# COVID-19 ISSUES/CONCERNS

Updated 4/28/2020

## People with disabilities needs/concerns:

* + Increased risk for contracting virus
    - ASAN developing tracker of deaths in congregate settings
    - NASDDDS trying to get more accurate data on deaths in congregate settings
  + Reduction/disruption in services and supports for various reasons (e.g., day services closed down; growing DSP/PCA shortages; family members that are primary providers hospitalized; moved out of facility)
  + Mixed messaging regarding social isolation and the need for direct support, including support that requires being in close contact
  + Increased social isolation
  + Ensuring civil rights of people with disabilities and equal access to testing and treatment
    - More activity and successes on the issue of rationing of care
  + Virtual access to services and supports – a solution but also an issue for those without access to technology due to lack of infrastructure and/or family member/guardian/provider limiting individual access to technology
  + Personal protective equipment and practices for personal care aides/home health aides
    - GA P&A worked with state health department to get group home staff PPE
  + Being laid off from their jobs
  + Payments
    - Ensuring proper payments under supplemental 3
    - Ensuring those with representative payees are aware of/have access to funds
    - Potential for scams
    - Still questions about checks and how those will be issued
    - SSA is not providing any guidance on payments issued to individuals on SSI
    - NACDD collaborating with NAST to raise awareness about ABLE accounts
  + Families/Family Support
    - Respite care
    - Need for English translators
    - More resources needed on grief and trauma from losing loved ones to COVID-19
  + Food/Nutrition
    - Food insecurity and possible malnutrition/need for specialized diets
    - Need for emergency funding for food delivery services
    - SNAP cards not accepted by grocery delivery services – USDA has some pilot programs in some states and should be expanded
    - NDRN continues to work with USDA on expanding pilot
  + Overuse of DNRs/DNIs
  + Voting access
  + Medicaid services
    - Solvency of provider network – retainer payments for providers
    - Getting people on waivers if they need immediate access due to death of parents
    - Flexibility in who can provide in home services can help keep people in their homes
  + Individuals being moved out of current placement
    - LA opening camps in parks and putting people with disabilities in the parks
    - CA – LA/NY – looking at worse-case scenarios of opening day centers as places for adults with COVID-19 to socially isolate
    - # of deaths in nursing homes and the issue of congregate care – what is an effective solution?
  + Heading into hurricane season and the issue of congregate sheltering – NDRN reached out to Red Cross and will include other stakeholders in those calls
  + Accessible information – need for plain language and materials in other languages
  + States have to elect to have DSPs paid when individuals are hospitalized
  + From NY – having a hard time navigating the various policies and procedures for organizations and regions of the state providing care to individuals with ID/DD
  + Need for collaboration between ACL programs and CMS given the amount of money going into HCBS and Medicaid
  + Need for disaster case management to support individuals during the pandemic
  + VOC Rehab lack of flexibilities under COVID-19 preventing CILs to provide SPED services
  + PWD tactically adverse to wearing masks and working through desensitization – would like resources on this
    - ASAN looking into this issue and can report back next week
    - Are there enough services and supports to assist with
  + VI UCEDD looking for funding

# Looking forward

* HCBS Infrastructure/DSP workforce vulnerabilities
  + Employment staff are getting laid off because they aren’t being provided
  + can make more money if they get unemployment in some states, particularly those where there is more reliance on institutional services
  + Providers have to pay a lot of overtime to staff that are working under the pandemic which budgets don’t allow for so providers looking to cut services
  + States are starting to address these issues and trying to use retainer payments
  + Transition planning – EI to EC and youth transition – anticipate that being an issue post-pandemic
  + State budget deficits and the hardships for states into the future
  + Need for disaster case management to support individuals during the pandemic
  + People with disabilities who aren’t in the system and how to support them

## Grantees needs/concerns:

* + Mechanism for sharing resource and information across the AoD programs in the states/territories; utilize existing resources
    - Making progress – good, productive group
    - Given the longevity of the issue, it will be good to keep the group going
  + Access to PPE and other supplies – getting examples from Councils of how they are getting PPE out
  + Infrastructure for remote/virtual/distance operations
    - CIL promising practices – doing well checks with clients, completing survey on people being institutionalized as a result of loss of HCBS, survey on technology
    - Concerns around access to secure and accessible web-based platforms
    - ILR-NET and AUCD discussed the most accessible and most secure platforms for virtual communications – follow-up is occurring to assess the security and accessibility of known options. Workgroup meeting again on Friday. Found some promising off the shelf video-conferencing resources that can be HIPPA compliant
    - Councils working to get technology out to individuals
  + Disruption in operations
  + SBA loans/grant flexibility guidance
  + Financial burden being taken on by programs when they are providing resources to families, such as hard copies of school materials
  + Staff health and wellness
  + A number of Councils are working with emergency managers