

My daughter, Samantha Spady, along with many other disabled folks, is being wrongly denied approval for admission by the State of Delaware to Peachtree's new assisted living facility for folks with brain injuries in Georgetown. Samantha is a fully cognitive 29 year old young woman with a brain injury and spastic quadriplegia resulting from a very rare fungal meningitis illness in 2015. Samantha was in organ failure when she arrived at the hospital, and had slipped into a coma. It took 3 days in the ICU before they discovered she had a very rare form of fungal meningitis. She was in a coma for three months. She was not expected to ever come out of her coma, and if she did they expected her to remain in a somewhat of a vegetative state. But our family would not give up on her. We prayed for three months, and we never left her side. We never lost hope. We talked to her, sang to her, read books to her, anything we could do to stimulate her senses, and on Christmas eve 2015 she came out of her coma. Her doctor called it a Christmas miracle. When she came out of her coma she knew her name, her birthday, her social security number, and she could tell you all about her childhood dog named Max, but she could not move any part of her body- not even her head.

Since her illness she has worked harder than any of you can imagine. Samantha had been without sufficient oxygen for hours before going to the hospital. The lack of oxygen caused widespread brain damage, and killed about half of her brain. To make any kind of physical gain she's had to work every day to retrain what remained of her brain. It was explained to us like this: electrical currents in her brain are like airplanes trying to go from Baltimore to California. When part of the brain dies the current is stopped, and new routes have to be developed. So to get from Baltimore to California, or in this case to tell her leg to kick, the signal has to go from Baltimore, detour to Chicago, then Atlanta, then Denver, and finally California. The progress is excruciatingly slow, and the majority of work is done at home utilizing Samantha's patience and determination. At 1 year post injury she had regained her ability to hold her head up and kick out her leg. At two years post injury Samantha had regained some balance, and had set a record of twenty minutes unassisted sitting. She used an electrical stimulation bike 5 times a week for a year, which was painful for her because she's a spastic quadriplegic, which means although she couldn't use her legs at the time she could still feel everything. She said the electrical stimulation felt like electrical bites. At three years post injury she was able to go from a sitting position to a standing position with assistance. At three and a half years post injury she started using a standing frame to strengthen her heart which had not been accustomed to distributing blood in a standing position for years. She was deemed appropriate for gait training once her standing tolerance improved. She was evaluated by the John's Hopkins Brain Injury Program, who determined she would be able to return to college to finish her degree in Environmental Science. During this time Samantha had been living in our converted dining room since her injury, and she had truly become so active that we struggled to meet her needs. Finally, at four years post injury I required surgery on both of my shoulders, and I knew I would not be able to continue physically caring for her.

Regardless of Samantha's physical limitations, she can still be a productive member of society. She has two main goals that she has been working towards: returning to college to obtain a degree in Environmental Science, and walking from her bed to the sofa with a walker. Although her cognitive recovery is sufficient enough to enable her return to college and engage in many other activities of life, she will always require 24 hour assistance for her physical care. This level of care has been approved

twice by AmeriHealth and Delaware Medicaid, but the DE DHS is blocking her admission to Peachtree for what I understand to be administrative deficiencies within that department or other departments within Delaware. These are not new discoveries. Samantha has been living with me in Delaware since her injury, and we've known of these deficiencies since 2015. Our neighboring states of Maryland and New Jersey have addressed the needs of this particular population of disabled folks. Maryland has folks like Samantha living in their own apartments, with 24 hour one on one care but so far the only placement Delaware has been able to offer is a nursing home. It's not even possible to put our family members in nursing home in Delaware because they're full, so they have to be shipped out of state. Now we have this perfect new facility built for folks like Samantha, and DHS is still blocking that access. Please keep in mind that DHS is approving admission for folks without physical limitations, but denying admission for folks with more severe physical limitations. My understanding is that the problem lies in a legal definition, which is easy enough to resolve. It's not rocket science. I'm sure our folks over at DE DHS can figure it out just like our neighbors in Maryland and New Jersey did. AmeriHealth has approved payment of services, and DE Medicaid has approved her for placement there. I would like to ask all of you to please intervene quickly on her behalf, and on behalf of all the families who have loved ones being denied admission by Delaware DHS based solely upon their physical limitations.

Samantha has been on the Peachtree waiting list for 4 years. While waiting for Peachtree to open their new facility, Samantha had to be placed in a nursing home this past year and is suffering horribly. We were elated to learn that Peachtree had accepted her for admission in 4-6 weeks, that Delaware Long Term Care Medicaid would be approved, and that AmeriHealth would cover the cost of her services there! To then find out that another Delaware division has put a stop to it is crushing. Samantha desperately needs DE DHS to resolve the barriers to admission to Peachtree. Samantha has worked so hard to rejoin life. She's worked her way from a weak woman who could not orient to day or time, to a strong vibrant active young woman who is constantly on the go. She has goals. She talks constantly of returning to college to finish her degree in Environmental Science. She strives to reach her goal of walking from her bed to the sofa with a walker. Samantha will never be fully independent, she will always require assisted living, but in the right environment she will continue to improve and she still has so much to offer society. To stick this young woman in a nursing home at 29 years old, and expect her to just wait to die, is inhuman. All we are asking for is that our loved living in Delaware with severe physical disabilities be provided the same opportunities as those living in Delaware without severe physical limitations. We are asking for the level of care that our loved ones need, the same level of care that our neighboring states have been able to provide for their residents. More than that, our loved ones are citizens of the United States of America, protected by the Americans with Disabilities Act. They cannot be denied the same services afforded others, solely because of their physical disability. Whatever the problem is, if we can fly to the moon, I know the State of Delaware can resolve this quickly.

Our family wants you to know we will not accept any decision to deny Samantha admission to Peachtree. We have already emailed Governor Carney and Senator Richardson, and we will continue to so until our loved ones are admitted to Peach Tree.

I'd like you to look at the pictures of Samantha below, before her injury and after. This woman does not belong in a nursing home.

**Samantha Pre-Injury**

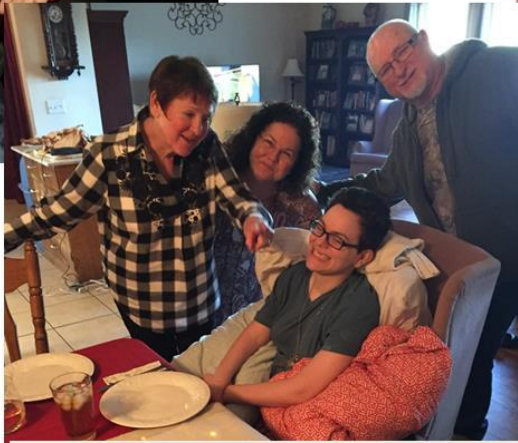




**Elvis Convention**



**Out to Dinner**



**Thanksgiving with Family**



**Pool with Friends**



**Hanging out in kitchen while mom bakes Christmas cookies**

**Samantha Post-Injury**



***Hard at Work***



Thank you for your time and consideration for this issue.

I have tracked the services for a young lady named Rachel a 37 year old woman, who sustained an acquired brain injury in 2006 which resulted cognitive, community and behavioral changes which require specialized supports to allow her to live in the community. She grew up in Delaware and her family still lives in Delaware including her now teenage daughter and her mother, Barb, who has been a tireless advocate for her care. She received services in a Maryland nursing home for a short time and they were unable meet her needs. This is how I became involved with Rachel and her mother. Rachel has been placed in a facility in Southwest Virginia since 2009. This is a 7 hour drive from her family in Delaware. Her family desperately would like her to be able to receive her services closer to home so that they can be involved in her life while ensuring that she has the services and supports that she needs. Peach Tree has been willing to consider admission if they are able to provide specialized behavioral and personal supports to meet the needs of Rachel and others who have been placed out of state because there needs were not able to be met with the standard aging and disability services. Please consider removing barriers to the provision of the specialized services at Peach Tree or any other will provider who could meet the needs of these individuals. State and National Data show that Home and Community Based Services are less expensive than paying for care in a nursing facility. Out of state placements are expensive and direct state funds outside of the provider network within their own states. Please consider how to ensure that specialized supports are available to individuals with brain injury near their homes and families through Peach Tree as willing and able provider.

Respectfully Submitted,

Catherine Rinehart Mello

Brain Injury Association of Maryland

443-364-9856





Wayne A. Smith  
President & CEO

November 11, 2020

Molly Magarik, Secretary  
Delaware Department of Health and Social  
Services  
1901 N. Du Pont Highway, Main Building  
New Castle, Delaware 19720

Michael S. Jackson, Director  
Delaware Office of Management and  
Budget  
122 Martin Luther King Jr. Blvd. South  
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Alfred I. duPont  
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Mark Mumford,  
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Bayhealth  
Terry Murphy,  
President & CEO

Beebe Healthcare  
David A. Tam,  
MD, MBA,  
President & CEO

ChristianaCare  
Janice E. Nevin,  
MD, MPH  
President & CEO

TidalHealth Nanticoke  
Penny Short, MSM,  
BSN,  
RN  
President & CEO

Saint Francis  
Healthcare  
Brandon S. Harvath,  
President & COO

Wilmington Veterans  
Affairs Medical Center  
Vincent Kane  
Director

Delaware Healthcare  
Association  
Wayne A. Smith  
President & CEO

**RE: Maintain Level Funding for School Based Health Centers Program**

Dear Secretary Magarik and Director Jackson:

On behalf of Delaware’s hospitals and health systems, the medical sponsors of 31 of Delaware’s 32 high school School Based Health Centers (SBHCs), I urge you to support the Health Fund Advisory Committee’s request to switch fund the School Based Health Center program out of the Health Fund and back to the General Fund. I also urge against any potential cuts to the program as School Based Health Centers must at a minimum maintain level funding to continue to provide critical services to Delaware’s students.

**School Based Health Center Services are Needed Now More than Ever**

Delaware students utilize SBHCs for a variety of reasons, including addressing their medical, mental health, and even substance use disorder needs. SBHCs monitor chronic disease, administer needed vaccinations, provide reproductive health care as well as health education. SBHCs are the safety net for Delaware youth – the place they can get the care they may not be able to access otherwise, particularly mental health care. Studies have shown that the COVID-19 pandemic has had a significant negative impact on the mental health of Americans, including children and adolescents. The uncertainty and isolation that comes with the COVID-19 Pandemic contributes to greater feelings of anxiety and depression, and many do not have access to medical care. SBHCs can bridge the gap and provide quality mental health services, either via telehealth or in the centers when able. We must continue to provide SBHCs with the necessary resources to provide needed mental health and medical care that our students need now more than ever.

**Hospitals, the SBHC Providers, are Still Recovering from COVID-19 Losses**

During the height of the pandemic, elective surgeries and appointments were ceased to free up room in Delaware’s hospitals for a surge of COVID-19 patients. During

these months, Delaware hospitals and health systems were losing in total more than \$5.66 million per day, nearly \$170 million per month. As COVID cases lessened and elective surgeries resumed, hospitals have begun to recover, but there is still a long road - and uncertainty around COVID - ahead.

Similarly, hospitals also faced financial loss from their SBHC operations in 2020 due to the COVID-19 Pandemic. DHA surveyed our hospital members and found that in 2020, total health system losses from SBHCs were \$786,876. Surely, if the funding provided to the SBHC program were reduced, hospital losses would increase, negatively impacting their ability to provide much-needed services to Delaware students.

### **Cuts would Negatively Impact the Sustainability of School Based Health Centers**

Delaware hospitals and health systems support SBHC operations because these centers have a positive impact on the health of Delaware students, and in turn, these students' ability to remain in school and receive quality education. While funding from the Delaware budget is critical to the work of these SBHCs, it does not cover all the necessary costs for SBHCs. SBHCs are expected to bill student's/parent's health insurance and get reimbursed for services to make up the difference, but again this does not cover all the costs of operating a SBHC.

There are several services that SBHCs provide that cannot be reimbursed by insurance, therefore the hospital provider covers those costs. For example, there are privacy requirements for a student that receives reproductive health care at a SBHC. If a SBHC provider bills the student's parent's insurance, an Explanation of Benefits would be sent home from the insurance company to the parent (the policy holder), thus violating the patient's right to privacy for the service they received at the SBHC. The only way to avoid this issue is for providers not to bill and therefore not to get reimbursed for these services, adding to the expenses/losses for the hospital medical sponsor of the SBHC. Addressing these gaps in funding and reimbursement are critical to ensuring the sustainability of SBHCs in the years to come. Any cuts to the funding of SBHCs would exacerbate the losses for SBHC medical sponsors and call into question the ability of SBHCs to function adequately into the future.

In addition, SBHCs provide critical services to students who do not have insurance. These services are not reimbursed. This care often is the crucial piece that satisfies the requirements for a student's school attendance such as a school physical and required immunizations. SBHCs are able to successfully circumvent the barriers these students often encounter such as lack of ability to afford copays, language barriers, and even transportation, as SBHCs are often more conveniently located for families in these situations. SBHCs can also provide virtual services for those unable to come in-person. SBHCs also are able to facilitate students and families to successfully access and obtain insurance and community resources.



Finally, there is currently a statewide Strategic Planning initiative underway that the Delaware Healthcare Association is participating in along with other stakeholders to bolster School Based Health Centers and help guide their expansion into high-needs elementary schools. Until this group is able to come up with solutions to address the sustainability of SBHCs, Delaware must fund the SBHC program, at a minimum, at its current level for Fiscal Year 2022.

Sincerely,



Wayne A. Smith  
President & CEO  
Delaware Healthcare Association



To: Mike Jackson, OMB Director and Secretary Molly Magarik, DHSS  
CC: Mary Nash Wilson, OMB and Cerron Cade, Department of Labor/ OMB Director nominee  
From: Early Childhood Advocates, #FundOurFuture Campaign  
Date: Thursday, November 12, 2020  
RE: Supporting child care in FY22 budget

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As DHSS develops FY22 budget, we ask you to consider increasing investments in Delaware early child care providers to support this essential industry.

Governor Carney and your administration have invested over \$100 million in enhanced reimbursement for child care during the COVID-19 pandemic—this increased investment has been vital to preserving child care. Thank you for your support. Without continued investments at these levels, the industry could face an enormous crisis.

### Child Care needs greater ongoing financial investment to be stable.

- Child care providers' expenses have gone up 40%, and enrollment is down 50%
- National predictions indicate that Delaware could permanently lose 1/3 of its providers due to COVID-19
- Child care providers are facing **serious** staffing shortages due to low pay and no benefits in most cases
- State funding not only helps providers keep their doors open, it keeps costs down for families
- State funding supports providers across all settings- in public schools family child care, community and center-based providers
- Research shows that for every dollar invested in high-quality early childhood education, society gains up to \$10 in economic returns over the long-term

Child Care is essential for the workforce of today and tomorrow. The state investment has prevented further catastrophe in Delaware so far—but continued investments will be critical as we look to the future.







Testimony Submitted to the Department of Health and Social Services Budget Public Hearing

November 12, 2020

Submitted by Elizabeth Drobot-Blair, Chief Executive Officer

Good morning. Thank you for your continued leadership and support of individuals with Intellectual and Developmental Disabilities (I/DD) and for the opportunity to speak about the need for increased funding to pay the dedicated and mission driven staff who support them.

The calling to help our society's most vulnerable citizens is a noble one. Direct Support Professionals (DSPs) know that their jobs are difficult and demanding. And though they understand that the pay for this work will not be commensurate with the Herculean efforts they put in, it is not fair to expect them to agree to less than a living wage. No one in America who works as hard as our direct service professionals should ever be forced to live in poverty.

**Through polling and data collection of our staff, we have learned that 85% of our DSPs have at least one other job. 75% have at least 2 other jobs in addition to their employment at QMA.**

Unlike hospitals and other healthcare providers, funding for services for individuals with intellectual and developmental disabilities is exclusively provided through the State of Delaware's funding and Medicaid. We have no alternative sources of funding to increase wages paid to direct service professionals. And though we do our best to pay the most that we can, the funding we receive is simply inadequate. It does not allow us to pay these hardworking people a living wage, much less what they deserve.

**Delaware must do more to ensure that I/DD providers can compete not only with other industries, but with other states. For example, the state of New Jersey has passed minimum wage legislation. As of now, the minimum wage is \$11 and will increase to \$15 in the next 4 years. Funding for I/DD services have been increasing support the minimum wage mandate.**

**As a multi-state provider, we must now worry that our Delaware employees will choose to cross state lines and request to be transferred to the other states we serve because the rate of pay is higher for our DSPs there.**

Without proper funding to pay wages and benefits that are competitive, we cannot attract and retain qualified staff. This leaves us in the position of being forced to either inadequately staff the people we support or accept less qualified applicants to care for them. The staff we do have routinely experience burnout from putting in tremendous overtime hours to compensate for the lack of workers in this field. This, in turn, results in serious incidents which endanger the welfare of the people we support.

As with most industries, labor is far and away our largest cost. More than 80% of the funding we receive goes directly to funding wages for direct service professionals. We continue to look for ways to increase our administrative efficiency so we can send more money to our direct service professionals. But technology and automation can only go so far. Direct service professionals are at the core of the services we provide, and no matter how far we stretch our limited funding, there is just not enough money available to pay them what they deserve.

We ask that you fund our system to the levels required by prior legislation passed by this body. Your own research and analysis has already told you exactly what we are telling you now: more funding would not just make this system better, it is required to keep it functioning at all. With your support, including continued investment toward a living wage for our lowest paid workers, we can accomplish our mutual priority of maintaining and enhancing supports and services for people with disabilities and their families.

Thank you for your ongoing support. We look forward to continuing to work with you on behalf of people with disabilities, their families, and the hardworking staff who support them every day.

## **Gott, Laura (OMB)**

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**From:** Jamie Schneider <jamie@eecde.org>  
**Sent:** Thursday, November 12, 2020 11:09 AM  
**To:** OMB.BudgetHearing (MailBox Resources)  
**Subject:** Re: Public Comment 11/12

Thank you! Here are my official remarks.

Good morning. My name is Jamie Schneider, owner of the Educational Enrichment Center and president elect for the deaeyc. As we consider the budget for DHSS in 2022, I want to say that without the significant and continued funding of Early Childhood Education field via Enhanced reimbursement and through funding purchase of care based on enrollment and not attendance the ECE industry would already be in collapse in Delaware. Increasing the rate of reimbursement for Purchase of Care would also allow more providers to participate as it would begin to cover the actual cost of care for the children and the providers would not have to limit the number of Purchase of Care slots available.

In looking at the 2022 state budget, we must consider the fact that ECE providers are facing catastrophe. Providers were already in crisis prior to the pandemic. There is a decade long teacher shortage that has only been made worse due to the pandemic. Children are not able to access care and providers cannot offer open spots because we do not have the staff to accommodate more children. There have been and continue to be empty slots that cannot be filled because there are few options to find and recruit qualified staff. – This was PRIOR to COVID-19. While we are grateful for the light that has been shone on this – we have surpassed the break point and we are continuing to work in extreme conditions.

As CARES act funding ends at the end of this year, providers are facing two choices: cut losses and close doors or face the daunting challenge of operating in an ongoing crisis. We expect the need for subsidized childcare to grow during and after the pandemic and we expect to see the need for wrap around services and higher wages for our teachers to be required.

ECE staff face their own crisis as well as making an average of \$11 per hour with no benefits as essential workers, critical to the continued health of our daily economy. Without early childcare teachers, our other essential employees would not have care for their children and would have to leave the workforce. Critical shortages of essential workers will cripple our state's economy.

Expenses in the ECE industry are up 40%. Enrollment has decreased on average 50%. Teachers are leaving the workforce to care for their own children, provide care for family members, and take care of school age children who do not have access to in-person learning.

We are facing an impossible challenge. Low wages, lack of health insurance coverage, and working in extremely high stress environments will not attract quality candidates to educate and care for our youngest learners in the midst of global crisis.

Continued financial support of the Early Education field not only benefits providers and their staff, it also benefits parents and children. Centers are able to stabilize tuition costs, not pass the increase in cost of care onto families, allow families financial breaks if out due to COVID, and afford their teachers to be paid if there is an extended quarantine or multiple shutdowns due to COVID.



Many early education providers are also providing full day school age care to provide support to families with children doing virtual and hybrid learning. They have made the necessary accommodations to provide care and a learning environment that also provides social emotional support for school age children during the pandemic. Many of our regulatory changes have happened with little to no warning or lead time for planning. Oftentimes we receive communication on Friday afternoons about changes that need to be implemented by the time doors open on Monday morning.

The early education field is no longer on the brink of catastrophe. We are living it. We are living through a crisis. We are unable to sustain the stress levels associated with the job. The financial support has kept the industry from total shutdown, but without continued support into the 2022 state budget the industry will collapse and will not be able to bounce back from the long term negative effects that have been exacerbated by the COVID-19 pandemic.

On Thu, Nov 12, 2020 at 10:18 AM OMB.BudgetHearing (MailBox Resources) <[omb.budgethearing@delaware.gov](mailto:omb.budgethearing@delaware.gov)> wrote:

Hello,

You are registered to make public comment at the budget hearing for DHSS. Please use the link below to attend the meeting. It is very important to join the meeting using the Webex application to ensure that your name is correctly displayed. This will ensure that you can be identified by the facilitators when it is your turn to present your comments. If you do not have a microphone on your computer I have attached instructions for how to use both the application on a computer and call in at the same time.

Health and Social Services -

<https://stateofdelaware.webex.com/stateofdelaware/onstage/g.php?MTID=e99b94d2325bb9d66d75515e8a0dcba64>

Please let me know If you have any questions.

Thank you,

Laura Gott

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**From:** Jamie Schneider <[jamie@eecde.org](mailto:jamie@eecde.org)>

**Sent:** Thursday, November 12, 2020 10:16 AM

**To:** OMB.BudgetHearing (MailBox Resources) <[omb.budgethearing@delaware.gov](mailto:omb.budgethearing@delaware.gov)>

**Subject:** Public Comment 11/12

Hi.

I would like to sign up for public comment on today's meeting.

Jamie Schneider

daeyc, president elect

chair of the daeyc COVID early education taskforce.

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Best,  
Jamie

Jamie Schneider

Owner  
Educational Enrichment Center DE, LLC

302-478-8697

[www.eecinc.org](http://www.eecinc.org)

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Best,  
Jamie

Jamie Schneider  
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Michael S. Jackson  
Director  
Office of Management and Budget  
Haslet Armory  
122 Martin Luther King Jr. Blvd. South  
Dover, DE 19901

Dear Secretary Jackson,

The **Delaware School Based Health Alliance** is seeking your assistance to assure that funding for High School Wellness Centers is maintained at FY 2021 levels and **moved to the general fund for on-going stable funding for future years**. This request is urgent as the current funding source, the **Delaware Health Fund**, is facing a funding shortfall for FY 2022 and it has proposed to return funding for **Wellness Centers** to the general fund.

We also ask that you maintain the momentum supported by the legislature over the last two years to create **Wellness Centers** in high needs elementary schools. The **Redding Consortium for Educational Equity** recommends **Elementary Wellness Centers** as part of an overall plan to support students in disadvantaged communities. Now is not the time to reduce funding. Now is the time to build on the core and expand to create greater impact.

**High School Wellness Centers** are essential student services integrated into the fabric of schools for more than thirty years. They are vital for educational success. During this pandemic they are even more critical to assure access to health care and address the increased need for mental health and addiction treatment services for youth.

**Health Systems** that manage **High School Wellness Centers** have used their own funds to maintain the centers as level funding for many years and past funding cuts have eroded core funding. With the economic impact of the pandemic on health systems, further reduction on state funds may force health systems to abandon the infrastructure that maintains Wellness Center operations.

Finally, **Wellness Centers** address every priority in the **Division of Public Health Strategic Plan**. As such they should be part of the **Governor's core budget proposal**. From obesity reduction, to chronic disease prevention, to reduced smoking and drug use, to improved reproductive health, **Wellness Centers** offer a strategy to address these priorities with nearly every adolescent in Delaware.

Thank you for your serious consideration of this urgent need.

Sincerely



Jon M. Cooper, EdD  
President, Delaware School Based Health Alliance  
Director, Division of Behavioral Health







**Testimony by Melinda South, Executive Director, KenCrest**

**November 12th Office of Management & Budget Hearing on the FY 2022**

**Department of Health and Social Services (DHSS) Budget**

Good morning,

Thank you for the opportunity to provide testimony today. My name is Melinda South and I'm the Delaware Executive Director for KenCrest, an agency that provides residential services to adults with intellectual and developmental disabilities throughout the state.

In Delaware, KenCrest operates 21 community homes and employs 200 employees. KenCrest's Direct Support Professionals on average, start at 12.00 per hour. Direct Support Professionals or DSPs, provide essential supports and services so that people with disabilities can live an independent and every-day life in their own communities.

Since the beginning of the COVID-19 pandemic, KenCrest's DSPs have risen to the challenge; they have served faithfully as essential workers, going above and beyond to provide both a safe and meaningful environment for the individuals they support. Many of our DSPs have been working overtime and have second jobs just to stay afloat, all while taking the risk of exposure for themselves and their families.

COVID-19 has only exasperated the workforce issues providers are experiencing in Delaware. We are competing with large health systems, grocery store chains and now even our neighboring states who are able to provide higher wages and more benefits; it is a struggle to compete and maintain a stable workforce. With discussions surrounding increasing the state's minimum wage, we are worried that the nonprofit provider community will be forgotten.

For the DDDS budget, we are urging that there are no cuts to services and that the state's budget planners take action to address the DSP wage issues. KenCrest stands ready to work with DHSS, the General Assembly, and the provider community to solve these issues, so that we can all continue to provide high quality community supports and services.

Thank you again for the opportunity to speak this morning.

Testimony of Ken Sklenar  
President/CEO  
Easterseals Delaware & Maryland's Eastern Shore  
Delaware Office of Management & Budget Hearing  
November 12, 2020

Good afternoon Director Jackson, Secretary Magarik, Directors Catalon, Newnam, and Groff and staff. My name is Ken Sklenar and I am the President/CEO of Easterseals.

I'd like to open by saying "thank you" to you, Secretary Magarik and to your team of Division Directors at DHSS and their staff. As one of the largest providers of disability services in Delaware, Easterseals is navigating through one of the most difficult – if not the most difficult times of our history. We appreciate your leadership and advocacy on behalf of all the service providers of Delaware who deliver life-sustaining services to thousands of Delaware citizens on a daily basis.

I know that you are aware that the stakes are extremely high for service providers. COVID-19 is devastating a system of care for some of our most vulnerable Delawareans – a system that was already on shaky ground even before COVID. As service providers, we are having to make some very tough decisions to cope with these uncertain times.

For example, last week, Easterseals announced that we are discontinuing our door-to-door transportation due to unsustainable financial losses. Going above and beyond to serve families is part of our culture at Easterseals so it was disheartening to have to make this decision. We are working with the families to help facilitate a transition to Paratransit. We had maintained door-to-door transportation despite financial losses ranging annually from \$150,000 to \$500,000. We can no longer continue to sustain these deficits, in addition to the already crushing losses in the day programs due to limitations caused by COVID.

While federal and state aid has been helpful, Easterseals still faces unprecedented losses in revenue since we can only operate at less than 30% capacity. While some progress was made two years ago in increasing State reimbursement rates for services for adults with intellectual disabilities, the services are still only funded at approximately 68% of the benchmark established by the State. COVID-19 further challenges our ability to hire and retain qualified, direct support professionals, especially since DSPs are paid more competitive wages in surrounding states.

We urge you to seek all ways possible, including increasing reimbursement rates, to address the current financial crisis facing providers. While Congress certainly has a responsibility to help shore up this system of care as well, we are appealing to the State to take steps to preserve day services for the 2500 Delawareans and their families who depend on them. We recognize increasing reimbursement rates is a heroic task, in light of the challenging condition of State budget revenues. However, the stakes could not be higher. The CARES Act Relief funding that was announced by the Governor earlier this month was extremely welcome news. However, as you know, that will end as of December 30<sup>th</sup>. We must work together to find a path forward for the sake of the individuals who are depending on us.

Thank you.



# Delaware Aging Network

*SERVING AND ADVOCATING  
FOR DELAWARE'S MATURE  
POPULATION  
AND THOSE WHO CARE FOR  
THEM*

November 11, 2020

Mr. Michael S. Jackson  
Director, Office of Management and Budget  
State of Delaware  
Haslet Armory  
122 Martin Luther King Jr Blvd  
Dover, Delaware 19901

Re: DHSS / DSAAPD FY 2022 Budget Request

Dear Mr. Jackson:

The Delaware Aging Network is an association of community based service organizations serving senior citizens throughout the State. We serve many of Delaware's most vulnerable citizens by providing essential services in the community and in seniors' homes at a small fraction of the cost of institutional or State operated programs.

We and the people we serve rely heavily on support from the Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD). Our relationship with DSAAPD benefits the taxpayers of the State of Delaware by allowing our member organizations to provide quality services that enhance the quality of life for senior citizens and their caregivers by providing cost effective community based alternatives to more costly institutional care.

During these most challenging times we ask that you, your staff and our elected officials remember that senior citizens represent the fastest growing age cohort of Delaware's population and that the growth rate of older Delawareans aged 85 years or more is almost 4 times the growth rate of the general population.

As you consider the budget request for DSAAPD for the coming fiscal year, we ask that you preserve the scarce resources necessary to help ensure that every older Delawarean has the opportunity to have the support necessary to allow them to live out their lives in the safest and healthiest manner while continuing to live at home. Would you want anything less for yourself or your loved ones?

Please preserve and maintain funding levels for services supported through the Division of Aging and Adults with Physical Disabilities. Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "K. S. Bock".

Kenneth S. Bock  
Chair of DAN Public Policy Committee



Dear Secretary Jackson and Secretary Magarik,

On behalf of our 13,000 members and the thousands of students they serve, DSEA urges you to urge you to support the Health Fund Advisory Committee’s request to switch fund the School Based Health Center program out of the Health Fund and back to the General Fund. We also urge against any potential cuts to the program as School Based Health Centers must at a minimum maintain level funding to continue to provide critical services to Delaware’s students.

### **School Based Health Center Services are Needed Now More than Ever**

Delaware students utilize SBHCs for a variety of reasons, including addressing their medical, mental health, and even substance use disorder needs. SBHCs monitor chronic disease, administer needed vaccinations, provide reproductive health care as well as health education. SBHCs are the safety net for Delaware youth – the place they can get the care they may not be able to access otherwise, particularly mental health care. Studies have shown that the COVID-19 pandemic has had a significant negative impact on the mental health of Americans, including children and adolescents. The uncertainty and isolation that comes with the COVID-19 Pandemic contributes to greater feelings of anxiety and depression, and many do not have access to medical care. SBHCs can bridge the gap and provide quality mental health services, either via telehealth or in the centers when able. We must continue to provide SBHCs with the resources they need to provide needed mental health and medical care that our students need now more than ever.

### **School Based Health Center Services Have Significant Impact on School Climate**

According to the American Public Health Association, “Establishing a positive school climate is critical, but it is by no means a simple task. Its creation requires concerted effort and dedication from students, staff, and support from the community at large. Giving students life- and health-affirming tools, directly and by example within the school setting, sends a message that school is a place concerned with ally, adolescence is the optimal time to develop lifelong healthy behaviors that can prevent chronic illness like heart disease, cancer, and diabetes. A stimulating school climate gives students the tools to succeed in school, make better, healthier decisions and strive for a better quality of life. Positive messages, leading to better lifelong outcomes, can be the difference needed to increase confidence for tackling the issues youngsters encounter both in and outside the school walls, and realign them on the path toward high school completion.

Most fundamentally, the relationship between school climate, health, wellbeing and effective education revolves around meeting students’ physical and emotional needs so that they are

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Executive Director



present in class and able to excel. Schools that stress inclusion, safety and encouragement, and where the physical and emotional health of the entire school community is purposefully made a priority, are the backdrop that students need in order to succeed academically and avoid dropout.”

Delaware educators can attest to the positive impacts SBHC have on even our youngest learners. When students have access to physical and mental healthcare, seat time is increased, attention span is increased, and most importantly a visible weight is lifted off their shoulders.

Lastly, there is currently a statewide Strategic Planning initiative underway that the Delaware Healthcare Association is participating in along with other stakeholders to bolster School Based Health Centers and help guide their expansion into high-needs elementary schools. Until this group is able to come up with solutions to address the sustainability of SBHCs, Delaware must fund the SBHC program, at a minimum, at its current level for FY22.

Sincerely,

Stephanie Ingram  
President, Delaware State Education Association

# MEMORANDUM

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To: Office of Management and Budget

From: Laura J. Waterland, Esq. on behalf of the following organizations:  
Governor's Advisory Council for Exceptional Citizens  
State Council for Persons with Disabilities  
Delaware Developmental Disabilities Council

Date: November 12, 2020

Re: Department of Health and Social Services

Please consider this memorandum as general commentary on the 2022 budget process for Delaware Department of Health and Social Services (DHSS), filed on behalf of the Governor's Advisory Council for Exceptional Citizens ("GACEC"), the State Council for Persons with Disabilities ("SCPD"), and the Delaware Developmental Disabilities Council. We wish to focus our comments today on the need for ongoing funding of community-based services and supports, in the context of the challenges posed by the coronavirus pandemic.

## 1. DMMA

It should go without saying that maintaining robust funding for DMMA is of crucial importance, especially as Delaware faces a public health and economic crisis. DMMA is the primary insurer of just shy of 250,000<sup>1</sup> Delawareans, providing health coverage for Delaware's working families as well as vulnerable populations, including children, people with disabilities, and senior citizens.

DMMA, through its administration of home and community-based waivers, is the primary source of funding for community supports for children and adults with disabilities, and the elderly population. As COVID-19 has ravaged nursing facilities in the state, it is increasingly important that individuals who can reside in the community with supports be provided the resources to do so, not only to comply with the integration mandate of the Americans with Disabilities Act, but to provide a safer environment for individuals vulnerable to COVID.

In particular, DMMA funding must continue to include supports provided under the DSHP+ and Lifespan Waivers, including: case management, home health and nursing, and quality day programming. DMMA must address the low wages of home health and direct support professionals who are funded through Medicaid, in order to address workforce shortages and improve quality of care, as well as recognize the crucial role these workers play in our health care and social supports system.

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<sup>1</sup> <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/monthly-medicaid-chip-application-eligibility-determination-and-enrollment-reports-data/index.html>.



DMMA, like many agencies, has admirably “turned on a dime” to address changes made necessary by the demands of the pandemic, including among others the rapid development of telemedicine, home-delivered meals, non-emergency transportation, coverage of vaccines and testing, and supports for community-based providers who cannot operate during the pandemic. Moreover, Medicaid supports substance abuse programming, as well as community based mental health supports, direly needed especially during this time. These endeavors require continued fiscal support.

## **2. DSAMH**

Like DMMA, DSAMH has had to make substantial adjustments to address the demands of the pandemic. As noted, the pandemic has led to exacerbations of mental health problems and the substance abuse epidemic in Delaware.<sup>2</sup> The need for DSAMH to carry out its role and assist individuals to navigate these challenges through effective and accessible treatment cannot be overstated, including by providing adequate oversight for contracted providers. DSAMH requires funding to address these challenges as well as support existing services. The budget must reflect these needs.

Particular focus needs to be given to addressing the needs of individuals with significant mental illness who are also aging and/or who have physical disabilities. These individuals are often left to languish in acute care facilities or other inappropriate settings. Individuals who are housed in acute care facilities are at greater risk for exposure to infection and occupy beds that could be used for acutely ill individuals. DSAMH, as well as sister agencies, need funding to develop integrated programs to address these populations. DSAMH also requires funding to address waiting lists for community services. Currently, long waiting lists result in individuals experiencing significant delays in discharge, or being discharged to the community with inadequate supports including lack of housing. Homelessness is presently a significant public health threat given the pandemic, and must be addressed when discharging individuals with mental illness.

## **3. DDDS**

DDDS has faced challenges in supporting clients through the Lifespan Waiver while the pandemic has essentially shut down the day activities and programming traditionally supported through the waiver. DDDS requires continued support in order to maintain the provider community and to support novel approaches to providing services in the pandemic environment. Without creative ways to deliver programming, we fear that individuals with disabilities will regress in skill development and their community integration may be placed at risk.

DDDS requires funding to address the needs of more complex individuals who have intensive behavioral support needs and who may have significant co-occurring mental illness. These individuals, who are often the most fragile and who can place the most significant stress on families, do not fall neatly into existing programs, and suffer the consequences of unnecessary hospitalization and decompensation because of it.

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<sup>2</sup> <https://www.delawarepublic.org/post/providers-say-drug-and-alcohol-use-during-pandemic-following-record-year-delaware-overdoses>, 6/21/2020.

To reiterate, DDDS must address the low compensation that its reimbursement rates necessarily cause for the direct support professional workforce. Low compensation leads to shortages, lack of continuity of care, lower quality care and poorer outcomes.

#### **4. DSAAPD**

DSAAPD provides a number of essential supports that assist individuals in remaining in the community, especially those who do not qualify for Medicaid but who nevertheless require assistance. These services included Personal Attendant Services, housekeeping, and day programming. There are substantial waiting lists for these programs which suggests that DSAAPD needs more robust funding in order to address these needs.<sup>3</sup>

DSAAPD also provides the critical function of assisting individuals in nursing homes who wish to return to the community and also helps individuals avoid nursing home admission by facilitating community supports to do so. The vulnerability of nursing home residents to COVID-19 underscores the necessity of DSAAPD receiving necessary funding to continue this service.

Like DDDS, DSAAPD must address the needs of elderly and/or people with disabilities with co-occurring mental illness and make its programs and the facility that it runs accessible to that population.

#### **General**

DHSS funding for DPH and other divisions should include increased operational costs due to COVID, including staff testing. It is essential that at a minimum, staff, including direct support professionals, attendants and home health workers be tested routinely so as to avoid spread of coronavirus, in all congregate settings and in situations where workers are going into vulnerable people's homes to provide support. The current policy of only testing staff in licensed nursing facilities and assisted living facilities reflects, perhaps unintentionally but certainly in effect, institutional bias and ignores the increased risks for exposure and the negative consequences of COVID-19 infections for people with disabilities.

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<sup>3</sup> According to DSAAPD, the current PAS waiting list is at 241. Of those 194 are high priority. The current average time on the wait list is 172 days. The current average for high priority persons on the wait list is 127 days.



November 12, 2020

Office of Management and Budget

Delaware PTA understands that currently School Based Wellness Centers are funded through tobacco settlement money via the Health Fund Advisory Committee (HFAC). We know that these funds are not a permanent funding solution. All programs which receive funding from this source will need to begin to look elsewhere as this settlement money decreases over time.

Delaware PTA requests that a permanent funding solution be identified for School Based Wellness Centers. Long before COVID-19, Delaware PTA advocated for these centers and services. We know the value of these centers. Both Delaware PTA and National PTA understand that school based health care is necessary, especially for our most vulnerable populations who often do not have access to general practitioners and other healthcare providers. While school based wellness centers are useful for on site health care and sports evaluations for students, we also know these centers provide critical services needed for wraparound care for students in poverty. Delaware PTA supports these services because we know that if students are not healthy, they cannot learn. The services of Delaware's school based wellness centers are so important, especially for our youngest children in new elementary school based wellness centers.

Delaware PTA is extremely pleased with recent legislation limiting access to tobacco for those 21 and under. However, reductions in tobacco use and tobacco settlement funds should not affect funding for school based wellness centers. COVID-19 has underscored the importance of accessible health care for Delaware's most vulnerable students. Funding for school based wellness centers should not be a pass through cost and we request a permanent solution.

Sarah Bucic

Delaware PTA, Environmental Health Committee Chair, Federal Legislative Chair

[sarah.bucic@delawarepta.org](mailto:sarah.bucic@delawarepta.org)

**To:** Office of Management and Budget

**From:** Sheila Bravo, President and CEO

**Date:** November 12, 2020

**Subject:** DANA comments regarding the FY22 Department of Health and Social Services Budget

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As the State evaluates its funding priorities, we ask you to consider the reliance the State places on partnering with nonprofits to deliver the State's health and social wellness priorities.

Delaware nonprofits are compensated for this work through contracts and grants. We have consistently heard from DANA nonprofit members, that year over year, these contracts and grants are not adjusted to reflect the increased cost to deliver those services. This year and next will only show higher costs due to the pandemic. This is a phenomenon that extends to multiple divisions through DHSS, and on behalf of the nonprofit sector we request increased funding support for nonprofit partner agencies through reassessment of contracts, and resources be applied to improve payment schedules.

In a survey conducted prior to the COVID-19 pandemic, we learned that over half of the participating nonprofits indicated state contracts are covering less than 85% of direct costs. Beyond these below cost rates, payments often are late - with 60% of nonprofits who responded to our survey indicating late payments are a problem. Late payments mean nonprofits must use reserve funding, delay hiring, delay paying their vendors or go into debt – just to continue providing services while they await payment for services they have already completed. I wonder how many businesses would remain open if their customers only covered a portion of what it cost to operate and perform services?

For contracts and grants awarded for FY 2019, DANA members indicate there was not an adjustment to cover the last increase in the minimum wage. Unlike a retail business, most nonprofits are not able to raise prices to offset rising costs, and thus would be dependent on public donations to cover those increases – or worse, will have to reduce services to clients, employee hours or even jobs.

We hear the perceived solution for nonprofit providers to offset rising overhead and employee costs is seek more donations. It is important to note that often donors restrict their donations, not permitting nonprofits to use those contributed funds for salaries. This only compounds the challenges nonprofits face to not only meet the service demand, but also to invest in the IT, impact evaluation and accounting systems to provide the required reporting necessary to secure future grants and contracts.

Given the implications of COVID-19 response, it is more critical than ever to cover the cost for nonprofits to serve as the demands for service increase and the cost to serve has increased given the need for additional health/safety precautions.

As we start to look beyond the pandemic, and plan on how we restore our communities' health and wellbeing, it will be nonprofit partners who will be relied upon to assist the state. It is important they have the financial resources to move quickly and effectively to move us out of this crisis. We appreciate your consideration in adjusting rates for the fiscal 2022 year.

**Department of Health and Social Services Budget Hearing Statement  
November 12, 2019**

Director Jackson ,Secretary Magarik, Directors Catalon and Groff and honored Guests . My name is Terry Olson and I'm the Executive Director for The Arc of Delaware.

**I am here today to thank you for all you have done to support and sustain persons with I/DD, their families, service providers and all others within the DDDS system!**

**...AND I'm here to ask you to make it a priority to continue to support these essential services as we sustain our efforts to survive through the balance of the COVID Pandemic and beyond.**

- Before the pandemic, DDDS providers and the DSPs who serve them, were already underfunded by \$38 Million per year. These parties were only receiving on average, about 68% of the funding they need to provide adequate, competitive services within our region.
- All of these providers, particularly Day Service Providers who serve approximately 2200 persons within the DDDS system, will face the "Fiscal Cliff" again when current DE and Federal Relief Funds are exhausted in January of 2021.

**Providers and DDDS will desperately need additional relief funding, beginning in January, 2021 and lasting until the COVID Pandemic is over. Our only hope for all of the 10s of thousands of consumers, families, employees and constituents within the DE, DDDS system, is that new relief funding from our Federal and state governments will enable us to survive in the early months of 2021.**

- **Funding and DSP Wages must be above the new proposed minimum wage in DE of \$15/hr , if and when it is phased in within DE and our surrounding states.**
- The schedule, hours and responsibilities of DSPs within the DDDS system make the DSP position much more challenging and difficult than virtually any minimum wage position in Delaware.

**To enable providers to recruit and retain DSPs, the base wage for DSPs in the DDDS system must be well above the prevailing Minimum Wage in Delaware.**

- Family Support Funding is essential for the vast majority of persons with I/DD in Delaware who live with their family at home.
- This funding is currently capped at approximately \$2,600 per year for most Family Support services.

**Increasing this funding will enable more families to serve their family member at home, while reducing their need to receive more expensive services within the DDDS system.**

**Thank you for your essential support !**



**Testimony by Thomas Cook, Executive Director**  
**November 12, 2020**  
**Office of Management & Budget Hearing on the FY 2022**  
**Department of Health and Social Services (DHSS) Budget**

Good morning Director Jackson, Secretary Magarik, Division Directors Catalon and Groff, and Acting Director Teitelbaum. My name is Thomas Cook. I am the Executive Director of the Ability Network of Delaware, a statewide association of 35 agencies that serve people with intellectual and developmental disabilities (I/DD) and people needing treatment for behavioral health issues.

With regard to the DDDS budget, according to last year's rate rebasing study, an additional \$38 million in state funds would need to be appropriated in each of the state's future budgets to bring the hourly wages paid to most Direct Support Professionals (DSPs) to \$14.11/hour<sup>i</sup>. That is below the \$15/hour minimum wage that Maryland and New Jersey have begun phasing in, which we know the Delaware General Assembly will be considering next year. We remain concerned about the competition in the regional labor market for direct support professionals (DSPs), who can easily cross a state border to earn more money than they can make in Delaware.

In his budget proposal for New Jersey, Governor Murphy included \$24 million to support an emergency wage increase from October to December of this year for DSPs, with an additional \$41.7 million in new funding to help ensure that DSPs are paid above the state's minimum wage, which goes into effect on January 1<sup>st</sup>. The proposed increase of \$41.7 million also included provisions to raise the wages of group home managers to avoid the damaging effects of wage compression on services. If legislation to increase the minimum wage to \$15/hour passes in Delaware, the state's budget planners need to take similar action to make sure funding is included



to keep the hourly pay for DSPs ahead of the state's minimum wage as it increases.

Ability Network of Delaware is thankful for the support of the DDDS Director, the DHSS Secretary, and Governor Carney for providing financial relief for I/DD day programs that were forced to close in March of this year to protect vulnerable individuals from the risks associated with COVID-19. Appendix K retention payments sustained them through October of this year and the Health Care Relief Fund will assist them through the end of this year in maintaining the capacity for full reopening when it becomes possible. These programs face another "fiscal cliff" on January 1, 2021, so I would urge state government to begin planning for a third phase of relief to enable individuals to return to their day programs when when the much-anticipated vaccines become available to help protect individuals with I/DD, some of whom are up to 10 times more likely than the general population to die from a COVID infection.

With regard to services that are licensed by DSAMH, we are hopeful that the rate study that has been authorized for Medicaid-funded services for the treatment of substance use disorders will involve a careful examination of the actual costs of delivering these services here in Delaware. Prompt action will need to be taken in response to the findings of that rate study to assure that residential treatment services for Medicaid recipients will continue to exist in Delaware. Additionally, according to the Burns & Associates rate comparison study, we know that it's past time to move forward with a study of rates paid to mental health service providers. Although the state is moving towards value-based payments for behavioral health services and is in the process of implementing another systems reform with the creation of Accountable Care Organizations for the Medicaid population, it is a best practice in actuarial work to understand the actual costs of providing services, as well as the utilization that is expected for those services, to assure their continued availability.

*A.N.D. Testimony on the FY 2022 DHSS Budget*

The good news is that an independent fiscal analysis commissioned by the Ability Network of Delaware, which was published last year, showed that investment in these human services leverages federal and private dollars to create an economic impact equal to five times the original state dollars that are appropriated. That's something all of us should be able to support as an essential part of the state's road to recovery from the economic downturn created by the pandemic.

Thank you for this opportunity to provide testimony.

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<sup>i</sup> According to an e-mail from Marissa Catalon to Gary Cassedy dated 1-16-2020, the current state support for DSP hourly wages is 682% of the fully funded benchmark. Please see the text of the e-mail below.

“According to the 2019 DSP Rate Study:

<https://dhss.delaware.gov/dhss/ddds/files/2019ratestudydoc1.pdf>

\$14.11 x .682 = \$9.62 (DH/PV Fac Based & Res)  
\$15.06 x .682 = \$10.27 (DH/PV Non Fac Based)  
\$18.84 x .682 = \$12.85 (SE, CP, Supported Living)”

For information about the Michael McNesby Full Funding for Adults with I/DD Act, which initiated the 2019 rate study, please see this web page: <https://www.mcnesyact.com/>.

The Act, which amended §7909A, Chapter 79, of Title 29 of the Delaware Code, states, “Subject to available funding, these rates shall be phased in to 100 percent of the benchmarked levels established.”

## Written Statement for DHSS Budget Hearing

On Aug 26, 2006, my daughter, Raechel Holloway, at the age of 22, suffered an anoxic brain injury caused by an undiagnosed postpartum adrenal insufficiency (Sheehans Disease). Her husband had been gone all day and returned to find her unconscious and barely breathing. No one knew how long she had been without oxygen and the doctors didn't expect her to survive, but she did. She was transferred to the coma emergence program at University Health Specialties Hospital in Baltimore. She was making no adrenaline and still needs adrenal hormones to keep her alive. At the time, she received feedings through a feeding tube and needed medication, but she was quickly walking independently and was physically independent. She was confused and combative making a nursing home out of the question. Her daughter was just a little over one year old at the time and Raechel would often try to leave the hospital to find her daughter, which meant she needed close supervision. It took over a year and a half of searching in MD, PA, DE, and NJ to find a facility that could meet her needs, however assisted living and group homes were unable to provide the services needed to keep her safe and help her progress. I finally found a facility at the Brain Injury Association of MD's annual conference. At first I walked past thinking this was too far away to be a viable option { it was a 6 1/2 to 7 hr drive}. They could provide the needed services and agreed to accept her. We had to prove there was nowhere closer that could meet her needs and waged a campaign to get the needed funding for her. A year later on March 17, 2008 She was transferred to Lakeview Blueridge, now NeuroRestorative in Blacksburg VA until a facility closer to home would become available. Now, almost thirteen years later she still resides in NeuroRestorative despite all my efforts to find a facility closer to home, her daughter and her family. I find it hard to believe that 13 years has passed and still no progress has been made.

During this time, I worked double shifts on weekends and traveled to VA to advocate and be with Raechel. After she developed an abscess around the feeding tube it was removed and she began eating normally. I was able to take Raechel out for drives, take her to the mall and McDonalds and other outings. It was exhausting and visits from other family members were difficult due to the distance involved, but she needed the extra care and stimulation that I provided. In 2012 I went to court in order to get court ordered visitation privileges for Raechel with her daughter. We won 6 visits per year. Due to the distance involved they were hard to enforce, but her daughter, Abby, was Raechel's everything and even though she had limited time, she could at least watch her grow. She recognized her and would refer to the little Abby as baby Abby and the present Abby as big Abby. Abby is now 15 years old. Not long ago just before the covid hit, she asked me "where did my baby Abby go?". It broke my heart. She had lost so much of her growing up.

Three years ago she was able to come home for the first time in ten years thanks to the house manager at NeuroRestorative who pushed for her to be given the chance to come home to see Abby, family and friends. This was a giant undertaking, but it was worth it. As soon as they entered the development, Raechel started to take off her seat belt. By the time they reached the front of the house, she jumped out of the car, ran through the front door, and up into her old room. During these times, she was at her best. Her speech improved and she was happy and less anxious. She chatted with Abby and even recognized her old best friend and her brother, despite a beard and less hair. She helped herself to food in the refrigerator and chilled as if she had never been gone. Even after returning to the facility she was happier.



5 Years ago I was diagnosed with cancer. During chemo, surgery and radiation, I had to cut back on my visits, which was hard for her, but I continued to look for some place closer to home. I had almost lost hope when I heard that Peach Tree was expanding and planned to open a brain injury unit that could possibly meet her needs. When covid hit, I was unable to see Raechel at all for months. She has fluctuated between isolating herself to her room, and not eating or taking her meds and bouts of anxiety and agitation generally caused by injections of medication that she needed to control her adrenal insufficiency and seizures. Being so far away and not being able to see her has been anxiety producing for everyone.

Peach Tree is her last hope and she is not the only one. There are many others like her that are not suitable for a nursing home setting and yet are not able to move to assisted living or group homes without the necessary supports. Peach Tree has 75 beds that are already built and ready to meet the needs of this forgotten population, but they need the supports {behavior therapy, cognitive therapy, and 1:1 staff when needed} for them to be successful. Many of these people, like my daughter, are already being paid for in out of state facilities. Bringing them home would not only be more beneficial for them, but would also be more cost effective in the long run, a win win for everyone.

I know that during these times things are very difficult, but I thank you in advance for your consideration.

Barbara Kendzierski

Mother and Guardian for

Raechel Holloway