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ANCOR's GR Team



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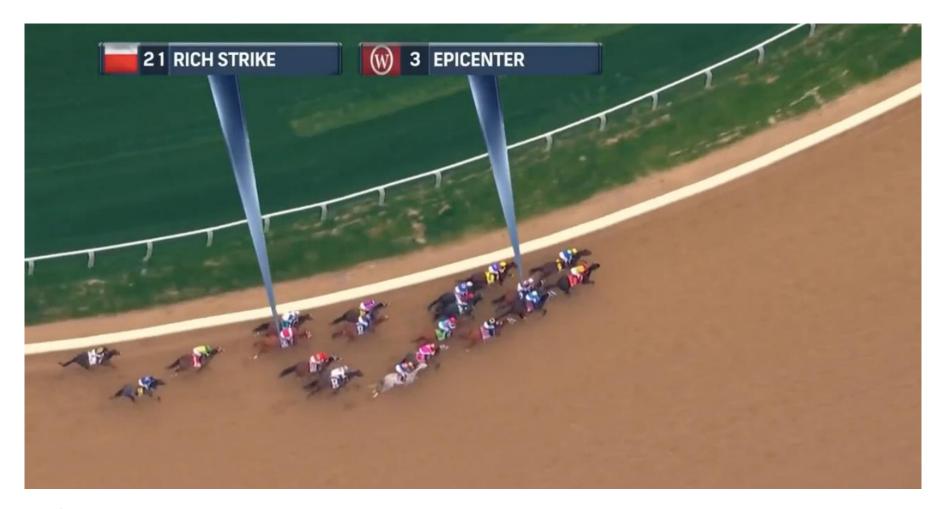


Our Focus: DSP Workforce Emergency



- Flexibility
- Reconciliation/BBB
- HCBS Settings Rule
- Access RFI
- SOC Legislation
- WorkforceSolutions

From underestimated....





To Unstoppable







CARE IS INFRASTRUCTURE: The Build Back Better Act

- \$150 billion for Medicaid Home and Community Based Services.
- 6 percentage-point FMAP increase over a 10-year period
- Requirement that states will review payment rates initially 2 years after each state's HCBS improvement plans are approved and then every 3 years





Reconciliation Push! Now or never.





What's the Message?





Direct Care Workforce Crisis

ANCOR's The State of America's Direct Support Workforce 2021 found that due to the Direct Support Professional (DSP) workforce crisis:

- 77% of providers are turning away new referrals;
- 58% of providers are discontinuing programs and services, representing a 70.6% increase since the beginning of the pandemic;
- 84% of providers are delaying the launch of new programs or services; and
- 92% of providers continue to grapple with the impact of the pandemic on recruitment.

The high turnover rates and exodus of DSPs from the field has left individuals with I/DD without access to critical supports and services.







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First and foremost

- ANCOR has been and continues to be supportive of the Settings Rule
- ANCOR spearheaded a letter to Congress, signed by more than 40 national disability and aging organizations sent July 28, 2015
- ANCOR remains committed to successful implementation of the Settings Rule and our shared goal of meaningful community inclusion for all.
- **OUR POSITION HAS NOT CHANGED.**



But, workforce....





Director Tsai Spoke to ANCOR Members







CMS is committing to collaborating on something in writing for states with the following framework:

- To identify a set of non-negotiables in the settings rule, the provisions that are considered to fall under basic civil rights (right to visitors, lock your door...) but not as directly linked to workforce
- To identify a range of provisions they want to commit to making progress on, but recognizing which parts most impacted by the workforce shortage impacts
- To find a much more nuanced approach to continuing progress and not impacting Medicaid funding to providers.

What Does Nuanced Mean?

- Provisions directly related to the workforce crisis will have the opportunity for more time.
- Examples:
 - Controlling your own schedule
 - Pursuing competitive integrated employment
 - Choice of roommate
- States will be able to request a corrective action plan as part of their 1915 application which identifies the provisions it needs more time for and a timeframe and method to reach compliance.
- No maximum time identified for length of plans yet.

CMS Request for Information on Access



Our Recommendations included (but were not limited to):

- State reporting on direct care workforce metrics;
- Minimum standards for reimbursement rate methodology; and
- Creation of a designated access complaint process.

Direct Care Workforce Metrics

Workforce Volume

 Total number of direct care workers disaggregated by each designated service

Workforce Stability

- Average annual turnover rates
- Vacancy rates
- Service continuity, as measured by (a) frequency and length of services interruptions, and (b) calculating the average number of direct care workers who serve each beneficiary in a calendar year

Compensation

- Average hourly wage and average annual earnings across service type;
- Proportion and accounting of HCBS reimbursement that is designated for direct care worker wages and benefits.



Minimum Standards for Rates

- Rates should be reviewed at least every three (3) years;
- There should be an automatic annual inflation adjustment;
- Cost data used to inform rates should be no more than oneyear old and demonstrate inclusion of inflationary increase;
- Rates should be developed with a minimum set of separate line-items which include, but are not limited to, wages, employee related expenses, program-related expenses, and general and administrative expenses;
- Wage components of rates should transparently indicate the Standard Occupational Classifications (SOC) utilized to inform the wage.



CMS Review and Access Complaints

CMS should immediately amend the equal access rule to expressly include HCBS waivers and managed care.

CMS should provide update to its HCBS waiver application "Instructions, Technical Guide and Review Criteria" to include plans of compliance for states unable to demonstrate adequate review of rates. When a state seeks to reduce a reimbursement rate, it should necessitate an interim review from CMS prior to implementation.

CMS should open a designated access complaint process with required procedural steps of review as well as provide periodic outreach to states ensuring stakeholders have a forum to voice concerns over inadequate payment.



ANCOR Policy Summit October 11-12





So Many Ways to Be Engaged....

- Board of Representatives
- Government Relations Committee
- Grassroots Committee
- ANCOR Disability Champions Political Action Committee
- Alternate Payment Models Workgroup
- Housing Task Force
- ANCOR Global Council
- Professional & Organizational Development Committee
- ANCOR Foundation
- ANCOR Board of Directors



We're going ALL IN. Are you?



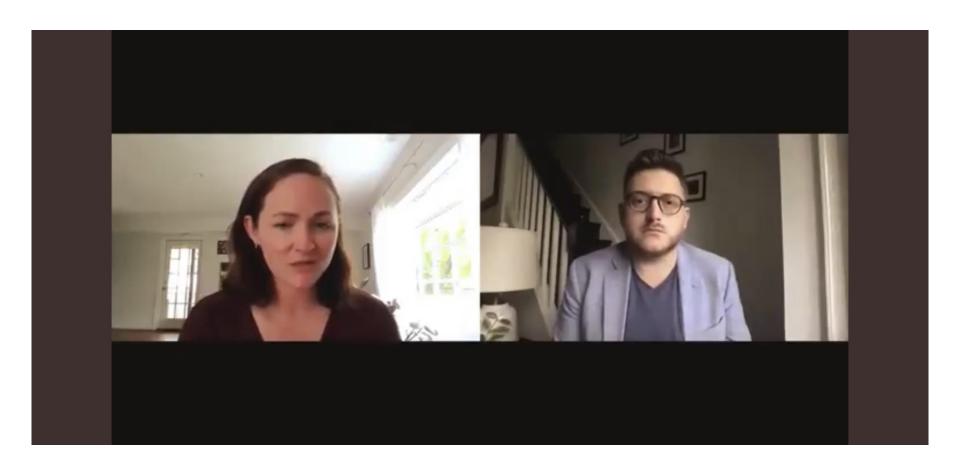


#AllinForHCBS

- If you're all in, then now is the time to LEARN, SHARE and TAKE ACTION:
- LEARN more about the importance of this legislation and the power of your advocacy by <u>watching this short video</u>.
- SHARE this message with your colleagues, friends, family members and everyone else you can think of with our easy-to-use social media toolkit.
- TAKE ACTION using our <u>one-click advocacy tool</u>—today and every day over the next five weeks—to tell your Senators that our services need their support.



Watch and share video clips...





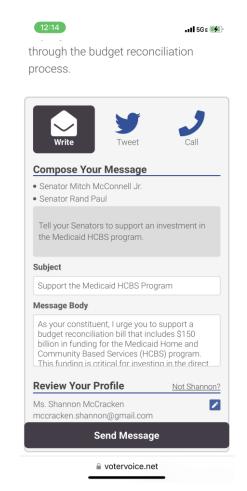
Socialize it!





Take Action!







Thank you!



