



An Emergency Direct Care Conservation Corps Proposal

Henry Claypool, Mary Lou Breslin, Julia Bascom, Silvia Yee, Sarah Triano, Dennis Heaphy, Mike Oxford, John Tschida, Joe Caldwell • April 2020

Introduction

Policymakers shaping responses to COVID-19 have thus far overlooked the needs of high-risk populations, including disabled people and older adults living in the community who rely on the assistance of Personal Care Attendants (PCAs), Direct Support Professionals (DSPs), and other direct care workers. To help protect high-risk populations who rely on direct care workers to live in the community, we must draw on our existing strengths and resources. Specifically, we must ensure that a) people with disabilities who rely on direct care workers can continue to receive the support they need to shelter in place safely, and b) that direct care workers can minimize their risk of contracting COVID-19 to the greatest extent possible to protect themselves and others.

Home and Community Based Services (HCBS) are a source of resiliency for high-risk populations who need help getting out of bed, bathing, dressing, toileting, meal preparation, and medication management and other health maintenance tasks to live in the community. At the same time, the scarcity of Personal Protective Equipment (PPE), limited testing, increasing numbers of people with COVID-19 symptoms, and misinformation about the spread of the disease are constraining the HCBS system. This workforce

supporting people living at home and in the community are on the front lines, reducing risk of infection and flattening the curve of COVID-19 by helping people shelter in place, but they are doing so at great personal risk. Ironically, they might also be contributing to the spread of COVID-19 because they have limited access to PPE and are untrained in pandemic safety measures.

Goal

Reduce the spread of COVID-19 and preventable ED visits and hospitalizations of high-risk populations by strengthening HCBS services with the following actions:

- **Make direct care workers a priority for COVID-19 testing.**
- **Prioritize PPE for direct care workers** in the community particularly those working with people who show symptoms of COVID-19 infection.
- **Teach direct care workers how to use PPE safely.**
- **Encourage direct care workers to continue working with high-risk, vulnerable populations through pay raises and other benefits.** (For example, Massachusetts is providing free daycare for essential personnel, including PCAs.)

- **Teach direct care workers about certain health maintenance tasks** including oxygen monitoring, respiratory support, and methods to administer home oxygen therapy.
- **Promote continuity of care by using direct care workers' skills in hospitals** to provide additional support to nursing staff and protect people with complex care needs and/or communication barriers from unintentional neglect and/or exposure to secondary co-occurring conditions such as C. diff, urinary tract infections and decubitus ulcers.
- When possible, **help older adults and people with disabilities stay in the community, rather than a rehabilitation facility, nursing home, or hospital**, by using direct care workers, currently enhanced telehealth capacities, community-based nursing and therapy services, and community health workers who can provide culturally competent care.

Implementation methods

- **Prioritize paid partnerships with managed care plans, multi-state, home health agencies, Centers for Independent Living that operate home health agencies or provide other home and community-based services and supports, and other in-home support providers.**
 - These organizations would recruit, train, and deploy a specialized direct care workforce that would be equipped to go into emergency situations, including where the consumer has tested positive for, has symptoms of, or been exposed to, COVID-19, and has no alternative means of support
 - In return, these workers would be guaranteed hazard pay, incentive pay, paid sick time, overtime, reimbursement for transportation costs, any and all necessary PPE, and specialized training in infection control, oxygen monitoring, respiratory support and maintenance, consumer-directed personal assistance, and other needed topics.
- These workers would go to someone's home if the consumer is sheltering in place (including the homes of those who self-direct their support) or to sites where the consumer is in quarantine or receiving treatment.
- Require streamlining/waiving fingerprinting, background checks, and waiting periods for this specialized workforce.
- **Recruit emergency workers from the large population of laid-off service workers.**
- **Community-based organizations could recruit college students** to serve who are currently living at home due to school closures, particularly students pursuing advanced degrees in occupational, physical, and respiratory therapy.
- **Collaborate with organizations such as the National Organization of Nurses with Disabilities and other nursing organizations** to recruit nurses to train the direct care workers on certain tasks such as tube feeding, ventilator maintenance, and oxygen administration, and delegate care to this workforce.
- Work with organizations such as Centers for Independent Living, Self Advocates Becoming Empowered, the National Alliance for Direct Support Professionals, and other recovery and peer support organizations to **train workers in person-centered thinking and disability rights.**
- **Develop important sub-contracts with key vendors while public and private transit is less available** (e.g., accessible transportation

for safe transport of persons with disabilities and direct care workers to critical medical appointments that cannot be administered in a home).

- These specialized workers are not intended to replace permanent PCAs, DSPs, or other direct care workers. They will be available during the current COVID-19 crisis, but could **potentially be a valuable ongoing resource in other emergencies, too** (e.g., when someone’s regular PCA is sick or a consumer has an urgent unexpected assistance need).
- The Emergency Direct Care Conservation Corps could be funded through a variety of sources of state funding and additional funding from recently passed COVID-19 response packages.
 - For example, funding could be provided through the recently enacted \$100 billion Public Health and Social Services Emergency Fund. The purpose of the Fund is “to prevent, prepare for, and respond to coronavirus...for necessary expenses to reimburse, through grants or other mechanisms, eligible health care providers,” including “Medicare or Medicaid enrolled suppliers or providers and for-profit entities” for “health care related expenses” (e.g., “diagnoses, testing, or care for individuals with possible or actual cases of COVID-19”).
 - States also received a temporary enhanced federal Medicaid match of 6.2%, which some have estimated to provide an additional \$35 billion to states. In addition, states have flexibilities to request temporary modifications to a range of Medicaid and home and community-based services policies and practices.

- Additional funding in COVID round 4 legislation to support individuals needing personal assistance, workers, and agencies could support efforts.
- Replicate existing models for emergency PCA services. For example, an agency in Berkeley, California, called [Easy Does It](#) has operated for over 20 years providing on-call, emergency PCA services 24/7 for anyone who needs the service and who lives in Berkeley.¹

Immediate needs

- **The Secretary of the Department of Health and Human Services (HHS) should guarantee Public Health and Social Services Emergency Fund dollars** for the Emergency Direct Care Conservation Corps.
- **Formal partnerships established as soon as possible.**
- **Dedicated PPE** for all members of the Emergency Direct Care Conservation Corps.
- **Potential waiver of nursing scope of practice rules** to allow this specialized group of workers employed by these agencies to perform certain health maintenance tasks as non-licensed personnel, or under expanded delegation/supervision agreements.
- **Broad recognition of direct care workers as essential service personnel** in local, state, and federal laws and regulations.
- **Ensure access for these specialized direct care workers in home and community-based settings, medical facilities and external quarantine sites where their clients are staying.**

1. <https://heller.brandeis.edu/community-living-policy/images/pdfpublications/2019decembereasydoesitemergency1.pdf>