



March 31, 2020

Re: Public Health and Social Services Emergency Fund Allocations for Community Disability Service Providers

The Honorable Alex M. Azar II, Secretary  
United States Department of Health & Human Services  
200 Independence Avenue SW  
Washington, DC 20201

Dear Secretary Azar:

On behalf of the American Network of Community Options and Resources (ANCOR), the nation's leading voice of disability service providers, we write to acknowledge the extraordinary leadership of our nation's health and human services department during these uncertain times, and to share an urgent request.

ANCOR's members provide long-term care to people with intellectual and developmental disabilities (I/DD) across the country through Medicaid-funded Home and Community Based Services (HCBS) waivers and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID). The providers who ensure the health and safety of people with disabilities provide these vital services against the backdrop of circumstances that just a few weeks ago were unimaginable.

Long before the COVID-19 pandemic, providers had been experiencing an acute direct support professional workforce crisis, characterized by turnover rates in excess of 50 percent, with one in five direct support positions being vacant any given time.<sup>1</sup> As you might imagine, the coronavirus outbreak is exacerbating this crisis significantly by forcing many DSPs to shelter in place with the people they support, stay home to care for children whose schools have been shuttered, care for loved ones who have fallen ill from the virus, or self-isolate because they have fallen ill themselves.

In turn, private providers of disability services are left scrambling to fill an already gaping void that threatens to wreak havoc in the immediate term, and well after the COVID-19 pandemic subsides. Without a qualified workforce to support people with I/DD, these providers will be forced to curtail the number of individuals they can support, discontinue programs or service lines, or go out of business completely—leaving some of our most vulnerable neighbors without the support they need and further exacerbating the crisis now being experienced by community hospital emergency departments in many parts of the US.

Given this historic crisis, we write to you in your capacity as Secretary of the U.S. Department of Health & Human Services to request \$8,279,040,000 out of the \$100 billion "Public Health and Social Services Emergency Fund" appropriated by the Coronavirus Aid, Relief and Economic Security (CARES) Act to be designated to Medicaid-funded providers of disability services for the purpose of staff stabilization activities. We urge you to allocate these funds for the stated purpose in the Department's emergency regulation that will be written in response to the codification of the CARES Act into law on Friday, March 27, 2020.

For the purposes of the Department’s forthcoming guidelines implementing the CARES Act Public Health and Social Services Fund, we define “staff stabilization activities” as that which supports the recruitment and retention of direct support staff, including investments in the health and well-being of direct support staff, in a sustainable manner so as to (1) maintain sufficient cash flow to ensure operations can be maintained and/or (2) prevent the closure of programs or service lines on which people with I/DD rely so that community-based services can continue to be delivered after the COVID-19 pandemic has been contained.

According to the 2017 Report of the President’s Committee for People with Intellectual Disabilities (PCPID), there were 880,000 direct support professionals working in the United States at the end of 2013.<sup>2</sup> Because we do not have more recent data on the number of DSPs in the US, ANCOR’s estimate for the amount of staff stabilization activity dollars needed derives from the assumption that disability service providers will need to compensate each of these 880,000 DSPs at hazard pay levels (\$25 per hour) for an average of 64 hours per week (the pre-COVID-19 average number of hours worked per week) for a minimum six weeks.

To be sure, the \$8.3 billion requested is a small price to pay considering the outsized role community-based disability service providers play in ensuring the health and well-being of vulnerable people with disabilities in our country. Allocating these dollars to Medicaid-funded providers of disability services for the purpose of staff stabilization activities now could lessen the upcoming burden and strain on hospitals and urgent care professionals. Moreover, it is a small fraction of the overall Public Health and Social Services Emergency Fund established by the CARES Act.

We appreciate you considering including this \$8.3 billion allocation in the Department’s emergency regulation, and we stand at the ready to partner with the Department as it seeks to ensure that precious limited resources reach those who need them the most. If there is anything we can do to bolster the efforts of the Department as it seeks to respond to this unprecedented crisis, please do not hesitate to contact Shannon McCracken, ANCOR’s Vice President for Government Relations, at [smccracken@ancor.org](mailto:smccracken@ancor.org).

Sincerely,



Robert Budd  
President  
ANCOR Board of Directors



Shannon McCracken  
Vice President, Government Relations  
ANCOR



Barbara Merrill  
Chief Executive Officer  
ANCOR

#### Footnotes

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<sup>1</sup> 2018 Staff Stability Survey. National Core Indicators. Retrieved at <https://www.nationalcoreindicators.org/upload/core-indicators/2018StaffStabilitySurveyReport.pdf>.

<sup>2</sup> America’s Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy. 2017 Report to the President, President’s Committee for People with Intellectual Disabilities. Retrieved from [https://acl.gov/sites/default/files/programs/2018-02/2017%20PCPID%20Full%20Report\\_0.PDF](https://acl.gov/sites/default/files/programs/2018-02/2017%20PCPID%20Full%20Report_0.PDF).