

In this Industry Update you will discover:

1. "Allocation for COVID-19 Vaccine Should First Hit Nursing Home Workers and Residents, National Group Says"
- **McKNIGHT'S LONG TERM CARE NEWS, 10/5/2020; pg. 1**
2. "How to Take Families from Outraged to Understanding"
- **McKNIGHT'S LONG TERM CARE NEWS, 10/2/2020; pg. 2**
3. "Congress Gives Nursing Homes Two-Year Extension on Advance Medicare Repayments"
- **SKILLED NURSING NEWS, 10/4/2020; pg. 4**
4. "HHS Releases \$20B More in CARES Act Relief, but Warns: Don't Wait to Apply"
- **SKILLED NURSING NEWS, 10/1/2020; pg. 5**

McKnight's

LONG-TERM CARE NEWS

Allocation for COVID-19 Vaccine Should First Hit Nursing Home Workers and Residents, National Group Says

The National Academies of Sciences, Engineering, and Medicine believes that nursing facilities should be among the first set of high-priority recipients for the first round of COVID vaccines. In the interim, infection control procedures are still strongly recommended as the best protection for all ages.

Written by: Danielle Brown

10/5/2020

Frontline healthcare workers, including those in nursing homes, should be in the first group to receive prioritization under a four-phase COVID-19 vaccination allocation framework released by a group of national experts late last week.

The National Academies of Sciences, Engineering, and Medicine on Friday [released a final report of recommendations](#) on how federal, state and local governments should allocate a COVID-19 vaccine once it's ready. After frontline healthcare workers, people with underlying health conditions and adults over the age of 65 living in congregate settings should get the vaccine.

"We are expecting there won't be a large amount of vaccine available initially, so we looked at where individuals and society can be most protected with the biggest impact," explained Michael Wasserman, M.D., committee member, geriatrician and president of the California Association of Long-Term Care Medicine.

"Given the complexities and uncertainties with potentially varying types of vaccines and logistical requirements, such as cold storage, we started with people who are facilities-based," he added.

In the final phases, the framework then calls for school teachers and childcare workers, young adults, children, factory workers and then residents in the United States who didn't have access to the vaccine in the earlier phases. Wasserman noted that the report "employs the principle that every person has equal dignity, worth, and value. This is about protecting society as a whole."

Spotlight on nursing homes

“The framework was built on widely accepted foundational principles and guided by evidence to achieve the goal of reducing severe morbidity and mortality and negative societal impact due to the transmission of [COVID-19]. This focus definitely brought attention to nursing home staff and residents,” Wasserman told *McKnight’s Long-Term Care News* Friday.

“The framework starts with front-line health care workers and those at high risk of exposure to patients exhibiting symptoms of COVID-19, and higher risk of then transmitting the virus to others, including family members,” he said. “The framework specifically recognizes nursing homes in this regard.”

The report also stresses the need for governments to use existing systems and partnerships to provide necessary resources to ensure equitable allocation, distribution and administration of the vaccine and coordination among agencies during the process.

The group also suggested that the Centers for Disease Control and Prevention rapidly develop and launch a national, multidimensional COVID-19 vaccine promotion campaign to help improve vaccine acceptance.

“We recommended that the CDC partner with diverse stakeholders and prioritize promoting the vaccine to people of color and other communities in which vaccine hesitancy and skepticism have been documented. Nursing homes are prime settings for addressing these issues,” Wasserman said. He added that could serve as a “tremendous opportunity” for long-term care stakeholders to work together to improve the effectiveness of these efforts.

“Never have medical directors and consultant pharmacists been given a greater opportunity to make a difference,” he said.

Wasserman noted that the framework should still be regarded as an evolving document — meant to be continuously adapted and refined as the more is known about the pandemic.

However, he said accessible testing, personal protective equipment, stellar infection prevention and control and working in emergency preparedness mode “should still be the main orders of the day, regardless of a vaccine” for nursing homes and long-term care providers.

McKnight’s

LONG-TERM CARE NEWS

How to Take Families from Outraged to Understanding

Taking on the responsibility of caring for a senior is one of the most daunting tasks that any person or organization can take. Communicating with the families of the seniors in your care, it is important that you do everything that you can to address their concerns and be as transparent as possible.

Written by: Steven Buslovich

10/2/2020

The COVID-19 pandemic is causing fears, anxieties and uncertainties for everyone, and these feelings can manifest in anger and rage. Physicians and other practitioners are often the target of these tirades, and they need to be prepared to deal with them. But, at the same time, there are some efforts they can take to prevent the fear and uncertainty that elevate into outrage.

There are several reasons family members have been angry and frustrated during the pandemic. Perhaps the main one is that they have a skewed understanding of their loved one's condition and/or possess unrealistic expectations about outcomes. As a result, they are surprised and angry when Mom or Dad doesn't do as well as they expected or, worse, when their family member is hospitalized or dies.

It can be difficult for families to accept that someone they love is seriously ill or maybe dying. It's hard to believe that they'll never play golf with dad again or enjoy a weekend at the beach with mom. They may want to hold on to the parent they know and love.

The key to helping these families and preventing angry confrontations or accusations is communication. But you can't start the conversation with the facts. Start by trying to understand where the family members are coming from. Do they feel guilty? Did they have a good relationship with their loved one? Were there unresolved issues?

Only when you understand all of this can you begin to present clinical information, such as an assessment of the person's frailty level, that is, how vulnerable the person is to extreme, sudden health changes triggered by events such as an infectious disease outbreak. How frail someone is will contribute significantly to outcomes.

It is important to help families see their loved one holistically so they are more likely to have or be open to realistic goals and expectations; and they are less likely to be surprised by predictably unfavorable outcomes.

Of course, facts and clinical information often isn't enough to calm an angry family member. You need to:

- **Help the family see their loved one realistically.** Two men, for instance, can have similar height and weight. They can have common interests and enjoy the ballgame on TV and a beer together. But one may have more underlying conditions and problems, be taking more medications, and have a lower Mini Mental Status Exam score; and that man is more likely to have a poor outcome if he contracts COVID-19. Yet, if all his family sees are two similar men, they are more likely to be angry or upset if both men get sick but their dad is the only one who is hospitalized and put on a ventilator. They may attribute dad's condition to poor care and not his frailty.
- **Listen.** You can explain to families about their loved one's condition and possible prognosis, but don't assume they heard or understood you. Ask them to tell you what they heard, what they understand, and how they feel about it. If you can provide written materials, do so and encourage them to pursue more information and share their questions with you. Note that in very emotional situations, it may not be the right time to try to share lots of information. In these cases, you need to focus on de-escalation.
- **Get the team on board.** Give nurses and CNAs the information and skills to communicate accurately and sensitively, as appropriate. Make sure they know what they can and can't say and when it's appropriate to refer the family to the physician or other team leader. Make it clear that it's never okay for them to be in a situation where they feel threatened or abused.
- **Be transparent and prompt.** If a resident has COVID symptoms, tests positive for the virus, or has an accident or acute condition change, report this promptly to the family. As difficult as these conversations may be, waiting can make the families feel excluded or ignored. When you talk to them, be empathetic, but present facts and a timeline – what happened and when, what you've done, and what you can/will do. Tailor medical advice or treatment recommendations to each patient.

- **Never match their emotion.** These are challenging, stressful times for everyone, but getting into a shouting match won't make your message any more palatable. Acknowledge their feelings, keep your tone calm and steady, respect the person's space, and offer choices and options. Ultimately, be firm, lay down the law, and set clear limits.

One of the greatest contributors to family anger during the pandemic has been the inability to see their loved one face to face. While your priority is and should be keeping the patients safe, team leaders need to work together to find ways — whether it's videoconferencing, 'window' visits, live streaming, or other efforts — for families to see their loved ones and know that they are being cared for.

Everyone is grieving right now, whether it's for a lost life, the inability to work, or the loss of ways to socialize, eat, shop, and pursue entertainment. By understanding the many things families may be mourning for right now, you can ease their fears and defuse their anger. You can empower them to find peace and help ensure their loved one is comfortable and enjoys the best possible quality of life under the circumstances. It's cliché but true: We're all in this together.



Congress Gives Nursing Homes Two-Year Extension on Advance Medicare Repayments

With the Federal government passing a resolution to extend repayments for two years, SNF operators can breathe a little easier. The nation is still struggling to find answers to the mounting debt that has come as a result of hardships brought on by the fight against the spread of the coronavirus.

Written by: Alex Spanko

10/4/2020

A bill to fund the federal government and avert another shutdown also gave nursing home operators and other health care providers a significant extension on repaying advance Medicare payments offered through a COVID-19 stimulus program.

The Senate passed and President Trump last week signed a continuing resolution that included a provision to delay recoupments from the Medicare Accelerated and Advance Payment (AAP) Program, an initiative that floated future Medicare reimbursements to a wide spectrum of health care providers.

The program laid out \$100 billion before the Centers for Medicare & Medicaid Services (CMS) shut it down in April, citing the direct aid distributed from the Provider Relief Fund and the Paycheck Protection Program (PPP) as reasons the advance payments had run their course.

The terms of the advance program allowed operators to access up to 100% of their predicted Medicare payments over the coming three months, with CMS then taking its repayment out of future reimbursements within 120 days of receipt.

"At the end of the 120-day period, the recoupment process will begin, and every claim submitted by the provider/supplier will be offset from the new claims to repay the accelerated/advanced payment," CMS indicated

at the time. “Thus, instead of receiving payment for newly submitted claims, the provider’s/supplier’s outstanding accelerated/advance payment balance is reduced by the claim payment amount.”

The continuing resolution extended the repayment period for an entire year, according to an [analysis from law firm McGuireWoods](#). In addition, the recoupment offsets will be capped at 25% of the full payment for the first 11 months thereafter, followed by six months with a 50% cap.

“This change effectively provides a full 29 months to repay the AAP amount in full,” McGuireWoods observed.

The bill also cuts the interest rate on any payments still due after that period from about 10% to 4%, the firm noted.

The move codifies a payment delay that had been expected within the skilled nursing industry; American Health Care Association (AHCA) CEO Mark Parkinson last month indicated that Medicare Administrative Contractors (MACs) have generally been [ignoring the repayment requirements](#) and providing full reimbursements to providers that have taken advantage of the program.

“All the policymakers understand we’re not in a position to pay the money back yet,” Parkinson said.

While the advance payment program brought quick liquidity to some operators in the space — Genesis HealthCare (NYSE: GEN) [received \\$157 million](#) through the program — not every skilled nursing operator elected to participate. Many lenders expected operators to use the funds to pay down their lines of credit, Sabra Health Care REIT (Nasdaq: SBRA) CEO Rick Matros [observed in May](#), prompting providers to stay away.

“Most of our operators haven’t availed themselves of that piece,” Matros said about the advanced payment program.

Skilled Nursing News

HHS Releases \$20B More in CARES Act Relief, but Warns: Don’t Wait to Apply

The Department of Health and Human Services is urging providers, including SNF operators, to apply for CARES Act Relief in order to fund their systems and pay employees. As part of an additional \$20 billion of government funds, nursing home administrators and executive directors can put the money to good use in caring for their seniors.

Written by: Alex Spanko

10/1/2020

The federal government on Thursday announced an additional tranche of \$20 billion in coronavirus relief funding for a wide swath of health care providers, with the caveat that interested parties should apply as soon as possible.

Starting October 5, the Department of Health and Human Services will begin accepting applications for the [Phase 3 General Distribution](#) of COVID-19 relief, specifically targeting the following types of providers:

- Providers who previously received, rejected or accepted a General Distribution Provider Relief Fund payment. Providers that have already received payments of approximately 2% of annual revenue from patient care may submit more information to become eligible for an additional payment.
- Behavioral Health providers, including those that previously received funding and new providers.
- Health care providers that began practicing January 1, 2020 through March 31, 2020. This includes Medicare, Medicaid, CHIP, dentists, assisted living facilities, and behavioral health providers.

“Under this Phase 3 General Distribution allocation, providers that have already received Provider Relief Fund payments will be invited to apply for additional funding that considers financial losses and changes in operating expenses caused by the coronavirus,” HHS wrote in its announcement.

The application window will only last through November 6, and HHS warned that the largesse will go fast.

“We know providers want to receive payments shortly after submitting their information. However, this distribution requires cooperation on the part of all applicants,” HHS warned. “Again, HHS is urging all eligible providers to apply early; do not wait until the last day or week of the application period. Applying early will help to expedite HHS’s review process and payment calculations, and ultimately accelerate the distribution of all payments.”

The federal government has released about \$100 billion in aid to health care operators from the Provider Relief Fund (PRF) thus far, generally with the stated goal of covering 2% of patient care revenues potentially lost during the pandemic.

Nursing homes have been able to tap into both the general distributions for Medicare and Medicaid providers, as well as targeted tranches specifically for the sector, including the most recent value-based competition system in which providers can split a pot of up to \$2 billion for reducing COVID-19 infections and deaths.

The Thursday distribution, according to HHS, looks to supplement the 2% boost to account for further revenue declines.

In order to receive a Phase 3 distribution, operators must submit information about other Provider Relief Fund support they have received so far; those that did not achieve that 2% threshold will be made whole up to that amount.

Remaining funds will then be distributed to operators — in the form of an “equitable add-on payment” — based on the following criteria:

- A provider’s change in operating revenues from patient care
- A provider’s change in operating expenses from patient care, including expenses incurred related to coronavirus
- Payments already received through prior Provider Relief Fund distributions.

“HHS has worked to ensure that all American health care providers receive support from the Provider Relief Fund in a fast and fair way, and this new round helps ensure that we are reaching America’s essential behavioral health providers and takes into account losses and expenses relating to coronavirus,” HHS secretary Alex Azar said in a statement. “We’ve worked with all of the resources we have across HHS to ensure that America’s heroic healthcare providers know they can apply for support.”

The exact amount that could potentially flow to nursing home operators remains to be seen. The American Seniors Housing Association — a group that represents assisted living, memory care, and other senior living providers — noted in a message to its members that because the Phase 3 distribution appears to favor entities that have not received as much federal aid, assisted living companies may be at an advantage over skilled nursing and hospital operators.

LeadingAge, which represents non-profit senior care providers, indicated that nursing homes and all other health care operators are eligible to apply, and welcomed the news Thursday — specifically pointing to ongoing costs for personal protective equipment (PPE) and testing.

“The additional costs borne by our members as a result of the pandemic is significant, and will continue to grow for the foreseeable future,” Nicole Fallon, vice president of health policy and integrated services at LeadingAge, said in a statement. “Help such as this is welcome and necessary to ensure the care of and well-being of older adults and staff, and we appreciate HHS’s efforts to get these relief funds to those who have the greatest needs.”

The American Health Care Association, which primarily represents for-profit nursing and assisted living facilities, expressed cautious optimism about the latest HHS funding injection; the group has been lobbying for \$100 billion in additional CARES Act funding for nursing home since the summer.

“As the virus shows no signs of letting up, nursing homes and assisted living communities require a constant flow of resources to acquire the testing, personal protective equipment and staff support needed to protect residents and staff,” ACHA said in a statement. “We also appreciate HHS acknowledging that lost revenue due to COVID puts our long-term care facilities at further financial risk, threatening access to seniors and individuals with disabilities who require round-the-clock care.”