



March 20, 2020

Secretary Marylou Sudders
Executive Office of Health and Human Services
c/o Debby Briggs
100 Hancock Street, 6th Floor
Quincy, MA 02171

Re: Providers' Council testimony in support of 101 CMR 420.00, *Rates for Adult Long-Term Residential Services*

Dear Secretary Sudders:

The Providers' Council writes today in support of the proposed rates for 101 CMR 420.00, *Rates for Adult Long-Term Residential Services*.

First, the Providers' Council would like to thank EOHHS for their accommodations and close working relationship with community-based human services organizations. The Council represents more than 200 members across Massachusetts, many of whom provide ALTR services on behalf of the Commonwealth.

We appreciate the work EOHHS put into the Adult Long-Term Residential Services rates, and the investment in this growing field is a welcome one. Changes made by EOHHS in calculating this rate – including using Bureau of Labor Statistics salary data instead of outdated Uniform Financial Report data – will allow providers to offer more competitive salaries in today's market and help with recruitment and retention of direct care staff. In addition, we appreciate EOHHS standardizing the tax and fringe rate; bringing vehicle costs into alignment with market values; and allowing for more reasonable occupancy-related expenses.

We do, however, have a few suggestions that we believe EOHHS should consider implementing to meet the mandates of Chapter 257 to pay for the market value of services. We believe there are several issues not addressed in the proposed regulations. The Council offers the below feedback on behalf of our members who provide Adult Long-Term Residential Services, and we would be happy to join them to discuss with you in further detail if you wish.

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Salaries

While using the Bureau of Labor Statistics as a benchmark for workers' salaries will certainly improve wages in our sector, we ask that EOHHS be mindful of the rising minimum wage and the compression issues that may exist in our sector. Within six months of the effective date of these rates, the new minimum wage will be \$13.50 an hour – just slightly less than the proposed relief staff wages of \$14.25 an hour. We must ensure that human services workers are adequately compensated for the work that they do.

We also feel it is important to benchmark salaries to the most accurate category using the most recently available data from the Bureau of Labor Statistics. For example, many in our workforce would be classified under the category 21-0000, *Community and Social Service Occupations*, with a median salary of \$44,950. Data used from the latest BLS report is from 2018; as it is already two years old and rates are set for two years in the future, it is important the salary benchmarks account for this four-year span. For the state's varied human service workforce, the state should consider benchmarking salaries – if they have no specialty category – at the 75th percentile of category 21-0000. This would put them at \$60,390 and allow a better accommodation for inflation during the four-year span.

Additionally, some of our members note that the market salaries paid for BCBA/LABA clinicians are well above those included in model budgets. The current rate of \$60,000 for BCBA salaries should be higher; we suggest a starting salary of \$75,000 for this position.

We ask EOHHS to review market wages for all positions – in particular direct care workers and clinicians – and ensure salaries are adequate to allow providers to recruit and retain staff in an increasingly competitive job market.

Tax and Fringe

While we appreciate the standardization of the tax and fringe rates, we believe these rates are not aligned with the costs of providing benefits. We suggest an increase in tax and fringe due to rising costs, like health insurance; new mandates, like Paid Family & Medical Leave; and organizations trying to provide for employees' retirement through 401(k) or 403(b) matching.

We ask that EOHHS review the tax and fringe rate – and we would support a tax and fringe rate of 25 to 30 percent.

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Specialty Programs

Some providers offer specialty programs that assist individuals who do not speak English as a first language. In these cases, providers must seek out staff who can speak two or more languages – an in-demand skill that requires a higher rate of pay.

Likewise, some providers offer specialty programs that support individuals with disabilities who cannot speak. These programs are required by the Americans with Disabilities Act to have staff capable of using Adult Sign Language or interpreters who can communicate with these individuals. Finding suitable candidates for these roles is difficult at \$16/hour; providers inform us that those who do not have someone who can speak ASL see a marked decrease in communication and social skills.

The Council joins our members in requesting that EOHHS increase salaries in model budgets for bilingual staff, ASL-trained staff and interpreters. We ask that direct care staff with ASL capability be paid a differential of, at minimum, \$1/hour more.

Medical Model (Level 4)

While we are appreciative to EOHHS for increasing ALTR rates overall, the methodology is most beneficial for providers who operate basic home care models. The increase proposed for providers that operate more demanding medical home models is insufficient.

The Level 4 medical model represents the highest intensity of direct nursing supports with the lowest level of direct care staffing. By eliminating Level 4 rates, EOHHS is placing vulnerable populations who had previously received these services at risk. Further, these rates discourage providers from developing new homes for individuals with complex medical needs.

As certified direct care staff in medical facilities are required to do complex tasks – including dispensing medication – a higher salary is needed in this area. The proposed \$16/hour wage is insufficient to recruit and retain qualified staff, particularly in a sector that already has an incredibly high vacancy rate in these programs.

The Council asks that DDS funds Medical Model Level 4 programs through the use of nursing add-ons, as it has indicated it may do. We ask that they give special attention to this issue to ensure clients and consumers needing care from an advanced model continue to receive high quality services and providers receive the full cost of providing those services.

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Rates for Food

Proposed rates for food are level funded at \$18.50 per person despite increases in food prices of more than 25 percent across the nation in the past decade. Further, purchasing food for medically complex individuals can be more expensive than average food prices.

The Council supports our members' request that EOHHS increase the food budget within the ALTR rates.

Conclusion

In closing, thank you for your proposed changes to 101 CMR 420.00, *Rates for Adult Long-Term Residential Services*. The proposed rates support additional funding for services and salaries in the human services sector, and they will strengthen services are able to provide to clients and consumers on behalf of the Commonwealth.

We ask that EOHHS review several issues with the rates and make adjustments for the above items. Thank you for your time, and we would be happy to meet with you to discuss this at your convenience.