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On behalf of the several hundred thousand vulnerable and at-risk Oregonians we work with daily, we ask for urgent assistance to ensure that your community, non-profit and safety-net partners and workforce survive the C-19 crisis. Our ability to remain afloat and continue to provide critical services to Oregon's most vulnerable populations depends on quick action.

April 7, 2020

Tier 1: Immediate Executive/Agency Actions:

- a. Move Quickly to Implement the State Plan Amendment (1135 Waiver). Direct that agencies and CCOs/DCOs use their existing, budgeted funding to immediately pay the average monthly capacity and provide a fixed monthly rate, regardless of utilization. Existing state budgets and CCO/DCO PMPM receipts fully cover this change. This could protect our fragile system of care for vulnerable children, seniors, adults with developmental disabilities and others.
- b. Issue a directive to state agencies that federal and state reserve funds be made immediately available for medical respite care and any/all health and case management services in shelters and temporary housing.
- Ensure that telehealth visits at non-profits and safety net providers are reimbursed by agencies and all CCOs/DCOs, as well as private and self-funded insurance, at the same rate as in-person visits for the duration of the crisis.

Tier 1 Continued:

- d. Direct that the Oregon Employment Department enact a **90-day moratorium on unemployment collections for self-insured entities** to allow them to conserve cash, meet payroll and keep at-risk populations safe.
- e. Ensure that **all unemployment insurance funds**, including those utilized by Oregon non-profits and tribal entities and their employees, are **reimbursed at the same enhanced rates**. Guidance from the Federal Stimulus allow for this change, but states must implement it as part of their overall unemployment changes. And ensure that UI-ineligible immigrant workers, who are not covered through the formal system, are eligible for assistance by supporting initiative like the <u>Oregon Workers Relief Fund</u>. These issues need to be addressed through an Executive Order and explicitly referenced in any Special Session legislation. The <u>Montana rule</u> could serve as examples for Oregon.
- f. Direct all state agencies to prioritize non-profits and entities serving the Medicaid and safety net systems and ensure that they are eligible to participate in all state and local small business relief and support efforts.
- g. Issue guidance that non-profits and BH providers serving our safety net populations are "Essential Services" and "Emergency Responders," that organizations serving in these settings are prioritized for distribution of PPE/Supplies and that workers are prioritized for C-19 testing in order to ensure the safety of the workforce and those in care.
- h. Direct Oregon's Occupational Safety and Health Administration to draft guidance to further define excludable health care providers / emergency responders during the pandemic; ensure the definition includes any employee responsible for the direct care, supervision, and oversight of individuals receiving essential services in congregate care like programs such as BRS, Psychiatric Residential, Shelters, and long-term care facilities. This definition should also include all staff who work in such programs and are necessary for the ongoing operation of these essential businesses (including support personnel, office staff, janitorial staff, etc.).

Tier 2: Essential Items for Consideration During a Special Session:

- i. Call a Special Legislative Session in the <u>very near future</u> (non-profits cannot wait until late May for assistance) and work with legislative leaders to <u>prioritize emergency aid to non-profits to preserve capacity</u>, workforce and critical services. Act on these issues during the first special session.
- the Ways and Means Committee which could provide immediate assistance. For example, HB4039 (Unaccompanied/ Homeless Youth), HB4001 (Homeless Shelter Funding) and HB4120 (Independent Living Program) and Budget Option Package #120 (Provider Workforce), etc. Allocating immediate funding for critical programs that leverage federal resources should also be a priority. For instance, a small \$15.3 million investment in Certified Community Behavioral Health Clinics would leverage \$62.9 million in additional funding directly into programs and communities directly impacted by this health crisis. Additional operations dollars should be provided for affordable housing providers, which are needed to backfill lost rent revenue and allow providers to forgive rent payments rather than imposing large payment plans for resident who will likely have a difficult time paying back any amount of past due rent

For questions, contact:

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