

In this Industry Update you will discover:

- 1) “CMS Names First Facilities to Receive Point-of-Care COVID-19 Tests”
- **MCKNIGHT’S LONG-TERM CARE NEWS, 7/26/2020; pg. 1**
- 2) “PPP and Skilled Nursing By the Numbers: \$165M in Small Loans, 35K Jobs Retained”
- **SKILLED NURSING NEWS, 7/23/2020; pg. 2**
- 3) “From Outdoor Visits to Designated Family Caregivers, Nursing Homes Cautiously Reopen Doors”
- **SKILLED NURSING NEWS, 7/21/2020; pg. 4**

McKnight's

LONG-TERM CARE NEWS

CMS Names First Facilities to Receive Point-of-Care COVID-19 Tests

The need for testing is growing more pressing as COVID cases are back on the rise. CMS is approving the first round of facilities that will receive point-of-care COVID tests. As time goes on, these tests may allow for faster diagnoses and should help prevent further spread of the coronavirus.

Written by: Liz Berger

7/26/2020

The Centers for Medicare & Medicaid Services [has released the names](#) of 636 nursing homes set to receive the first batch of COVID-19 point-of-care test devices.

As the agency indicated earlier this month, these facilities are located in “hot spots,” or those areas where the virus is spreading the most rapidly. A preponderance of this first grouping of facilities is in California, Florida, Texas, Alabama, Arizona, North Carolina and South Carolina.

CMS, which [first disclosed the point-of-care testing program](#) on July 14, has prioritized more than 3,900 nursing homes to receive instruments and tests in the coming weeks, [the agency said](#) in a frequently asked questions sheet. Once those shipments are complete, the Department of Health and Human Services will continue a phased distribution of antigen testing supplies to nursing homes with a current CLIA Certificate of Waiver and based on updated epidemiological data.

Besides a current CLIA Certificate of Waiver, CMS is prioritizing facilities with the following criteria: three or more confirmed or suspected new cases of COVID-19 in the last seven days; at least one new COVID-19 case in the last seven days after having zero previous COVID-19 cases; inadequate access to testing in the last seven days; at least one new resident death due to COVID-19 in the last seven days; and at least one new confirmed or suspected COVID-19 case among staff in the last seven days.

Facilities will receive at least one Quidel Sofia 2 Instrument or Becton, Dickinson and Company (BD) Veritor™ Plus System over the coming months along with the associated FDA-authorized antigen diagnostic tests, CMS said. Each test takes about 20 minutes to perform. “However, it is possible to run tests in an assembly line fashion to test 20–30 samples per hour,” CMS said.

A point-of-care, or antigen test, runs about \$25. That compares to approximately \$100 for a polymerase chain reaction (PCR) test. While the cost and timeliness are positive attributes of the point-of-care tests, [there are also some drawbacks](#), such as the sensitivity, which is less than a PCR test.

Skilled Nursing News

PPP and Skilled Nursing by the Numbers: \$165M in Small Loans, 35K Jobs Retained

Skilled nursing organizations are getting loans from the Federal government through the Small Business Administration, with each state getting a different amount dependent upon its need. In part, these loans may be completely forgiven when applied to specific needs or operating procedures with more help on the way as announced early last week.

Written by: Alex Spanko

7/23/2020

Skilled nursing operators and associated providers received about \$165 million in small loans under a federal program designed to keep businesses afloat during the pandemic, an analysis of public data by Skilled Nursing News has found.

In turn, those 3,300 loans — all under \$150,000 apiece — helped operators in the space preserve a total of 35,210 jobs across the 50 states, Puerto Rico, and Guam, according to federal data analyzed by SNN.

For comparison, more than 15,000 agencies involved in the home health care space pulled down around \$666 million in total relief through those \$150,000-and-under loans, a separate analysis for our sister website Home Health Care News determined.

The federal Payroll Protection Program, part of the larger \$2 trillion CARES Act coronavirus stimulus package passed in March, made hundreds of billions in potentially forgivable loans available to firms of all types through the Small Business Administration.

Under the terms of the program, businesses could receive up to \$10 million in emergency financing from private lenders backed by the SBA. Any portion of that money put toward essential expenses — primarily payroll, but also costs such as mortgage interest, rent, and utilities — can be fully forgiven, with a 4% interest rate and 10-year repayment term on proceeds spent for any other purpose.

The forgiveness could also be jeopardized if employers lay off workers after receiving the funds, as the retention of workers during the initial COVID-19 economic downturn in March was a major rationale for the program.

“It’s a loan that’s designed to allow people to retain their workforce, and then assist with some of the operational expenses during the crisis time,” Adam Sherman, head of senior care lending at major SBA player Live Oak Bank, [told SNN in March](#). “The big hook, the big carrot on this particular program is that the loan is 100% forgivable if the business spends the money on the right things.”

The SBA and the Department of the Treasury have indicated that companies receiving under \$2 million in PPP loans will automatically be assumed to have acted in good faith with their applications, and will not be targeted for audits under a “safe harbor” strategy, citing the necessity of sending funds quickly as well as limited capacity for investigations.

“SBA has determined that this safe harbor is appropriate because borrowers with loans below this threshold are generally less likely to have had access to adequate sources of liquidity in the current economic environment than borrowers that obtained larger loans,” according to a Treasury FAQ on the program. “This safe harbor will also promote economic certainty as PPP borrowers with more limited resources endeavor to retain and rehire employees.”

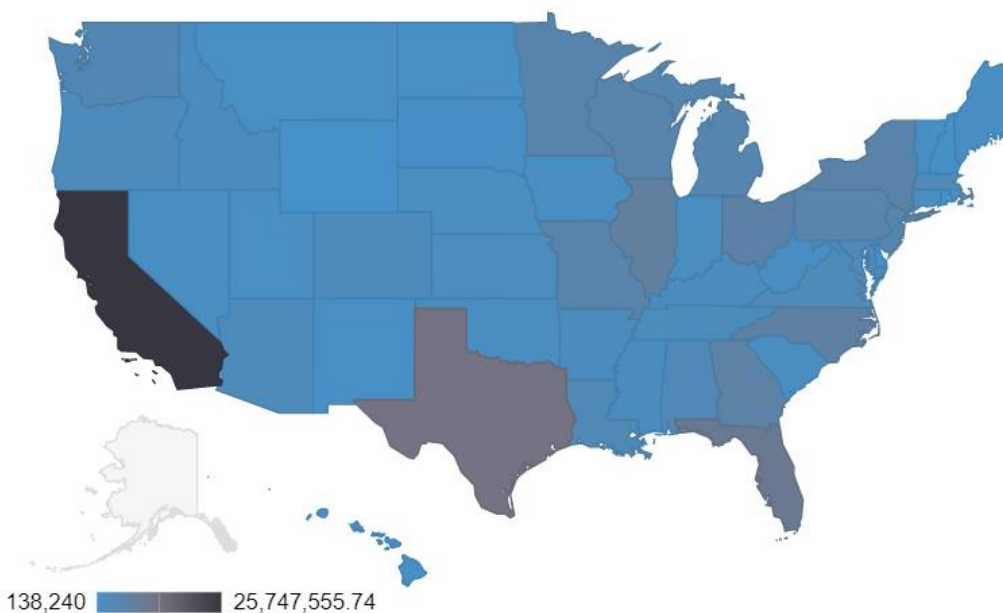
That said, back in March, Sherman recommended that all borrowers maintain detailed records of how they spend their PPP dollars to ensure full compliance.

SNN used the North American Industry Classification System (NAICS) identification codes — 6231 and 632110 — for “nursing care (skilled nursing facilities)” to identify the businesses in the space that received PPP loans of under \$150,000.

In addition to traditional nursing home operators, the classification also includes convalescent homes and hospitals, assisted living facilities that provide nursing care, rest homes with a nursing component, and inpatient care hospices, [according to NAICS](#).

Loans by state

Unsurprisingly, the states with the greatest populations led the way in total financing sent to skilled nursing providers: Operators in California accessed a total of \$25.7 million of small-dollar PPP loans, well ahead of second-place Texas with \$12.4 million in SBA backing. Florida came in third with a little over \$10 million, followed by Illinois (\$7.5 million) and North Carolina (\$6.9 million) to round out the top five; explore the interactive map below to see how your state fared.



Nationwide, the loans averaged a little under \$50,000 apiece, saving an average of about 11 jobs per company.

The figures presented here represent just a fraction of the \$525 billion in total loans issued under the program [through the end of June](#); interested businesses also have until August 8 to apply for funds through an extended deadline.

PPP also served as only one avenue of relief for nursing homes, with the federal government releasing billions in CARES Act aid to all health care providers based on [prior Medicare](#) and [Medicaid reimbursements](#) — as well as a specific tranche of [\\$4.9 billion dedicated exclusively](#) to skilled nursing facilities, and [another \\$5 billion](#) for SNFs released this week.

Skilled Nursing News

From Outdoor Visits to Designated Family Caregivers, Nursing Homes Cautiously Reopen Doors

It has quickly become apparent that COVID-19 was sweeping the country, one of the earliest major preventative steps was a move by the federal government to instate a near-total lockdown on any unnecessary visits. Some nursing facilities are opening their doors to family members, but at a slower than normal pace out of concern for their patients.

Written by: Maggie Flynn

7/21/2020

The Centers for Medicare & Medicaid Services (CMS) [announced the sweeping ban on March 13](#), which did include an exception for end-of-life visitations. Health care workers, such as third-party practitioners like hospice staff and dialysis technicians, were exempt as long as they met the Center for Disease Control and Prevention (CDC) guidance at the time.

The ban also included a complete suspension of group activities in nursing homes.

The result was to effectively keep residents confined to their rooms. It was a move that made sense at least at first; there were many unknowns about how COVID-19 spread, and one of the few known facts about the illness was its heightened lethality for older people and those with underlying chronic health conditions.

“The first real epicenter for COVID in the U.S. was in a nursing home, you know, in Kirkland,” Tony Chicotel, a staff attorney for the advocacy organization California Advocates for Nursing Home Reform (CANHR), told Skilled Nursing News on July 15. “That, I think, just drove up the panic level by a multiple of two or three, so that it was just: Okay, shut it down, build a moat. Don’t let anybody into these places other than the staff.”

But as COVID-19 continues to ripple across the country, “building a moat” is becoming less and less feasible, especially as the possibility of resuming visits as they were pre-COVID seems to be years away, he said.

That was why CANHR began to revisit the efficacy of this visitation restriction towards the end of April and beginning of May. The effects on residents over time, both in terms of neglect and in terms of the damage from isolation, could end up coming to outweigh the damage from the coronavirus, Chicotel said.

With COVID-19 likely to remain the top challenge for nursing homes for a significant amount of time, this means SNFs have to start taking stock of how they can bring their residents more interaction with families than just a video or phone call when a facility is COVID-19-free. If there are new cases, they have to find creative ways to foster interaction, while making sure electronic communication is as easy as possible.

And depending on the circumstances, they may want to consider how they can make residents' loved ones a regular presence in a way that acknowledges their role as caregivers — and essential support for both the residents and the staff at a nursing home.

For Chicotel, there's a great deal at stake.

"This is the right to free association, as a First Amendment constitutional rights, the right to see people of your choosing," he said. "It is such an intimate, sacred right that we have, but it's been mostly denied for this million-plus population ... it required emergency declarations from the federal and state government to get here, but it shouldn't be lost at all that this is a huge civil rights problem as well as a health problem."

Hire for tech support – and strengthen mental health

Melody Taylor Stark from Monrovia, Calif., whose husband has lived in a SNF for almost five years, has seen the effects of that isolation firsthand. Her husband was admitted to Huntington Drive Health and Rehabilitation, a 99-bed nursing home in Arcadia, Calif., after his mobility declined from post-polio syndrome.

Before the lockdown took effect in March, she would visit him each day, bringing newspapers to read the horoscopes in the morning — just as they would before his moving to the SNF — and stopping by after work in the evenings. Fridays included ordering out from a restaurant for a date night.

These visits included catching up with the staff and other residents who became her friends, and Stark also would help with activities, through such errands as picking up supplies from the Dollar Store; effectively, she became part of the community.

"On March 13, all of that stopped short," she told SNN. "I got the message that Friday afternoon, so it was also calling the restaurant that I preordered dinner from to say, 'I'm sorry, but I've got to cancel.' Then everything changed."

At the time her husband's room was near enough to a window to make it easy to bring a folding chair and speak on the phone while seeing him, but because of the facility's size and layout, his room was also better suited to be an isolation unit, which led to him being moved. That meant electronic communication such as text and FaceTime became the primary way to stay in touch.

But as any regular user of technology knows, devices are liable to going haywire, usually at the most inopportune moments. Stark was able to help one of her friends at the SNF connect to family through Facebook, using an old tablet from a staff member.

But when the tablet began to give Stark's friend trouble, there was no one there to help fix the problem. Stark also ran into problems with communication with her husband when something went wrong with his cell phone. Because she was essentially the tech support, she and her husband had been communicating by a poorer-quality landline for the two weeks prior to her speaking with SNN on July 15.

Many states have begun [to implement at least some form of socially distanced visitation](#) for their residents, as Kaiser Health News recently reported. But since many states also require a visitation suspension if residents or staff at a facility develop new COVID-19 cases, virtual visits through video chats and phone calls will likely be key part of visitation for quite some time.

Given how important technology is — and will continue to be as the U.S. battles new outbreaks — Stark had a recommendation for SNFs.

“There should be tech people, tech assistance on staff,” she argued.

This is true not only for the sake of residents, but also staff short on time; Stark is well aware of the staffing challenges faced by SNFs across the country, as well as the challenges inherent in trying to keep COVID-19 out of the building. But she has seen the effect of isolation on her husband.

“It's just been such a marked decline,” Stark told SNN. “I think we were doing okay up until maybe mid-May, and even at that, I was noticing the disconnect, the disinterest. For example, when we video chat at night, we'd oftentimes be watching the same television program together in two different cities on our phones. And over time, it was just something like: ‘I haven't really felt like watching that lately.’”

Even before COVID-19, the primary mental health field at the SNF was psychiatric, essentially assessing whether medication was needed. And while Stark emphasized that she is not opposed to medication, she stressed this would need to go hand-in-hand with counseling, and this, she said, “is absolutely a foreign concept.”

“I had a conference call with the admin and the two nursing supervisors, and the activities coordinator who's a social worker and also their social work director,” she said. “I had mentioned to them, ‘I'm seeing a lot of depression with him. He really needs some support in that area.’ And the response was, and this came from a social worker: We asked him if he was depressed, and he said: No.”

Her husband was able to get some support through his palliative care team, which he was assigned to due to a lung cancer diagnosis, and that team has been a help to Stark as well in terms of case management. She said this has led to some improvement for her husband, but she knows he is not the only person at the SNF dealing with this problem from isolation.

That makes it all the more important for SNFs to make mental health a priority, which could be a challenge given that many facilities [struggled to identify depression](#) even before the pandemic. But as COVID-19 cases continue to surge across the country — and SNFs have to lock down accordingly — mental health support for residents must become integrated into the care provided.

Plan ahead for reopening

No one is advocating that nursing homes need to return to the way visitation worked prior to COVID-19, Chicotel

said, but the role of visitors in resident well-being is becoming increasingly clear — and it's something that SNFs need to find ways to accommodate while maintaining social distance.

CMS [in May issued guidance on how SNFs could reopen in phases](#), but Chicotel argued that the government should mandate access to outdoor visits, with social distancing and masks, for facilities that are free from COVID-19.

“I think facilities have been understandably very concerned about any visitation and minimizing exposure for the residents; minimizing exposure to liability I'm sure is a concern,” he said. “I think it is going to take state and federal mandates to get outdoor visits established, and I just don't see from a public health perspective or even from a nursing home protection perspective why we can't mandate outdoor visits for residents who want them.”

But in the meantime, that CMS guidance is what remains on the books federally, though different states have taken their own approaches.

The state of Connecticut did not move into the first phase of that reopening guidance until June 20, Angela Perry, the administrator at the SNF Vernon Manor in Vernon, Conn., told SNN on July 16.

The SNF has been allowing outdoor visitations, socially distanced at 10 feet, under certain conditions for visitors: the visits are supervised, with two family members at a time. Visitors have to complete a questionnaire and temperature checks; food and drink is not permitted because that would involve removing masks.

As of July 16, the SNF had been doing outdoor visits for about two weeks, slightly delayed from the June 20 clearance as Vernon Manor conducted the point prevalence testing for residents and employees. Per an executive order from Connecticut Gov. Ned Lamont, the first potential date for visitors inside a SNF — the third phase of reopening — is September 9, but Perry emphasized that this is fluid depending on circumstances, especially given how cautious the state is being.

Still, Connecticut is doing relatively well, with [an overall positivity rate of 0.59% as of Monday](#).

“If we continue the trend in this positive light, we do want to be prepared,” Perry said. “We have identified indoor visitation protocols — of course as the Department of Public Health gives us additional guidance, other recommendations, we will have to follow what those recommendations are.”

Vernon Manor's protocols include surveillance at the entrance through Swiped-on, a contact-free sign-in technology; leaders are also looking at infrared thermometers, and a wall-mounted device that would automatically send an alarm for any abnormal temperature, Perry said in a follow-up email to SNN July 16.

Indoor visits would include social distancing with floor markings, designated areas, supervision, scheduling through a calendar, and disinfecting between visits — and of course, masks required for all.

This is some ways away, but in the meantime, communal dining and activities can resume if employees and residents test negative for COVID-19 for 14 days.

“We received guidance from our local health department actually this week and we will be able to transition into

communal activities next week,” she said on July 16. “Communal dining — we’re still waiting for further clarification so we can implement those protocols here. The biggest concern is, again, with food and having to remove your mask, and even though you’re still social-distanced, what that exposure could be.”

Consider the caregiver

Even with visitation in person allowed in many places, one of the painful parts of the lockdown was the fact that it cut off many residents from family members whose visits served a caregiving role.

As a result, the state of Minnesota on July 10 released [guidance for long-term care facilities on designating an essential caregiver](#) for residents.

“We determined that it made a lot of sense to not open the doors completely for long-term care because of everything that’s happening with COVID ... but how do we balance that wellbeing of the residents with that safety?” Lindsey Krueger, health facilities section chief at the Minnesota Department of Health told Skilled Nursing News.

The guidance acknowledges the role essential caregivers play in observing and advocating for residents, alleviating caregiving tasks for staff, and the promotion of quality of life and autonomy for residents.

Facilities have to take scheduling into account to keep track of the number of essential caregivers in a building at a given time, and the caregivers have to wear all necessary personal protective equipment (PPE). That means facilities have to make sure to educate caregivers on proper donning and doffing techniques.

Long-term care facilities in Minnesota that choose to set up an essential caregiver program have until July 25 to draft policies and prepare for program implementation, though they do not need to wait until that date to start the program if the necessary policies and arrangements are in place. That said, facilities can implement after July 25 if they aren’t ready by that date, Krueger told SNN.

But even beyond essential caregiving tasks, the role of visitors in resident wellbeing is critical. Perry pointed to an example she had seen, where a resident’s grandson had twins, who were finally able to visit.

“Of course, they’ve been able to share pictures via the phone and FaceTime, but it’s still not the same until you can see them in person,” she said. “And it was a surprise — the resident had no idea that the grandson was bringing the twins to the facility today. So she was overwhelmed with joy. It’s a great feeling to see the light shine within the resident, when they reconnect with their families.”

For Stark, that connection endures, and it’s why she made – and continues to make – the effort to give her her husband some semblance of normality.

“For me, my philosophy is home is with my husband and the house is where I sleep and shower and have coffee before I go to work in the morning,” she told SNN.