Eight Takeaways from Listening Sessions on Impact of Coronavirus Crisis on Disability Community

Tuesday and Wednesday, March 24th and 25th 2020

1. People with disabilities will be the hardest hit by the health, social and economic impact of the virus.

2. Access to community-based services is threatened:
   a. Loss of personal assistance services will lead to re-institutionalization as individuals with disabilities are no longer able to remain living independently in their homes and community.
   b. Situation is exacerbating the existing shortage of personal care workers.
   c. Family caregivers who are caring for family members with disabilities are becoming overwhelmed by 24-hour a day support with no access to a back-up system of direct care workers. They are also worried about what happens if they become sick and immobilized by Coronavirus and have no one to support their family members with disabilities.
   d. Community service system is at risk of collapsing. Service providers are closing due to the Coronavirus crisis and are struggling to remain financially viable so they can reopen later.
   e. Need to increase housing assistance.

3. Loss of job and income puts people at risk:
   a. People with disabilities have been furloughed from jobs as have many direct care workers.
   b. Loss of job coaches and other supports that people with intellectual and developmental disabilities depend on for community integrated employment.
   c. Loss of income to individuals with disabilities and family members who have been furloughed or terminated puts people at risk for meeting basic needs (food, paying rent). Unclear how an emergency payment of $1,000 would impact means-tested public benefits eligibility.

4. Access to health care for coronavirus and ongoing care and treatments for disabilities are being challenged:
   a. People with disabilities fear that if care for Coronavirus is rationed, they will not receive treatment. The lives of people with disabilities seem to be less valued.
   b. Difficulty getting regular supplies, therapies and medical appointments they were receiving prior to the pandemic.
c. Durable medical equipment, protective gear and other supplies needed for in-home care is becoming difficult and expensive to obtain.
d. Ensure that access to assistive technology is retained. Assistive technology may provide an alternative to other services.

5. Children with disabilities need support and education:
   a. Students are at risk of not being able to access IDEA services. Students with disabilities should not be discriminated against in the move to distance learning.

6. What government should do:
   a. Keep ALL members of the disability community informed with materials in alternative forms and sign language interpreters at briefings.
   b. Federal agencies (Centers for Medicaid and Medicare Services (CMS), Rehabilitative Services Administration (RSA) and Office for Special Education (OSEP)) should offer flexibility in their rules and regulations and increase funding for needed supports and services to help states and nonprofit providers meet needs across environments (home, classroom, workplace, community).

7. Advocates can play an important role:
   a. Must closely monitor policy developments and practices at state and community level against changes in access to healthcare and other services. Civil rights laws protecting against discrimination cannot be waived in emergency situations.
   b. Make sure people with disabilities and family caregivers are treated fairly in relief aid.
   c. Disability community (people and providers) must work closely with healthcare systems, emergency responders and public agencies to be more vigilant and not ignore the urgent needs of people across the spectrum of disabilities and families most adversely impacted by the Coronavirus crisis. Collaboration must be in planning and implementation of emergency response. Contingency plans must be in place at an individual, family, organization, public agency and community level as this crisis worsens and should include consideration of future emergency situations.

8. The power of unity of purpose is evident. The diverse disability community is unified by a common purpose to be heard and a public response must be developed to meet the emergency needs of people with disabilities and families, as well as service provider organizations. Their collective voice is already focused on educating decision makers at all levels of government that these needs not be omitted from emergency funding packages.