



March 19, 2020

Hon. Ned Lamont
Governor
State of Connecticut
Hartford, Connecticut 06106

Dear Governor Lamont:

The Alliance is the statewide association of community nonprofits. Community nonprofits provide essential services in every city and town in Connecticut, serving more than half a million people in need and employing 117,000 people across the State.

Nonprofits are on the front lines of the coronavirus pandemic, serving children, families and communities. In the midst of this crisis, nonprofits are working to ensure continuity of mental health services, support for people with disabilities, and transitioning people back into the community from prison.

We are writing to ask you to support nonprofits. Our recommendations for how the state can immediately be most helpful during this time are below. Some of these proposals were in a letter we sent to your office last week, but several are new and come from the experience and concerns of nonprofits as this crisis has grown.

The challenges we are facing are unprecedented, and we recognize the stresses it places on government, the economy and society as a whole. But unless the federal government can respond to the needs of community nonprofits that serve vulnerable people, programs may close and the human toll could increase and last after the crisis is passed.

FUNDING TO KEEP COMMUNITY SERVICES AFLOAT

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.

Recommendations

1. **Reimburse 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.

2. **Immediately release 4th quarter payments** 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.
3. **Eliminate the practice of cost settlement and claw-backs**, allowing providers to retain revenue from their programs at the end of the fiscal year. Give providers as much flexibility as possible to move dollars between programs and line items.
4. **Create a special pool of funding to mitigate losses** faced by providers of the State’s safety net of services, and providers are incurring significant unplanned costs to prepare for and manage outbreaks, and significant revenue disruptions, both of which threaten the viability of the provider network in the long term.
5. **Provide extra funding for food and other essential supplies** for people and families supported by state and federal assistance programs.
6. **Suspend competitive bidding on contracts for the duration of the crisis.** It is destabilizing to the finances of an organization to have long-term contracts up for bid with the potential to lose them in the midst of the crisis. Providers cannot manage this additional uncertainty at this time.

STAFFING AND SUPPLIES

Shortage of staff, quarantines and fear of infection will make it difficult to see clients. 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. Currently, nonprofit staff and clients are treated in the same manner as the general public with regard to testing for COVID-19, which is having ripple effects regarding contact self-quarantines within community programs.

There is also 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 and adaptive equipment. Finally, even access to basic cleaning and food supplies is being difficult to acquire in parts of the state, even as nonprofit staff are shopping on behalf of clients

Recommendations:

1. **Designate nonprofit staff as essential to the healthcare system**, giving them the same access to priority testing and treatment as hospitals and nursing homes.
2. **Allow emergency flexibility for staffing ratios and hiring** rules to allow for more rapid hiring of staff to fill in gaps and allow for flexibility in licensing requirements and program fidelity.

3. **Immediately supply nonprofits with PPE** they need and help with necessary cleaning. At a minimum, identify where providers can get these items and services and fund their purchase.
4. **Provide nonprofit programs with documentation allowing them to purchase supplies** over the limits stores are placing on individual purchases.

MANAGING SAFETY AND INFECTION IN COMMUNITY PROGRAMS

Providers will have to cope with people they serve and staff 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, where there is often not the ability to quarantine a client in a room or house.

In addition, there is differing direction at this time from state agencies regarding which types of services are safe and which should be temporarily discontinued. For example, DOC and CSSD have suspended all non-profit-provided group therapy, but DMHAS is directing providers to continue groups, albeit in smaller sizes.

Recommendations:

1. **Prioritize testing of nonprofit staff and clients** so that services may continue or be suspended more rapidly based on negative or positive tests.
2. **Identify and clearly communicate how infected people will be cared for and where they will be placed for care or quarantine.** Directing providers to quarantine people within residential programs puts clients and staff in danger.
3. **Establish clear guidelines for each type of community services in a centralized and consistent way across all state agencies,** so that like services contracted by each state agency for different populations are treated the same.

Thank you for your consideration. Please contact me at gcasa@ctnonprofitalliance.org with questions or for more information.

Sincerely,



Gian-Carl Casa
President and CEO

cc: Paul Mounds, Chief of Staff
Commissioner Josh Geballe, COO
Secretary Melissa McCaw
Commissioner Beth Bye

Commissioner Renee Coleman-Mitchell
Commissioner Rollin Cook
Commissioner Miriam Delphin-Rittmon
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