

Date and Time: 02/04/21 6:37 PM
 Location: Webinar
 Members Present: Kay Bell, Doug Frey, Pat Guthy, Chairperson, Lisa Kouchakdjian, Caroline Santangelo
 Members Absent:
 Also Present: Jennifer Roberts, Select Board Liaison; Jane Kline; Tyler Steffey; Dan Carty

Convene: The regular meeting of the Sudbury Commission on Disability (COD) was called to order by Pat Guthy at 6:37 PM. A quorum (at least a majority of 3 of 5) was present.

1. Selection of Meeting Recorder: Kay Bell was assigned to record minutes. The order of rotation for recording minutes next will be Caroline Santangelo, Lisa Kouchakdjian, Doug Frey.

2. Public Comment: none

3. Approval of Minutes: Details and clarification were offered and incorporated into the draft minutes for the 12-03-20 regular meeting.

MSV Ms. Bell moved and Ms. Kouchakdjian seconded: That we approve the minutes of the 12-03-21 meeting as amended. The motion carried by unanimous roll call vote.

4. Review and Approval of Annual Report: Ms. Guthy has learned that signature for the approved annual report may not be required if they report is approved at this meeting. She will follow up with Leila Frank in the Select Board's office for clarification. Ms. Guthy explained details of the financial portion of the annual report. She plans to request that the COD receive quarterly updates on financial activity of the Handicapped Parking Fines account.

MSV Ms. Kouchakdjian moved and Ms. Santangelo seconded: That we approve the Annual Report. The motion carried by unanimous roll call vote.

5. Discussion of proposed changes in Meeting Minutes Approval procedure: Ms. Bell suggested a method whereby draft minutes be sent by the recorder to members by blind cc. Then members could submit corrections or additions to the recorder who would bring them with highlighted changes to the next meeting for approval. Members are satisfied with the current method and the consensus is to make no change.

6. Update

a) **Transportation Committee:** Mr. Frey reported that the Emergency Taxi Program is running out of funds and will end soon, so rides will be limited to medical purposes only. The Council on Aging vans will begin running soon with single passenger service only and only to contiguous towns with a single passenger. The Go!Sudbury subsidized Uber program contract is nearly ready and a period of "beta testing" with group of twelve will begin soon. There was discussion of criteria for use (broad vs. targeted toward greatest need), substantial cost of wheelchair accessible [WAV] service, and potential for finding additional funding sources beyond the current ones – e.g. other Town funds, Sudbury Foundation, Lions Club, Chamber of Commerce, or even the COD. The question of whether health insurance might reimburse people for transport to medical appointments. Perhaps ADA Coordinator Maryanne Bilodeau would know about such benefits.

- b) Ms. Kouchakdjian reported that L-S SEPAC is hosting a workshop about transition from High school to college for students with special needs. Police Chief Nix who visits SEPACs annually is now engaging with them and the COD and perhaps the Council on Aging to produce information to help people with supports and resources to assist them in the current COVID conditions. This effort may produce video spots to spread the information. Ms. Bell reported that last night the SEPACs in the region hosted one of the required annual Basic Rights workshops. Sudbury SEPAC has regular social meet ups that are well attended and seeks greater membership and works closely with the administration of SPS.

There is a Linked-In page for the COD that we still cannot access. It operated unpredictably and could be a good resource. Ms. Bell will look into it.

- c) Mr. Frey had shared a letter to Governor Baker and state health officials from the Center for Public Representation, an alliance of various organizations for people often marginalized in public policy. The letter addresses concerns about COVID vaccine distribution to people with special needs and their caregivers, among others. Ms. Guthy suggested passing it along to the Town Manager and the Select Board. [letter is attached below] Ms. Kouchakdjian explained that essential caregivers and home-based healthcare workers are eligible for vaccination in the first tier and parents of children receiving Department of Developmental Services care for individuals who have medically complex conditions. A letter related to that eligibility is attached below.

MSV Ms. Bell moved and Ms. Kouchakdjian seconded: That Ms. Guthy distribute the letter from Center for Public Representation letter such individuals, committees, and organizations that she deems will benefit. The motion carried by unanimous roll call vote.

- d) Recruitment: Jane Kline is interested in joining the COD. Ms. Guthy has communicated with the Select Board's office. When Ms. Kline submits a completed application the COD can attach a letter of recommendation to the Town Manager for consideration. Recruitment will continue.
- e) Loring School Playground and Kay's statement at SPS School Committee Meeting regarding "switchback:" Ms. Kouchakdjian reported that the proposal for an accessible route from the cafeteria door near the front of the building to the playground near the back of the building is what was accepted. The accessible route between the upper and lower playgrounds has not been addressed. Some details of the accepted route (non-compliant steep slope at the egress from the cafeteria and the presence of a gate that currently blocks access to the path) must be resolved in the accepted design. Ms. Guthy added that funding (\$78,000) for it will appear as a capital project article at the next Town Meeting. Also that the 2017 plans submitted by an architectural firm for a project to update parking lot and walkways included a proposal for a switchback style ramp joining the two levels. At a school committee meeting a member had expressed that the ramp was not attractive. At a subsequent school committee meeting Ms. Bell used public comment opportunity as a private citizen to point out that a ramp is actually very attractive to a person with a mobility challenge.

Ms. Guthy noted that discussion at that school committee meeting revealed that there is some misunderstanding of the actual ADA requirements for equal access by way of

accessible paths to all elements of a facility, as was discussed at a recent training provided free by the Institute for Human Centered Design (IHCD) on federal law and state regulations as they apply to renovations. To provide more and specific information for those working on the playground project Ms. Guthy contacted David West and Meghan Dufresne of the IHCD who are leading the ongoing Self Evaluation and Transition Plan project in town, to see if the report for the Loring school site was available. They had provided contact information at the start of the Self Evaluation project and invited the COD to come to them with questions.

Mr. West reported that some draft reports for the Self Evaluation had been delivered to the Town. He said that he had been told that the COD had a “difficult history” with the Town and that the Town Manager said that IHCD are contractors, and that “the Town will control the flow of information” and provide the COD opportunity to express itself at the public comment period. Ms Guthy told Mr. West and Ms. Dufresne of the various positive and supportive relationships the COD has developed in the two years since reconstitution and of the collaborative work done on Town Meeting and Transportation to date. Ms. Guthy later spoke to the COD liaison from the Select Board, Ms. Roberts, about the comments related by the IHCD team to keep her up do date and continue the transparency the COD has practiced all along. Ms. Guthy expressed that what the “difficulty” is, is unclear to her. Ms. Kouchakdjian added that another project the COD worked on was the Town Hall renovation design project. Ms. Guthy noted that the COD was brought into that process because accessibility was one of the goals and the COD spent a great deal of time on that.

Ms. Kouchakdjian expressed concern that Mr. David Correia, Advocacy Director for the MetroWest Center for Independent Living (MWCIL) and Mr. Mark Dempsey, Access Compliance Inspector, City of Framingham, upon a site visit to Loring Elementary School in December offered opinions about what the law requires that are entirely different from the Town’s regarding access between the lower and upper playgrounds.

- f) Self Evaluation/Transition Plan project: Ms. Guthy stated that the COD efforts to seek additional accessibility information from the Self Evaluation report on the Loring School was made openly because Mr. Barletta, at the outset of the project and as recently as October indicated that information sharing was an option. Mr. Frey said he was surprised and did not understand where things have broken down. Ms. Guthy asked how the members want to proceed.

Ms. Kouchakdjian expressed that we need to make clear to others what the role of a Commission on Disability is, particularly education, i.e., the bringing forward of accessibility information. Ms. Guthy pointed out that the legislation states clearly what a COD’s role is and that it seems we need to establish clear lines of communication, which demonstrably we do not have.

Ms. Kouchakdjian asked if Jeff Dougan, Assistant Director for Community Services at the Massachusetts Office on Disability (MOD), had weighed in on the role of CODs in the Self Evaluation process. Ms. Guthy reminded that after discussion with Mr. Dougan in December and January he had informed us that a meeting with Sudbury Town officials to discuss inclusion of the Commission was to happen on the Monday prior to this meeting. She suggested the COD consider speaking directly to the Town Manager and/or the Select Board as to our role in the community and how it is viewed statewide and

federally. She said all we are trying to do is assist the town in fulfilling requirements under the civil rights law, the ADA.

Ms. Santangelo expressed that if we have something from the MOD that would help clarify our role to the town that would be good to share. Mr. Frey agreed that a face to face communication would be a good way to “clear the air” and simply state what our role is and ask what the Town Manager’s perception of our role is. Ms. Bell related that not long ago a Janie Dretler, Select Board, Chair, set up virtual meeting of Mr. Hayes, Ms. Dretler,, Ms. Guthy and herself. That meeting was a follow up to the set of questions we submitted about the Self Evaluation that had not been answered. Ms. Bell felt that after that meeting nothing seemed to change to improve communication. She suggested that the COD seek an opportunity to present a brief slide presentation with a basic explanation of the COD’s mission and role and see if that would jump start clearer lines of communication.

Ms. Kouchakdjian asked if the town yet has the full report. Ms. Guthy surmises that rough drafts have been delivered for examination and feedback or clarification from the town. Her understanding is that when rough drafts are adjusted and finalized the Select Board, we and the public will see the report, and we will be allowed to comment on it when the general public does. It was noted that effective communication is a requirement under ADA, Title II and that covers print, email, web and all communication. Ms. Bell read a passage from the ADA Title II Action Guide, published by the New England ADA Center, that says inclusion of people with disabilities in the Self Evaluation and Transition Plan is required and it explains the advantages of doing so. Ms. Guthy has sent Mr. Barletta a list of community organizations and venues that could be sent information about the Self Evaluation to elicit comments, but she has not heard back. Ms. Bell recalled that the Planning and Community Development Department has hosted numerous events in recent years to elicit community input on planning and projects, including the Master Plan, and she noted that the town really needs to invest some resources into making this project right. Members reiterated the connection between the mission of any COD and supporting the various Town building and renovation projects to assure their accessibility. Ms. Kouchakdjian re-stressed the value of educating town staff and volunteers about these issues to assure resources are best invested.

Ms. Guthy averred that the COD should meet with the Town Manager and the Select Board and prioritize that the COD needs to have an assigned town staff person to communicate and work with, as so many other town committees do, to improve communication and collaboration. Ms. Santangelo believes that the information the COD has been bringing forward to the town regarding specific conditions at locations and participation in processes is factual and needed by the town. The town is building buildings and renovating playgrounds and town officials and citizen ought to be concerned that the investments being made are done properly, so Ms. Santangelo is struggling to understand how this situation can be as it is. Ms. Kouchakdjian believes that the COD could seek further advice from Mr. Dougan. Ms. Bell suggested that it’s the obligation of the COD to go before the Select Board and the public and town officials to explain the core mission and purpose as a first step in educating all involved.

Mr. Frey concurred and indicated that this kind of difficulty is a classic part of obtaining inclusion. He explained some of the history of how disability awareness and rights have

progressed over many decades, with struggle. Ms. Kouchakdjian believes the Town needs to decide whether it wants to be inclusive or not, and that the law is clear on certain points including the creation of CODs. Regarding education, Ms. Bell explained that the presentation about ADA Title II delivered by Mr. Dougan to the Master Plan Steering Committee is nearly finished as an edited, less-than-one-hour training resource to be available on Sudbury TV. Ms. Guthy stressed that we don't want an adversarial relationship with anyone and that it is by collaboration that we can fulfill our assigned roll.

MSV Ms. Kouchakdjian moved and Ms. Santangelo seconded the motion: To authorize Ms. Guthy to contact Ms. Roberts, Select Board Liaison to the COD, to request a date certain to get on an upcoming Select Board meeting within 30 days to present a brief slide presentation to them with a subsequent discussion regarding the role of the Commission on Disability as it pertains to Town projects.

The motion carried unanimously.

7. Review of Draft of Goals of the Commission on Disability

Ms. Guthy requests that members review the Goals document that is in progress, including the way the goals are formatted including adding a task with concrete actions and timetable. The intent is that goals and objectives are stable, and the tasks are completed, reviewed, etc. She requests that members help build out the objectives and activities to make this a living document that will provide continuity for ourselves and future members.

...

Ms. Roberts expressed that she is not aware of what happened regarding the sharing of information about the Self Evaluation, that she regrets it and suggests that the COD reach out directly to the Town Manager to determine if there was a misunderstanding or not.

Ms. Bell requested that at our next meeting we determine our meeting schedule going forwarded.

Adjourn

MSV Ms. Bell moved and Mr. Frey seconded the motion to adjourn.
The motion carried unanimously. The meeting adjourned at 9:14 PM

A true copy attest: Kathleen (Kay) F. Bell
Meeting Recorder

April 8, 2021

Note: Attachments follow



Center for Public
Representation

Governor Charles Baker
Lt. Gov. Karyn Polito
Secretary Marylou Sudders
Acting Secretary Daniel Tsai
DPH Commissioner Monica Bharel
Attorney General Maura Healy
Senate President Karen Spilka
Speaker of House Robert DeLeo

January 25, 2021

Dear Governor Baker and other distinguished State officials:

We want to take this opportunity to thank the Administration, and the members of the Vaccine Advisory Group, for their work in developing and rolling out the Commonwealth's vaccine allocation and distribution plan. We appreciate the plans' response to concerns raised by members of this coalition in December 2020,¹ and specifically our requests to prioritize individuals in a range of criminal justice, institutional, and congregate care settings; providers of home and community-based services; and communities of color hard hit by the pandemic. Our coalition members are actively monitoring vaccine distribution in our respective communities. We are talking with affected individuals about the specific information they need to make an informed choice about vaccination, and the accommodations necessary to ensure they are afforded equal access to this opportunity. We remain open and willing to collaborate with the Administration and other state officials to develop resources and educational materials consistent with these needs.

With regard to current and upcoming phases of vaccine distribution, our members offer specific recommendations for further action by the Administration in the following areas: reaching individuals with multiple comorbidities; accessible vaccination sites and procedures; missing priority populations; and data collection and reporting. Each of these recommendations is discussed below.

Reaching individuals with multiple comorbidities

By the middle of February, 2021, vaccines should become available for individuals with two or more co-morbid conditions who are at high risk for COVID-19 complications. This stage of the Commonwealth's vaccination plan will be critical to protecting communities of color and persons with disabilities for whom such comorbidities are common.² However, important questions remain regarding how this aspect of the Commonwealth's plan will be implemented:

¹ See <https://www.centerforpublicrep.org/news/cpr-and-partners-weigh-in-on-massachusetts-vaccine-allocation-plans/>.

² See, e.g., Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S., SAMSHA (Submitted by OBHE), available at [covid19-behavioral-health-disparities-black-latino-](https://www.samhsa.gov/behavioral-health-disparities-black-latino)

- 1) How will the State identify qualifying individuals with conditions that place them at higher risk of complications from COVID-19?
- 2) What conditions, if any, will be considered for this risk assessment, above and beyond those enumerated by the CDC?
- 3) How will individuals with multiple disabilities or co-occurring conditions be accommodated at mass vaccination sites, or in other community provider locations approved to administer the vaccine?

There is no one strategy sufficient to reach all individuals who may be eligible for, and benefit from this prioritization. For that reason, we encourage the Commonwealth to adopt multiple strategies designed to work in concert. We make three specific suggestions below.

First, the Commonwealth should recognize serious mental illness, autism, and intellectual and developmental disabilities as conditions that have been shown to increase individuals' risk of serious complications and death from COVID-19.³ This would further supplement the CDC's list of health conditions that significantly increase risk of severe illness from COVID-19.⁴

Second, we encourage the Commonwealth to adopt a pathway that allows for other combinations of co-morbid conditions to be identified and considered in individual cases. This should include a process for individualized assessments of unique conditions that justify prioritization for vaccine allocation.⁵

To ensure a consistent approach to documenting these clinical assessments, the Department of Public Health could develop and make available an electronic COVID-19 vaccination referral form, which can be signed by the responsible physician or other medical professional and shared as part of scheduling a vaccination appointment. This form also could indicate whether the individual requires any specific reasonable accommodations from the provider site in order to access the vaccine.

However, this approach cannot be the only strategy for identification and referral of persons at significant risk from the virus. Low income individuals and people from communities of color

[communities.pdf](#); [Risk Factors for COVID-19 Mortality among Privately Insured Patients - A Claims Data Analysis - A FAIR Health White Paper.pdf](#), in Collaboration with the West Health Institute and Marty Makary, MD, MPH, November 11, 2020; [Intellectual and developmental disability and COVID-19 case-fatality trends: TriNetX analysis - ScienceDirect](#), Margaret A. Turk, MD, Scott D. Landes, PhD, Margaret K. Formica, MSPH, PhD, Katherine D. Goss, MPH, *Disability and Health Journal*, July 2020; [Increased risk of COVID-19 infection and mortality in people with mental disorders: analysis from electronic health records in the United States - Wang - 2021 - World Psychiatry - Wiley Online Library](#), QuanQui Wang, Rong Xu, and Nora D. Volkow, *World Psychology*, October 7, 2020,

³ See, e.g., *Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S.*, SAMSHA (Submitted by OBHE), available at [covid19-behavioral-health-disparities-black-latino-communities.pdf](#); [Risk Factors for COVID-19 Mortality among Privately Insured Patients - A Claims Data Analysis - A FAIR Health White Paper.pdf](#), in Collaboration with the West Health Institute and Marty Makary, MD, MPH, November 11, 2020; [Intellectual and developmental disability and COVID-19 case-fatality trends: TriNetX analysis - ScienceDirect](#), Margaret A. Turk, MD, Scott D. Landes, PhD, Margaret K. Formica, MSPH, PhD, Katherine D. Goss, MPH, *Disability and Health Journal*, July 2020; [Increased risk of COVID-19 infection and mortality in people with mental disorders: analysis from electronic health records in the United States - Wang - 2021 - World Psychiatry - Wiley Online Library](#), QuanQui Wang, Rong Xu, and Nora D. Volkow, *World Psychology*, October 7, 2020,

⁴ See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.

⁵ For example, New Hampshire's Vaccination Allocation Plan Summary includes the following statement with regard to identification of persons with two or more comorbid conditions: "[f]lexibility is provided for a health care provider to vaccinate any patient whose primary care provider assesses a significant risk for severe illness due to any multiple co-occurring co-morbidities." Division of Public Health Services, *Covid-19 Vaccination Allocation Plan Summary*, January 14, 2021, available at <https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/covid19-vaccine-allocation-plan-summary.pdf>.

often do not have ongoing patient relationships with physicians and health care providers who know their individual circumstances and who will prioritize them for the vaccine. Other members of our communities have faced discrimination, language, and insurance barriers that impede their access to care. For these reasons, we strongly recommend additional, targeted outreach as a third strategy in phase two of vaccine roll-out, and specifically forging partnerships with community leaders in cities and towns hardest hit by the virus, and whose members are at higher risk based by the CDC's Social Vulnerability Index. Through these partnerships, the Commonwealth can develop and share relevant information about vaccine distribution, including alternative ways for individuals with multiple medical conditions to demonstrate their eligibility for vaccination and secure appointments at local administration sites.

Accessible vaccination sites / appointment procedures

We understand that the Commonwealth is moving quickly to approve vaccination sites, and to ensure their qualifications to safely administer the vaccine. As part of this effort, it is essential that all approved locations also verify that they understand their obligations under State and federal law to provide physically accessible vaccine administration, and to make reasonable accommodations when necessary to ensure access by persons with disabilities.⁶ For instance, individuals with multiple, co-occurring conditions may be unable to stand in long lines, or need the support of a family member or other designed support person when the vaccine is administered. They may need accessible websites, or alternative methods for scheduling appointments, require interpreter services, or rely on adaptive equipment/assistive technology to communicate with staff sharing information about administration of the vaccine. Individuals who are experiencing difficulties accessing the appointment process or vaccination locations due to a lack of accommodations, should be provided a mechanism for reporting and resolving these access issues, and for filing complaints with responsible state agencies, including the Massachusetts Attorney General's Civil Rights Division.

Overlooked populations/settings in vaccine allocation

In addition to clinical flexibility, targeted outreach strategies, a process for identifying individuals' reasonable accommodation needs, and verification of vaccination sites' compliance with State and federal public accommodations law, we urge the Commonwealth to include caregivers of medically fragile youth under 16 years of age in phase 2 vaccine distribution. Many youth with multiple, comorbid conditions depend upon a family caregiver to provide hands-on personal care, feeding, and even delegated nursing tasks. Since these youth are not eligible for vaccination under the Emergency Use Authorization, vaccination of family caregivers provides them with some additional protection from infection and, more importantly,

⁶ Title II of the ADA prohibits public entities from excluding people with disabilities from their programs, services, or activities, denying them the benefits of those services, programs, or activities, or otherwise subjecting them to discrimination. 42 U.S.C. §§ 12131-12134. Implementing regulations promulgated by the United States Department of Justice (DOJ) define unlawful discrimination under Title II to include, inter alia: using eligibility criteria that screen out or tend to screen out individuals with disabilities, failing to make reasonable modifications to policies and practices necessary to avoid discrimination, and perpetuating or aiding discrimination by others. 28 C.F.R. §§ 35.130(b)(1)-(3), 35.130(b)(7)-(8). Title III of the ADA prohibits places of public accommodation from denying qualified individuals the equal enjoyment of their goods, services and facilities, providing separate or unequal benefits, or failing to make reasonable modifications in policies, practices, or procedures, unless such modifications would result in a fundamental alteration. Under Section 504 of the Rehabilitation Act, individuals may not be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance, including those principally involved in the business of health care. Section 1557 of the ACA also provides that no health program or activity that receives federal funds, nor any program or activity administered or established under Title I of the ACA, may discriminate against a person protected by Section 504. Finally, Massachusetts' Public Accommodation Law prohibits discrimination based on physical or mental disability, including restricting admission to and treatment by health care facilities. *See*, M.G.L. c. 272, §98.

protects the individuals they rely upon to remain in their homes and communities and out of more restrictive hospital or nursing home placements.

Also, in keeping with the joint letter sent to Secretary Sudders on December 22, 2020, we ask that the Commonwealth add site-based day and adult day health settings, and those who staff and attend those programs, to ongoing administration of vaccine to congregate care settings.⁷

Data collection and reporting

Finally, we urge the Commonwealth to utilize data collection strategies to inform its ongoing vaccine distribution efforts. Throughout the pandemic, public health data and analysis has helped the State to understand how different communities are affected by the virus. This information is critical to targeting and tailoring outreach strategies, and necessary to rectify disparities in our health care delivery system and ensure equitable access to the vaccine.⁸

Thank you for your consideration of these time sensitive recommendations. Any questions can be directed to Kathryn Rucker at krucker@cpr-ma.org.

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⁷ Advocates letter on MA Vaccine Prioritization and DDS Funded Congregate Day Settings, available at <https://thearcofmass.org/wp-content/uploads/2021/01/IDD-Vaccine-Letter-12-22-20.PwDRequest.pdf>.

⁸ See, The Leadership Conference: CIVIL RIGHTS PRINCIPLES FOR COVID-19 VACCINE DEVELOPMENT AND DISTRIBUTION, available at <http://civilrightsdocs.info/pdf/policy/letters/2020/covid-19vaccineprinciples12920.pdf>.

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The Commonwealth of Massachusetts Executive Office of Health
and Human Services *One Ashburton Place, 11th Floor Boston, Massachusetts
02108*

DATE: Friday, January 29, 2021

TO: Essential caregivers of individuals in the following programs:

- • Community Case Management (CCM) managed by MassHealth
- • Medical Review Team (MRT) managed by DPH
- • Care Coordination Program Level 3 managed by DPH
- • Pediatric Palliative Care Network managed by DPH
- • Medically Complex Programs managed by DDS
- • Intensive Family Support managed by DDS
- • DESE Program managed by DDS
- • Autism Waiver Program managed by DDS

RE: Home-based Healthcare Worker COVID-19 Vaccine

To Whom It May Concern:

Massachusetts operates several specific programs for the Commonwealth's most medically complex individuals. These individuals require skilled services, reside in their home or the community, have been determined by the state (either by MassHealth or another State Agency) to be at Nursing Facility of Institutional Level of Care based on a disability or medical condition(s), **and** require support from unpaid essential caregivers where the essential caregiver cannot reasonably self-isolate or quarantine without transferring the medically complex individual to an institutional setting of care. For purposes of the Massachusetts COVID-19 vaccine prioritization, paid and unpaid caregivers directly caring for individuals in the below programs are considered "home-based health care workers" and are prioritized for the COVID-19 vaccination within Phase 1.

This specifically includes individuals enrolled in:

- • Community Case Management (CCM) managed by MassHealth
- • Medical Review Team (MRT) managed by DPH
- • Care Coordination Program Level 3 managed by DPH
- • Pediatric Palliative Care Network managed by DPH
- • Medically Complex Programs managed by DDS
- • Intensive Family Support managed by DDS
- • DESE Program managed by DDS
- • Autism Waiver Program managed by DDS

The purpose of this communication is to clarify that for purposes of the Massachusetts COVID-19 vaccine prioritization, paid and unpaid essential caregivers directly caring for the individuals in the above programs are considered "home-based health care workers" and are prioritized for the COVID-19 vaccination within Phase 1. All Phase 1 health care workers are currently eligible to sign-up and receive the vaccine.

To sign up for a COVID-19 vaccine, home-based health care workers, including the essential caregivers supporting individuals in the above programs, should follow the below steps.

Step 1:

Look for vaccine locations and search for available appointments. Link: <https://www.mass.gov/info-details/covid-19-vaccination-locations-for-individuals-in-eligible-groups-and-phases>

Step 2:

After you pick a site, visit that vaccine location's website. The location's website will prompt you with its own set of instructions on how to make an appointment.

Step 3:

Fill out a self-attestation form and be ready to present it at your appointment. The attestation form is used to demonstrate you are eligible for the vaccine. The form asks you to identify which priority group you belong to. You are eligible under the category titled, "I am a health care worker (clinical or non-clinical), including in home care worker". It can be filled out online or filled out and printed as a PDF. On the day of your appointment, either show the confirmation email or bring the printed PDF. Link: <https://www.mass.gov/forms/covid-19-massachusetts-vaccination-attestation-form>

Step 4:

On the day of your appointment, vaccination sites will likely ask for an insurance card and identification upon arrival. While the vaccination is free whether or not you have insurance, you should bring your insurance information if you have it. You should also bring identification that includes your name. Additionally, remember to bring the self-attestation form and you are encouraged to bring this letter with you to the appointment.