place of care has been closed, or the child-care provider is unavailable, due to a coronavirus. After the two weeks of paid leave, employees will receive a benefit from their employers that will be no less than two-thirds of the employee’s usual pay.
- **DIVISION E – Emergency Paid Sick Leave Act**
  - Section 5102. The Emergency Paid Sick Leave Act. This section requires employers with fewer than 500 employees and government employers to provide employees two weeks of paid sick leave, paid at the employee’s regular rate, to quarantine or seek a diagnosis or preventive care for coronavirus; or paid at two-thirds the employee’s regular rate to care for a family member for such purposes or to care for a child whose school has closed, or child care provider is unavailable, due to the coronavirus.

# FFCRA cont.

- **DIVISION F – Health Provisions**

- Section 6008. Emergency FMAP Increase. This section provides a temporary increase to states' federal medical assistance percentage for the duration of the public health emergency for COVID-19. It requires states to maintain eligibility standards that are no less restrictive than the date of enactment.
- Section 6009. Increase in Medicaid Allotments for Territories. This section provides an increase to the territories' Medicaid allotments for 2020 and 2021. It will ensure that territories that receive an FMAP increase under the previous section will have the necessary additional federal funds for their Medicaid programs.

- **DIVISION G – Tax Credits For Paid Sick And Paid Family And Medical Leave**

- Section 7001. Payroll Credit for Required Paid Sick Leave. This section provides a refundable tax credit equal to 100 percent of qualified paid sick leave wages paid by an employer for each calendar quarter.
- Section 7002. Credit for Sick Leave for Certain Self-Employed Individuals. This section provides a refundable tax credit equal to 100 percent of a qualified sick leave equivalent amount for eligible self-employed individuals who must self-isolate, obtain a diagnosis, or comply with a self-isolation recommendation with respect to coronavirus. Section 7003. Payroll Credit for Required Paid Family Leave. This section provides a refundable tax credit equal to 100 percent of qualified family leave wages paid by an employer for each calendar quarter.
- Section 7004. Credit for Family Leave for Certain Self-Employed Individuals. This section provides a refundable tax credit equal to 100 percent of a qualified family leave equivalent amount for eligible self-employed individuals.

MARCH 26

## **The United States led the world in confirmed cases.**

The United States officially became the country [hardest hit by the pandemic](#), with at least 81,321 confirmed infections and more than 1,000 deaths. This was more reported cases than in China, Italy or any other country at the time.

MARCH 27

# CARES Act



# H.R.748 - Coronavirus Aid, Relief, and Economic Security Act/CARES Act

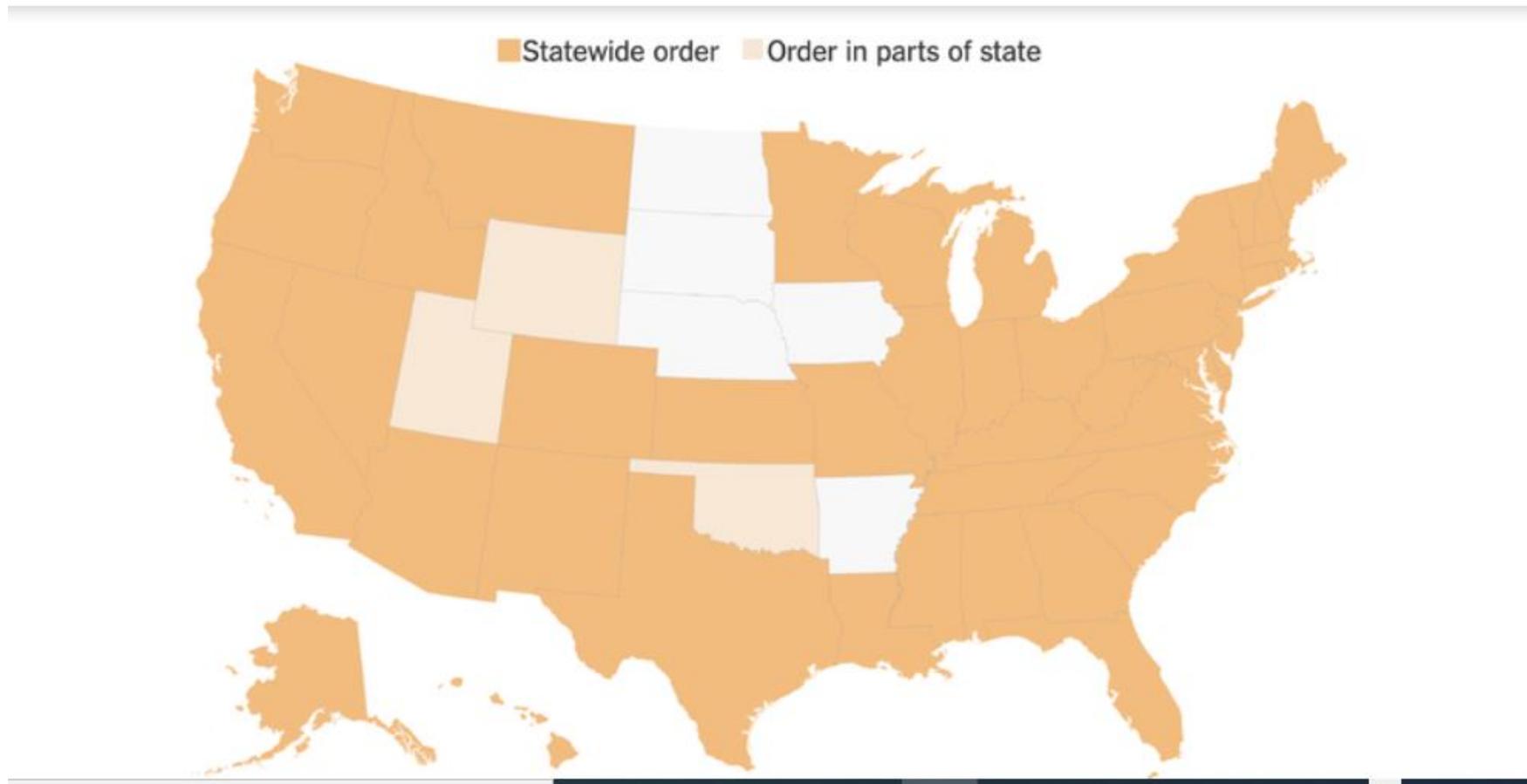
Status: Became Public Law on 3/27/20

1. PPP: Paycheck Protection Program (Medicaid included with 500 or fewer employees)
2. 150 Billion for state and local governments – each state received a minimum of \$1.2 billion
3. Money Follows the Person extension
4. PHSSEF: Established the Public Health & Social Services Emergency Fund (\$100B)
5. Codified Margie & Isaiah's Law: legislation led by ANCOR and introduced in Congress in late January that would enable disability service providers to be reimbursed by state Medicaid programs to pay direct support professionals who support individuals during short-term hospitalizations.



MARCH 30

# More states issued stay-at-home directives.



APRIL 2

## **Cases topped one million, and millions lost their jobs.**

By April 2, the pandemic had sickened more than one million people in 171 countries across six continents, killing at least 51,000.

In just a few weeks, the pandemic put nearly [10 million Americans out of work](#), including a staggering 6.6 million people who applied for unemployment benefits in the last week of March. The speed and scale of the job losses was without precedent: Until March, the worst week for unemployment filings was 695,000 in 1982.

# April 8-- NYT Reports:

*'It's Hit Our Front Door': Homes for the Disabled See a Surge of Covid-19*



- “1,100 of the 140,000 developmentally disabled people monitored by the state had tested positive for the virus, state officials said. One hundred five had died — a rate, far higher than in the general population, that echoes the toll in some [nursing homes](#).”

# Congressional COVID Response – April 23

- Supplemental bill passed – \$484 billion
  - Adds an additional \$75 billion to HHS Emergency Fund
  - Adds additional \$361 billion to Paycheck Protection Act

# April – Federal Advocacy

- 4/1: Transmitted letter to HHS Secretary Azar, reinforced by CCD letter, which was signed by NASDDDS, requesting \$8.3B from the PHSSEF.
- 4/10: Sent follow-up letter to HHS Secretary Azar again requesting \$8.3B from the emergency fund, this time referencing the announcement that Medicare providers would receive payments based upon 6.2% of revenue. We laid out the expectation that Medicaid provider payments should be based upon the same formula.
- 4/17: Sent letter to CMS, Calder Lynch, seeking inclusion in the emergency fund distribution.
- 4/20: Sent letter to HHS Sec. Azar and CMS Administrator Verma asking for transparency in the tranche funding allocations.
- 4/24: ANCOR issued a press release calling on the administration to issue clearer guidance in response to HHS announcement regarding the latest distribution of emergency funding.
- 4/29: Twenty Democratic Senators sent a leader to the leadership in both chambers calling for an additional FMAP bump, dedication \$50 billion for Medicaid HCBS wages and hazard pay, in the 4<sup>th</sup> Covid package.

# HHS Emergency Fund “Tranche” distributions

## Timeline

### CARES Act Provider Relief Fund Distribution Timeline



#### April

##### **April 10 - April 17 (General Distribution)**

\$30 Billion distributed to nearly 320,000 Medicare Fee-For-Service (MFFS) billing providers based on their portion of 2019 MFFS payments

##### **April 24 (General Distribution)**

\$9.1 Billion to almost 15,000 Medicare Fee-For-Service billing providers based on revenues from CMS cost report data

##### **Starting April 24 (General Distribution)**

\$10.9 Billion available to Medicare Fee-For-Service billing providers based on revenue submissions to the provider portal (\$2.5 Billion distributed as of 5/27)

**May 3, 2020: Launched Campaign**

**#ForgottenFaces**

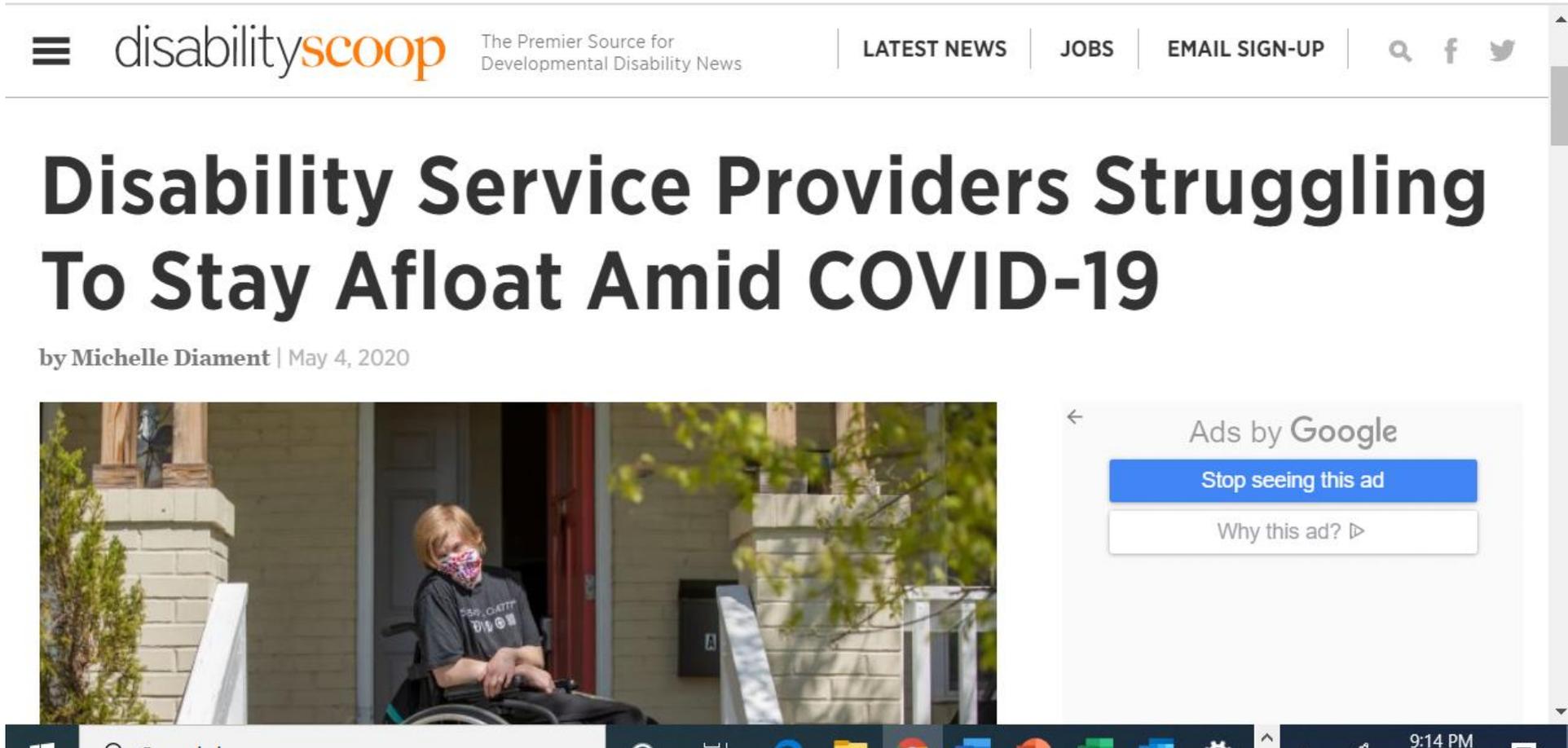
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# ANCOR Releases Avalere Fiscal Impact Survey



The screenshot shows the top of a web browser displaying the Disability Scoop website. The navigation bar includes a hamburger menu, the site logo "disabilityscoop" with the tagline "The Premier Source for Developmental Disability News", and links for "LATEST NEWS", "JOBS", and "EMAIL SIGN-UP". Social media icons for search, Facebook, and Twitter are also present. The main headline reads "Disability Service Providers Struggling To Stay Afloat Amid COVID-19" by Michelle Diament, dated May 4, 2020. Below the headline is a photograph of a person in a wheelchair wearing a face mask. An "Ads by Google" overlay is visible on the right side of the page, featuring a blue "Stop seeing this ad" button and a "Why this ad?" link. The Windows taskbar at the bottom shows the time as 9:14 PM.

# May – Federal Advocacy

- CMS finally requested Medicaid provider information from the State Medicaid Agencies.
- Senator Ernst (R-IA) led a Dear Colleague letter to Sec. Azar and Administrator Verma that specifically named ANCOR members, DSP's and our Avalere survey report to urge HHS to include us in the distribution from the emergency fund. Joining this powerful letter were Senators Hassan (D-NH), Tillis (R-NC), Gillibrand (D-NY), McSally (R-AZ) and Smith (D-MN).
- Following up on our Senate “Dear Colleague” letter pressuring HHS to include Medicaid I/DD providers in its next funding tranche, we’re keeping the pressure on with a **House letter, targeted Congressional Town Halls, and related action alert/grassroots activity.**

More than thirty representatives signed the bipartisan letter led by Reps Dingle, Emmer, Rice and Katko. The letter is attached; members who signed include (leads in bold): Axne (D-IA), Blunt Rochester (D-DE), Cohen (D-TN), Cox (D-CA), Craig (D-MN), Deutch (D-FL), **Dingell (D-MI)**, Doyle (D-PA), **Emmer (R-MN)**, Engel (D-NY), Estes (R-KS), Fitzpatrick (R-PA), Hagedorn (R-MN), Eddie Bernice Johnson (D-TX), **Katko (R-NY)**, Peter King (R-NY), Langevin (D-RI), McGovern (D-MA), Neguse (D-CO), Max Rose (D-NY), Ruppertsberger (D-MD), Chris Smith (R-NJ), Soto (D-FL), Stivers (R-OH), Suozzi (D-NY), Titus (D-NV), Trone (D-MD), Vargas (D-CA), **Rep. Rice (D-NY)**, Rep. Yarmuth (D-KY)

# US House Democrats Pass Heroes Act - May 15th

- Includes key provisions from Rep Dingle's bill:
  - A 10% increase in funding for Home and Community-Based Services (HCBS), the largest program supporting people with I/DD.
  - Identification of direct support professionals as essential workers, thereby making them eligible for increased wages capitalized by the "Heroes Fund."
  - Additional funding for the Public Health & Social Services Emergency Fund. To date, Congress has appropriated \$175 billion to this fund, but the U.S. Department of Health & Human Services has failed to allocate any of this relief to community disability providers.

# HHS Emergency Fund “Tranche” distributions

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## May

### **May 6 (Rural Distribution)**

\$10 Billion to almost 4,000 rural health care providers including hospitals, health clinics, and health centers

### **May 7 (High-Impact Distribution)**

\$12 Billion to 395 hospitals that had 100 or more COVID-19 admissions between Jan 1 and Apr 10

### **May 22 (Allocation for Skilled Nursing Facilities)**

\$4.9 Billion to over 13,000 certified Skilled Nursing Facilities

### **May 29 (Allocation for Tribal Hospitals, Clinics, and Urban Health Centers)**

\$500 Million to approximately 300 IHS programs

# #ForgottenFaces

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- **10,803** advocates have sent **22,990** messages to nearly every single member of Congress.
- **555** attended our May 14 congressional briefing, which attracted staff from a dozen congressional offices.
- Hundreds of you have volunteered to write letters to the editor and op-eds for your local news outlets, leading to the publication of **12** letters and **8** op-eds (and counting!).
- Thousands of you have engaged on social media, helping expand our reach to more than **350,000** people and generating nearly **1 million** impressions.

# 2020 First Half ANCOR Advocacy



**39,434** advocates *sent*



**144,028** emails and calls!



**24** member CEOs *attended*



**50+** Congressional virtual meetings



**12** letters to the editor placed



**5** op-eds placed



**340+** attended virtual Congressional briefing

# **YOU DID IT!**

## **Public Health & Social Services Emergency Fund COVID-19 Emergency Relief!**

The announcement on June 9th from HHS' Health Resources & Services Administration (HRSA) indicated that of the \$25 billion to be allocated in this tranche of aid from the Public Health & Social Services Emergency Fund, up to \$15 billion will be made available to Medicaid-funded providers of Home and Community Based Services (HCBS) for people with intellectual and developmental disabilities (I/DD). While we don't know the exact amount that HCBS programs will receive out of that \$15 billion, HRSA's announcement indicated that "The payment to each provider will be at least 2 percent of reported gross revenue."

# What now?

- First and foremost, we will be seeking more information about how to ensure the emergency relief announced today makes its way into the bank accounts of our members. To that end, we will be keeping you apprised of what we're hearing on the ground.
- Although \$15 billion will not be enough for HCBS programs, there still remains about \$63 billion in the Emergency Fund, and we anticipate there will be further disbursements from that fund for our services. Therefore, we will continue to advocate as we have been, and we thank you in advance for continuing to lend you voice.
- Especially if further Emergency Fund dollars aren't allocated to Medicaid-dependent disability services, it will be critical that the next round of COVID-19 relief legislation includes money specifically designated for providers like you. Here again, we will be keeping our feet on the gas and look forward to engaging you in our advocacy efforts.

