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March 11, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
U.S. Capitol Building, Room: S-230
Washington, DC 20515

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
U.S. Capitol Building, Room: H-232
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
United States Senate
Hart Senate Office Building, Room: 419
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
U.S. Capitol Building, Room: H-204
Washington, DC 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy:

On behalf of ADvancing States, I am writing you regarding Congressional responses to the coronavirus disease 2019 (COVID-19). ADvancing States is a nonpartisan association of state government agencies that represents the nation's 56 state and territorial agencies on aging and disabilities. We work to support visionary state leadership, the advancement of state systems innovation, and the development of national policies that support home and community-based services for older adults and persons with disabilities. Our members administer a wide range of services and supports for older adults and people with disabilities, including administering the Older Americans Act (OAA) and Medicaid long-term services and supports (LTSS). Together with our members, we work to design, improve, and sustain state systems delivering long-term services and supports for people who are older or have a disability and for their caregivers.

As you know, the COVID-19 outbreak has been rapidly spreading across the United States and older adults and those with underlying health issues are at the greatest risk for serious disease if infected with the virus. Regrettably, this dynamic was seen acutely with the ongoing situation in a nursing facility in Washington State. In light of the severity of this evolving situation and its disproportionate impact on our nations LTSS system, we believe Congress can take the following actions in terms of funding and policy changes to help stave off an even deeper crisis and assist States who are on the front lines of containing the spread of COVID-19.

Aging and Disability Resource Centers (ADRCs)/ No Wrong Doors and their partners are frequently older adults, individuals with disabilities, and their caregivers first stop for information and referral/assistance (I&R/A). During the outbreak, there has been a lot of confusion and misinformation spread throughout social media, rumors, and individuals attempting to institute scams. State agencies and their partners at ADRCs and 211s are able to distribute fact-based information on COVID-19 to the general public. Yet these programs are significantly under-resourced—only \$8 million was appropriated for ADRCs nationwide in FY2020.

Recommendation: We recommend that any new funding package include increased funding for ADRCs/NWD and their partners in order to help connect older adults and people with disabilities to necessary services and with accurate information.

Because this illness spreads rapidly and is most harmful to older adults, states also must develop contingency plans in the event that they have to reduce congregate services for these individuals. One area that this is most applicable is the OAA's nutrition services. As you may know, the OAA nutrition programs are divided into congregate and home delivered meals, with congregate meals receiving significantly more funding than home delivered programs. On a recent call with the Administration for Community Living, the federal government advised states that they could transfer up to 40% of their statewide congregate allotment to support home delivered meals and, if needed, could request authority to transfer an additional 10% of the allotment. However, based on the uncertainty about the potential geographic scope and length of time of this outbreak, we are concerned that this may not provide sufficient flexibility that allows states to provide a timely nutritional supports to individuals who are quarantined during a crisis.

Recommendation: Congress should provide time-limited authority for states to utilize OAA nutrition funding for individualized, non-congregate meals. This authority should last, at a minimum, through the remainder of FY2020 with the option to extend if the outbreak lasts longer than September 30th, 2020.

Medicaid has been and remains one of our nation's most critical health insurance programs for responding to crises. COVID-19 is no exception to this, but state Medicaid programs, including LTSS responses, will require adequate resources to get the job done. Many of the changes that states are anticipating implementing, in partnership with the Centers for Medicare & Medicaid Services (CMS), will require increased funding. For example, payment rate adjustments to provide sick leave for providers, whether a home care agency or a nursing facility, will likely be important. Additionally, some services that are typically delivered in a group setting—such as Adult Day Health—may have to be delivered on an individual basis in a consumer's home. These and other changes will drive up costs for states.

Recommendation: We recommend Congress grant CMS new authority to increase Federal Medical Assistance Percentage (FMAP) for responses to COVID-19.

State agencies across the country are proactively working to prepare their systems for, and hopefully avoid, outbreaks centered in long-term care settings. States agencies require maximum time to dedicate to this

current challenge. Administrative oversight of state Medicaid programs is a critical part of stand monitoring of public programs. During the current situation, particularly in the LTSS sector, it is of paramount important that states prioritize their resources and also not send non-essential personnel into facilities such as nursing facilities where the most at-risk consumers reside.

Recommendation: We ask Congress to grant broad-based temporary waivers of Medicaid nursing-home tasks such as survey and certification efforts, PASSR reviews, and other similar functions that not only are time-intensive but also send non-essential staff into facilities that could increase risk for residents.

State health, social services, and public health agencies are working strenuously to manage impacts of COVID-19 to include surveillance and testing efforts as well as education and other public health activities. To support state and local governments to continue this critical work, which will likely accelerate in the coming days and weeks, it is critical that the Federal government provide matching funds to slow the spread of and ultimately mitigate COVID-19.

Recommendation: We recommend that the Federal government provide funds to support state agencies perform activities to combat COVID-19 such as surveillance, testing, and other public health activities.

We appreciate Congress' recognition that health work workers and law enforcement must especially have access to adequate personal protective equipment (PPE) to continue to do their jobs and not become infected themselves. To date, we have not seen other non-health care workers such as those in social services or the aging and disability networks, who often also interact daily face-to-face with people at highest risk from the virus, explicitly included in any new funding or policy proposals. These workers may fall into a number of categories, but we wanted to call your special attention to:

- Direct care workers, such as certified nursing assistants home health aides, and personal care attendants—who provide the majority of paid LTSS in the U.S.;
- Adult protective services (APS) workers, Long-term Care Ombudsmen, Preadmission Screening and Resident Review (PASRR) staff, and other coordinators who often must go into individuals' homes or facilities to conduct abuse investigations in person;
- Local government or nonprofit staff, such as those at Area Agencies on Aging (AAAs), who provide the bulk of the services under the OAA that provide critical services for older adults such as home-delivered meals, caregiver supports, and case management.

Recommendation: We recommend that workers such as direct care workers, APS, and other aging and disability network staff be included in any new funding or health care worker support provision related to PPE for frontline works. Without these workers our nation's LTSS system will be hard pressed to continue to deliver services and supports to those who most need it and workers in the system will place themselves and those they are serving at greater risk.



This is a rapidly developing situation and we are hearing from states daily about new issues, challenges, and potential solutions. As we know, older adults are particularly vulnerable during this time. We have also already heard of instances of scams preying on seniors (i.e., phone calls from the “CDC” asking for credit card information). We are concerned that these types of scams may proliferate during this uncertain time.

Recommendation: We recommend that additional funding be appropriated for the Senior Medicare Patrol (SMP) program to help seniors who are especially vulnerable to scams.

We appreciate the bipartisan efforts to address COVID-19 and strongly encourage Congress to pass a bill to that contains the funding and policy recommendations herein.

If you have any questions regarding this letter, please feel free to contact Damon Terzaghi at dterzaghi@advancingstates.org or Adam Mosey at amosey@advancingstates.org or 202-898-2578.

Sincerely,

A handwritten signature in blue ink that reads "Martha Roherty".

Martha Roherty
Executive Director
ADvancing States

Cc: Members of the U.S. Senate
Members of the U.S. House of Representatives