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May 6, 2020

The Honorable Larry Householder
Speaker, Ohio House of Representatives
14th Floor Riffe Center
77 South High Street
Columbus, Ohio 43215

Dear Speaker Householder:

On behalf of the over 400 members of LeadingAge Ohio who serve an estimated 400,000 Ohioans daily and employ over 35,000 persons, I am writing to share the challenges facing the long-term care support services due to the COVID-19 pandemic. As you are aware, LeadingAge Ohio is made up of mission-driven, values-based aging services providers who deliver care across the full continuum of long-term care, including home health, independent living, affordable senior housing, assisted living, nursing homes, and hospice.

We are keenly aware of the stress this pandemic has created throughout Ohio. Our members have been working to keep their residents and patients safe from COVID-19, and will continue to do so for as long as it takes until their protection can be assured.

Personal Protective Equipment (PPE)

As we watched the first cases of COVID-19 develop in the state of Washington, we realized outbreaks would uniquely impact long-term care settings, and to ensure the virus would not spread throughout our communities, we would need to employ multiple strategies, including: aggressive infection control and sanitization; restricted visitation and social distancing; and a build-up of personal protective equipment (PPE) and testing capacity.

From the beginning of the crisis, Ohio focused on preparing for a surge in its hospitals, and the priority for both PPE and testing was focused there. It was immediately clear that PPE and testing would be a challenge for all post-acute providers. Our members found themselves competing for scarce PPE supplies with large health systems, and vendors failed to prioritize long-term care for new shipments, which were channeled to hospitals to fight a surge that thankfully never came. Even today, many continue to struggle to acquire needed PPE like gowns.

During the same time that PPE and other supports were directed to hospitals, hospitals across the state were working to empty their beds, creating pressure on nursing homes to accept patients that were either COVID-positive or whose status was unknown. At that time, long-term care providers were not equipped with the PPE to safely care for these patients and admission would have introduced unnecessary risk to their residents. Without adequate PPE supplies, some facilities stopped accepting new admissions entirely since testing—also in scarce supply— was unavailable.

As Ohio moves to this next phase of the pandemic, it is widely acknowledged that there will be no surge on hospitals, and that the COVID-19 crisis will play out in congregate settings, including nursing homes and assisted living. In recent weeks, many of these settings have reported increased supports and supplies. However, we are concerned that there will be added demands on the supply with elective procedures, other health care facilities, and non-healthcare businesses coming on-line. We will continue to work closely with our members and local health departments to manage the PPE needs of our members, including facilities as well as home health, hospice and other community-based services. As Ohio moves forward, collaboration in the healthcare arena needs to be all-inclusive to ensure supplies and other support are distributed appropriately.

Testing

Testing has been an ongoing challenge since the beginning of the crisis, as initial testing capacity was centralized in hospitals and health departments. Until recently, an individual was required to go to a hospital or other designated to receive testing. For frail older adults, this practice exposes them to unnecessary risk. Furthermore, symptomatic long-term care residents and staff remained second-tier priorities for testing. Last week ODH took the vital step of modifying its testing priority to include asymptomatic residents. Early examples of mass testing in long-term care demonstrate that as much as 30 percent of long-term care positive COVID-19 cases are asymptomatic.

To assist in managing the anticipated hospital surge, LeadingAge Ohio members came together to advance their own solutions. The Post-Acute Regional Rapid Testing (PARRT) program is a partnership between our members National Church Residences and Ohio Living, as well as Central Ohio Geriatrics, participating in cooperation with the Ohio Department of Health, Franklin County Health Department and Columbus Health Department. The testing program relies on trained volunteers to administer testing for nursing home and assisted living residents in their facilities. Volunteers are equipped with the appropriate PPE, and testing is quick and effective.

Thoughtful testing helps facilities quickly identify those residents infected so that they can be cared for in designated areas of the facility. This step helps both to mitigate the spread of infection and preserve precious PPE. Our hope is the state sees innovative programs like PARRT as a best practice and works with our association to scale it to other communities across the state.

Data and Transparency

We support the Governor's and Dr. Acton's goal of data transparency to assist both policymakers and health care providers to make informed decisions on how best to mitigate the spread of the virus. We believe this data should be provided across all health care entities.

In mid-April, ODH published a list of all Ohio nursing homes that had had a positive occurrence of COVID-19 associated with their facility, including both staff and resident cases there were inaccuracies in the data, and ODH pulled the information down to address those issues. However, there continues to be issues and concerns as the data is being provided by 113 public health departments across the state. There are inconsistencies with how the cases are being reported across departments.

In addition, the state is creating health care isolation centers (HCIC) for those COVID-19 positive cases that are being discharged from the hospital. HCICs are licensed to care exclusively for individuals who have tested positive for COVID-19 or who have been exposed to the virus and are under observation/investigation.

LeadingAge Ohio has asked ODH how they plan to report the cases at these facilities, since their numbers are expected to be high. We hope Ohio leaders will take steps to inform the public as COVID-19 rates will likely be higher in HCICs as compared to other types of healthcare facilities.

Home and Community Services

While much public attention has been paid to congregate settings, there are a greater number of vulnerable older Ohioans who still reside in the community. Some of the challenges experienced by home health, hospice, and other community-based providers are in common with nursing homes and assisted living, while others are unique to home-based settings. Additionally, the impact on home health and hospice varies considerably from one provider to the next. Early on, some home health agencies experienced increases in their admissions for Medicare skilled home health, and individuals were discharged from hospitals to free up capacity. Others saw their visits dry up—particularly those served in Ohio's Medicaid waivers—as consumers increasingly limited visitation to self-isolate. Meanwhile, demand for home-delivered meals has skyrocketed, and adult day services have closed, though some adult day providers have worked to reach out to clients via telehealth.

Other effects are felt universally. All providers are feeling the pinch of increased costs and delays for PPE. Most are working diligently to allay the fears of their frontline staff. Many have invested in technologies like tablets and other assistive telecommunication devices to provide continuity care while minimizing the risk of infection.

As Ohio works to support those who serve its vulnerable older adults, it should adopt an approach that is surgical and strategic rather than one that paints all providers with the same brush.

Financial Implications

This pandemic has driven up costs across the healthcare sector, including PPE, staffing, and the purchase of new equipment and technologies to enable residents to communicate with family and loved ones. The pandemic has changed the way our communities operate. Nursing homes and assisted living have implemented extensive cleaning and infection control measures, rigorous staff screening by shift for symptoms, and delivering meals to residents in their rooms. They have become creative with activities and socialization which can maintain morale and support mental health during social distancing.

Like hospitals, nursing homes have also had significant census problems caused by the cancellation of elective surgeries, since the short-term rehab provided after elective surgeries often takes place in nursing homes. Other costs include the increase in unemployment benefits and the federal changes to FMLA during the pandemic which have fallen on providers' shoulders. In a preliminary model of lost revenue, CliftonLarsonAllen demonstrated an impact of between $268 and $468 million to Ohio nursing homes. This figure does not account for the increased costs of staffing, PPE, and special equipment that nursing homes have paid to transition to a new, socially-distanced way of providing care.

Finally, the costs of caring for COVID-positive individuals is considerable. In the absence of widespread testing, long-term care facilities have to treat all individuals that were either previously exposed to a COVID-19 positive person, or were entering from a hospital as potentially infected. These individuals are quarantined for 14 days, which increases the PPE "burn rate" for the facility. The best practice that has surfaced is to isolate these individuals from other residents in a dedicated area of a nursing home staffed by a small, dedicated team of caregivers. This preserves PPE while also reducing the risk of transmission to other residents.

Other states have taken preliminary steps to support long-term services and supports providers during this time of crisis. Examples include:

- Alabama: Created a $20 per diem add on payment per Medicaid resident. In addition, nursing homes with residents or staff diagnosed with COVID-19 may receive a one-time payment to help cover cleaning costs, based in part on the nursing home's square footage and its volume of Medicaid services.
- North Carolina: Increased Medicaid rates for nursing homes by 5%.
- Minnesota: Appropriated $200 million to support health care providers through the COVID-19 pandemic, including nursing homes.
- South Carolina: Created a daily add-on equivalent to 4% of a nursing home's rate as of October 1, 2019.

Current requests:

1) Utilize the additional FMAP funding provided to Ohio to increase reimbursement to the nursing facility and assisted living waiver per diem rates to offset the high costs of PPE, increased staffing, and communication technology;
    a. Increase reimbursement Medicaid home health and hospice rates and waiver nursing and enhanced community living services under the PASSPORT waiver, to offset the high cost of PPE, staffing, and investments in telehealth and other communicative technology made by providers;
    b. Require Medicaid to pay an enhanced rate for COVID-positive individuals served in nursing facilities, assisted living, home health and hospice to compensate for increased costs of care, particularly related to PPE and staffing;
2) Grant immunity from civil liability for those providers operating in good faith during the COVID-19 pandemic.
3) Permit remote monitoring services for aging services; and make permanent certain telehealth emergency rules created in response to the pandemic.
4) CMS will be providing data on COVID-positive cases in nursing homes in the near future. ODH should utilize a similar approach to reporting the data to ensure consistency and accuracy of its long-term care dashboard.

The support the legislature provided during the budget to providers was greatly appreciated. We are asking again for your support during this unprecedented time. Thank you for your time and consideration of this information. We are more than happy to provide any additional information or answer any questions you may have.

Sincerely,

Kathryn Lasley Brod
President/CEO