



March 12, 2020

Hon. Josh Geballe
Commissioner, Department of Administrative Services
Chief Operating Officer
State of Connecticut
Hartford, Connecticut 06106

Dear Commissioner Geballe:

We understand that you are coordinating the Governor's and State's response to the Coronavirus pandemic. The spread of the illnesses poses significant problems for community nonprofits who are part of the state's network of care for more than half a million vulnerable people in the state.

We conducted a survey of our members to identify issues and make recommendations for how the state can support nonprofits and the people they serve.

These break down into several areas of significant concern, as described below.

This is clearly an unprecedented situation and we recognize the stresses on the State and its agencies. But unless the State can respond to the needs of community providers who serve vulnerable people the problem will be exacerbated, and the human toll will increase and last after the crisis is passed.

We appreciate your consideration. We and our members are available to meet and provide more information. Please contact me at gcasa@ctnonprofitalliance.org.

FINANCIAL STRESS COULD CLOSE COMMUNITY BASED PROGRAMS – PERMANENTLY

If programs must close for weeks at a time, providers of children's services, adult behavioral health and those who support people with intellectual/developmental disabilities will not financially survive. Without support from the State, this could severely damage the state's networks of care and leave thousands of people without services for the foreseeable future.

Providers will need emergency funding to keep afloat. Fee-for-service providers get paid for the clients they see. If they don't see people, they don't get paid. DDS providers with day programs get paid based on those in attendance.

CT Community Nonprofit Alliance
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- **Recommendation:** *The State should continue to pay providers for attendance and treatment, consistent with normal levels and pay for overtime to cover shifts of any staff who miss work due to the virus. These payments should be made both for grant-funded programs and for Medicaid services.*
- **Recommendation:** *The State should immediately release the balance of community nonprofit payments for the fiscal year to providers to support our continued operation in the face of:*
 - *Disruptions due to virus,*
 - *Disruption or lost revenue because of recommendations to isolate or quarantine,*
 - *The likelihood that state agency staff will also be affected, miss work and not complete their 'approvals' expediently.*

Providers are still subject to State Single Accounting and State Cost Standard Rules and no new costs would be created.

Some providers serve children in families where food is not always available and who rely on them for breakfast and lunch each weekday. In addition, many children receive breakfast and lunch from schools, which may close, leaving them to turn to nonprofit programs for support.

- **Recommendation:** *The State should provide people and families supported by state and federal assistance programs with extra funding for food and other essential supplies.*

STAFFING

There are several problems identified that deal with staffing. Shortage of staff, quarantines and fear of infection will make it difficult to see clients. If clients on medication cannot have access to their psychiatrist, for example, they are not able to refill their current medications. The effects of this could be truly tragic.

Many programs require providers to maintain staffing ratios, but with existing vacancies, people not able to get to work and a cumbersome hiring process these may be impossible to meet.

- **Recommendation:** *The State should allow emergency flexibility for staffing ratios and rules to allow for more rapid hiring of staff to fill in gaps.*
- **Recommendation:** *The State should immediately allow behavioral health providers to bill Medicaid for telehealth sessions and not wait for CMS approval. Most states do this already.*

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- **Recommendation:** *The State should allow for flexibility in licensing requirements and program fidelity.*

SUPPLIES

There is a shortage of PPE (Personal Protective Equipment): gloves, gowns, shoe covers, head covers, masks, respirators, eye protection, face shields, sanitizer and goggles. A lack of these items could put medically fragile people at risk. There is also a need for cleaning supplies, and for cleaning professionals with specialized training for agency vehicles, adaptive equipment.

As has been widely reported, there is also a shortage of testing kits.

- **Recommendation:** *The State should provide supplies needed and help with necessary cleaning. At a minimum it should identify where providers can get these items.*

WHERE TO BRING INFECTED PEOPLE

Providers will have to cope with people they serve who are identified as infected and need care, as well as those potentially infected who need to be quarantined. This is a particular concern for residential programs.

For example, one provider serves several hundred clients who are making the transition back to their communities from prison. If those facilities shut down the Department of Correction would need to bring them back to prison or release them into the community – because the provider would have no place at which they could live.

Providers also need to know what to do with people served by DDS who test positive – will they be placed in a hospital or another setting? If their places of residence are placed under quarantine it would exacerbate burdens (such as staffing burdens and protections) for providers.

DMHAS providers will need guidance on how to care for people they see who are identified as ill or in danger or illness. This includes people struggling with addiction.

- **Recommendation:** *Each state agency should identify -- and communicate clearly to providers -- the way in which infected people will be cared for and where they will be placed for care or quarantine.*

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- **Recommendation:** *The State can provide centralized sources of information and resources to which they can direct clients (for example Infoline or 211 and/or a website for local supports and resources.)*

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Gian-Carl Casa".

Gian-Carl Casa
President and CEO

cc: Paul Mounds, Chief of Staff
Commissioner Beth Bye
Commissioner Renee Coleman-Mitchell
Commissioner Rollin Cook
Commissioner Miriam Delphin-Rittmon
Commissioner Vanessa Dorantes
Commissioner Deidre Gifford
Executive Director Gary Roberge
Commissioner Seila Mosquera-Bruno
Commissioner Jordan Scheff

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