Director:

As a follow-up to our multiple meetings of the DD stakeholders proposed 2020/2021 budget request this email serves as re-affirmation of our desire to aggressively pursue new resources to address our current workforce shortage. After a December 3rd stakeholder meeting the represented associations agreed to the following:

1. Increase rates for HPC, day services, and ICF/IID providers based on average DSP wages of $13/hour in the first year and $15/hour in the second year. These rate changes would take effect for services provided starting January 1, 2020, and January 1, 2021, respectively. The wage increases would be factored into the rate formulas for the services, which include other components to arrive at the final rates.
2. The statutory language would establish an annual inflation factor (as already used for ICF direct care rates) to be applied to rates after implementation of the above increases.
3. Establish accountability measures for the services using a revised version of the NCI staff stability study. The data would be available to the state, counties, and the public, would be agency-specific, and would show agency spending for DSP wages and payroll taxes/fringe benefits, broken out by full-time and part-time employees and depicted on a dollar-per-hour basis.

Subsequent to our December 3rd meeting the Department initiated a conference call concerning ICF reimbursement proposals. During that call the Department outlined four proposals culminating with a desire to cap the statewide ICF rate and implement a mechanism, to be identified, to enforce the cap by reducing the statutorily determined rates. In a December 14th email the ICF stakeholders outlined our opposition.

These proposals will likely have significant impact on our proposed budget request. Absent from the phone conference or any subsequent discussion is any clear understanding of where the Department currently is budgetarily with respect to the ICF program and what the Department has submitted in its proposed 2020/2021 budget. A candid understanding will prove essential for stakeholders as they begin to plan and engage the new administration and legislature.

In addition the stakeholders have begun earnest discussion on the challenges inherent in on-site on-call (OSOC) and are identifying ways to mitigate its current impact. One of the possible remedies is to raise the direct care component of the rate to minimum wage. To do this we need accurate data on how many individuals receive OSOC and how much it would cost to address.

To assist our efforts moving forward we would ask that the Department reconvene a meeting with the stakeholder groups as soon as possible so that we might discuss the above mentioned topics and help us reach a clear baseline understanding of where we are so that we move forward accordingly.

Thank you.