



FEEDBACK TO THE IOWA DEPARTMENT OF HUMAN SERVICES ON THE USE OF INCREASED FEDERAL FUNDING FOR HOME AND COMMUNITY-BASED SERVICES

July 5, 2021

To: Iowa Department of Human Services

From: Charles Bruner, on behalf of the Iowa Helping Community Policy Group

Thank you for the opportunity to provide feedback on the new federal funding opportunity to strengthen Iowa's home and community-based services.

The Iowa Helping Community Policy Group represents volunteers and advocates whose mission is “to advance federal and state policies that support those in the helping communities – paid and unpaid – in their vital roles in society.” We are a nonpartisan group committed to strengthening caregiving and other health, education, and human services in Iowa through greater public investments in frontline workers in these fields as essential workers, the workforce behind the workforce, and a core and vital part of Iowa's infrastructure and economy. We are working together to increase public investments in the size, compensation, and affordability of those in the helping professions through policy maker education and advocacy, and through greater public recognition, dialogue, and mobilization.

We strongly support the federal government actions in the American Rescue Plan to initiate investments to strengthen this workforce, with one key component being the elevated federal financial participation under Medicaid for home and community-based services. This is consistent with the President's campaign commitment to establish a 21st Century Caregiving and Education Workforce and proposals in the American Jobs Plan and American Families Plan to provide ten-year funding to expand the size and improve the compensation and support for this workforce and ensure its affordability to the people it serves – investments to produce millions of additional jobs and employment opportunities and to compensate and support them as career occupations.

This also is very consistent with Governor Kim Reynolds' commitment in the *Vision for Iowa* economic recovery plan as “a new opportunity to build a better Iowa and further improve our quality

of life.” That plan specifically includes attention community-based services:

Health care the way it exists today may not be sustainable in some areas. But with change comes the opportunity to create a more integrated, coordinated system... The Governor acknowledges the importance of home and community-based care for aging and disabled individuals, and the difference these services make in maintaining health and quality of life.

While the funding available through the American Rescue Plan is time-limited, we urge you to take this as an opportunity to take a comprehensive approach to using this funding as a first step toward building the direct care workforce for Iowa’s future needs and that better Iowa.

The CMS letter to Medicaid Directors recognizes both short-term and long-term needs and the importance of an inclusive approach to developing this workforce:

States will be permitted to use the state funds equivalent to the amount of federal funds attributable to the increased FMAP through March 31, 2024, on activities aligned with the goals of section 9817 of the ARP. This time period to expend funds attributable to the increased FMAP will provide states with sufficient time to design and implement short-term activities to strengthen the HCBS system in response to the COVID-19 PHE, as well as **longer term strategies to enhance and expand the HCBS system and to sustain promising and effective programs and services.**

CMS recognizes the importance of effective stakeholder engagement processes that can provide states with varied perspectives on how to expand, enhance, and strengthen HCBS. States may want to consider **engaging a broad community of stakeholders**—Medicaid and other state agency leadership, participants in HCBS programs, residents in long-term care facilities, HCBS providers, family members and other caregivers, the aging and disability network, health plans, and the direct support workforce—**to provide insight, ideas, and feedback to inform the state’s approach to developing and implementing activities** under section 9817 of the ARP. [emphasis added]

The Iowa Helping Community Policy Group recognizes that the workforce providing these home and community-based services is essential to the people it serves but also is a part of Iowa’s economy and culture. This workforce needs to be recognized as essential workers, a workforce behind the workforce, and a core part of Iowa’s economy and source of employment.

Under Workforce Development, there is a child care working group that includes members of that workforce who are developing implementation plans for building a robust child care system in Iowa, recognizing its contribution to the economy.

Equivalent attention is needed in developing implementation plans for a robust home and community-based services workforce, starting with the opportunities presented through the American Rescue Plan Act. Soliciting this feedback is an initial step, but there needs to be concerted, inclusive, and high visibility engagement of stakeholders to ensure success. We strongly recommend you develop an implementation process that continually engages stakeholders and, in particular, draws from the insights of those providing these frontline services and the people they serve.

COVID-19 has brought much greater recognition to the essential nature of this workforce, but also to its current fragility at the same time the demand for such a workforce is increasing. All three areas cited in your request for feedback require attention, but key to a robust workforce is recognizing its value in providing compensation and benefits that enable those seeking such work to sustain themselves and their families and see this work as a long-term career.

A major share of this work is financed through the Medicaid program, including but not limited to workers providing in home and community-based services (many other direct care workers also are employed in nursing homes, hospitals, and other institutional settings serving people with disabilities or behavioral health or substance abuse concerns). Ultimately, Medicaid reimbursement and regulations for providers determine, in large measure, the compensation this work provides

With a Presidential commitment to “building back better” and a Gubernatorial vision of “building a better Iowa,” we encourage you to prioritize state actions that do build a better direct care workforce.

The Iowa Helping Community Policy Group has produced a number of resources about the size, composition, demand for, and current composition of the different parts of this workforce – early care and education, direct caregiving for seniors and persons with disabilities or special health care needs, and public and community health workers. Many are on the Group’s website, www.iowahelpers.org and we can share them in other ways. We also are eager to provide additional information, feedback, and perspectives as you continue your work. Thank you for seeking feedback. We encourage you to continue your leadership in engaging stakeholders and taking leadership to elevate these issues to greater public policy visibility and dialogue.

Respectfully submitted on behalf of the Iowa Helping Community Policy Group

Charles Bruner, founding steering committee member and facilitator

1148 Oklahoma Drive

Ames, IA 50014

bruner@childequity.org

515-988-4457

Iowa Helping Community Policy Group webpage – www.iowahelpers.org