

In this Industry Update you will discover:

1. "\$3 Billion Addition to Provider Relief Fund 'Falls Woefully Short,' Provider Groups Say"
- **MCKNIGHT'S SENIOR LIVING NEWS, 12/22/2020; pg. 1**
2. "Long-term Care Industry Expresses Disappointment as Congress Passes Stimulus Bill"
- **MCKNIGHT'S SENIOR LIVING NEWS, 12/22/2020; pg. 3**
3. "Atria, Brookdale, Other Providers Hold First Clinics for Long-Awaited Covid-19 Vaccine"
- **SENIOR HOUSING NEWS, 12/21/2020; pg. 4**
4. "Problem Solvers: Handling Operator Transitions during Covid-19"
- **SENIOR HOUSING NEWS, 12/22/2020; pg. 7**

**\$3 Billion Addition to Provider Relief Fund 'Falls Woefully Short,' Provider Groups Say**

This month's new stimulus bill for COVID relief will provide some funding to help struggling providers stay afloat, but many will still feel a lot of pain until more protections are put in place. Many within the senior living sector believe that they have been let down and there will need to be reform in the future.

Written by: Lois A. Bowers

12/21/2020

A \$900 billion COVID-19 relief bill is on its way to the president's desk after being passed by both houses of Congress by late Monday. Trade associations representing senior living operators, however, say they are disappointed in its provisions.

The measure adds \$3 billion to the Provider Relief Fund, to be distributed by the Department of Health and Human Services.

"While we appreciate the inclusion of additional funding for expanded COVID-19 testing and tracing for long-term care in this latest package, the funding allocated for the Provider Relief Fund (PRF) falls woefully short of what the industry needs and what prior drafts of the legislation had suggested," Argentum President and CEO James Balda said. "It also leaves a large sum of the PRF unassigned."

Balda noted that some senior living providers still [have not received](#) Phase 2 [funding](#) from the PRF despite meeting all of the requirements. Operators [began applying for the funds](#) in September.

"We continue to stay focused on ensuring that HHS distributes PRF payments and sharing the urgency with which that action is needed to stave off community closures — nearly 40% have indicated they [may need to close](#) communities should their financial situation not improve," he said.

In addition to trying to ensure that assisted living operators receive "fair distributions" from the remaining PRF monies, Balda said, "We are also urging HHS to consider additional disbursements that offer providers the ability to recoup losses from the third quarter of 2020."

Beyond the PRF, however, he said that Argentum is “equally as disappointed” that the bill does not contain liability protections for the industry.

“We are hopeful that additional considerations will continue on a federal level, and we will continue our efforts at the state level in the forthcoming 2021 legislative sessions to improve upon the time-limited protections that we helped to enact through executive order or statute,” Balda said.

‘Much to disappoint’

American Seniors Housing Association President David Schless said “there is much to disappoint” related to the bill and senior living.

“In addition to the package not including the liability protection the industry desperately needs, the Provider Relief Fund (PRF) grew by only \$3 billion, a shocking decline from earlier reports of an additional \$35 billion,” he said.

Schless also called for additional funding, noting that the \$24.5 billion in Phase 3 funds currently being disbursed to providers by HHS is intended to apply to lost revenue and increased expenses from the first and second quarters.

“With the third and fourth quarters expecting to reflect significant financial stress in the industry, significantly more relief is needed,” he said. “The Provider Relief Fund is one of the few sources of financial relief available to the industry, and to not replenish these badly needed funds is seriously flawed and fails to recognize the significant work of the senior living industry to keep seniors and staff safe during the past 11 months.”

Schless said he was pleased, however, that the COVID relief bill directs PRF recipients to calculate lost revenues using the Frequently Asked Questions guidance released by HHS in June. “This preferred guidance allows the use of budgeted revenue for comparison to actual as long as the budget had been established and approved prior to March 27, 2020,” he said.

And long-term care providers can be pleased that the bill permanently extends the 7.5% adjusted gross income threshold for medical expense deductibility, Schless said.

“This is an issue that ASHA has championed for several years,” he said. “It was at risk of increasing to 10%, which would essentially be a tax increase for seniors who can use this deduction to help defray the costs of senior living and long-term care insurance premiums among other eligible expenses.”

A [2015 study](#) by ASHA found that middle-income taxpayers, such as the residents of market-rate senior living and care communities, and especially older women with serious health conditions, would be affected by an increased threshold. A year ago, ASHA, Argentum, AHCA / NCAL and LeadingAge were among those [signing onto two letters](#) urging senators and congresspeople to make permanent the 7.5% threshold. More than 1.7 million people aged 65 or more years use the deduction, [according to the AARP](#).

‘Congress must do more’

American Health Care Association / National Center for Assisted Living President and CEO Mark Parkinson also said the organizations were disappointed in the coronavirus relief bill.

“Nearly two-thirds of long-term care facilities are operating at a loss, and the additional funds slated for the Provider Relief Fund for all healthcare providers in this legislation are minimal,” he said. “Hundreds of facilities are in danger of closing their doors permanently and uprooting the frail seniors they care for. Congress must do more in the new year by directing specific aid to long-term care.”

'Mission not accomplished yet'

LeadingAge President and CEO Katie Smith Sloan called the bill "a helpful down payment" but also said it "falls short" in providing urgently needed relief.

"Mission not yet accomplished," she said. "This crisis is far from over, and the launch of the vaccine cannot become an excuse to walk away from older Americans. The continuing surge of infection, illness and deaths — and the unsustainable escalation of costs — means that struggling aging care providers need more testing, PPE, staffing support and money than this package provides."

Echoing the comments of leaders of other trade associations, Sloan noted that some operators are shutting down, "and more will follow unless the next Congress steps up and provides more robust support."

She called on the federal government to expedite relief payments, also noting that it has taken months for some providers to receive their promised funding.

**Long-term Care Industry Expresses Disappointment as Congress Passes Stimulus Bill**

Since March of this year, the long-term care industry has been under scrutiny for how they are using their resources through the pandemic. Now the leaders in senior care feel that they have been let down by Congress with the structure of the relief efforts as given in the new stimulus bill.

Written by: Amy Novotney

12/22/2020

Both the House and Senate on Monday night approved a [\\$900 billion COVID-19 stimulus package](#) that will provide direct payments and jobless aid to Americans as well as needed funding for small businesses and long-term care facilities to help with vaccine distribution.

The long-sought relief package was part of a \$2.3 trillion catchall package that included \$1.4 trillion to fund the government through the end of the fiscal year on Sept. 30. The bill includes \$285 billion for additional loans under the Paycheck Protection Program, allowing particularly hard-hit firms to get a second loan. It also provides additional money for expanded COVID-19 testing and contact tracing but falls far short of the funding many in the long-term care industry say is needed to address the pandemic's ongoing financial drain on nursing homes and assisted living communities.

"While we appreciate the difficulty in reaching a bipartisan compromise, we are disappointed that Congress could not strike a deal that recognizes the dire situation our long-term care residents and staff are facing right now," Mark Parkinson, president and CEO of the American Health Care Association / National Center for Assisted Living, said in a statement Monday evening. "Due to soaring community spread, nursing homes are experiencing a record-breaking number of cases and deaths — worse than the spring. Even with a vaccine on its way, it will

likely take months to fully vaccinate our residents and staff, as well as the remaining public. Facilities will not be able to return to normal for some time, meaning providers need ongoing support with personal protective equipment, testing and staffing.”

The measure passed with just minutes to spare before a scheduled government shutdown at midnight. The White House has indicated that President Trump will sign the legislation into law.

Argentum President and CEO James Balda also [expressed disappointment](#) Monday around the measure’s addition of just \$3 billion to the Provider Relief Fund, to be distributed by the Department of Health and Human Services.

“While we appreciate the inclusion of additional funding for expanded COVID-19 testing and tracing for long-term care in this latest package, the funding allocated for the Provider Relief Fund falls woefully short of what the industry needs and what prior drafts of the legislation had suggested,” he said in a statement. “It also leaves a large sum of the Provider Relief Fund unassigned.”

American Seniors Housing Association President David Schless noted that the final version of the bill was “a shocking decline from earlier reports of an additional \$35 billion” to be added to the fund.

“With the third and fourth quarters expecting to reflect significant financial stress in the industry, significantly more relief is needed,” he said. “The Provider Relief Fund is one of the few sources of financial relief available to the industry, and to not replenish these badly needed funds is seriously flawed and fails to recognize the significant work of the senior living industry to keep seniors and staff safe during the past 11 months.”

Balda also criticized lawmakers for not including protections for businesses against COVID-19-related lawsuits in the latest round of relief measures. Long-term care lobbyists have said a lack of liability protections, once promised by Senate Majority Leader Mitch McConnell (R-KY), would produce a threat to the survival of the industry.

“We are equally as disappointed that reasonable liability protections supporting the industry and those caring for residents fell off the negotiating table early,” Balda said. “We are hopeful that additional considerations will continue on a federal level, and we will continue our efforts at the state level in the forthcoming 2021 legislative sessions to improve upon the time-limited protections that we helped to enact through executive order or statute.”



Atria, Brookdale, Other Providers Hold First Clinics for Long-Awaited Covid-19 Vaccine

Getting the COVID vaccines out to Senior Living communities where there are millions of seniors and frontline health care workers has been a challenge. Now that the vaccinations are ready, the leaders of several providers are giving a first-hand account of the steps taken within their buildings as clinics are under way.

Written by: Tim Regan

12/21/2020

Less than a year ago, the senior living industry [stood at the precipice of Covid-19](#). Now, the industry is on the

clasp of another potentially seismic event: the deployment of an effective vaccine.

The vaccine will reach senior living communities at different rates across the United States, depending on factors such as how quickly states were able to coordinate with pharmaceutical companies. But, the first vaccine clinics in senior living communities have started to occur, including at communities operated by two of the largest providers: Brookdale Senior Living (NYSE: BKD) and Atria Senior Living.

Brookdale and Atria residents and associates have received their first doses of the Covid-19 vaccine manufactured by drugmaker Pfizer and its partner BioNTech. Brookdale held its first clinic Friday at a community in Charleston, West Virginia; while Atria's first clinic occurred Monday at a community in Louisville, Kentucky.

Both Atria and Brookdale worked with CVS Health (NYSE: CVS) and its partner Omnicare as part of the Pharmacy Partnership for Long-Term Care Program. Brentwood, Tennessee-based Brookdale has 726 communities through the U.S., while Louisville, Kentucky-based Atria operates more than 200 communities across the United States and Canada.

Among the first to roll up their sleeves at Atria was CEO John Moore. It was significant that Atria was able to begin vaccinating its residents and staff on Monday, Moore told Senior Housing News. That's because Dec. 21 is this year's winter solstice, the time of year when the days begin to grow longer.

"Let's hope that this is nature getting ready to tell us to come out of the winter of this disease and move forward," he said.

Vaccine rollout begins

Brookdale and Atria — the No. 1 and No. 7 largest providers in the nation [according to Argentum](#) — are gearing up for the monumental task of holding vaccine clinics across all of their communities.

Atria delivered about 100 doses of the vaccine at Atria Springdale in Louisville, inoculating virtually all of the community's residents. By early January, the provider expects to have held clinics for six communities in Kentucky, including two in the Cincinnati metro area.

Brookdale, meanwhile, held a "Covid vaccine party" in the dining area of its Brookdale Charleston Gardens community on Friday. Brookdale associates treated participating residents to snowball fights, cake, candy canes, stickers and Christmas music as they received their shots. Leaders with the company had also worked in the preceding weeks to ["create a culture of vaccine acceptance."](#)

The keys to a successful vaccine clinic are communicating and completing necessary paperwork early — and making it fun, according to Donna Prowse, executive director at Brookdale Charleston Gardens.

Atria and Brookdale weren't the only senior living providers touting recent Covid-19 vaccine clinics. Milwaukie, Oregon-based Marquis Companies also held its first vaccine clinic Monday with the help of its in-house pharmacy partner, Consonus Pharmacy. Marquis operates 23 senior care facilities across the country. The company also owns Consonus Pharmacy, which provides services to about 600 skilled nursing and senior living communities in eight states.

Consonus administered the vaccine Monday to more than 800 residents and staff at seven facilities in Oregon, Washington and Nevada, including some outside of the Marquis umbrella. The initial rollout involved renting 15 motorhomes and staffing them with three associates: one person to manage the vaccine doses, another to handle information and a third to drive the vehicle itself. And the company had planned for weeks before that by building a system to collect and export vaccine-related data.

Seeing the first doses administered Monday was “incredibly emotional,” according to Marquis CEO Phil Fogg, Jr.

“To see those first vaccines get administered is incredible,” Fogg told SHN. “You have hope that there will be an end to this nightmare.”

Overall, Fogg says there has been good adoption among residents in consenting to take the Covid-19 vaccine. He also estimates that about 73% of the company’s associates had consented to receiving the vaccine. But Fogg believes that more people will choose to get vaccinated once they see the process is safe, and as public health efforts kick into gear.

“Consent rates are at risk for being lower because people want to see what happens with it,” Fogg said. “I also think that the federal government is going to get pretty aggressive very quickly in supporting the vaccine with public service announcements and other things.”

In the coming weeks, each Marquis community is slated to hold three on-site clinic visits with Consonus. And Fogg is hopeful that the vaccinations are the first step in the long road to recovery for the industry and the country.

‘Sleeve Up’

At Atria, Moore gave credit to the state of Kentucky for activating a plan that allowed CVS to begin its vaccination clinics as early as possible. But providers in other states have not been as lucky. New Jersey, for instance, [missed a federal deadline](#) for distributing the vaccine in nursing homes, pushing the state’s initial vaccine rollout to the week of Dec. 28.

Moore also credited Atria’s “Sleeve Up” education campaign and other informative measures for helping achieve widespread vaccine acceptance among the residents and associates at Atria’s communities. At Atria Springdale, “virtually all of the residents had gone through the consent process,” Moore said.

CVS called Atria last Friday to set up Monday’s clinic. Though it was short notice, Moore said Atria had prepared for the moment ahead of time and was ready to go when the call came in.

“We’ve been talking to the states the best we can to know everything there is to know, and to lobby for senior housing,” Moore said. “We spent a lot of time thinking about and getting ready for helping people with the consent [form], learning how to use the CVS portal, and making sure we have our own trackers.”

Some in the senior living industry have worried that vaccination efforts could be hamstrung by mistrust in the vaccine itself or limited supplies. But a smooth initial rollout and high rate of participation among staff and residents in the early days could bode well for the massive vaccination effort set to occur across the industry in the coming weeks and months.

Even before the vaccine arrived in its communities, Atria was [moving on all cylinders](#) when it came to Covid-19 testing. Thanks to partnership with Mayo Clinic Labs, which is part of Rochester, Minnesota-based Mayo Clinic, the company has been able to administer about 12,000 Covid-19 tests this week alone. If that pace holds, Atria is on track to hit 200,000 tests administered by the end of the year, Moore said.

Atria is scheduling its second vaccine clinics for communities which have already held their first. For Atria Springdale, that day is January 11. Once a community has held its vaccination clinics, Atria will then shift it into a “Covid watch posture,” under which the company will still monitor for new symptoms and adhere to federal, state and local Covid-19 requirements, but also seek to reopen community spaces at half capacity. That includes letting groups of up to 15 people gather in dining and common spaces.

Looking ahead, Moore expects Atria will be busy planning and preparing for more vaccine clinics at its communities as states across the U.S. receive more doses.

“We’re looking forward to being swamped,” Moore said. “It’s going to be a busy few holiday weeks for us, and we couldn’t be more excited about it.”

SENIOR HOUSING NEWS

Problem Solvers: Handling Operator Transitions during Covid-19

Taking on a transition under normal circumstances is a large undertaking, but to face an uphill battle of that scale during the COVID pandemic is uncharted territory. Several transitioning operators provide their insights as they look to uphold standards, provide new services and keep infections at a minimum.

Written by: Chuck Sudo

12/22/2020

The Covid-19 pandemic has created myriad problems for senior living providers. But these problems are not insurmountable, and companies across the industry are devising creative solutions.

In this series, we’re surveying industry leaders to highlight these actionable solutions. For this edition, we spoke with senior living providers who took on the challenges of starting to manage new buildings in the midst of the pandemic, and asked them:

How are you assuming operations of a new community during Covid-19?

Terry Spitznagel, Senior Vice President and Chief Growth Officer, United Church Homes

Last month, the Marion, Ohio-based nonprofit provider acquired two age-restricted senior apartment communities in Brunswick, Ohio and Niles, Ohio.

One of the things that the pandemic has clearly identified for us is that seniors with comorbidities or health issues were primarily impacted by Covid-19. Where we feel like we have been successful in addressing that issue is we look at just independent living and senior apartment options, and then what we do is — as they continue to live and thrive in those communities — we bring a la carte health care services to them.

We connect them with a service coordinator, which basically is like a concierge. As residents identify needs, issues, and health care concerns, service coordinators start to address and connect [residents] to the services as they need them. Our interest in acquiring these communities is to continue this [\[middle-market\] model](#) that has identified itself as extremely important to the baby boomer generation, who’s really looking at the issue of being socially connected. We can bring to them very safe ways to socially connect with the programs and service offerings that we have that are unique to this model of independent senior living.

Our team came in on day one. We had focus groups with residents who wanted to [voice their] immediate needs. One of those was with the spread of Covid-19. We were able to come in and provide everything from PPE to flu vaccines, because they were concerned about the double whammy of Covid-19 and flu at the same time.

One of the second things we're looking to address is what their health care needs are and what their interests are. We're working on surveys right now, because we've only had ownership for the last couple weeks. [We're getting ready] to bring to them a program called Caring Wire. It's an app-based technology that will help us identify very quickly what their needs are going to be. We might bring in needs to address the overall community: 50% of the residents are saying, "We really need education on the vaccine. We want to know when the vaccine is coming in, how are we getting it." But we might have two or three residents who say, you know, by the way, I also have diabetes, and nutrition counseling would be helpful.

We're in the process of right now. It is the beginning of how we will bring [service coordination] to an independent living community, see what the residents want and what their desires are, [and] create programming specifically for them and around that.

Mario Marasigan, CEO, Meadowbrook Post-Acute

Meadowbrook acquired a 64-bed skilled nursing and 49-bed assisted living facility in Hemet, California, in August.

Coming into the facility, we understood that the assisted living side needed some work. We knew there were a lot of vacancies — I believe they only have four residents in the [assisted living wing]. I evaluated whether it would be financially smart to operate the assisted living [segment], or what will be the benefit of us taking over?

What I wanted to do was focus our strength in the nursing home side, because of the Covid-19 situation. We were able to find a tenant that was willing to take over the operations for the assisted living. I wanted to find out what they can bring in terms of really helping to increase the census on the assisted living side, while we focus on the nursing home aspect. This is going to be their first big assisted living in terms of census wise and bed capacity. I was able to give them some pointers, as well, with my experience as a nursing director. I was able to guide the incoming operator and let them know what they need to start.

They're going to change the name from Meadowbrook Assisted Living to Hemet Assisted Living, and we are assisting them in getting their license. The staffing was stable and the building was well kept. But the challenge was bringing residents into the building. We started reaching out to hospitals to make sure that we can bring in proper residents in the facility. We want to make sure that the residents that we're bringing in need to be in assisted living.

Over the past few months, we've seen a steady increase of patients coming into the building. I believe they have between 10 and 15 residents now. The new operators are really hands on. They are here daily. They meet the residents. They meet with the family members, and we update them on our Covid-19 response. Thank God, there are no [positive cases] in the building right now. We just have to make sure that we maintain that.

Casey Byrnes, Vice President, Sales and Marketing, Wickshire Senior Living; Kerry Collins-Smith, Executive Director, and Cathy George, Business Manager, Wickshire Poland Senior Living, a Wickshire Senior Living community in Poland, Ohio

Brentwood, Tennessee-based Wickshire Senior Living acquired the real estate and operations of this facility, formerly Sunrise of Poland, in October. Collins-Smith, George and the entire staff remained in place through the transition.

Collins-Smith: There was nothing in terms of this acquisition or transition that was unusual. There were no interruptions with services or care. The entire team that works here — every single person — stayed, so there was no disruption with staffing. Everything really was business as usual.

Byrnes: Kerry has been there for 17 years. All of the department leaders have tenure like that. We were just honestly excited to add them to the portfolio. We're a hands-on organization from a management standpoint. Our goal is to provide support to the community. I think the size and nimbleness of our organization allows us to do that a little bit easier than some of the larger organizations in our industry.

Collins-Smith: [Wickshire] allowed us to do what we do best every day, which is continue to care for the residents. They reiterated over and over and over: Nobody was here to disrupt care or make things more challenging. We are just piece-by-piece rolling out ways to enhance care.

Byrnes: We have a program called "Wise and Well-Plus." We look at every resident compared to our five dimensions of wellness — holistic, physical, intellectual, social and emotional — and we make sure that every rolling seven days, every resident has the opportunity to complete a dimension of wellness, then how it's realized in the form of care. If we are looking at physical wellness, it's a reduction in falls. If we're looking at emotional wellness, it's a reduction in dementia cases, potentially. So that's been something that we've done that really combines our programming and our care together.

George: When it comes to memory care, that's a challenge. We know one of the large attributes of a memory care resident or those that are suffering from dementia or Alzheimer's is they like to wander. The ability to keep them isolated or quarantined is a challenge. What we need to do is to make sure that we have enough staffing, and that those individuals are able to facilitate programming, interacting with those residents and validating their emotions so that they are maintaining the distance that they need from other residents, and from ourselves.

One of the main things that we like to do is facilitate activities that maintain the health and wellness of our memory care residents as well as our assisted living residents, such as hand hygiene activities. Before they enter the communal dining area, which of course everyone is six feet apart, but there are some residents, they safely cannot dine on their own in their rooms, specifically in memory care. We make sure that we're doing hand hygiene with them, that they're six feet apart unless they're if they're sitting at a table with a resident that they share a room with, and that we're maintaining that distance, but also validating and programming with them to make sure that they are still feeling their own sense of security, that they still have their own individuality and that their day is going as seamless as it can be to maintain their wellbeing as much as we can.

Amber Rogotzke, President/Principal, Health Dimensions Group

Health Dimensions Group (HDG) provides management and oversight for Terova Senior Living, a senior housing community in Mequon, Wisconsin acquired by Marcus Investments in October.

Terova Senior Living assumed operations of a community that had previously operated with skilled nursing and senior living services. At the end of 2019, the location transitioned away from skilled nursing services, yet continued to operate its independent living, assisted living, and memory care programs. Terova's goal was to implement the operational practices you'd typically see in a senior living environment and improve the efficiency and service provided to the residents.

Terova and HDG leadership partnered to develop a strategic plan which included aligning with new vendor partners, staffing realignment, culture transformation, staff retraining, expanded sales and marketing strategies, and implementing a more purposeful flow of day-to-day operations. Covid-19 challenged Terova and HDG to get creative with how we typically implement an operational transition.

The pandemic has required more integrated digital platforms for sales and marketing, employee onboarding, and leading transformational culture change when on-site visits were prohibited.

Although it created challenges, it also opened new opportunities for our workforce and our families to be even more connected with our team members and residents in a virtual way—an existing mode of communication that was prominent but not viewed as a necessity before Covid-19.

The focus is to implement best practices for screening, PPE use, social distancing, education, and testing as per state and federal recommendations. Like many others in the senior care field, we still work to encourage prospects to join our community, which involves ensuring them that we have good practices in place and that they won't be isolated or lonely when they join our community. We make Terova a great place to live by promoting the social environment, quality food and culinary experience, personal care, life enrichment, and events that occur within our walls.

We are moving forward implementing best practices in senior living care and services, refining our operations to focus on resident experience, employee engagement, and strong financial performance. While COVID-19 has shown us the resilience of our leadership team and our strong systems around infection control, we are looking forward to a vaccine for our residents and staff as well as the day when Covid-19 is no longer the primary focus of our services.