

A Message from the President & CEO Mark Parkinson

A Special Update on COVID-19

Dear Member,

This could be the most challenging time in the history of our sector. Normally our work in D.C. relates to regulations and payment issues and the outcome of those battles seem like life and death. Looking back, those fights seem minor now. Your daily struggles these past few weeks and for the foreseeable future, truly are about life and death.

Our objective is to provide whatever support we can to assist you in this battle. Part of that is to keep you informed, without overwhelming you with information. What I'd like to do in this email is to give you my impression of the major issues we face in both our skilled nursing centers and our assisted living communities. We are making progress, but there is still much work to do.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

As all of you are coming to realize firsthand, the country does not appear to have enough masks and gowns to satisfy all those that need them if this pandemic persists for the weeks on end that experts predict. While states and the federal government have created stockpiles, nobody thought the perfect storm would hit. Nearly all the masks and gowns we use regularly are manufactured in China where the outbreak began, causing all the factories to close. The virus's worldwide spread has resulted in a massive increase in utilization of PPE, combined with the fact that its symptoms mirror the common cold and influenza, causing even more use. Production is just starting back up in China and U.S. manufacturing is responding, but it takes time.

We are encouraged that the Administration announced it will be releasing PPE from the national reserve to bolster the dwindling states' stockpiles. Along with hospitals, long term care providers are at the top of the priority list for this PPE from the national reserve. But given the projections of how this virus will spread and its impact on the elderly, these stockpiles are unlikely to meet all of our needs before China and U.S. manufacturing can catch up.

Given this, if you are running out of supplies, we suggest that you first seek assistance in your local area, including with other health care partners. On our website (www.ahcancal.org/coronavirus) and in [Update #11](#), we provide a list of the various entities that you should call locally.

Second, we are going to have to start dramatically conserving supplies. Most of you are probably already doing that. However, we believe you need to go further and should start significantly conserving supplies now. Here are a few

small steps we have heard from members that you can take if you have not already done so:

- Limit the number of staff in contact with residents or entering the resident's room necessitating the use of gowns and masks.
- Perform as many care and services as possible at the same time to reduce the frequency of donning/doffing PPE.
- Prior to entering a precaution/isolation room, ensure all needed items are available/gathered to reduce unnecessary disposal of PPE by multiple entries to room.

We are working on further PPE conservation recommendations that will both conserve PPE and keep your staff and residents safe.

The PPE situation will slowly get better, but it will take some time. We have been told that domestic production of masks will start soon and eventually, we will get imports from China. Between that time and now you need to start taking action to significantly conserve masks and gowns to bridge that gap. This will require you to likely take steps that differ from current guidance. We are advocating for the government to take these steps.

TESTING

The testing situation is almost identical to what we face with PPE. The time required to develop and manufacture tests cannot keep up with the demand due to the virus's spread and the large number of people with respiratory symptoms that mimic COVID-19. Now that commercial labs are making the test, predictions are that in the next 1-2 weeks, we will start seeing many more tests available.

If you need to test residents or staff, we suggest you contact your local or state health department until such time as commercial testing becomes available in your area.

If you are unable to test, you should operate under the assumption that the resident is COVID-19 positive and implement all the isolation measures you would under that circumstance. Untested staff members who are exhibiting symptoms of COVID-19 need to isolate themselves at home. We are seeking clarity from the CDC on when they can return to work.

SURVEY

Almost two weeks ago, CMS announced that it was repurposing the survey teams to focus on infection control, but the final guidance included conducting standard surveys. Obviously, this does not make sense during a pandemic when you are focusing all your efforts to keep the virus out of your buildings and keep your residents safe. Having surveyors move between buildings and potentially spread the virus also does not make good public health sense. We have asked the Administration to suspend annual surveys and focus their surveys to help us assure core infection control practices are in place everywhere.

COST OF COVID-19 WORK

We know that you are facing major, additional expenses to comply with COVID-19 guidance. The cost of screening, isolating, and adjusting food and housekeeping services are significant. Not to mention overtime to cover those

staff self-isolating at home with respiratory symptoms.

Fortunately, last week, the House passed legislation that increases the federal Medicaid match (FMAP) by 6.2%. States would be required to use these funds for COVID-19 related expenses. This bill is now in front of the Senate for consideration. The enhanced FMAP does not result in automatic rate increases. It's up to each state to decide how to spend the funds. We are working closely with your state association executives to help receive our fair share of the available funds.

Congress will begin working on another bill this week to provide further stimulus to the economy. We will be seeking funding to help with the additional costs you are incurring. In addition, we are making asks relating to pulling the Medicaid Fiscal Accountability Regulation (MFAR) rule, and we may be asking for federal reimbursement for additional infection control costs.

Unfortunately, most of this funding will not help assisted living. That is a significant problem because assisted living is struggling with the same types of challenges that we are seeing in skilled nursing facilities. While those with a Medicaid waiver program may get some help under the FMAP add-on, most assisted living operations continue to be private pay. Scott Tittle and I are working with the NCAL Board and are hoping to develop some programs that will help all assisted living providers and then take those suggestions to the Hill.

THREE-DAY STAY

It's a shame that it's taking a pandemic for the federal government to finally eliminate the three-day stay requirement, but they have eliminated it for now. HHS/CMS are worried about bed shortages in hospitals and that is the reason for the waiver. If this virus develops like it has in Europe, we risk running out of hospital beds and this waiver of the three-day stay will be important for people who need long term care. It also allows us to skill a long term stay resident who gets sick rather than send them to a hospital to avoid further overwhelming the system. We have issued an [outline of the waiver](#) where you can learn more.

KEEPING COVID-19 OUT OF OUR BUILDINGS

AHCA/NCAL led the way last week when our Boards issued guidance to limit visitors to our facilities. CMS followed suit shortly thereafter issuing nearly identical guidance, which was on Friday substantially expanded to restrict nearly all non-essential personnel and any visitors from entry.

We know there have been challenging episodes with family members, vendors, state survey teams, and even a few ombudsmen or postal carriers, not wanting to comply. As the country heightens its awareness around the seriousness of this virus and its threat to our residents, hopefully those challenges will diminish, but if you run into any difficulties implementing the guidance, please let us know by emailing COVID19@ahca.org.

COMMUNICATION

The AHCA/NCAL team is uniquely focused to provide you the latest information that we believe you need to know. So far, we have issued 11 updates, each on a new COVID-19 related issue. We have created guidance

and templates for you to use when communicating with residents and families. All of this is at www.ahcancal.org/coronavirus.

WHEN WILL THIS END?

This will end. We just don't know when. It appears the country is now taking this seriously and Governors are putting in place meaningful social distancing and isolation steps. We need more. And we need it soon. It is clear when you look at the course of this virus in China and South Korea, that isolation and social distancing do work. Hopefully we will start to see declines in Europe as well as they implement similar measures.

Americans just started social distancing over the last few days. That likely means that our total number of cases will grow, perhaps dramatically, for the short term. Eventually though, communities that isolate and keep a distance will see improvement. Hopefully, this virus will also react as almost all others have to warmer climates. Most virus have a hard time with heat, sunlight and humidity. All three will soon be on the way.

Until then we have to do everything possible to keep COVID 19 out of our buildings and contain it, if it does get in by implementing significant conservation methods. We know that is much easier said than done and the challenges you face are enormous.

We're so proud to be able to represent you all the time, but especially now. You are saving lives and collectively, we can save the sector. Let us know anything that we can do to help you.



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