



NASDDDS

National Association of State Directors of Developmental Disabilities Services

July 30th, 2020

Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington, DC 20201

Dear Secretary Azar,

We are writing to express our deep concern regarding the handling of the Medicaid and CHIP providers tranche of the Provider Relief Fund (PRF). While ADvancing States and NASDDDS appreciate HHS' decision to extend the deadline for these providers to submit applications to the fund by two weeks, the additional time has clearly been insufficient to ensure that the providers these funds are targeted to have the opportunity to apply, especially considering the process and technical challenges that persist. We urge you to extend the deadline by at least two months, to be extended dependent on the length of time it takes HHS to resolve these outstanding issues.

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.

NASDDDS is a membership organization representing the state agencies overseeing services to individuals with intellectual and developmental disabilities (I/DD) in the 50 states and the District of Columbia. An estimated 655,000 individuals are receiving Medicaid home and community based services (HCBS) annually through the state I/DD agencies who work in partnership with State Medicaid Agencies in the operation of Medicaid HCBS. Our members operate a significant part of the nation's only publicly funded long term care system, which provides crucial supports to individuals with I/DD and co-occurring disabilities that assure their health and welfare and their ability to participate fully in their communities.

With mere days to go before the current deadline, we were dismayed to learn that as of the most recent numbers available to the Health Resources and Services Administration (HRSA), only 4% of eligible providers have applied for the Medicaid and CHIP tranche of the Provider Relief Fund. Medicaid providers are desperate for any source of funding that will keep them afloat, as evidenced by the overwhelming response to HRSA's listening sessions last week, which were over capacity almost immediately after they were widely publicized. In this context, a 4% application rate represents something more than a failed communication strategy. We are deeply concerned and frustrated over the challenges of getting the money Congress authorized for these providers into their hands.

In our July 17th letter to you, we described several of the unresolved obstacles that continue to prevent Medicaid providers from successfully applying for a PRF disbursement. On a recent Centers for Medicare and Medicaid Services (CMS) all-state call, HRSA officials confirmed that many of these same issues surfaced during the listening sessions held last week. According to these officials, providers shared the following issues during the calls:

- **Overall lack of awareness about the Fund, and in particular, lack of understanding that they could qualify for a disbursement.** As we wrote to you previously, providers remain confused about HHS's interpretation of statutory requirements regarding "treating" COVID-19 positive or potential COVID-19 patients. This confusion is especially acute for Home and Community Based Services (HCBS) providers, who provide non-medical services, would not typically describe themselves as "treating patients," and don't view the medical language used in much of the HHS guidance as inclusive of their services. In addition, misunderstandings continue to persist among Medicaid providers that receipt of Paycheck Protection Program funds or other Congressionally appropriated COVID-19 relief excludes them from the PRF.
- **Challenges using the portal, due to overwhelming requests for data, confusion regarding the process for TIN validation, and general technical glitches.** In our July 17th letter (attached) we described many of these issues, and in addition, that our provider association colleagues report that call center staff are often not able to provide timely resolution to provider questions; and that providers have been unable to consistently obtain passwords necessary to advance in the application process.

Additionally, many states have struggled to reconcile the application process and required information with the way that HCBS services are delivered. Not all HCBS providers are enrolled Medicaid providers, there are frequently multiple modes of delivery, and there are often small providers or individuals without much administrative capacity. Further, many states have several layers of administrative entities supporting their providers that require specific and separate guidance on the process for accessing funds. As one example, this past Tuesday, July 28, a state requested information on the process for the state agency to apply on behalf of their providers. Federal feedback

indicated that additional information may be “forthcoming” yet the deadline was less than a week away.

We appreciate that HRSA officials found these focus group sessions helpful and are responding to the issues providers raised. However, with only three business days left before the August 3rd deadline, there is simply not enough time to fix the process and facilitate the applications of the remaining 96% of eligible providers. HHS must suspend the deadline for application until the process is fixed and these concerns are addressed, and then give over-burdened providers at least two additional months in which to apply for these much-needed funds.

Congress created the Provider Relief Fund to support providers as they take on additional responsibility for providing crucial services in the context of the COVID-19 outbreak while simultaneously losing income as they must suspend many of their services in order to comply with stay at home orders and keep their patients safe. Nowhere are these simultaneous burdens more pronounced than among Medicaid providers, and especially those in the HCBS sphere, who operate on a shoestring budget with very little margin. As other sources of funding, such as Medicaid retainer payments and the Paycheck Protection Program, dry up, HHS’s obligation to ensure that the Provider Relief Fund successfully protects the stability of this important provider network becomes all the more paramount. Our nation’s most vulnerable citizens rely on these providers for life sustaining services. It is imperative that you get this right.

Sincerely,

A handwritten signature in black ink that reads "Martha A. Rokeby". The signature is written in a cursive, flowing style.

Executive Director
ADvancing States

A handwritten signature in blue ink that reads "Mary Somers". The signature is written in a cursive, flowing style.

Executive Director
NASDDDS