

COVID-19 Weekly Industry Updates

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Parkinson: Nursing Homes ‘Feel Like We’ve Been Forgotten’ During COVID-19 Crisis

Written by: James M. Berklan

4/10/2020

Nursing homes, not hospitals, are the “front line” in the battle against COVID-19, and they desperately need help getting more protective masks and testing to halt the deadly spread of the novel coronavirus, Mark Parkinson, head of the largest U.S. nursing home association, told a CNN audience Thursday afternoon.

“What we now need is the country to rally around nursing homes and assisted living buildings the same way it has around hospitals and get us the equipment and the tests we need.

“We feel like we’ve been forgotten,” the president and CEO of the American Health Care Association and National Center for Assisted Living confirmed to CNN Newsroom host Kate Bolduan. “I think it’s great the way we’ve rallied around the hospitals. We adore the hospital workers. They’re heroes and we completely support that, but the frontlines are nursing homes. The people who are going to the hospitals are coming from nursing homes.

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“If we don’t stop it in nursing homes, we’re not going to stop it in hospitals. So far, the country just hasn’t figured that out.”

‘Two hands tied’

Parkinson first got the nation’s attention a month ago during the early days of the outbreak when he told Bolduan that “COVID-19 is almost a [perfect killing machine](#)” for the elderly. On Thursday, he said some progress had been made but huge hurdles still remain.

The other “hand” is a lack of complete testing.

“We can get tests, but it’s taking too long to get the results back, so oftentimes by the time we know we have COVID in our building, it’s already spread,” Parkinson said.

“The really good news, though, is that we now have many examples of buildings able to keep COVID out or, more important, if they can find out early on that COVID’s in the building, they can isolate it.”

While personal protective equipment shortages can be at least partly attributed to interrupted manufacturing in China, “Somebody’s going to have to figure out what went wrong with testing in the United States. The reality is there hasn’t been enough equipment or testing for anybody in the healthcare spectrum,” Parkinson said.

Don’t pull loved ones

Bolduan asked Parkinson if he agreed with the Los Angeles County public health director who said Tuesday that it would be “[perfectly appropriate](#)” to pull loved ones from long-term care facilities.

“In the overwhelming number of cases, that would be a huge mistake,” Parkinson responded, citing the advanced age, shortcomings in activities of daily living and high incidence of dementia in the nursing home population. “They simply can’t be isolated at home. They are in a safe environment in a long-term care facility — if the equipment is there to take care of them adequately. In the vast majority of those cases, bringing those folks into the general population would be very dangerous right now.”

Time to ‘overreact’

The CNN host also drew on Parkinson’s perspective as a former governor of Kansas. Republican legislative leaders there overrode the current governor’s call to maintain social distancing and not gather in groups for Easter services this weekend.

“We need governors to ‘overreact’ right now, not underreact,” Parkinson said. “When we look back on the history of this, we’ll see that the governors ... who shut their states down before it was obvious, when there were very few numbers of cases in their state, I think they will be the real heroes. They will have saved lives not just across the state but also in nursing homes and throughout entire communities.”

Parkinson acknowledged that “it gets tricky any time religion is involved” but said there are clearly times for exceptions to usual practices.

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“Easter is about sacrifice and life,” he said. “We have a chance this Sunday to not just celebrate Easter, we have a chance to live it, by all of us making our own sacrifice, creating life. I encourage everyone to stay at home and do that.”

McKnight's LONG-TERM CARE NEWS

CMS Proposes 2.3% Medicare Raise for Nursing Homes

Written by: James M. Berklan

4/13/2020

Nursing home operators are in line to receive an aggregate \$784 million Medicare boost next year, if a federal proposal released Friday remains unchanged. It would amount to a 2.3% net increase starting Oct. 1, 2020, the start of the 2021 fiscal year.

“With an all-in margin of -0.3 percent, there are still real challenges for skilled nursing providers. However, this increase gets us headed in the right direction,” said Mark Parkinson, president and CEO of the American Health Care Association in a statement.

A CMS fact sheet on the proposals can be found [here](#), while the proposed rule itself can be found [here](#). CMS will be taking comments on the proposals until June 9.

The proposed pay rate increase is 2.7% for the market basket update, but that is to be offset by a 0.4% reduction for multifactor productivity adjustment.

CMS also said it wants to apply a 5% cap to wage index increases. That will be informed by revised geographic delineations used to identify a provider’s status as an urban or rural facility.

ICD-10 code mapping also would be changed slightly under the Patient Driven Payment Model, the agency said in announcing the proposals late Friday afternoon.

In addition, the rule includes minor administrative proposals related to the SNF Value-Based Purchasing Program, the agency said. Specifically, CMS hopes to align text with previously finalized policies in order to apply the 30-day Phase One Review and Correction deadline to the baseline period quality measure quarterly report, “and to establish performance periods and performance standards for upcoming program years.”

The agency is not proposing any changes to the measures, SNF VBP scoring policies or payment policies.

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Nursing Home Staffing Strain Could Hit ‘High Point’ This Week as COVID-19 Crisis Rages

Written by: Alex Spanko

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As the COVID-19 pandemic continues to sweep through the nation’s nursing homes, the industry’s already strained workforce could soon reach a new breaking point as caregivers become sick themselves — or fear spreading the virus to their loved ones.

The staffing crisis hit the national media last week, when a nursing home in Riverside, Calif. was forced to evacuate more than 80 residents after a large group of employees missed work on consecutive days, [according to multiple reports](#).

Leaders at companies that provide temporary staffing for skilled nursing facilities say the true workforce troubles are only just beginning.

“I can guarantee you that stress is going to be hitting the high point in the next week or so,” David Coppins, co-founder and CEO of nurse staffing software company IntelyCare, told SNN last week.

While stories of outbreaks and deaths at nursing homes have dominated the news for weeks now, the post-acute setting’s position in the health continuum — particularly as a destination for hospital discharges — could mean that the worst is yet to come.

“There’s definitely a lag from what you see happening in communities on the acute side,” Matt Levesque, CEO of connectRN, said. “It seems like the skilled nursing facilities are about two, three weeks behind what you see in any city from the acute perspective.”

Even before COVID-19 began spreading quickly through nursing homes around the country, operators had long grappled with staffing shortages, and workforce development representing something of a perpetual, intractable challenge in the industry.

But the coronavirus added to that already daunting challenge on multiple fronts.

First, younger and relatively healthy caregivers can serve as unwitting vectors of the disease: An early analysis of an outbreak at a facility in Kirkland, Wash. from the Centers of Disease Control & Prevention (CDC) determined that the [sharing of staffers across multiple buildings](#) helped to hasten the virus’s spread.

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Based in part on the CDC's findings, the most recent guidance from the Centers for Medicare & Medicaid Services (CMS) [requires nursing homes to use dedicated teams](#) to care for the same groups of residents — both so the workers don't spread COVID-19 throughout a facility, and so they can more closely monitor specific residents for signs of viral infection. This adds another layer to nursing homes' staffing struggles, reducing operators' flexibility when looking to fill gaps in shifts.

Finally, there's the human toll of COVID-19 on nurses and other caregivers, who must go into work every day knowing that they could potentially contract the disease and perhaps spread it to members of their household.

A survey of more than 1,100 nurses in IntelyCare's system, conducted earlier in the crisis, found that 60% were unconcerned about the virus and would not change their work habits — but more than a quarter said they would either work less or not at all due to safety concerns.

A little under 15%, meanwhile, said they'd actually work more, given the potential for more available hours and a desire to help during the crisis.

In addition, about 38% indicated that they would reduce the number of sites where they provide care, focusing only on "a limited number," while around 17% said they were "very concerned" and would only take shifts at one or two facilities.

Aside from fears over contracting COVID-19, the logistical strains on caregivers will continue to grow as strict social distancing measures enter their second month. With schools closed and governments urging people to stay home as much as possible, nurses and other workers with children may not be able to find child care options, forcing them to stay home and out of the workforce.

"You're going to see, on the margins, a lot of people not being able to work, and not being able to show up for work," Charles Turner, CEO of Kare — an app that pairs workers with shifts at senior housing and care facilities — said.

Kare, which recently expanded its footprint to include more markets in its home base of Texas in response to the COVID-19 crisis, conducted a similar survey of its workforce — and found that around a third cited "logistical hurdles ... that will prevent you from or limit your ability to work," Turner said.

But the nursing labor pool has both entrances and exits amid COVID-19, according to Levesque.

While his company, which also provides an app that matches facilities with available nurses, has seen workers leave the platform due to logistical issues at home, some are coming back after extended periods away.

"We're definitely seeing re-engagement," Levesque said. "We're seeing nurses who maybe had not worked on our platform for two years, all of a sudden, are back and working."

To retain existing workers, and potentially entice nurses to come back into the workforce, connectRN implemented hazard pay for anyone who picks up shifts at a facility with COVID-19 cases. The platform also allows facilities to create dedicated coronavirus shifts, helping them comply with CMS guidelines while providing full disclosure to nurses before they arrive on site.

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“Overall, our nurse pool continues to grow, and you continue to see very vigorous engagement, but I do think you have a mix,” Levesque said. “Some folks are coming back off the sideline, and unfortunately, you have some folks who need to put themselves on the sideline and remove themselves from the situation just because of their own personal situation — which is completely understandable.”

That growth of the labor pool is vital as the need for their services has spiked: connectRN has seen a 50% increase in demand for hours on its platform, according to Levesque.

At IntelyCare, Coppins also confirmed that demand has grown, though he noted that not all operators have turned to outside staffing to help beat back the tide.

“It’s binary in terms of how they’re approaching it,” Coppins said. “They’re either taking the extreme of no outside help, or they’re taking the other extreme of: ‘Give me all the help I can get.’”

For instance, one IntelyCare client that had previously used the platform to fill 1,500 hours per week abruptly stopped in favor of in-house staff only, in part based on fears of temporary workers spreading the virus.

But for other providers in other areas, the need is acute and immediate.

“They are in desperate need, and a lot of their own staff is out — because they’re sick, or they’ve been directly exposed outside of their facility, and so they have curtailed their involvement,” Coppins said. “We end up with massive increases in demand in some areas and reduced demand in other areas.”



Operators, Workers Should be Protected from COVID-19 Lawsuits, Association Says

Written by: Lois A. Bowers

4/13/2020

Assisted living communities, skilled nursing facilities and other long-term care and healthcare entities, and the people who work for them, should be “protected from liability” for treating anyone with COVID-19 during the current pandemic, the Florida Health Care Association said in an [April 3 letter](#) to Sunshine State Gov. Ron DeSantis.

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The letter was reported on over the weekend by local and national media outlets. The request is one of the first of its type related to the pandemic to be made of a state government, [BuzzFeed](#) reported, adding that DeSantis is considering it, although a final decision has not been made.

“Any immunity granted should not apply if damages were caused by an act or omission constituting willful or intentional criminal misconduct, gross negligence, reckless misconduct, or intentional infliction of harm by the health care facility or health care professional providing health care services,” FHCA Executive Director J. Emmett Reed, CAE, recommended in the letter. “[H]owever, acts, omissions, or decisions resulting from a resource or staffing shortage shall not be considered willful or intentional misconduct, gross negligence, reckless misconduct, or intentional infliction of harm.”

FHCA spokeswoman Kristen Knapp told BuzzFeed that workers “should not have to worry about being sued for making tough decisions while trying to comply with government directives.”

As of Sunday, according to [state data](#), there were 19,337 cases of COVID-19 in Florida, 905 of which involved long-term care residents or staff members.

In other coronavirus-related news:

- A federal judge in Florida ruled Thursday that former assisted living and nursing home owner Philip Esformes is not at acute risk during the COVID-19 pandemic due to his asthma and therefore must remain in prison, [Law360](#) reported. Esformes is appealing a [20-year sentence](#) and awaiting a possible retrial after being [found guilty](#) last year on more than 20 counts, including bribery and paying kickbacks, in what government officials [described in 2016](#) as “the largest single criminal healthcare fraud case ever brought against individuals by the Department of Justice.”
- Argentum said Friday that it remains focused on advocating for the senior living industry to ensure industry access to some of the funds that are yet to be distributed from the Public Health and Social Services Emergency Fund via the CARES Act. The Department of Health and Human Services announced Friday that the first \$30 billion in funds will target hospitals and providers that received Medicare fee-for-service reimbursements in 2019. “CMS has noted that the administration is working diligently on the plans for the remaining \$70 billion, which could be released within the next 10 days,” Argentum said.
- Kentucky state government officials have formed a [10-member task force](#) of healthcare professionals with long-term care experience to advise them on how to stop the spread of COVID-19 in assisted living communities and nursing homes, [forwardky.com](#) reported Saturday. Approximately two dozen facilities have had positive cases of the disease, including some deaths.
- In California on Friday, Gov. Gavin Newsom said the state would take [more steps to protect residents and workers](#) at assisted living and skilled nursing facilities, including training and deploying 600 nurses to support compliance with COVID-19 guidance and assist facilities with positive cases, prioritizing personal protective equipment to facilities with COVID-19-positive staff members or residents and facilities that are at increased risk to COVID-19, and offering no-cost or low-cost hotel rooms for workers who have

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had possible exposure to COVID-19 or who test positive for COVID-19 and do not need to be hospitalized.

- In North Carolina on Thursday, Gov. Roy Cooper mandated new [risk mitigation measures](#) for skilled nursing facilities and said he “strongly encourages” other types of long-term care facilities to follow them as well. The measures include canceling group meals and activities, taking employee temperatures when they enter the building, requiring specific personal protective equipment in facilities, and requiring the close monitoring of residents for COVID-19 indicators, such as body temperature.
- In Texas, Gov. Greg Abbott on Thursday announced [emergency rules](#) for long-term care facilities that went into effect April 3. For assisted living, the rules describe essential service providers who can enter buildings, require temperatures to be taken of anyone entering a building, and prohibit anyone from entering a building if they show symptoms of COVID-19.



PPE, COVID-19 Testing Could Depend on Provider Reporting, Associations Say

Written by: Lois A. Bowers

4/13/2020

Two large national associations representing long-term care operators on Saturday emphasized the importance of communicating COVID-19 information to authorities and community residents and their family members as well as staff members.

Assisted living communities and skilled nursing facilities should notify their state survey agencies about residents and staff members who test positive for COVID-19, American Health Care Association / National Center for Assisted Living President and CEO Mark Parkinson said Saturday. AHCA / NCAL also encouraged providers to share the information with the Centers for Disease Control and Prevention, the Federal Emergency Management Agency and the Centers for Medicare and Medicaid Services.

“We believe this information can help identify long-term care providers who are most in need of testing and [personal protective equipment] resources,” Parkinson said.

LeadingAge President and CEO Katie Smith Sloan issued a similar message. “We fully expect that consistent reporting of cases will lead to adequate and timely access to PPE and testing,” she said.

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Additionally, AHCA / NCAL said, providers should notify all residents, families and staff members when a community has its first confirmed case of COVID-19.

Sloan made a similar recommendation. “Because COVID-19 impacts the people we serve, it is crucial that our members maintain transparent communication about positive cases with staff, residents and families,” she said. “Our members are on the front line caring for a vulnerable population.”

Operators ‘desperately need PPE’

Approximately 90% of PPE in the national stockpile now has been distributed to state and local governments for them, in turn, to distribute how they determine is appropriate, according to [a document](#) released last week by the House Committee on Oversight and Reform. Senior living and care companies are looking elsewhere as well.

Operators “desperately need PPE,” AHCA / NCAL told McKnight’s Senior Living. “We are concerned about the nursing homes and assisted living communities that are exhausting their PPE supplies, and that is why we are calling for everyone to assist, including partners in other industries who may have PPE and the public, to do everything they can to assist us at this time,” the organization said.

The American Seniors Housing Association told McKnight’s Senior Living that lack of PPE and the “astronomical” increase in equipment costs have been “problematic” for operators across the country. “When Congress goes back and forms a commission to look at what went wrong with COVID-19, the inadequacy of PPE will surely be identified as a major problem along with the lack of testing capacity,” the organization said.

The CDC has a PPE [burn rate calculator](#) and [optimization strategies](#) on its website, Janine Finck-Boyle, LeadingAge vice president of regulatory affairs, told McKnight’s Senior Living.

“When you’re trying to make sure your staff have the equipment that’s needed, your residents have it, you’ll go through it pretty quickly,” she said. LeadingAge members, Finck-Boyle added, have been looking to multiple sources for PPE, especially masks.

Argentum said it continues to advocate for priority access to PPE for senior living operators. “This includes collaboration with our state partners and reaching out to governors (and by extension, state health commissioners), the U.S. Conference of Mayors, the National Association of Counties and the National Association of County and City Health Officials to share our concerns,” the association told McKnight’s Senior Living.

One state that prioritizes senior living

One state government that has prioritized senior living and skilled nursing for PPE is Arizona, Karen Barno, president and CEO of the Arizona Assisted Living Federation of America, told McKnight’s Senior Living. Arizona, according to [azcentral.com](#), has received approximately 75% of its allocation from the national stockpile.

Gov. Doug Ducey (R) is “very pro-senior” and pro-veteran, Barno said, noting the state’s large senior population. Both groups, she said, were “pushed to the front of the line” for PPE.

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“There are 35,000 beds in assisted living in Arizona,” Barno said. “That’s caring for a lot of seniors.”

Arizona ALFA, with assistance from Argentum, has been educating legislators and regulators about assisted living — “lobbying hard” — for the past couple of years, she said. “And then when we could see the pandemic taking place across the country and knowing that assisted living did not have a lot of PPE on hand at that moment, we knew we needed to hurry up and be able to receive PPE,” she said.

“We have a partnership with our nursing home association, LeadingAge and Arizona ALFA, which is one of the positive outcomes,” Barno added. “We’re all working as a team, putting our seniors first and how we care for our seniors, how can we make sure we have staffing for our seniors and more importantly, how do we protect our seniors, and that’s where the PPE comes in.”