

Statement: After Safer At Home Ends, Specific Steps Needed to Protect People with Disabilities and Older Adults in Wisconsin

As Wisconsin considers when and how to re-open businesses and state services, Survival Coalition urges strong state and local actions to protect high risk populations and public health.

COVID-19 is particularly dangerous to people with disabilities, older adults, and people with chronic conditions. In Wisconsin 36.5% of adults (1,612,619 people) are at high risk of serious illness or death if infected by COVID-19. Those who reside or receive services in congregate settings are at extreme risk.

High Risk People

Local public health officials and leaders must engage with, and specifically support in their planning these populations who are at higher risk of contracting, spreading, and becoming victims of this disease:

- people with disabilities
- older adults
- staff who provide services to people in homes or congregate settings
- family caregivers as being populations
- children or others who reside in or receive care in congregate settings

Wisconsin's re-opening plan must assure consistent safety protocols are practiced no matter where people live in the state.

High Risk Places

This pandemic has demonstrated that congregate settings can facilitate rapid spread of disease to vulnerable populations and become a public health hazard to the people they serve, staff, and in turn the greater community. Places where people with disabilities and older adults live or receive services that may become vectors for COVID-19 include:

- Group Homes (Community Based Residential Facilities)
- Adult Family Homes
- Residential Care Apartment Complexes
- Day service and prevocational facilities (Community Rehabilitation Programs)
- State developmental disability centers and other intermediate care facilities (ICF-IDs)
- State, county, and private sector mental health institutions and inpatient facilities
- Mental health crisis centers, day treatment programs, peer run respites, clubhouses, and drop-in centers.
- Birth to 3 and other programs that offer center-based services for children with disabilities.

- Transitional housing and emergency shelters that serve a high percentage of people with mental illness and other disabilities.
- Assisted living facilities
- Nursing homes
- Public transit and transportation service vans

It is imperative that communities carefully consider how to safely reopen and monitor congregate settings, support high risk community members with information to make informed decisions, and are prepared to respond should a local or regional outbreak occur.

High Risk Workers

The home and community based (HCBS) workforce providing in-home care to the 85,000 people in Family Care, IRIS, and Children’s Long-Term Support waiver programs, and the work force supporting people with mental illness in the community including Community Support Program (CSP) and Comprehensive Community Services (CCS) workers are at greater risk of contracting the virus and of spreading it to Wisconsin’s most vulnerable populations.

Many people with disabilities and older adults rely on caregivers—including direct support professionals, personal care assistants, home health aides, in-home therapists, peer specialists, care coordinators, and others—for daily care. These workers travel between client homes daily. For these workers and their clients, social distancing is impossible when performing needed tasks like bathing, dressing, getting into and out of beds and wheelchairs, and prevention of serious conditions—like pressure sores and obstructed bowels—that can lead to hospitalization.

All plans to re-open must consider how to prevent COVID-19 from spreading from the community into the homes of people receiving in-home long-term care services and supports.

Essential elements that must be part of re-opening and resuming business

When Wisconsin begins to reopen, Survival Coalition recommends the following precautions be included as part of any county, regional or state plans that guide or direct how business or services resume:

- Home and community-based workers are essential health care workers and should be classified as such. These workers should be prioritized for Personal Protective Equipment (PPE) and COVID-19 testing and eventual vaccination against COVID-19 to protect themselves and their vulnerable clients from infection.
- Workers in all congregate settings that serve people with disabilities and older adults must be prioritized for PPE, COVID-19 testing, and eventual COVID-19 vaccination.
- Congregate settings must have clear protocols to prevent infections, including directing sick workers to self-isolate, operate at partial capacity to comply with social distancing requirements, adjust services and staff to accommodate sick clients, and accommodate deep cleaning and other necessary sanitation.

- Family members taking care of children or adults with disabilities or older adults need flexibility from employers to return to work in a way that does not put vulnerable members of their household at risk.
- People with disabilities and families should be made aware of their increased health risks and be provided options that continue their Medicaid-funded long-term care services in a way that they choose, without compromising their health.
- Congregate settings must have clear plans on how to ramp up or ramp down services. Standard protocols should be developed on what happens when a congregate setting has a staff member or client diagnosed with COVID-19.
- Businesses need clear guidance on how employers can assess and monitor staff and client's health without violating individual rights or discriminating against individuals.
- Businesses need guidance on the rights of their employees with disabilities, older employees, and employees with conditions that put them at high risk of COVID-19 complications, and the responsibility to maintain employment in a manner that is safe and accommodates their disability. This may include support for working remotely.
- Many people with disabilities are non-drivers and may rely on transportation in close proximity to others in vans or buses. Careful planning must be done to ensure safe and accessible transportation options are available.
- Telehealth and other virtual or remote services provided through Medicaid funded programs should continue for the foreseeable future.
- Local public health plans must consider how to protect vulnerable populations including people with disabilities and older adults as staging re-opening proceeds. Advocates for vulnerable populations and service providers who offer home and community-based services should be directly consulted in local planning efforts.
- Local plans should also address responses, including increased social distancing or temporary closures, should COVID-19 infections increase.
- All local, state, and business plans should be guided by public health principles and Center for Disease Control recommendations.
- Local plans should address the need for appropriate language assistance and accommodations, including the need to provide qualified sign language interpreters
- Communications regarding the pandemic, including forms and web sites, should be reviewed for accessibility, and to ensure that they can be read by a screen reader. Any videos should include descriptions for blind and visually impaired individuals. Use of audio on websites and social media should be captioned to ensure access by deaf and hard of hearing.

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