

COVID-19 Weekly Industry Updates

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Coronavirus Stimulus Bill Includes \$200M for CMS Infection-Control Efforts at Nursing Homes, \$100B in Health Grants

Published by: Alex Spanko

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The \$2 trillion coronavirus stimulus bill that was approved late Wednesday in the Senate includes \$200 million in funding for a federal push to bolster infection-control efforts in the nation’s nursing homes.

The Centers for Medicare & Medicaid Services (CMS) has placed infection control at the center of its emergency nursing home inspection protocols, suspending all non-emergency surveys and [releasing stricter guidance for operators](#) earlier this week.

The Senate’s landmark vote to boost the economy and fortify the nation’s health care system puts additional financial support behind CMS’s goals.

“The bill includes \$200 million for CMS to assist nursing homes with infection control and support states’ efforts to prevent the spread of coronavirus in nursing homes,” [according to a summary](#) released by Sen. Patrick Leahy of Vermont.

Craig Caplan, a producer for C-SPAN, [initially posted the summary](#) on Twitter Wednesday afternoon.

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The [final package](#) also provides \$100 billion in funding for “a new program to provide grants to hospitals, public entities, not-for-profit entities, and Medicare and Medicaid enrolled suppliers and institutional providers to cover unreimbursed health care related expenses or lost revenues attributable to the public health emergency resulting from the coronavirus,” according to the Leahy summary.

The capsule version of the bill only covers the appropriations division of the package, which accounts for about \$330 billion of the total; Leahy, a Democrat from Vermont, serves as the vice-chairman of the Senate Committee on Appropriations.

“I have said from the beginning that our response to this crisis will come in phases as we address the evolving nature of the coronavirus pandemic,” Leahy said in a statement. “Today our response is providing direct assistance to the American people, injecting new resources where they are needed most, and moving our country a step closer to emerging from this crisis stronger than we were before.”

CMS’s updated guidance was a direct reaction to the COVID-19 outbreak at a nursing facility in Kirkland, Wash., which resulted in the death of more than 25% of residents in less than three weeks from the first sign of symptoms.

“We used our experiences in Kirkland to develop a new inspection approach, and we’re also learning from the newest data about the virus and relying on longstanding principles of infection control,” CMS administrator Seema Verma said Monday.

The Senate passed the bill late Wednesday night by a vote of 96-0. The House must still approve the package before it can be sent to President Trump’s desk to be signed into law.

The final version does not appear to include a last-minute proposal that would have raised Medicare fee-for-service payments to nursing homes by 15% for all residents with a primary or secondary diagnosis of COVID-19 infection.

The proposed amendment, submitted by Sen. Ben Sasse of Nebraska, [specifically acknowledged](#) the additional costs of providing care to coronavirus patients in justifying the proposed 15% per-diem pay bump.

The increase would have only lasted as long as the president’s emergency COVID-19 declaration remained in effect.

Sasse, a Republican, positioned the amendment as a way to protect rural skilled nursing providers during the crisis; the senator also proposed a second amendment preserving prescription drug discounts.

“Our nurses, doctors, and medical providers are working hard to keep Nebraskans safe, and we can’t let Washington leave them behind,” Sasse said in a Tuesday statement. “These two common-sense amendments would give rural providers a boost and safeguard their existing programs to help them beat the virus in our communities. We’re going to beat this nasty virus.”

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Sasse had also called on Department of Health and Human Services (HHS) secretary Alex Azar to eliminate the 25-bed cap on Critical Access Hospitals, which can also provide skilled nursing services under the swing-bed system.



Providers praise move by CMS to suspend standard surveys for nursing homes for 3 weeks; inspection finds fault with Washington facility's response

Written by: Alex Spanko

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Over the past few weeks, we've seen the federal government rapidly dismantle the dense scaffolding of rules and regulations that had been built over the course decades, all in the name of fighting the novel coronavirus.

Ideas once unthinkable — doctors providing consultations over Skype without fear of violating HIPAA, a blanket freeze on the three-day stay rule for Medicare skilled nursing coverage — are the new battlefield reality as providers fight to keep people safe amid a pandemic without precedent in modern memory.

It's a good start. At this time, doctors and nurses should be singularly focused on caring for the most vulnerable people without fear of compliance repercussions.

To be sure, anyone deliberately providing substandard care or neglecting the gravity of this situation should be punished to the fullest extent of our laws. But as long as there are good-faith providers and caregivers on the front lines — of which there are untold millions — they should be allowed to do everything they can to keep our elderly both alive and comfortable.

Just two weeks ago, all of this would have seemed like complete fantasy. Telehealth providers have been fighting for years to ease restrictions on Medicare coverage for remote visits, regardless of where people live; the Centers for Medicare & Medicaid Services (CMS) erased the rules with the stroke of a pen.

Stakeholders in various niches of the post-acute and long-term care industry have lobbied for the erasure of the three-day stay rule, which many argue is outdated in a world where nursing homes can provide the kinds of services that decades ago only hospitals could; CMS again made it go away overnight.

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So if the government can do all that in just about a week, what's ahead? And how can post-acute and long-term care operators look beyond today to the needs of their residents weeks and months from now, when the crisis could be even deeper than it appears right now?

Anne Tumlinson, CEO of consulting firm ATI Advisory, believes it's time for the government, managed care plans, and post-acute care operators to think bigger.

"There's a lot more in that regulatory structure that just needs to be wholesale waived," Tumlinson told SNN during a Thursday afternoon interview. "CMS just needs to plow it down for right now, because hospitals don't have time parse through — they just need to be able to get people out."

The supply of hospital beds will continue to dwindle as the crisis unfolds, placing a huge premium on free space to care for COVID-19 patients. The three-day stay waiver was in part intended to solve that problem by allowing SNFs to directly admit residents without the coronavirus, thus reserving prime hospital space for COVID-19 cases that require the most acute levels of care.

But at least as of last week, Medicare Advantage plans were still requiring prior authorizations for transfers to post-acute facilities, a factor that Tumlinson said was hampering what really should be happening on the ground: specialized hospital coordinators sending patients to the right post-acute setting like a field marshal, without needing to wait for approval.

"They aren't going to be able to do what they need to do, as quickly as they need to do it, if you've got all these managed care companies and CMS rules standing in the way — as they are right to do in normal times," Tumlinson said. "But this way, way not normal."

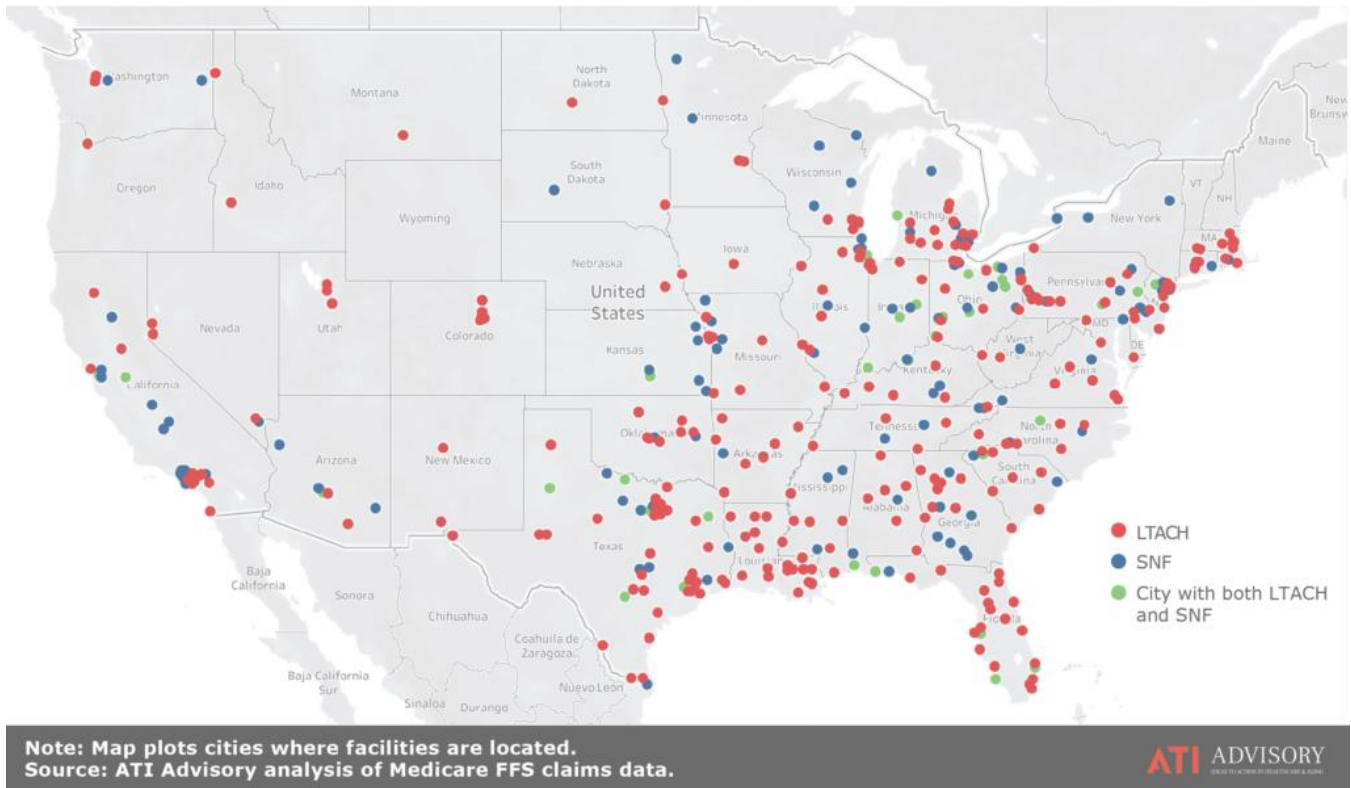
As access to testing expands and more people are likely diagnosed with COVID-19, Tumlinson and her team posit that some long-neglected parts of the post-acute and long-term care continuum should be given a second look: inpatient rehabilitation facilities (IRFs) and long-term acute care hospitals (LTACs).

Those settings have been relegated to the background of the continuum in recent years, as SNFs have stepped up to provide a similar level of care at a lower cost. Back in the spring of 2018, Sabra Health Care REIT (Nasdaq: SBRA) CEO Rick Matros referred to the LTAC in particular as a [fading asset class](#), noting that the typical nursing home had become more akin to a hospital step-down unit.

But the nation still has 378 LTACs and 1,110 IRFs, according to ATI Advisory's count, and many of them are located in dense clusters of existing acute and post-acute care sites.

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Locations with Post-Acute Care Ventilator Options



Amid increasing concerns about shortages of crucial ventilators, Tumlinson believes that it's time for governments and providers to look at ways to take advantage of this existing infrastructure. To be clear, ATI Advisory — along with many other big-picture thinkers — is not recommending that these facilities accept COVID-19 patients, as such a move would put vulnerable long-term residents at severe risk for infection and death.

But if some of these buildings could somehow be cleared and turned over to coronavirus care, it could ease the burden on the entire post-acute spectrum.

“We are not suggesting that they should start taking COVID patients,” Tumlinson said. “What we’re saying is, in the event that we do really have an even bigger emergency than we can even imagine, we should start to look to some of these sites as centers [of care].”

On the skilled nursing level, Tumlinson also highlighted the importance of reducing readmissions in the long-term care setting — particularly by hammering home the need to skill in place whenever possible.

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Earlier this month, ATI Advisory released a comprehensive set of data on health care utilization across senior living settings, determining that nursing home residents have an average hospital admission rate of 0.68 per year — or, put another way, 680 of every 1,000 nursing home residents will be admitted to a hospital in 2020.

Part of the issue is that frontline staff are simply accustomed to sending residents to the hospital when they're sick. But in an emergency situation where hospitals are overrun, and an acquired COVID infection could spell a death sentence, long-term care facilities need to do what they can to treat in place.

"They're obviously focused on: how do we keep our long-stay residents safe from COVID?" Tumlinson said. "But a key strategy is: How do we keep them out of the hospital when we're so used to doing that?"

Expanded telehealth access is a good first step, and operators that have launched or joined Institutional Special Needs Plans (I-SNPs) may also have a leg up: Because I-SNPs, a special kind of Medicare Advantage plan for nursing home residents, require operators to assume the cost of hospital transfers, many of those providers have invested in advanced practitioners who can treat patients in place.

But no matter what bold action health care providers and the government take over the coming weeks, many of the barriers that have been broken — particularly around telehealth access — may never come back up. And as long as providers are laser-focused on patient care, that can only be a weapon for good in the tough times ahead.

"We're going to be fighting this virus — and certainly among the nursing home population — intensively for the next year and a half, if not two years," Tumlinson said. "So this is going to have to be a permanent part of the toolkit."



Reports: COVID-19 Forces Relocation of 94 Residents from Senior Home, Governor Gives a 'Shoutout' to Facility That Helps

Written by: Lois A. Bowers

3/26/2020

Residents from St. Joseph's Senior Home Assisted Living & Nursing Center in Woodbridge, NJ, were relocated to another long-term care community 30 miles away on Wednesday after several residents and caregivers tested positive for COVID-19 and several additional residents were "presumed positive."

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[NBC New York](#) reported that at least 24 of 94 residents had tested positive for the disease, with the balance of individuals presumed to have it. Some residents with the disease reportedly were hospitalized.

CareOne Executive Vice President [Lizzy Straus](#) confirmed Wednesday's move to one of the organization's facilities in [a statement](#) posted on CareOne's website, saying it was done at the "request and direction of the New Jersey Department of Health and Governor Phil Murphy."

"The order was issued after the health department declared a public health emergency and the Woodbridge facility an imminent public health hazard when a number of residents and caregivers tested positive," she said.

Straus said CareOne temporarily has moved residents from its CareOne at Hanover Township facility in Whippany, NJ, to other CareOne facilities so the Whippany community could accommodate the residents from St. Joseph's.

"CareOne plans on mobilizing our network of supportive services throughout the system to make this transition as comfortable and orderly as possible," she said. "We are reviewing the residents' records, which all existed on paper at St. Joseph's, to get a better sense of the scope of positive cases and the condition of patients. Simultaneously, we continue to care for all residents across our multi-state network."

At a [Tuesday](#) press conference, when the state first announced plans to move the residents, the governor said he wanted to "give a shoutout in particular to CareOne" and called Straus "terrific."

The first case of COVID-19 at St. Joseph's was reported in mid-March, according to media reports. One resident who had tested positive for COVID-19 died in a hospital on Saturday.

Tuesday, New Jersey Commissioner of Health Judith M. Persichilli, RN, BSN, MA, said that officials had been watching St. Joseph's since Friday. At that time, 12 of the facility's employees were home due to respiratory symptoms and "a number" of residents also had respiratory symptoms, she said. Three of those residents, Persichilli said, had been admitted to the hospital and had tested positive for COVID-19.

"Because of ... the employees that did not come into work, the sisters were working around the clock to take care of almost 90 residents," she said. Health officials contacted area long-term facilities, and "the collaboration was extraordinary," Persichilli added. "They were able to get nurses and aides to go in over the weekend, but it was really the sisters that called us and said, 'We don't think we can continue this, with the employees that are ill, and if they're in quarantine now for 15 days, and the ability to get the adequate staff to give the residents the care that they require and deserve. Would you help us find places for the residents to be placed?'"

St. Joseph's, Persichilli noted, "has cared for the most vulnerable population in Woodbridge and the surrounding areas for decades." According to the organization's website, the nonprofit facility has been operated by the Little Servant Sisters of the Immaculate Conception since 1981. The nursing home component, with a capacity for 51 residents, has 5 stars from the Centers for Medicare & Medicaid Services.

St. Joseph's had not responded to an email request for comment by the publication deadline, and nobody was answering the phone late Wednesday.