

December 4, 2020

Governor Brad Little
700 W Jefferson St, Ste 228
Boise, ID 83720

RE: Direct Care Workforce Crisis
Hiring and Retention Funding

Governor Little:

We write jointly as associations, councils, and stakeholders made up of and representing Idahoans with disabilities, including children and seniors, who receive direct care services.

We write to alert you to the direct care workforce crisis which threatens to unnecessarily institutionalize and hospitalize Idahoans through the recent surge of COVID-19. We urge you to act quickly to stabilize Idaho's direct care workforce through hiring and retention funding for direct care workers providing Home and Community Based Services (HCBS) and in Long-Term Care Facilities (LTCFs). We further request an opportunity to meet with you to collaborate on funding mechanisms and solutions that support and sustain a trained, well qualified, and vital direct care workforce in our communities.

Direct Care Workforce Crisis

Direct care services are Medicaid funded support services which provide assistance to approximately 20,000 Idahoans with disabilities to live safely in their own homes with HCBS or in LTCFs. Direct care workers are non-clinical paraprofessionals assisting Idahoans with daily living tasks and sensitive needs such as personal hygiene, using the restroom, assistance with feeding tubes and colostomies, and taking medications. For children with disabilities, it may also include critical care to support their growth and development. Without access to direct care, thousands of Idahoans cannot live safely in their community and are at risk of injuries and medical emergencies causing unnecessary institutionalizations and hospitalizations.

Direct care services are in jeopardy due to an extreme shortage of direct care workers. Currently, Medicaid providers delivering direct care services can pay direct care workers approximately \$10 per hour based on existing reimbursement rates, cost reports, and consumer budgets. Since the onset of the COVID-19 Public Health Emergency, many industries have opened new centers in Idaho and/or announced permanent hazard pay boosting their minimum hourly wage to approximately \$15 per hour and beyond with comprehensive medical, retirement, and other benefits. The resulting wage gap is causing a direct care workforce crisis as providers and consumers are unable to compete with entry-level positions in other industries.

Moreover, the recent COVID-19 surge has drastically reduced the direct care workforce due to exposure to the virus through the provision of personal care and community spread. As a result, increased overtime costs for coverage when direct care workers are in quarantine, combined with the consequences of the illness itself, place further pressure on an ever-shrinking workforce.

Many providers have been forced to close programs or reject referrals and admissions which has led to a reduction in the availability of these vital services. When combined with Idaho's housing shortage, facilities no longer admitting new residents and reduced hospital capacity, the fragility and reduction of direct care access places greater pressure on communities already worn thin.

Hiring and Retention Funding

Recently, Idaho recognized such a workforce shortage for hospital workers when the Coronavirus Financial Advisory Committee recommended \$5 million in funding to supplement and enhance medical professional staff due to fatigue and staffing shortages in hospitals. Stabilizing the direct care workforce is crucial to preventing further pressure and expense on hospital systems through the winter months and continued COVID-19 surge. Ensuring Idahoans are able to receive direct care in their homes and community prevents unnecessary hospitalization during a time of limited capacity.

We request an opportunity to meet with you to collaborate on potential funding mechanisms and pragmatic solutions to address the immediate direct care workforce crisis through the COVID-19 surge. We urge you to help us stabilize direct care services through hiring and retention funding for eligible direct care workers providing HCBS, including self-directed waiver services, and in LTCFs. For example, we would like to discuss examples of successful incentive programs, such as the Idaho Rebounds' Return to Work program, which could be modified to attract and retain direct care workers.

The undersigned are focused on supporting Idahoans with disabilities to obtain the services and supports they need to help them remain safe, healthy, and in their community of choice. We will make ourselves available for a discussion within your schedule. Thank you for your consideration of our request.

Sincerely,



Jeremy Maxand, Executive Director
Living Independence Network Corporation



Mel Leviton, Executive Director
Idaho State Independent Living Council



Christine Pisani, Executive Director
Idaho Council on Developmental Disabilities



Jane Donnellan, MA, CRC
Administrator, Division of Vocational Rehabilitation



Angela Lindig, Executive Director
Idaho Parents Unlimited



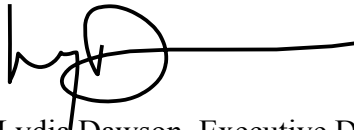
Amy Cunningham, Executive Director
DisAbility Rights Idaho



Brian Whitlock, President/CEO
Idaho Hospital Association



Robert Vande Merwe, Executive Director
Idaho Health Care Association



Lydia Dawson, Executive Director
Idaho Association of Community Providers



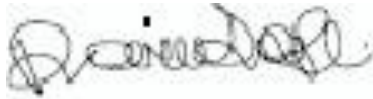
Mark Leeper, Executive Director
Disability Action Center – Northwest, Inc.



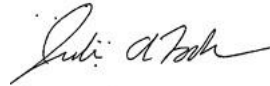
Jennifer Zielinski, Board Chair
Consortium for Idahoans with Disabilities

/ Zoe Anne Olson /

Zoe Ann Olson, Executive Director
Intermountain Fair Housing Council



Dana Gover, MPA, ADAC, ADA Specialist
Northwest ADA Center – Idaho



Julie A. Fodor, PhD, Director
Center on Disabilities and Human Development
University of Idaho



Mandy Greaser, Executive Director
Life, A Center for Independent Living