

COVID-19 Weekly Industry Updates

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CDC COVID-19 Prevention Messages: Mini Webinar Series for Long-Term Care Staff

The CDC wants to keep everyone in the healthcare field up-to-date on the best care practices to keep the COVID-19 virus contained and slow the spread in this critical time frame. See below for all of the current options for webinar topics and sessions.

5/6/2020

Trainings for nursing home and long-term care facility staff to protect residents from COVID-19

CDC has launched a new mini webinar training series for frontline long-term care and nursing home staff. This series of 5 short webinars reviews basic infection prevention steps including: proper use of personal protective equipment (PPE) and facemasks, how and when to perform hand hygiene, how and when to clean surfaces, and the need to check residents and staff daily for symptoms of COVID-19. Learn more about your role in protecting residents and keeping COVID-19 out of your facility.

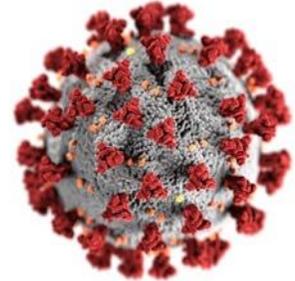
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Webinar Series:

- [Sparkling Surfaces](#)
- [Clean Hands](#)
- [Closely Monitor Residents](#)
- [Keep COVID-19 Out!](#)
- [PPE Lessons](#)

Keep COVID-19 Out

COVID-19 Prevention Messages
for Frontline Long-Term Care Staff



For more information: www.cdc.gov/COVID19

Additional Resources:

- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- Additional Guidance for Nursing Homes and Long-Term Care Settings:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs):
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html>
- Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-checklist.html>

McKnight's
SENIOR LIVING
News, perspective and analysis

Editorial: Ready to Take Stock of Senior Living?

Over the past few months, senior living has taken a lot of turns because of the struggles as a result of COVID-19, but staying the course is imperative. No matter the changes that take place or the challenges that lie ahead, there are ways to overcome and remain strong in senior living.

Written by: John O'Connor

5/7/2020

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By some estimates, Warren Buffet has amassed a personal fortune that exceeds \$86 billion.

Apparently, the money piles up quickly when you run a company (Berkshire Hathaway) that can deliver an annual compound gain of 20.3% over 55 years.

One of Buffet's favorite investment strategies is to fund otherwise sound companies that suddenly are struggling — preferably for reasons that are external and temporary.

By that standard, it would appear that Disney stock is quite a bargain these days. With its amusement parks closed and its money spigot largely turned off (thanks to an ongoing pandemic), Disney is taking a financial pounding. Which means old Warren is probably gobbling up its shares by the truckload right about now.

You know what other sector might also be a hidden bargain? Senior living. And no, I have not been drinking.

To be sure, COVID-19 is shaking the sector to its core these days. Some analysts even are predicting the field might not survive — and that major strategic and tactical adjustments will be needed, regardless.

It's easy to see why many experts are anything but bullish. For starters, thousands of pandemic-caused deaths in this sector are nothing short of a national tragedy.

Nor is it a secret that many operators are paying through the proverbial hind teeth to acquire personal protective equipment and workers. And for as much as many operators would prefer otherwise, this remains a needs-driven business. By any reasonable standard, this is not a happy or easy time for this field.

So why am I so optimistic? Actually, I just explained why. It's a needs-driven enterprise. And not just for the well-rehearsed reasons.

We all know residents need the three Cs senior living provides: care, compassion and companionship. But here's the dirty little secret that just about nobody talks about: Senior living often acts as a relief valve for spouses and children on their last nerve. Both often need more than a temporary break from their increasingly dependent spouses and parents.

I recently spoke with a friend who spends a lot of his time and considerable fortune investing in things. He happens to include senior living holdings in his enviable portfolio. When asked whether he planned to keep things that way, he had a one word reply: absolutely.

His rationale: Even children who dearly love their parents rarely want to live with them. The way he sees it, fearful and / or exasperated next of kin will continue to be major market-drivers. It's as simple as that.

Will the post-coronavirus normal be different for senior living? In the short term, there's no doubt. But let's say a vaccine or, better yet, a cure emerges. The outlook could sweeten as quickly as it soured.

To be sure, investing in the senior living sector involves risk. That perennial advice has never been truer than right now. But it's the kind of gamble the Oracle of Omaha surely could appreciate.

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Coronavirus Pushes Senior Living and Care to Make Choices on Telehealth

Telehealth can play a huge role in the way that we keep the COVID-19 virus at bay. There have been tremendous advances in the software as well as the applications. More and more seniors feel comfortable with being assessed by a doctor or a nurse by telehealth methods, and this article gives tips on implementation and follow-through with clients.

Written by: Jared Darlington

5/4/2020

March 17, the Centers for Medicare & Medicaid Services announced that Medicare will pay for telehealth services provided to beneficiaries “in any healthcare facility and in their home” and won’t enforce the established-relationship rule.

COVID-19 has caused a significant number of deaths, and because there still is much to learn about it, the uncertainty scares both residents and the general public. Healthcare workers within the independent living, assisted living and skilled nursing segments do not have all the answers. Despite the changes occurring every day, understanding telehealth must be a priority within your organization, at the very least during this crisis.

Telehealth can be helpful in evaluating residents and patients in senior living and care settings to decide who needs to be seen in the hospital or an alternative setting such as an urgent care center or who needs to be isolated to prevent the spread of what so far has been an extremely contagious virus. Beyond evaluation, telehealth can provide care that is commensurate with the acuity and nature of the symptoms and help you make referrals as needed. This helps with infection prevention and control. Telehealth also can be used to reassure residents who are found not to have the virus. All without residents having to leave the community, where they could be exposed to further illness.

Another factor to keep in mind is the potential for telehealth to help in providing routine care for other conditions and to offset coronavirus fears in your resident population. Residents have other healthcare needs unrelated to coronavirus, but many are afraid to go to a healthcare setting because they fear catching the disease.

Many varieties of telehealth exist. It can be used to connect a physician or other provider with a resident or patient in the community or can be used for provider (specialist)-to-provider consultations in remote areas. It can be available via smartphone or tablet, and telehealth carts also exist in healthcare settings and can be used not only to import care but also to limit healthcare operators’ exposure to the virus when used in an isolation room.

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Although video interactions are the most common, even informed telephone calls, synchronous chatting for therapy and asynchronous secure messaging for ongoing communications are possibilities.

Now that there is real-world evidence to support the use of telehealth, how can this work in your organization? Telehealth can work in all sizes and types of senior living and care segments to generate census and move-ins, keep costs down, maintain resident loyalty and provide the type of service that residents increasingly prefer.

Here are some best practices to enable you to make your telehealth program successful and avoid some common mistakes.

Have clear goals

Sit down and think about the goals you have for your telehealth program right at the outset. Define clear goals with objective measurements. Consider how you want your telehealth program to affect census / move-ins, resident satisfaction, staff efficiency, resident retention, prospective and new residents, and any other measurements that are important for your organization.

Is your goal to imbed telehealth within the processes you already have in place or do you see telehealth as a simple offering?

Foster employee buy-in

Telehealth will have an effect on several functions within your organization, so it is a good idea to get several people involved in the rollout of your program. If staff members are engaged early and have the opportunity to help shape the program, then they will feel more invested in its success and take ownership.

Consider assembling a task force that includes staff members who will be using telehealth, available technical resources and a team from other business functions that might be able to assist. Gathering feedback and suggestions during the early stages of decision-making can help minimize issues and stumbling blocks later.

Become an expert on requirements in your state

State laws and payer policies about telehealth reimbursement vary widely, and as of today, they are a moving target. And over the past several days, we have seen CMS make considerable and impactful changes that can directly benefit senior care segments. Understanding how you can use telehealth and how you can be reimbursed will help shape your organization's goals and successes.

Find the right vendor / partner

A variety of telehealth technologies are available. Any solution you consider at the minimum should:

- Be easy for residents and staff members to use.
- Create benefits of time savings and not additional staff time to use.
- Be secure and HIPAA-compliant.

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- Integrate with your electronic medical record or electronic health record. Integration needs to be seamless with your current systems.

Have the ability to grow and adapt to the changes in resident care in the future. The worst technology is the technology that cannot be upgraded to the latest changes in the healthcare markets. Pick a vendor / partner that has a history of being able to change its product offerings to meet the ever-changing needs of the senior living and care markets.

Promote to residents and overall market

Make sure that your residents know that video visits are an option for them. Consider posting signs in the office, sending an email or mentioning it during every in-person encounter. Even if residents don't immediately embrace the approach, knowing that it is an option may help keep them loyal in the face of increasing competition.

Telehealth has been mentioned a great deal in the national news over the past month or so, and prospective residents and families are going to want to know whether your organization has embraced and used it. If you have, then consider promoting it to future residents in marketing materials.

Ask for feedback

Whenever you introduce something new to your staff and residents, it is essential to gather their feedback. Think about the best way for you to get the insight of both groups and integrate their best ideas into your program. This will breed ownership and ownership breeds compliance.

Measure success against your goals — and update

Once you have incorporated telehealth, remember to check in with your goals from time to time. You may need to tweak your program or your goals after you get started. It also is essential to recognize and reward your team when goals are met or exceeded.

Telehealth has the potential to change your organization for the better in several ways, so it is smart to introduce it with much thought. It can shape your organization, strengthen your referral sources and provide more exceptional resident care for years to come. Understanding and preparing your organization for the process of implementing any new telehealth program can be the difference between success and failure.



[LTC Defers 7% of April Rent Amid COVID Strains](#)

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Many adjustments have to be made by the Skilled Nursing sector to keep patients at their facilities. Some facilities are offering a cut in rent to ensure that those with the most financial hardships can stay in place. Read more to find out about these decisions.

Written by: Maggie Flynn

5/4/2020

LTC Properties (NYSE: LTC), the first major senior care real estate investment trust (REIT) to report its first-quarter earnings, had to cut rent for its tenants by 7% amid the fallout of the COVID-19 pandemic — and in the meantime filed a lawsuit against a troubled tenant over ownership changes.

LTC collected the majority of rent for April from its operating partners, which include both senior housing and skilled nursing providers, but it granted approximately \$772,000 in rent deferrals to six operators, LTC executive vice president and chief investment officer Clint Malin said on the REIT's Monday morning earnings call.

The majority of these operators, however, were senior housing providers, he added.

The total deferrals were about 7% of contractual rent for April, and \$137,000 of the deferred rent has already been repaid to LTC, Malin said.

“We may deliver additional rent assistance in May on an as-needed basis,” he said on the call. “We are not anticipating an across-the-board rent deferral program. Instead, we are working closely with our partners to help them where we are needed most.”

The deferred rent for April came to about 25% of the contractual rent on average for the operators who received deferrals; there was one rent deferral for May that was given in conjunction with the deferral in April, Malin noted on the call.

But LTC has collected about 55% of the rent due for May to date — May 1 was Friday — and Malin added that some of the rent wouldn't be due until the 15th of the month.

During the time period from April 18 to April 29, 93% of LTC's operators were able to provide COVID-19 data; within that window, LTC reported that 35 of its 185 properties had positive COVID-19 cases, LTC president and CEO Wendy Simpson said on the call.

While supplies are starting to trickle in and the critical shortages of personal protective equipment (PPE) are beginning to ease, the costs of COVID care still remain a problem.

“You have all heard of the widespread problem in acquiring sufficient PPE and sanitizing supplies, and the lack of these protections likely contributed to the initial high incidence of additional contagion,” she said. “As this crisis persists, these supplies are becoming less scarce, but shortages remain, and the costs have increased beyond anyone's estimation.”

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LTC reported net income of \$63.4 million, or \$1.60 per share, for the first three months of 2020, compared with \$20.3 million, or \$0.51 per share, in the year-ago period.

LTC noted that [it sold the Preferred Care portfolio](#), which had caused headaches for the REIT over several years.

The Westlake Village, Calif.-based REIT also acquired a 140-bed SNF in Longview, Texas, for about \$13.5 million, and entered into a 10-year master lease with an initial cash yield of 8.5%, escalating 2% annually with two five-year renewal options.

Skilled Nursing News

Under Interim Final Rule, Mandatory COVID-19 Reporting for Nursing Homes to Begin This Week

As of this week, a new rule will require that operators be upfront with their disclosure of COVID-19 cases to residents, families, and their representatives. In order for infection rates to slow, the proper measures must be put in place to protect the general public.

Written by: Alex Spanko

5/3/2020

The Centers for Medicare & Medicaid Services (CMS) on Friday released an interim final rule that, among other provisions, will require nursing homes to begin reporting detailed COVID-19 information to the federal government this week.

While CMS and the Centers for Disease Control & Prevention (CDC) had [previously announced the requirement](#) — after weeks of pressure from providers, lawmakers, and resident advocacy groups — [the Friday rule](#) marks the formal start of the process.

The nation's more than 15,000 nursing homes will be required to submit weekly data about confirmed and suspected COVID-19 infections and deaths at their facilities, with the first round due no later than May 8, [according to an analysis of the rule](#) from the American Health Care Association.

“We believe that these reporting requirements are necessary for CMS to monitor whether individual nursing homes are appropriately tracking, responding, and mitigating the spread and impact of COVID-19 on our most vulnerable citizens, personnel who care for them, and the general public,” CMS wrote in the rule. “The information provided may be used to inform residents, families, and communities of the status of COVID-19 infections in their area.”

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Providers will be required to submit the data through the CDC's National Healthcare Safety Network (NHSN) platform; operators can register their facilities, and also submit large batches of information for multiple properties at once, [through a dedicated long-term care portal](#).

"The report includes, but is not limited to, information on: suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19; total deaths and COVID-19 deaths among residents and staff; personal protective equipment and hand hygiene supplies in the facility; ventilator capacity and supplies available in the facility; resident beds and census; access to COVID-19 testing while the resident is in the facility; staffing shortages; and other information specified by the Secretary," CMS wrote in the rule.

In addition to reporting the data to the government, the final rule requires operators to beef up their disclosure of COVID-19 cases to residents, families, and their representatives. If a facility has a single positive COVID-19 case, or three or more residents and staff begin displaying new respiratory systems within a 72-hour span, the operator must inform residents' families by 5 p.m. on the next day.

"Also, cumulative updates to residents, their representatives, and families must be provided at least weekly by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified; or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other," CMS wrote in the rule.

Operators do not have to make individual phone calls, and can instead use postings on their websites, recorded telephone messages, "paper notification," and listservs to disseminate the information.

CMS warned that the agency has already begun receiving Freedom of Information Act (FOIA) requests related to COVID-19 cases.

"These requirements will support our efforts to proactively inform interested parties and ensure that the most complete information on COVID-19 cases is available," CMS observed.