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Dr. Theodore Kastner, Commissioner
Office for People with Developmental Disabilities
44 Holland Avenue
Albany, NY 12229

August 18, 2021

Re: COVID Resurgence Guidance Needed

Dear Commissioner:

As you know, earlier this week the Governor announced a COVID-19 vaccination mandate for employees working at long-term care facilities and “other congregate care settings.” The same bulletin announced the availability of booster doses for certain immunocompromised persons, in accordance with CDC guidelines.

Unfortunately, it is still unclear, days later, whether or how this applies to the I/DD field. Guidance is imperative, as our Chapter staff are already asking what this means for them, and the uncertainty is creating additional instability in the workforce.

If vaccination and/or testing becomes mandatory for the I/DD field or any segment thereof, the steep unreimbursed financial cost to voluntary non-profits like our Chapters must be carefully and fully addressed. The cost of tests themselves will certainly increase with more and more businesses and schools requiring them. There will be an expansion in the number of employees receiving paid leave for vaccinations. Significant questions remain regarding leave for staff to receive weekly testing if they opt out of the vaccine, as well as who will bear cost of the tests themselves. In addition, if an employee should refuse testing or vaccination and an employer must terminate their employment, the cost of unemployment insurance will rise dramatically for our Chapters.

We must recognize that our field is very different from the typical healthcare or nursing home setting. It is easier for hospitals or nursing homes to have a nurse at the door performing tests. We are community-based providers. Our needs are entirely different, and would potentially require visits to multiple locations for each and every shift.

While our workforce shortages continue to escalate, and with COVID cases on the rise among both our employees and individuals supported, certain flexibilities eliminated several months ago should be reinstated. If

vaccination and/or testing is mandated, we anticipate a potential loss of staff, which will require every possible flexibility that can be offered related to minimum staffing, relocation of individuals, etc.

“Exposure” to COVID & Local Health Departments (LHDs)

Current policy requires a 10-day minimum quarantine period for employees who are *exposed* to COVID-19. A person is only considered “exposed” if they were not wearing “recommended personal protective equipment.” LHDs are inconsistent with their application of this exposure requirement, with some insisting that only certain masks are acceptable (i.e., N95), while others require face shields and/or other coverings. It is increasingly difficult to justify a 10-day quarantine of asymptomatic staff who may be, for example, wearing a surgical mask instead of an N95.

Quarantine Requirements

Under the Updated Return to Work Guidance, which was most recently amended on July 14, 2021, asymptomatic and unvaccinated staff who are exposed are subject to a 10-day quarantine. As outlined above, if the LHD interprets that an “exposure” occurred, even if asymptomatic, staff are required to complete a 10-day quarantine. Earlier this year, providers had the option of providing OPWDD a notice and attestation checklist that would reduce or eliminate certain quarantine periods where staffing shortages existed. That flexibility was removed several months ago. As stated above, Chapters are finding it incredibly challenging to appropriately staff their programs. When there is an exposure at a home, virtually all of the staff become instantly unavailable. We respectfully request that the checklist and attestation be reinstated.

Booster Prioritization

Preliminary data and research suggest that the efficacy of the initial vaccinations may wane over the course of many months. This is problematic, as the people we serve received vaccinations early in the process and are now potentially becoming more susceptible to infection. The new variants are far more transmissible and the symptoms may be more significant. Considering the comorbidities of our population, we are calling for your support in ensuring prioritization of our population for booster vaccinations, as was achieved with the initial doses. Finally, we will need guidance on the consent process for administering boosters, as was the case with the initial administration of vaccinations.

We thank you for your prompt consideration of these important issues.

Respectfully submitted,



Erik Geizer
Chief Executive Officer
The Arc New York

cc: Christopher Tavella, Deputy Secretary for Human Services and Mental Hygiene