HCBS Innovation During COVID: Payers & Providers

2020 HCBS Technical Assistance Series
November 12, 2020 3:00-4:30 p.m. ET

OPENING REMARKS

Michele MacKenzie

Technical Director

Division of Long Term Services & Supports

Disabled & Elderly Health Programs Group

Center for Medicaid & CHIP Services

Centers for Medicare & Medicaid Services

Carlos Villalta

Program Analyst

Office of Policy Analysis & Development

Center for Policy & Evaluation

Administration for Community Living

HCBS Beneficiary Perspective

Donna Osterbrink
Mosinee, Wisconsin
Dual-Eligible (Medicare/Medicaid) HCBS Beneficiary

Payer & Provider
COVID Trends

HCBS During COVID:

Payers and Providers Medicaid Managed

Care Organizations (MCO)

Michelle Martin

Executive Director, LTSS and Complex Care, AHIP

Who is AHIP?

America's Health Insurance Plans (AHIP) is the national association whose members provide coverage and health-related services that **improve and protect the health and financial security of consumers, families, businesses, communities and the nation**.

AHIP

Medicaid and Managed Care

More than 73 million Americans are covered by Medicaid and the Children's Health Insurance Program (CHIP)

38 states and the District of Columbia use risk-based managed care to deliver services to 56 million people

- Medicaid managed care organizations (MCO) cover 78% of the Medicaid population

MCOs offer states a variety of useful tools including improvements with:

- enrollee experience

- program efficiencies

- program administration

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LTSS and HCBS

- People living with disabilities and older adults who are using LTSS make up 6% of the total Medicaid population but account for 42% of all Medicaid spending.

- In 2016, combined federal and state Medicaid expenditures for LTSS were $167 billion – approximately 30% of total Medicaid spending. Of total LTSS expenditures, over $95 billion (57%) was spent on home and community-based services (HCBS).

- 2013 marked the first year that total U.S. Medicaid expenditures for HCBS exceeded expenditures for facility-based care.

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HCBS and Managed Care

- More than 1.7 million people receive LTSS through Medicaid MCOs

- State use of managed care in LTSS and HCBS has tripled from 8 states in 2004 to 24 states today

- HCBS can include a wide variety of health and social services

AHIP

HCBS and Managed Care Cont.

Health Services:

- Durable medical equipment

- Case management

- Caregiver and client training

- Health promotion and disease prevention

Social Services:

- Home-delivered meal programs

- Personal care (dressing, bathing, toileting, eating, transferring to or from a bed or chair, etc.)

- Transportation and access

- Home repairs and modifications

- Home safety assessments

- Homemaker and chore services

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State Medicaid Participation in MLTSS

Core Managed Care Services
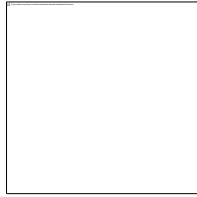
Comprehensive Needs Assessment

- Initial and periodic reassessments, including with care transitions

- MCO proprietary or standardized assessment instrument

Care Manager / Service Coordinator

- Works with member and full care team to develop person-centered care plan

- Implements plan, coordinates activities of providers

- Monitors changes in condition, adjusts care and service mix, updates plan

Care and service plan

- Coordination of ADL/IADL needs with medical and behavioral health needs

AHIP

Managed Care and COVID-19

- Half of Medicaid enrollees are Black and Hispanic—two populations that have been disproportionately impacted by COVID-19.

- Medicaid managed care plans have been working with their state partners, providers, and other stakeholders to take decisive action to protect patients and health care workers during the COVID-19 crisis.

- Medicaid managed care plans have also taken steps to support their communities through grants and donations to clinics and nonprofit organizations that are supporting COVID-19 relief efforts.

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HCBS and COVID-19

- Due to the vulnerability of people living with disabilities and older Americans, MCOs with LTSS/HCBS responsibility faced significant challenges:

  - PPE shortages

  - Closure of Adult Day programs

  - Immediate need to pivot to telehealth

  - Limited access to caregivers due to fear of infection spread

- MCOs built the plane while flying it!

- MCOs rose to the challenge by developing and implementing solutions to address each new problem.

  - Bought and distributed PPE, created back-up plans for caregiving, distributed food

  - Worked with states to quickly address challenges and deliver solutions

AHIP

Thank You

Michelle Martin
Executive Director, LTSS and Complex Care

mmartin@ahip.org | (202) 778-3253

Overview of Centers for Independent Living (CILs) Services and Response to COVID-19

Richard Petty, MBA

Director

IL-NET National Training and Technical Assistance Center for Independent Living at Independent Living Research Utilization (ILRU)

rpetty@bcm.edu

https://www.ilru.org

Overview of the IL-NET

- The **IL-NET National Training and Technical Assistance Center** for centers for independent living (CILs) and statewide independent living councils (SILCs) has been in operation (in one form or another) for over 27 years.
- The IL-NET has the national perspective needed as well as depth of understanding and commitment to IL philosophy.
- IL-NET offers a cafeteria-style range of services so that CILs and SILCs can choose what works best for their educational needs and interests, staff and boards' schedules, and organization budgets.

Activities Conducted by the IL-NET During COVID-19

- Sent email announcements of emerging practices from CILs and various updates related to COVID-19 and funding.

- Hosted Q&A webinars - Operating IL Programs in the Face of Coronavirus, Remote Work and Consumer Connections during the COVID-19 Pandemic, Technology Options During the COVID-19 Pandemic, and Statewide and Systemic Responses to COVID-19 and Other Emergencies.

- Conducted three surveys
  - Forced Institutionalization
  - CIL technology needs and usage
  - COVID-19 needs assessment (collaborated with CHRIL and NCIL)

Findings from the *CHRIL/IL-NET COVID-19 Needs Assessment:* Challenges Faced by CILs

- Disruption of Face-to-Face Relationships: The biggest challenge is not being able to convene face-to-face assessments.

- Technology Gaps: Many don't have Internet.

- Rural Access: Lack of technology makes it impossible to hold virtual meetings.

- Financial Repercussions: Donor networks are taking a hit.

Findings from the *CHRIL/IL-NET COVID-19 Needs Assessment:* Challenges Faced by Consumers

- Health and Healthcare: Staying out of nursing homes and out of hospitals.
- Personal Assistance: Worried that their caregivers are going to get sick and then they won't have in-home care.
- Food and Housing: Not being able to use food stamp card to order food or be delivered.
- Income and Benefits: Meeting Social Security Administration (SSA) and other appeal deadlines.
- Social Isolation: People are calling wanting reassurance that someone is there for them and cares for them.

- "We are implementing an emergency transition program to both move individuals out of congregate facilities and also provide employment and housing to individuals who are currently unhoused. We are using CARES act funding for technology access, food access, and staff time for this pilot."

- "We were able to provide 20 individuals+ with food, transportation, medical needs, etc. due to financial losses from COVID. We were able to make 4 house payments to keep family from foreclosure."

- "Our center supported an organization in sending a letter to the Governor with an extensive list of things we thought needed to happen to keep people from going to nursing homes or institutions during this crisis."

Examples of CIL Response (2 of 3)

- "We partnered with a case manager to provide emergency services due to COVID-19 while a long-term plan was being developed."

- "We are working to get folks who are currently unhoused hired to provide attendant supports through one of our state's consumer directed models."

- "Our state IL Network has started a weekly call to discuss what each Center is doing. This has allowed us to come together to be cohesive in what the concerns are in the state and also keeping an ear out on federal issues that we can all use our voices to raise awareness."

Examples of CIL Response (3 of 3)

- "The bulk of addressing food insecurity comes from our collaboration with our local community action program to get 25 lb. boxes of shelf-stable food to keep on hand in both of our offices. For anyone who says they are food insecure, our staff can do a drop-off of a box to their door."

- "Our center used CARES funding for Temporary Food Assistance Program (TFAP), Emergency Eviction Relief Program (EERP), and PPE Distribution."

- "We are continuing services through our established Zoom technology for our virtual consumer groups. Individuals can join these free, virtual classes that cover topics such as peer support, advocacy, time management from home, fact-checking news, and more."

For More Information

IL-NET National Training and Technical Assistance Center for Independent Living at ILRU

Website: https://www.ilru.org

Email: ilru@ilru.org

Self-Direction – A Proven Intervention to the Challenges of In-Home Services

Suzanne Crisp

Senior Advisor

Public Partnerships, LLC

scrisp@pcgus.com

www.publicpartnerships.com

Discussion for Today

- Overview of Self-Direction.

- Introduction of New Trends.

- Review the Impact of COVID-19 in Home Care.

- Highlight Self-Directed Modification in Appendix K Approvals.

- Close by Discussing the Challenges and Opportunities for Self-Direction to Expand Access to Needed Services.

Self-Direction Overview

- Allows individuals with personal care needs to hire and manage their own direct service worker including family and friends.
- Permits states to offer budget authority – the ability to purchase permissible goods, services, equipment, and items to promote independence through an Individual Budget.
- Support functions are required in Medicaid waiver programs.
  - Information and Assistance
    - Furnish supports and assistance to individuals self-directing.
  - Financial Management Services
    - Payment of state, federal, and local taxes and insurance.
    - Manages the Individual Budget.

Self-Direction is Growing

According to the 2020 AARP Scorecard:

- ✓ Approximately 1.2 million individuals are self-directing in America

- ✓ Represents a 16.5% increase over 2016 enrollments.

- ✓ Largest funder of self-direction is Medicaid through State Plan Services and Waivers.

- ✓ Covers all ages and populations.

- ✓ Number of programs is growing.

New Trends in Self-Direction

- Agency with Choice Model becoming more popular.
- Reduction in the number of Financial Management Services.
- Managed Care is embracing self-direction.
- Capture participant outcomes to better meet needs.
- Medicare Advantage new opportunities.
- Expansion of goods and services to support community inclusion, supported employment, ability to purchase Personal Protective Equipment (PPE) items, and support Telehealth.

COVID-19 – Impact on In-Home Services

- Staff shortages for workers going into the home.

- Families are reluctant to invite strangers into the home.

- Need for social distancing and isolation.

- Congregate settings are limited.

- Families interested in bringing home loved ones from institutions.

- Need for financial support to purchase PPE and related items.

- Lay-offs/High Unemployment Rates.

Appendix K – Section 1915(c) Temporary Modifications to Program

Modifications Specific to Self-Direction:

- ➢ Allow legally responsible individuals to be hired.
- ➢ Expedite the hiring process.
  - ❑ Suspend, delay, or waive pre-screening activity.
  - ❑ Allow hiring of staff while pre-screening activity is in process.
  - ❑ Relax provider qualifications.
- ➢ Increase benefit limits, raise hourly rates, and apply hazard pay.
- ➢ Add new self-directed services.
- ➢ Expand goods and services.
- ➢ Allow direct service workers to furnish services in acute care settings.
- ➢ Provide retainer payments to direct services workers when COVID-19 is involved.

Opportunities for Self-Direction (With COVID-19 & Beyond)

Provides a high-level of choice and control to individuals to enhance independence.

Prevents flexible options to meet the participant's needs.

Allows service plans to be fulfilled thus reducing unmet needs.

Services are furnished by individuals selected by participants, often friends and family.

Expands the labor pool to include individuals who would not otherwise seek employment.

Provides options to institutionalization.

Supports de-institutionalization.

Permissible goods and services provide creative ways to obtain needed services and supports including PPE and devices and equipment to provide Telehealth.

Supports the ability to isolate and social distance when emergency declarations are invoked.

Industry Challenges

Program Integrity
- Perception of fraud, waste, and abuse.
- Lack of meaningful performance measures.

Electronic Visit Verification (EVV)
- Requires workers to sign in upon arrival and sign out when leaving.
- Substantiates date, who is providing the service, the name of the participant, and location of work performed.
- Verifies work accomplished.
- By 1/1/2021, States must:
  - Select vendor to manage EVV system.
  - Implement new system.
  - Inform participants and workers of new requirements and technical assistance.
  - Workers and participant must have access to smart phone or other electronic technology to fulfill EVV.
  - If states fail to show a good faith effort, Federal Financial Participation will be withheld (1%).

References

- Draft White Paper on COVID-19, Appendix K, and Self-Direction soon to be published by Public Partnerships
- 2020 AARP Scorecard

http://www.longtermscorecard.org/publications/promising-practices/2019-self-directed-ltss-inventory

- Article from the Boston Globe by Mahoney and Crisp

https://www.tandfonline.com/doi/abs/10.1080/01634372.2020.1774833?scroll=top&needAccess=true&journalCode=wger20

Snapshot of Housing/Health Intersection for People with Disabilities During COVID

Lisa Sloane, MPA

Senior Policy Advisor

Technical Assistance Collaborative, Inc.

lsloane@tacinc.org

www.tacinc.org

Housing Instability and Related Health Conditions

Housing Issue	Examples	Related Health Conditions
Homelessness	Living in shelter, car, street	• Increased rates of chronic and infectious conditions • MH and/or SUD • Developmental delays in children and exposure to ACES
Lack of affordable housing	• Severe rent burden • Overcrowding • Eviction and/or frequent moves	• Stress • Poor health • Diminished access to medications and health care
Poor housing conditions	• Exposure to mold, pests, asbestos • Code violations	• Asthma/COPD • Allergic reactions • Lead poisoning • Increased risk of falls and other injuries

Cost Avoidance/Savings

Homelessness

- RAND study (2017): 66% decrease in emergency costs; 76% decrease in inpatient costs

- Portland study (2016, #1): $8,724 reduction in yearly expenditures to health system; Portland study (2016, #2): 14% reduction to Medicaid expenditures

Institutionalization

- Among MFP participants, the transition to community living appears to save health care costs

Income of People with Disabilities on SSI

Median Income

50% of Median Income

20% of Median Income

SSI Benefits 18% of Median Income
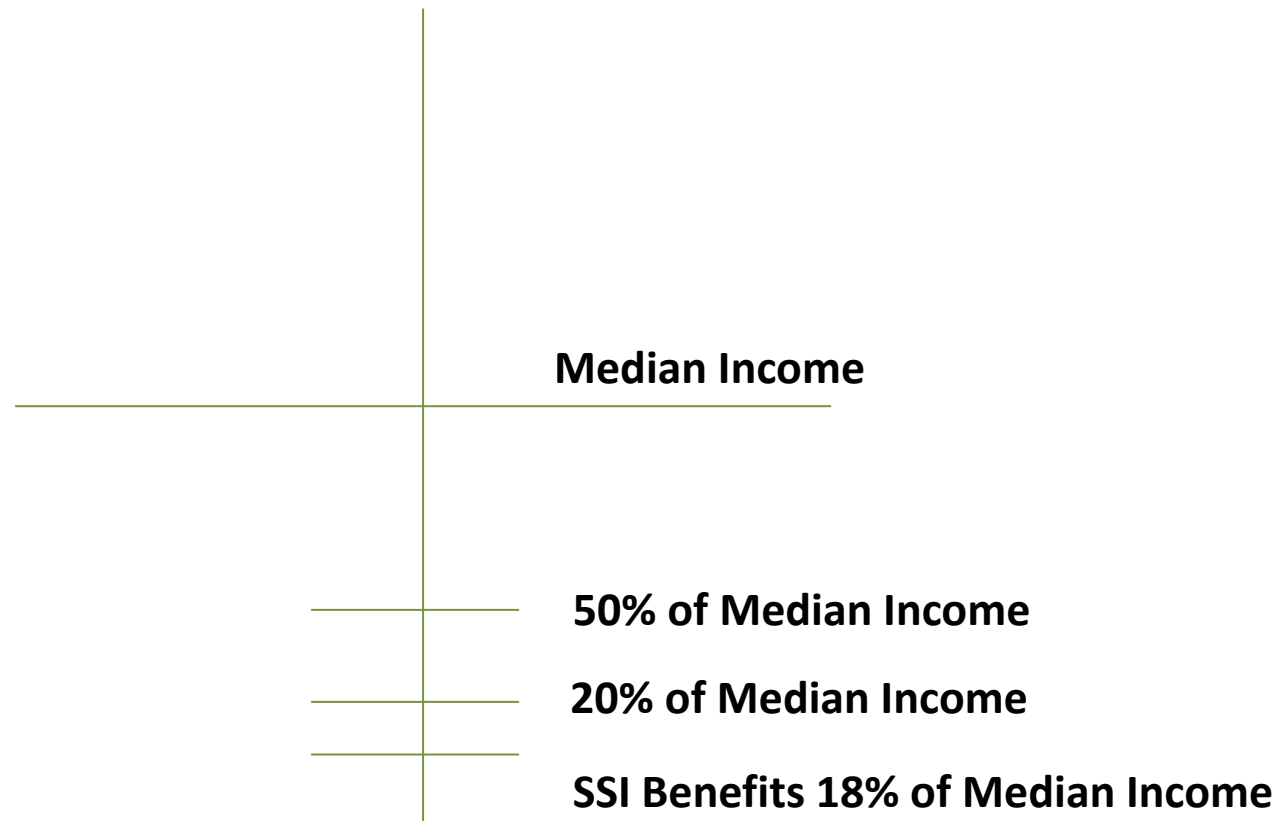
Health and Housing Partnerships

Programs **aligning** housing and health

- HUD's [Section 811 and the Project Rental Assistance (PRA) Program](#)
- CMS's [Medicaid Innovation Accelerator Program (IAP)](#)

During COVID, these partnerships were able to collaborate and pivot

- Virginia IAP Partnership

Housing Navigators and Contingency Funds

Housing Navigators to assist with housing search

- e.g. Hennepin Health (MN)
- COVID: Housing Navigation even more critical to keep people safe

Contingency Funds for costs related to move-in

- e.g. University of Pittsburgh Medical Center
- COVID: Housing Contingency even more critical to keep people safe

No-Touch, No-Visit Lease-Up During COVID

Mainstream Vouchers

– PHA and community organization partnership

– Identify and lease-up units

– HUD waivers

– Use of video, virtual reality, coordination

Industry Challenges

- Competition for limited housing resources
- Time to develop necessary partnerships
- Different target populations may have different challenges
  - People with SMI, e.g. poor tenancy history
  - People with I/DD, e.g. family support for independence in housing

Industry Opportunities

- Benefits are clear: people with disabilities want to live in the community and cost savings/avoidance result
- Congress has been willing to allocate new resources for the target populations
- Health/Housing partnership can result in new housing resources, i.e. expand the "pie"

Mental Health Services & Supports During COVID

Susan Devlin, MA, LPC

Executive Director

CBH Care

sdevlin@cbhcare.com

www.cbhcare.com

Payer & Provider Innovations

COVID-Specific HCBS Member/Provider Guidance

Description

- Partnered with MLTSS plan leaders, Centene's National Disability Advisory Council, and key partners (such as the National Council on Independent Living) to provide timely guidance to HCBS members, providers, and care managers around things like:
  – What Are Your Rights If You Are Hospitalized with COVID?
  – How to Maintain Access to Personal Attendants and DSPs during the COVID-19 Epidemic
  – What are the most important things doctors and providers can do right away to improve healthcare access for patients with disabilities during the COVID-19 epidemic?
  – What can doctors do to make telehealth interactions accessible for patients with disabilities?

Presenter: Sarah Triano, Senior Director of LTSS and MMP for Centene

Project Roomkey

Description

- Program that provides secure hotel and motel rooms for "vulnerable people" experiencing homelessness
- FEMA/State of California-funded program
- In Butte, Los Angeles and Fresno Counties, Centene's MLTSS plan in California (Health Net) works with hospital discharge planners and local housing authorities to transition HCBS members experiencing homelessness, who are COVID-19 negative, to safe Project Roomkey hotel and motel sites
- Outcomes:
  - Decompressed hospital emergency rooms and in-patient beds at the height of the pandemic, while at the same time ensuring safe community transitions for HCBS members in need
  - Challenges: Some Project Roomkey counties have an "independent of ADL" eligibility requirement that precludes participation by HCBS members
  - Overall: Provides a way for HCBS members who don't have a home to stay inside and prevent the spread of COVID-19

Presenter: Edward Mariscal, Director of Public Programs/LTSS for HealthNet in California

Payer

COVID

SDOH During PHE

Zoom HCBS Assessment/Care Planning Pilot

Pilot Results - Member Satisfaction
Survey Count: 105   Video Sessions: 378   Target: 200 ✓

Target: >= 50% Satisfied ✓   Target: >= 50% Video ✓
Ease of Use   Call Quality   Preference - Video or Telephone
9%   9%   19%
90%   89%   81%
Satisfied Neither Dissatisfied   Video   Phone
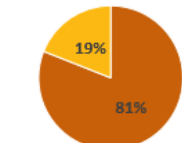
Insights: If they chose Telephone
Don't have technology needed
Have technology but don't know how to use it
Video is awkward
0   5   10   15   20

Description

- Pilot launched in July in Kansas to test the use of a HIPAA-compliant Zoom platform in place of in-person HCBS assessments and care planning
- 145 Sunflower health plan case managers (CMs) participated (126 of whom previously conducted F2F visits, and 19 who conducted telephonic visits only)
- Outcomes:
  - Very high member satisfaction (90% ease of use, 89% call quality), and 80% of members preferred video over telephone. Similar satisfaction among CMs.
  - Challenges: lack of member access to technology, and extra layer of HIPAA protection in Zoom precludes ability to record meetings and enter PHI or PII into the Zoom chat
  - Overall: OCR's HIPAA-enforcement discretion does not apply to health plans. Zoom is an effective way for MLTSS plans to conduct virtual, HIPAA-compliant assessments and care planning with HCBS members
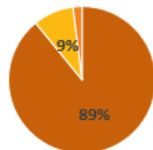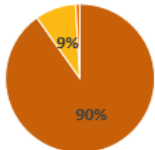
Presenter: Jamie Price, Senior Director of Case Management for Sunflower Health Plan in Kansas

Payer   COVID   SDOH During PHE

Grocery Store Transportation Pilot

Referral Process for Grocery Store Trips

Key activities underway to provide additional support & resources to members with grocery store trips due to CV-19 pandemic.

BCBSIL Only
- Member is evaluated for Grocery Store Transportation need
- CHW offers Member the value added benefit
- Members are allowed 2 trips per month

BCBSIL Only
- CHW will capture the requested logistics of the trip
- CHW notates trip referral in the SharePoint Assessment and Tracker
- Automated email will be sent to Sharika when benefit is selected

BCBSIL Only
- Care Coordination will submit the referral form to Logisitcare & TrekWorld via secure email
- Trip referral will be activated by Logisticare/TrekWorld

- TrekWorld will confirm the trip details with member (schedule a pick-up & drop-off date/time)
- Member is given a 20 min wait period before the trip is cancelled

- TrekWorld will notify Member of updated trip details via phone
- Member has the capability to cancel or reschedule trip details via mobile application
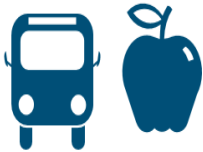
- TrekWorld will transport the Member to and from the grocery store
- Member will receive a max of 2 trip attempts within 24 hours

BCBSIL Only
- Within 24 hours, the CHW will follow-up with Member to confirm the requested trip was completed
- A new referral submission is required if a Member misses 2 consecutive trip attempts

BCBSIL Only
- BCBSIL will validate documented trips to confirm they are aligned with the invoice submitted
- BCBSIL will notify finance to disburse payment

- Transportation service to and from the grocery store
- IL Medicaid members (allowed 2 trips per month)
- Cook County
- Access to fresh food and necessities
- P4P funds (issued in response to CV-19)

Presenter
Velisiwe Nkomo
Divisional Vice President, Government Solutions, Health Care Service Coorporation

HCSC | COVID | SDOH During PHE

Leveraging Mobility Management Networks

- Implement strategies to improve transportation **coordination** to assess community mobility needs, identify transportation, and align services and needs to build transportation continuums

- Focus on disadvantaged **populations**

- **Improve access** to inclusive education, employment, housing, **health care,** and community services

- Coordinate **funding, partnerships, & programs** through the Coordinating Council on Access and Mobility (CCAM)

Judy L. Shanley, Ph.D.

Asst. VP, Education & Youth Transition; Easterseals Director, Nat. Ctr. For Mobility Management, Easterseals, www.nc4mm.org; jshanley@easterseals.com

| Provider | COVID | SDOH During PHE |

Technical Assistance to Enhance Communication Between State Agencies and Members/Families Regarding COVID-19

- Stakeholder Voice in Safe Re-entry, Accessibility, & Supports
- Survey, Focus Groups, and Recommendations
- AHCCS and DDD Members and Families
- State of Arizona
- Stakeholder Input, Agency & Vendor Guidelines & Information, Integration with HCBS Transition Plans

Presenter

Wendy Parent-Johnson, PhD

Sonoran UCEDD Arizona, University of Arizona

Provider

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Adapting State Agency Employment to Virtual Services in Response to the Pandemic

COLLEGE OF MEDICINE TUCSON
Sonoran Center for Excellence in Disabilities

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  bit.ly/adptvirtucedd

Presenter

Wendy Parent-Johnson, PhD

Sonoran UCEDD Arizona, University of Arizona

Provider   COVID   SDOH During PHE

A2I Food Security Program

Leading collaboration with local Feeding America food reservoir, CARES Act funding, and Rainbow Roots Farm

- **Funding:** CARES Act allocated to CILs, ends September 2021
- **Geographic Area of Service:** 8 counties/4,820 sq. mi
- **FY19 Impact :**
  – 74 consumers received deliveries
  – 187 food boxes delivered
  – 128 supplemental deliveries groceries, frozen food bags, non-perishable bags

Presenter

Sarah Martinez, Executive Director

Access 2 Independence of the Eastern Iowa Corridor (CIL)

Provider

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COVID and Social Determinants of Health EVV Questionnaires
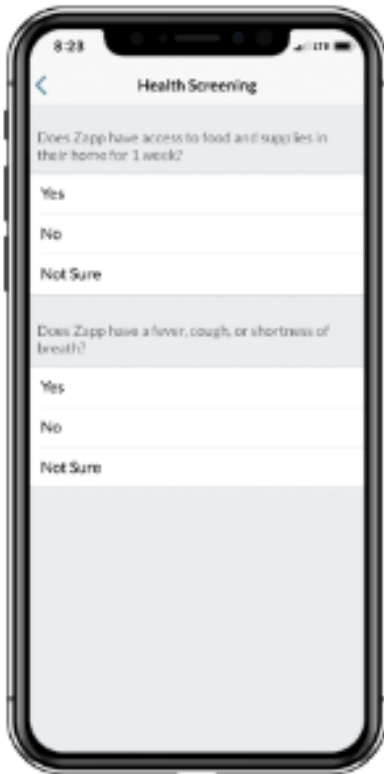
- Direct Support Professionals answered 2 questions at the end of shifts, identifying risks specific to COVID-19 and SDOH.

- The survey captured responses for self-directing Medicaid HCBS Program participants in Maine and Michigan.

- This allowed for the ability to connect real-time information from Direct Support Professionals working on the front-lines to clinical teams who, in turn, could link and provide appropriate resources.

- This feature has additional uses to instantly gather actionable information to better support Medicaid beneficiaries and their support staff.

Presenter
Holly Carmichael, COO
GT Independence

gt independence
Your life. Your choice.

Registry of Direct Support Professionals

Addressing the National Caregiver Shortage

- Creating a registry is one way to provide self-directing HCBS Participants a recruiting tool to help find Direct Support Professionals.

- Direct Support Professionals looking to provide additional services can opt-in to be listed in the registry.

- The tool has been especially helpful during the PHE in situations when back-up plans may not be adequate or in remote areas.

- The registry is searchable by zip code and Participants can filter by language spoken, trainings completed, or credentials.

- Currently the CaregiverLink registry spans 11 states with over 35,000 Direct Support Professionals and growing.
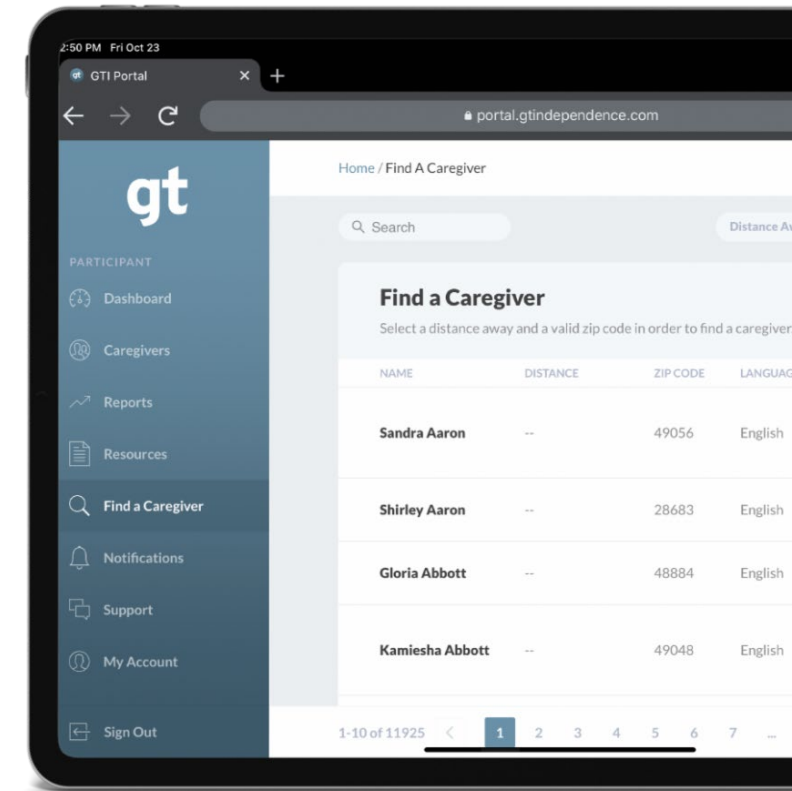
Presenter
Holly Carmichael, COO
GT Independence

Making FFCRA a Reality for Self-Directing Participants

Families First Coronavirus Response Act (FFCRA) Funds

- GT Independence created a web page, hosted webinars, and created Participant education documents to help advance understanding and implementation of FFCRA for self-directed arrangements. The webinar series was attended by over 500 individuals across 11 states.

- FFCRA applies to all employers with less than 500 employees including Medicaid beneficiaries self-directing their HCBS.

- FFCRA provides for paid sick leave and paid FMLA for workers impacted by COVID-19. Paid sick leave helps ensure that workers can stay home when necessary and control the spread of the virus.

- The focus on accessible, educational materials for Medicaid beneficiaries and their Direct Support Professionals led to successful implementation.
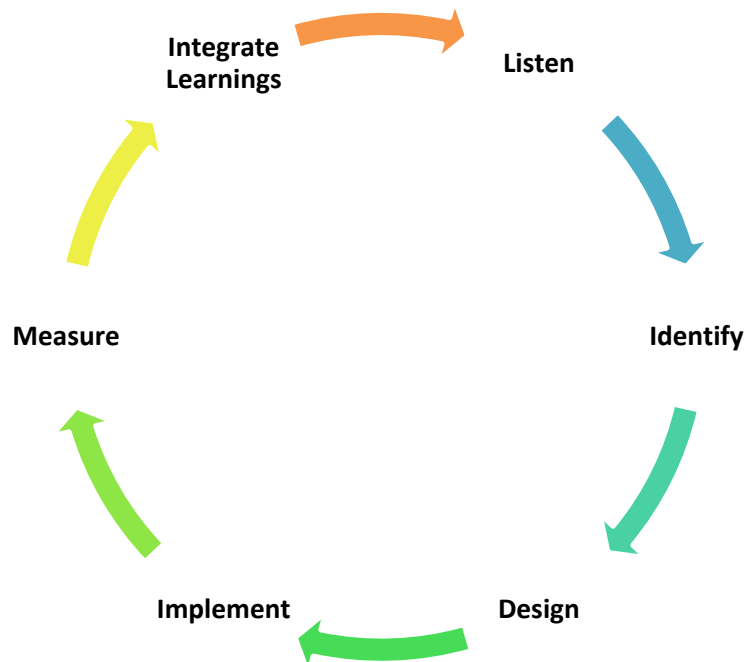
Presenter
Holly Carmichael, COO
GT Independence

Nevada Consumer Needs Assessment & Quality Assurance Process

Integrate Learnings

Listen

Measure

Identify

Implement

Design

Description

- NNCIL serves 16 of Nevada's 17 counties; approximately 102,000 square miles

- Conducted Consumer Needs Assessment AKA Wellness Check to inform use of CARES Funding

  – Needs identified:

    Food & Transportation > PPE > Housing

- Intend to continually review programs to ensure we meet the needs of consumers in addition to 5 core CIL competencies

Presenter

Lisa Bonie, Executive Director

Northern Nevada Center for Independent Living (NNCIL)

Provider

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SDOH During PHE

Sanitation Kits

Description

- Provides the essentials to people with disabilities (masks, adapted masks, face shields, paper towels, toilet paper, hand sanitizer, hand soap, and surface disinfectant).

- Protected higher risk populations and reduced risk.

- 2,000+ individuals with disabilities and families impacted in half of the counties in South Carolina.

- Effort funded by CARES Act awarded to independent living programs.

Presenter
Jerri Davison
Assistant Director/Able South Carolina

Provider

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Questions?

Survey

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