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 **SENIOR HOUSING NEWS**

4 Ways Covid-19 Could Permanently Change Senior Living Operations

COVID-19 is giving health systems a better appreciation for senior living's position as a part of the health care continuum, and for the fact that operators can provide social determinants of health to keep overall costs down for hospitals and acute care settings.

Written by: Chuck Sudo

9/24/2020

Providers are forging bonds with local public health departments they overlooked in the past, which will prove beneficial for communications and transparency, after the pandemic subsides.

But questions remain unanswered regarding if Covid-19 will make it easier to recruit new talent to the industry, and whether enhanced benefits are establishing a new wage floor for labor that will contribute to permanent expense increases.

This is according to executives from Bickford Senior Living, Commonwealth Senior Living, Country Meadows Retirement Communities and Silverado, who shared their long-term forecasts during the 2020 Argentum Senior Living Virtual Conference.

While it's impossible to predict with certainty how Covid-19 will permanently alter senior living operations, the panelists offered several ideas, with particular focus on infection control, health system partnerships, transparency and communications, and staffing.

Stronger infection control

The virus has already resulted in lasting changes to operations such as enhanced safety protocols and infectious disease controls.

Residents, staff and their families should expect enhanced screening protocols to be a permanent part of entering communities moving forward, Commonwealth Senior Living President and COO Earl Parker said.

In just one example of how pandemic-related infection control practices could persist well into the future, masking

could become more commonplace in senior living settings to combat different types of infectious diseases.

This is thanks to the fact that masks are proving to reduce the spread of Covid-19 in communities, and will even prove more beneficial as flu season approaches to prevent or reduce outbreaks, especially when coupled with stricter immunization and vaccination requirements, Silverado Senior Vice President, Community Operations Michelle Egerer said.

The Irvine, California-based memory care specialist mandated the use of personal protective equipment and KN95 masks, which have been approved for emergency use by the Food & Drug Administration (FDA) while the United States wrestles with a [shortage of N95 masks](#). Doing so has helped prevent the spread of the virus between employees who test positive for the virus and are asymptomatic, and residents.

“We know, in a very significant way, that even one mask works,” she said.

Proof of value

Providers contend that the pandemic has crystallized senior living as part of the health care continuum in the eyes of health systems, Country Meadows Senior Vice President and COO Meredith Mills said.

Country Meadows was part of a unique situation in Pennsylvania, where health systems were awarded grants to help run the provider’s infection control strategy. This proved to be an opportunity for health systems to get a better understanding of the senior living space through required site visits of communities. The health systems gained exposure to the details of Country Meadows’ infection control policies and some of the procedures in its pandemic response, such as establishing Covid-19 cohorts.

The Covid-19 wings were especially noteworthy as they allowed providers operating other assisted living or personal care facilities to send Covid-19 positive residents to these cohorts to recover, bypassing hospitals and helping to maintain emergency capacity. Health systems, in turn, are also referring patients that do not need acute care — but do need some clinical oversight and support — to these cohorts.

Country Meadows’ goal has always been to provide resources to the healthcare system as a whole, serving as a bridge between home health care and acute care.

“It puts a spotlight on us as an industry,” Mills said. “Just because we don’t receive Medicare funding, how can we be a resource in the overall system?”

This look underneath the hood has also given health systems a glimpse of how exceptional senior care can reduce readmission rates to hospitals, and that senior living is well-equipped to provide social determinants for better health outcomes for seniors, which can help lower costs across the system as a whole, including benefits for acute and post-acute segments.

“[Covid-19 cast] a spotlight on all of our levels of care that demonstrates that we can take care of these individuals,” Egerer said.

This has some providers confident that better health system relationships will result from the pandemic, and others believe that Covid-19 will accelerate Medicare Advantage networks. But while these developments could indeed be a silver lining of the pandemic, the industry should be wary of the tradeoff that comes with that, Commonwealth Senior Living President and COO Earl Parker said.

He is concerned that accepting more government money will come with more government oversight, and how

that is applied. Still, he is bullish on diversifying the way that people can pay for senior living.

“I see it as a big opportunity to expand our the number of residents that we can provide services,” Parker said

Forging new connections

A renewed commitment to better, more transparent communication between providers with residents and staff has the additional benefit of establishing new ties to local public health departments, Bickford Senior Living Executive Vice President of Operations Alan Fairbanks said.

Bickford relies heavily on guidance from local public health departments in its markets whenever it had a positive case in its communities, and the information it shares on outbreaks and positive cases with families is also shared with the agencies, providing a clear look into the provider’s Covid-19 response. These new relationships will prove beneficial and ensure that Bickford has priority access to a vaccine, once a viable one becomes available.

“[It’s a] partnership that was always out there that we didn’t lean on as much as we could have,” Fairbanks said.

Like the industry at large, Commonwealth increased its communication and transparency to residents and staff during the pandemic. It posts weekly updates every Friday for families and associates, detailing positive Covid-19 cases, the extent of outbreaks and response, and circumstances where residents have died from the virus.

“We determined early on that families want to know if the virus is in a building,” Parker said.

Greater communication and transparency has been well received by families, and Commonwealth has reaped unforeseen benefits. A media outlet in one of its markets reached out to the provider looking for information on how Covid-19 has affected the community. Because the information was already public, Commonwealth shared all communications between provider and families.

The outlet later wrote a story detailing the response to the pandemic by Commonwealth and two other providers, but the story honed in on Commonwealth’s response, as the other providers declined to comment.

“It’s the right thing to do. We don’t want to add to their level of concern by trying to keep things in the dark,” Parker said.

Recruitment woes

Another possible silver lining of the pandemic was that it might be a boon for providers struggling to fill roles and contending with shallow labor pools. And, while the national unemployment rate has skyrocketed, providers continue to struggle to fill openings.

Part of that stems from enhanced unemployment benefits which were cut significantly in July and are [set to expire this month](#), Parker suggested.

News reports conflating nursing homes with senior living, meanwhile, have cast doubts on the safety of the industry for people seeking employment.

Commonwealth attempted to capitalize on the growing labor pools caused by the outbreak, and launched targeted campaigns online and in social media to recruit new talent. The campaigns did generate the expected views and applications, but have not translated to significant new hires, Parker said.

“We’ll continue to push the effort forward,” he said. “There is still going to be opportunity, once the stimulus [ends].”

Commonwealth is one provider that chose not to implement hero pay across the board. Instead, it offered shift pickup bonuses and drew on workers at neighboring communities to fill gaps in scheduling, where applicable. And the provider is looking at ways to support staff as the pandemic persists, and establish career trajectories and training opportunities, which Parker believes will keep wages stable and build an internal workforce pipeline.

“[More employees] are recognizing that they are health care professionals, than a lot of them may have viewed themselves previously,” he said.

Country Meadows also saw an early increase in applications, which did not translate into new hires. Mills believes the industry must improve its messaging in order to recruit and retain new talent. It was an uphill battle prior to Covid-19, exacerbated by an inability to bring prospective hires into communities for interviews and tours, to show what senior care has to offer.

Providers must also overcome the public relations headaches from the pandemic’s early weeks to show that senior living is a safe environment, and that operators are going above the call of duty to ensure the safety of everyone within the walls of a community.

“You’re much safer going to work at one of our sites than you are going to the grocery store,” Mills said.

SENIOR HOUSING NEWS

HHS Sending Second Wave of Covid-19 Rapid Tests to Assisted Living Providers

The Department of Health and Human Services (HHS) is committed to sending out another wave of rapid antigen tests specifically to assisted living communities over the next few weeks. With 150 million tests to be distributed to many different sectors, there will be renewed efforts to stop the spread of the virus as much as possible.

Written by: Chuck Sudo

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The HHS is ramping up its Covid-19 testing support network, and senior living is included.

To date, HHS sent out 541,000 Covid-19 rapid antigen tests to 5,500 assisted living facilities across the country with a Clinical Laboratory Improvement Amendment (CLIA) certificate of waiver. Another 2.6 million tests are being shipped to assisted living facilities, nursing homes, home health care organizations and hospices in the coming weeks, Adm. Brett Giroir, Assistant Secretary of Health said during a conference call for media Friday.

But communication between HHS and industry groups regarding the shipment of rapid antigen tests has been less than clear, American Seniors Housing Association (ASHA) President David Schless told Senior Housing News.

“ASHA continues to press HHS for shipments of rapid testing kits to all senior living settings, including independent living and continuing care retirement communities and life plan communities,” he said.

ASHA is also surveying its members to assess whether they are receiving shipments of tests.

“We hope to have more information in the coming weeks,” Schless said. “Our sense is that only a fraction of the overall industry has received tests but are hopeful that is just a timing issue.”

The kits, developed by Abbott Laboratories, provide results in 15 minutes, and are authorized for emergency use by the Food and Drug Administration (FDA). The pharmaceutical giant was awarded a \$760 million contract to deliver 150 million rapid, Abbott BinaxNOW COVID-19 Ag Card Point of Care (POC) SARS-CoV-2 diagnostic tests.

Additionally, HHS shipped 914,000 tests to 7,600 nursing homes in areas of the country wrestling with high rates of Covid-19 positivity. Millions more tests will be delivered to elementary schools and historically Black colleges and universities.

Giroir assuaged concerns during the call over whether the tests were susceptible to higher cases of false positives, noting that the rate of false positives will depend on the population being tested, and that some false positives are expected.

Additionally, the rapid tests – if conducted properly – will be less susceptible to false positives.

“We would not expect too significant a false positive [rate],” he said.

HHS currently has a of 3 million Covid-19 tests daily, and is surging its testing capabilities in parts of the country recording upticks in positive cases, focusing primarily but not exclusively on asymptomatic young adults, which appear to be the drivers.

HHS currently operates testing sites in Alabama, Arizona, California, Hawaii, Louisiana, Nevada, South Carolina and Texas. Additional testing sites are pending in Hawaii, Mississippi, Missouri, North Carolina, Virginia, and Texas.

Covid-19 positivity rates in post-Memorial Day surge spots, particularly across the Sun Belt, are down 35% from their July peaks, Giroir said.



MACPAC: 'Disturbing' that Most of \$15 Billion in Coronavirus Relief for Medicaid Providers Not Released Yet

The Medicaid and CHIP Payment and Access Commission Chair Melanie Bella states that the commission will be looking into distribution of coronavirus aid to the country's senior living communities and other organizations.

Written by: Lois A. Bowers

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Only \$2.2 billion of the \$15 billion in coronavirus relief funding [announced in June](#) for eligible Medicaid providers, including assisted living providers, had been paid to eligible providers as of Sept. 11, according to [a presentation](#) made Thursday at the September public meeting of the Medicaid and CHIP Payment and Access Commission, or MACPAC.

Commissioner Tricia Brooks said the fact that the distribution was so small was “disturbing,” according to a [media report](#).

The deadline for providers to initiate the application process was Sept. 13.

Only 14.8% of the Medicaid providers potentially eligible for the funds, from phase 2 general distribution from the Provider Relief Fund, had applied as of Aug. 30, according to the presentation.

Speculating on the reason for the low application rate as of Aug. 30, Robert Nelb, MPH, a principal analyst at MACPAC who was an author of the presentation, said: “One of the challenges is just the complexity of the application process. Another challenge is sort of figuring out exactly who is eligible and who is not, because many providers are part of larger organizations that maybe applied through the first phase.”

The commission is a non-partisan legislative branch agency that provides analysis and recommendations to Congress, the Department of Health and Human Services and the states. MACPAC Chair Melanie Bella said the group will investigate issues that may have affected potential applicants before it makes any recommendations to the Centers for Medicare & Medicaid Services about possibly reopening the application process.

HHS announced in June that it would distribute approximately \$15 billion in grants to eligible state Medicaid and CHIP providers, including assisted living operators.

Eric D. Hargan, deputy HHS secretary, said at the time that the funds would be available to approximately 275,000 providers that care for Medicaid and CHIP recipients but did not receive funds in the phase 1 general distribution. “These Medicaid and CHIP providers typically operate on thin margins and often include practitioners like dentists, pediatricians, assisted living facilities, and behavioral health providers like opioid treatment programs,” he said.

The funds come from the Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Fund and are designed to provide relief to Medicaid and CHIP providers who are experiencing lost revenues or increased expenses due to COVID-19, HHS said.

Nelb and the presentation’s other author, MACPAC Senior Analyst Michelle Millerick, MPH, estimated that approximately 38% of all Medicaid and CHIP providers potentially were eligible for the phase 2 funding.

(New article on next page)



Resident Wellness and Connection in the Time of COVID

Since the COVID pandemic hit the U.S. there have been many challenges that needed to be addressed in order to serve the senior population in assisted living. The opportunity at hand has given many administrators new ways to connect residents to their loved ones in new ways.

Written by: Dennis Poremski & Justin Margut

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Physical distancing and social engagement are terms that don't fit together very well in senior wellness, where creating opportunities for people to come together, laugh, learn and get moving is the model for aging success.

Yet for the past six months or so, senior wellness professionals have been asked to make this contradiction work by finding ways to keep residents apart and safe while connected and active.

It hasn't been easy!

This pandemic has been an incredible challenge for everyone. Yet the determination we've seen from our team members, along with the commitment we all feel toward the residents and families we serve, is like a battery that re-energizes us whenever our spirits start to flag.

Looking for the silver lining

And there are silver linings. The most significant one? Technology.

Using online and virtual tools to reach more people was a conversation we had been having for years. Within the span of a few weeks, COVID-19 pole-vaulted us toward that goal. Learning as you go on new platforms has created some stressful moments. It takes specialized skills and time to use video and other technology tools. But we have received nothing but understanding and support from residents. We are all doing our best.

And using virtual tools has some real advantages. No meeting space is required, they've brought some amazing online resources and new skills to some residents, and many associates are enjoying sharing their talents in video recordings.

Since mid-March, we've recorded hundreds of fitness classes across the Asbury organization and become "experts" at live video productions. More than we ever have before, we are leveraging the human and technology resources from all of our communities to enrich each other's offerings.

We've purchased backdrops and video equipment to create our own variety and talk shows. We are using email to share everything from brain games to wellness bingo cards to virtual cruises with daily ports of call.

Customization creates connection

Besides creating our own video content, we've also added weekly movies and interesting websites for online learning to our in-house web portals and channels. At first, we thought this effort might be a waste of resources, given that everyone can stream and be online 24/7. But residents were clear that they wanted our customized programming. Why? It's personal and provides the community experience we are all missing.

People still are hungry to keep that connection to each other and to us. We hear from residents after our classes, commenting on something we've said or done.

Rebuilding as restrictions ease

We don't want to paint an overly rosy picture of the very real challenges that COVID-19 is bringing to senior living's ability to deliver on one of its key benefits – fostering more engaged and more active living as we age.

We know we are going to have to take a few steps back and rebuild the strength of those people who have not been exercising online with us or on their own. But we also have been able to reach people who didn't come to our classes in person yet are happy to join in from their living room or kitchen. And we've actually seen attendance gains in some classes and events.

We remain concerned about community members who did not have strong social networks before COVID-19 appeared. Through surveys, phone calls and personal interactions, we are confident that residents with existing networks have continued to engage with them. But the residents who depended more heavily on the social interaction in our dining venues and attending community events are feeling the isolation. We're still working out systems to identify and re-engage our more isolated individuals as we begin to slowly ease restrictions on gathering.

Our foundation held a 24-hour campaign in early March to raise funds for tablet computers to supplement our communities' supply. They have been a lifeline in keeping residents who aren't tech-savvy connected with family and friends. In one case, an associate took it upon herself to virtually reconnect a resident with a former graduate student he taught more than 30 years ago who is now living in Hawaii. These stories are inspiring.

We see virtual tools and broadcasts becoming a fixture and an expectation of the future, thanks to the pandemic – being able to provide residents with the choice of online or live. We are committed to adding to our virtual offerings even as we are slowly beginning to offer in-person classes and programs. And senior living will need to continue investing in the infrastructure and equipment required to do it well.

Even as we all look forward to connecting in person again, we've learned that having a rich library of customized online wellness content is an important way to expand the opportunity for all residents to belong and engage with their community.