Racing Against the Clock:

Preserving Disability Supports During the COVID-19 Pandemic

ANCOR

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Executive Summary

Efforts to maintain the safety and survival of people with disabilities and frontline staff during the COVID-19 pandemic must be prioritized given the heightened risk these people face. People with intellectual/developmental disabilities (I/DD) are more likely to die if they contract the coronavirus and rely heavily on Medicaid-funded supports to stay safe and healthy in the community.

The team at John F. Murphy Homes in Maine, featured in this brief.

This brief profiles providers of Medicaid-funded disability supports, outlining how challenges they face cannot be addressed solely by funding from two federal programs created by the CARES Act: the Paycheck Protection Program (PPP) and the Provider Relief Fund (PRF).

Specifically, this brief highlights several troubling findings:

- The pandemic has generated such deep financial loss for providers that it threatens their ability to deliver supports at all.
- Funding is insufficient to address the increased responsibilities placed on Direct Support Professionals (DSPs), in addition to fears about the well-being of themselves and their loved ones. This exacerbates a long-standing workforce recruitment and retention crisis.
- The financial duress and staffing challenges wrought by the pandemic create dynamics that force providers to make impossible choices that will have lasting consequences for individuals with I/DD.
- Even when PRF and PPP converge with state initiatives to successfully help providers, long-standing structural challenges remain—and any advances can be undone by new surges in COVID-19 cases.

Given the dire nature of this situation, Congress must prioritize legislation to fund Medicaid supports that both keep people with I/DD healthy and safe during the pandemic, and ensure people with I/DD have the options and resources they need to live, work and thrive in the community long after the pandemic has subsided.

Background

Between 2.6 and 4 million people in the US who have I/DD may be more vulnerable to COVID-19 because they are more likely to have underlying conditions such as high blood pressure, heart and respiratory diseases, and diabetes, as reported by *Newsweek* and recent research published in *Disability and Health Journal*. Specifically, the study found that "people with I/DD aged between 18 to 74-years-old had a higher case fatality rate than those without."

> "We are grateful for the funding from PPP and that the federal time extension to use the funds into June allowed us 10 weeks to spend the funding. But as we all know, the pandemic is still here and The Arc [of Anchorage] is barely keeping its head above water with not having the revenue from day habilitation services."
>
> — The Arc of Anchorage

This means that people with I/DD are among the populations whose safety and well-being must be prioritized by policymakers. One of the most effective ways to do so is to strengthen the system of community supports that allows individuals to remain safe in their own homes, rather than having to move into congregate settings such as nursing homes or institutional facilities.

The majority of I/DD supports in the United States are funded through the Medicaid Home and Community-Based Services (HCBS) program. HCBS supports include assistance with activities of daily living such as maintaining good hygiene, as well as getting groceries, communicating with friends and family, and adhering to personalized medical guidelines. Because a majority of I/DD supports cannot be performed with social distancing, DSPs assisting individuals with I/DD are on the frontlines of the pandemic.

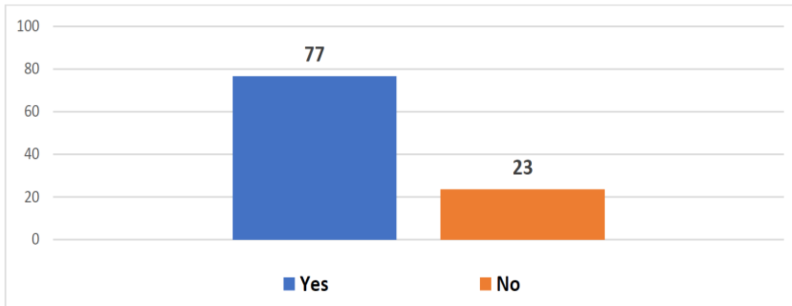


Figure 7. Percentage of Respondents with Direct Care Worker Home Visits During COVID-19 (N = 1,045)

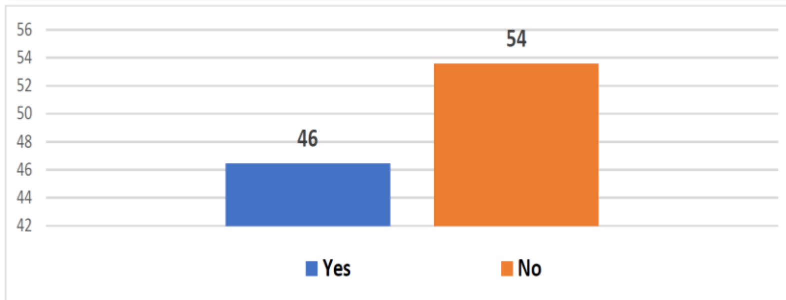


Figure 8. Percentage of Respondents Maintaining A Safe Distance from Direct Care Worker (N = 786)

Charts sourced from *COVID-19 & Adults with Disabilities: Health and Health Care Access* from the American Association on Health and Disability

Demand for DSPs is surging, even as the pandemic exacerbates a staffing crisis. Long before the pandemic, the average annual turnover rate among states for which data are available was 51 percent in 2018. In turn, Medicaid-funded agencies that employ DSPs have been forced by the pandemic to invest heavily in personal protective equipment (PPE), overtime pay, hazard pay and other expenses that far exceed budgeted projections. Meanwhile, these expenses come at a time of significant revenue loss resulting from the closing of certain programs necessitated by states' COVID-19 regulations, such as the closure of programs that help people with disabilities find and maintain employment or interact in the community.

While federal COVID-19 relief programs have helped stop the bleeding, efforts to maintain the stability of Medicaid disability supports will be incomplete without additional investments by Congress. While Medicaid-funded I/DD service providers qualify for two helpful relief programs created by the Coronavirus Aid, Relief and Economic Security (CARES) Act of 2020, the pandemic is outlasting the resources created by these programs and leaving agencies—and, by extension, the individuals they support—in precarious positions. The two CARES Act programs are the Paycheck Protection Program (PPP), which assisted certain types of employers by furnishing forgivable loans if they continued to pay their employees to help them circumnavigate states' unemployment insurance programs, and the Provider Relief Fund (PRF), which made provider organizations eligible for grants worth up to two percent of their previous years' revenue.

Facts & Figures: CARES Act Programs

- Provider Relief Fund grants cover up to 2 percent of an organization's annual revenue, but the loss from the pandemic has been significantly more than that for providers.
- Only agencies with less than 500 employees are eligible for PPP, so many Medicaid disability agencies were locked out of the program.
- Even if an agency receives a much-needed PPP loan, the loan amount is not sufficient to last through the pandemic.

These programs have been moderately successful in ensuring the survival of community-based disability supports, but they are insufficient in addressing all of the challenges caused by the crisis. As a result, providers are left to make incredibly difficult decisions that are untenable considering how vital Medicaid supports are to the survival of people with disabilities.

The Duration of the Pandemic Threatens Financial Ruin for Agencies

With more than 1,600 members, ANCOR is the leading voice of disability service providers in Washington. For the purposes of this brief, we interviewed about a dozen of our members, representing the diversity of this vital industry in terms of size, service offering and geographic reach. From those interviews, we gleaned important lessons about several key themes that are emerging. In this section, we highlight the first of those themes—the threat posed to disability service providers by the extensive duration of the pandemic—by profiling some of the provider agencies with which we spoke.

Community Provider: YAI, New York, NY

YAI by the numbers:

- **Revenue loss**: Approximately $6,200,000 through August, averaging about $1,000,000 per month
- **Additional expenses**: $1,500,000 through August
- **Funds received from PRF**: $3,106,299
- **Funds received from PPP**: Did not receive PPP funding due to number of employees

Kevin Carey, YAI's Chief Financial Officer, explained to ANCOR that state-mandated closings of day programs shifted enormous burden to YAI's supported residences, which continued to operate and became, throughout the earliest months of the pandemic, the frontline of YAI efforts to combat the virus. Keeping residents safe, supported and socially integrated during the shutdown increased staff costs, "mostly due to hazard pay; paying for employees out on COVID sick leave; PPE purchases; [and] additional equipment for telehealth, cleaning services and supplies." Carey went on to explain that YAI has been able to find some cost savings by pioneering new ways of delivering support, but that even those savings have been eclipsed by significant revenue loss and surges in emergency costs.

Regarding YAI's use of the PRF grant they received, Carey further elaborates that, "Funds are being used to offset lost revenues, maintain staff, benefits, etc. [We aim to] keep programs operating successfully and maintain cash flow."

Community Provider: John F. Murphy Homes, Auburn, ME

John F. Murphy Homes by the numbers:

- **Revenue loss**: $5,000,000 through July
- **Additional expenses**: $500,000 through July
- **Funds received from PRF**: $924,000
- **Funds received from PPP**: Did not receive PPP due to number of employees

Individuals supported by John F. Murphy Homes

Todd Goodwin, Chief Executive Officer for John F. Murphy Homes, emphasized that although his organization's losses have been significant, they would have been far more deeply impacted if not for the quick and decisive—but near impossible—actions they took. According to Goodwin, John F. Murphy Homes' losses would have been greater if not for:

- A furlough of just over 300 employees.
- A halt on employee raises. This was a particularly distasteful fact set in relief against Maine's unwillingness to put forward substantive rate increases, Goodwin says. Such rate increases would have allowed better pay in the I/DD sector that would be on par with steps Maine has taken on behalf of several other health care sectors.
- A freeze on filling open positions.
- A freeze on a variety of organizational initiatives meant to improve service delivery and efficiency.

John F. Murphy Homes could not qualify for PPP money despite multiple avenues of trying. "Our first disqualification was the fact that we employ more than 500 employees," Goodwin said. "The second disqualification was that we exceeded revenue thresholds on our primary industry classification codes. The third and final disqualification related to the alternate sizing standard test for organizations with more than 500 employees. This required coming in under a certain gross receipt threshold *and* coming in under a tangible net worth threshold. We met the former and failed on the latter. **This was a bitter pill to swallow as we saw so many others get these monies and thus put forward temporary pay increases for their staff. PPP did nothing for us**."

Community Provider: The Arc of Anchorage, Anchorage, AK

The Arc of Anchorage by the numbers:

- **Funds Received from PRF**: $0 (applied on August 28, funding not yet received at time of writing)
- **Funds received from PPP**: $1,900,000

Clara Sanderson, Senior Public Relations Officer, shared that, "After a very stressful and difficult [PPP] application effort, our Finance Officer worked with local lenders to get the application submitted. The communication with the lenders was daunting through the whole process and in addition, the lenders had a very difficult time getting answers from the Treasury Department and how to best assist organizations like us through the confusing application. We were approved for $1.9 million in PPP funding that was used overwhelmingly for soaring labor costs. Our PPP funds were spent from April through June."

Sanderson went on to describe the impact of the pandemic on The Arc's financial footing. "We had to shut down our day habilitation services for in-person services by our Community Programs department that maintains our adult recreation center, The Arc Clubhouse (for youth ages 12-16, as well as our art studio for adults. We also had expenses to cover things like PPE and providing one-on-one services only. We did our best to keep staff on board with us, giving as many hours as we could for hourly employees."

Despite these challenges, Sanderson's comments also reflect the remarkable resilience of community-based disability service providers. "We did get creative with our recreation center after the State of Alaska Medicaid and Health & Social Services offices cleared for certain services be provided via teleconference or video conference," Sanderson continued. "Our Recreation Center staff quickly got to work creating Zoom classes and helping keep our individuals connected during our local 'hunker down' order in the Municipality of Anchorage this spring, and additional health mandates that continue in present day. Our Behavioral Health team also benefitted from the State of Alaska's red tape that was lifted for therapy services to be available (due to COVID-19) over the phone or video/internet, so they could continue to support individuals through telemedicine access with our in-house medical provider for medications."

Additional Challenges

Uncertainty Over Eligibility, Reporting & State Responses Hampered Providers' Ability to Fully Leverage Funding

Due to Medicaid being a federal-state partnership, many providers expressed concern about being vulnerable to state-level repercussions for participating in the Paycheck Protection Program. Notably, some states such as Georgia and Michigan are requiring providers to return any retainer funds received during a period of time when their agency used PPP.

For the Provider Relief Fund, smaller providers with few administrative staff were concerned about committing to more than they could handle because HHS did not release reporting requirements for until after the sign-up period for the grants.

Additionally, frequent updates to the Provider Relief Funds' terms and conditions left providers wary about whether they could remain qualified for the Fund's grants. In the words of our member Mat-Su Services for Children and Adults, located in Alaska, as late in the process as September 10: "The reporting requirements on these funds is currently unknown. Will the funds be required to be returned if it is felt that they were not used properly? What are the rules for using the funds? Nothing is free (especially from the Federal government)."

Finally, Sanderson noted that The Arc of Anchorage, although it continues to struggle, is immensely grateful for the PPP funding received, as it has enabled them to stay in business. **"The Arc is barely keeping its head above water with not having the revenue from day habilitation services.**"

Community Provider: Cedar Lake, Louisville, KY

Cedar Lake by the numbers:

- **Revenue loss**: $234,000 through May 30 (average $46,500 monthly)
- **Additional expenses**: $42,000 (average $8,400 monthly)
- **Funds received from PRF**: $583,000
- **Funds received from PPP**: $4,400,000

"We have used the funds to offset operational losses and also to issue 'hazard bonuses' for all staff working with the people we support," said R. Chris Stevenson, Cedar Lake's Chief Executive Officer. "The lack of funding is being felt most significantly on the [community-based programs] side because our services have been impacted by low attendance (or none at all)."

The impact isn't just being felt within the Cedar Lake community, as the need to lay off several employees has left other Louisville-area workers without a job. **"We have had to implement several staff layoffs—approximately 10 positions—due to the lack of revenue. If we had the supplemental funding in place [sooner], we would not have had to put these layoffs into effect**," Stevenson explained. Moving forward, Stevenson believes additional funding may help Cedar Lake avoid additional layoffs.

Financial Duress is Exacerbating the DSP Workforce Crisis

A second theme that emerged from our interviews with community-based providers had to do with the direct support workforce. This workforce, in crisis long before COVID-19, has grappled for years with high turnover rates, high vacancy rates, low wages and inadequate career pathways. In a variety of ways, these challenges have been amplified by the pandemic.

Facts & Figures: COVID-19 and the Direct Support Workforce Crisis

- While the funding from the Provider Relief Fund and PPP has allowed some agencies to slightly increase wages, this is not sufficient to compete with other health care industries or overcome DSPs' worries for their and their loved ones' health.
- DSPs' availability is further limited by family responsibilities. One in four home care workers, an umbrella category which includes DSPs, has a child under age 18 at home.

Community Provider: Laura Baker Services Association, Northfield, MN

Laura Baker Services Association by the numbers:

- **Revenue loss**: $60,000 monthly.
- **Additional expenses**: $20,000 monthly

- **Funds received from PRF**: $0 (funds not received at the time of writing; organization anticipates around $100,000)
- **Funds received from PPP**: $825,000

Sandra Gerdes, Executive Director for Laura Baker Services Association, explained that they have recently found themselves in competition (and unable to effectively compete) with other medical service providers in their small town that have been able to secure emergency funding, including nursing homes, hospitals and clinics. “One of our challenges is that in a relatively small town, we have a number of Medicare service providers; since they have received more funding from HHS, they are offering shift differentials of up to $5 per hour to attract and retain staff. They are attracting many of our staff members. **We cannot fill service openings because of staffing shortages, and this becomes a chicken and egg issue: if you don’t fill the openings, you can’t support staff the way we would like, but if we fill the openings, we don’t have enough staff to support people the way we need to.”** Gerdes further elaborated, “We have closed three houses and transferred [people supported in those houses] to other providers as a result of our staffing issues. We have increased our base pay by $3 per hour, and because we are not receiving additional revenue to offset those costs, we are working hard to figure out how we can close the gap.”

Gerdes went on to explain that if her organization were able to get additional funding, it would increase DSP wages to be more competitive with other employers in our sector in the community, particularly health care providers. She also mentioned competing against the retail industry for staff, including convenience stores and home improvement stores, citing Menards as an example.

Beyond her organization’s challenges related to competing against other organizations with similar missions, Gerdes also explained the unique challenges facing her staff: “Child care and housing are two needs for our staff members; we are working with local support agencies to provide those resources by accessing child care vouchers and advocating for more affordable housing.” Laura Baker Services Association has recently considered providing child care for its employees. It’s worth noting that if unable to pay DSPs a living wage, the impact won’t just be felt by the organization, but also by the state more broadly, as these employees—even if not relegated to the unemployment rolls—may be forced to rely on social safety net programs just so they can deliver Medicaid services.

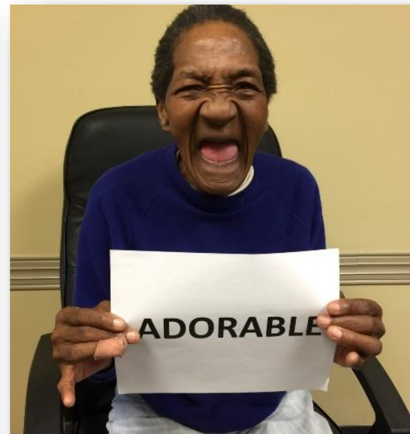
Of course, the organization’s ability to recruit and retain staff is unraveling at the same time it sees an increased demand for labor. “Because of work and day program closures, we have had to add 13 full-time staff members [for residential services],” Gerdes continued. “Even as day programs and work opportunities reopen, we aren’t able to reduce [our staffing needs] because we need staffing for the people who haven’t returned to work and day programs.” Complicating this dynamic is that in Minnesota, most providers either provide residential services or day habilitation services, but not both. As a result, organizations like Gerdes’ don’t have the luxury of redirecting day program staff hours to residential settings. **“Day programs are providing services virtually, which means they can bill, but we can’t, even though we need to provide staffing for that person, including assistance to participate in the virtual sessions**,” Gerdes explained**.**

Regarding how Laura Baker Services Association has used PPP funds, Gerdes elaborated that in addition to shoring up cash flow, her organization offered $100,000 in "thank you" pay to staff members in the form of a one-time bonus. For the period of the PPP loan, they paid staff a bonus sum equaling $3 for every hour worked across the eight-week PPP loan period. This move illustrates a double-edged sword: on the one hand, it proves that providers will do everything in their power to strengthen the ability of their workforce to weather the financial storm, but it highlights that despite these efforts, organizations like Laura Baker Services Association still struggle to compete against other providers in the community.

Community Provider: Koinonia, Independence, OH

Koinonia by the numbers:

- **Revenue loss**: $1,500,000 as of July 31 (Koinonia anticipates a full-year loss of $2,500,000) **Additional expenses**: $1.3 million
- **Funds received from PRF**: $564,375
- **Funds received from PPP**: Did not receive PPP due to number of employees
- **Additional support received**: $1,600,000 from the State of Ohio ($1M for 19 community-based Intermediate Care Facilities; $600,000 for HCBS residential services) and $80,000 from the Cuyahoga County Board of Developmental Disabilities (reimbursement for COVID-19-related expenses)



Frankie Mae, an individual supported by Koinonia

Susan Chiancone, Chief Financial Officer for Koinonia, and Diane Beastrom, President & Chief Executive Officer for Koinonia, explained to us that they applied funds from HHS to offset the lost revenue sustained due to the closure of day programs and the disruptions to their transportation services. "Prior to COVID-19, approximately 225 individuals attended our day program five days a week. Those programs closed March 13 and have only just begun to open under new [Department of Developmental Disabilities] rule allowing a maximum of 10 people, including staff, per program pod." To comply with this rule, Koinonia can only serve eight individuals per pod in a total of seven pods; serving 56 individuals represents a 75-percent reduction in services. When asked about the future, Chiancone and Beastrom painted a grim picture: "**We do not anticipate ever returning to the day program attendance levels we saw prior to COVID-19.**"

These one-time funding mechanisms only moderately addressed the vast hole created to date by the impact of COVID, and the impact continues to increase. As a result, management has been forced to implement a $500,000 reduction in expenditures by eliminating raises for management and support personnel, holiday bonuses and 403(b) match contributions. Koinonia also instituted a Personal Time Off, or PTO, giveback (akin to an employee furlough).

Access to additional funds not only help improve Koinonia's financial stability; it would enable the organization to increase base wages for DSPs (currently $11 per hour) to a rate that would more effectively compete for labor against other hourly-wage employers in the community, such as Target, Walmart and Amazon. Beastrom has argued for years, both in Columbus and in Washington, that one of the biggest barriers to solving the direct support workforce crisis is competition from retail—and COVID-19 isn't helping. "With this pandemic and the close interpersonal contact necessary for DSPs to perform their jobs, very few people are looking to this field as a potential career change. The situation is very fragile and is only getting worse," Beastrom explained.

Examples of additional workforce-related expenses include:

- A base wage increase from $10 to $11 to retain staff and avoid wage compression. Koinonia has a formula it uses so that newly hired DSPs making $11 per hour don't earn the same or more than someone they hired a year ago, and so on, so longer-term DSPs' wages don't get compressed in their rate of pay.
- Increased payroll to cover 24/7 services in all homes since day programs closed.
- COVID-19 premium pay.
- Double-time pay for staff working in homes where an individual supported has tested positive for COVID-19.
- Additional personal protective equipment, such as scrubs and gowns for all DSP staff.
- Costs related to sanitizing homes where an individual supported has tested positive for COVID-19.

As we heard from many of the other professionals we interviewed, Koinonia's executives were very grateful for the funding they had received, but noted that it was not sufficient for managing through the long duration of this pandemic. As Chiancone and Beastrom put it, "**While all of these gestures and funds are greatly appreciated, they are often defined for very specific and overlapping purposes rather than permitting the opportunity for providers to use as needed, where needed.** This makes the use and reporting highly complex and worrisome, and creates administrative burdens for a relatively small amount of money during an extremely challenging time. Our total budgeted revenue for 2020 was $38,000,000."

Despite Impossible Choices, Providers Face Mounting Uncertainty

Agencies now find themselves in the tenuous position of rebuilding their programs while their states force them to choose which individuals they can support given the funding and staffing challenges laid out above. Additional interviews revealed that providers are being forced to confront impossible choices, but even so, they're not seeing any evidence that future uncertainty is waning.

Community Provider: Fuse Network, Newark, OH

Due to revenue loss, the Fuse Network had to reduce their staff, operating in three counties, from 85 to 65. Mary Thompson-Hufford, Chief Executive Officer for the Fuse Network, detailed her agency's struggle to decide which individuals they can support given their staff reduction. "Gina didn't get called back to work at Avon, and her mental health needs have been exacerbated this summer," Thompson-Hufford explained. "Through dedicated teamwork, [Gina] found a new job at Bob Evans. She was so excited to get started and her parents are thankful that she will have purpose, but we didn't have the coaching capacity, so we had to request a delayed job start for Gina."

In Gina's case, the Fuse Network was able to delay the delivery of services. But in other instances, they have had to decline to provide support altogether. As one example, John received an employment offer and asked for transportation services to and from his house. Fuse Network didn't have capacity to provide these services, so John was forced to turn down the job. Now, he and his team worry about how long it will be until he finds another job offer.

Deanna found herself in a similar situation. She had two part-time jobs last year and found herself laid off due to COVID-19. She was called back to her job at Adornetto's, which she has had for a year. Adornetto's manager talked with the Fuse Network's employment specialist and said that Deanna was struggling with COVID-19 procedures and needed more support; if she didn't receive that support, they would have to take her off the work schedule.

In explaining these impossible choices, Thompson-Hufford put it this way: **"Do we prioritize Gina to help avoid potential mental health hospitalization, or should Deanna have priority because she lives alone in an apartment and needs the income? And how is it right to not provide the rides that John needs, knowing that doing so would reduce his need for services from the [developmental disabilities] system?"** Unfortunately, as you might guess, Thompson-Hufford and her colleagues at the Fuse Network are not alone in confronting these impossible choices.

Community Provider: Exceptional Persons, Inc., Waterloo, IA

Exceptional Persons, Inc. (EPI) by the numbers:

- **Revenue loss**: $90,000 monthly
- **Additional expenses**: $147,000 monthly
- **Funds received from PRF**: $305,626
- **Funds received from PPP**: $3,093,900
- **Additional support received**: $423,933 from a different CARES Act-funded program

Dawn, a Program Manager at EPI

EPI benefitted from a constellation of stars aligning to ensure that they are currently financially stable with federal assistance. In contrast to some providers profiled above, EPI qualified for a large enough PPP loan to meet their needs. Calling it "the big difference maker," Chris Sparks, Chief Executive Officer for EPI, expects to meet the conditions for the loan to be forgivable. Furthermore, Iowa directed separate funding from the CARES Act toward Medicaid disability supports specifically—though it is important to note that not every state has distributed funds in that manner. Finally, EPI received a smaller but still much-appreciated amount from PRF. As such, Sparks expects EPI will have enough funding for another 18 months under current pandemic conditions.

However, Sparks shared, the situation is fluid and changes rapidly. Positive cases in Iowa are trending upwards, as are hospitalizations. The agency has seen several waves of COVID-19 diagnoses among the people supported and their staff. In turn, DSP staffing shortages are reaching critical levels. DSP turnover and vacancy rates are rising, and EPI is preparing to re-implement a broad pandemic pay plan. The cost of the plan is projected to be an additional $85,000 per month. **"Additional service slow-downs and shutdowns are quite possible, at**

least for employment and day habilitation. This creates lost revenue in those services and increased expenses in our residential services." He elaborated that they have developed a plan for the worst-case scenario, which would involve converting offices into a quarantine dormitory if the agency must address a significant spike in cases among individuals supported and staff. This would worsen their already sobering financial outlook.

Finally, Sparks noted that structural issues that existed prior to the pandemic continue to challenge providers in Iowa. These challenges include low wages triggered by Medicaid reimbursement rates, noting that low wages foster high turnover rates (further exacerbated by the pandemic). He also noted that operating within a managed care framework, and the rigid cost-reporting rules that are utilized in Iowa, do not allow providers to receive full reimbursement for their expenses. Up to five percent of EPI's reasonable and customary costs are disallowed annually in this cost reporting process.

What Congress Should Do

Our conversations with community-based providers of disability services revealed that the extent to which providers were able to benefit from PPP and PRF varied greatly based on the number of people they employ, the number of people they support, whether their states offered additional financial support and/or regulatory flexibility, and what kinds of service they offer.

These interviews also revealed that the seemingly endless nature of the pandemic means providers continue to confront impossible choices, even in instances when they have received federal support. These choices include decisions about staffing and how to address the needs of individuals while ensuring the health, safety and well-being of people supported and frontline staff.

These observations reinforce something we have known since the earliest days of this pandemic: Congress must take significant and swift action to ensure agencies at risk of losing ground in the life or death battle against COVID-19 don't succumb to the pandemic's worst impacts. The stronger community disability supports are, the more individuals can stay at home and stay safe, and the more we can curb the spread of this deadly virus among a highly vulnerable population.

Congress can ensure the well-being of people with I/DD and invest in the essential frontline workers that support them in two essential ways:

1. Protect Medicaid Home and Community Based Services for children and adults with developmental disabilities through targeted long-term investments.

2. Stabilize funding for state and local governments to prevent cuts to HCBS funding.

Ready to Join Us?

To learn more or to commit your support to our efforts, contact Sarah Meek, ANCOR's Senior Director of Legislative Affairs, at smeek@ancor.org.