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States Should Fund Senior Living, Relax Visitation Restrictions, Association Leaders tell Governors

Written by: Lois A. Bowers

3/12/2021

The National Governors Association should “strongly encourage” state governments to provide financial relief to senior living providers and caregivers for COVID-19-related expenses, Argentum President and CEO James Balda told NGA Chair Gov Cuomo (D-NY) and Vice Chair Asa Hutchinson (R-AR) on Thursday in a letter.

Additionally, governors should “immediately revise state guidance related to visitation in senior living communities,” American Seniors Housing Association President David Schless told Cuomo and Hutchinson in a separate letter.

States could provide relief to senior living, Balda said in his letter, via funding allocated to state governments through the American Rescue Plan Act that was signed Thursday by President Biden. “Unfortunately, senior living, including assisted living providers, were not addressed with any funding” in the act, [he noted](#).

“Senior living providers collectively have incurred over \$15 billion in expenses for procuring gowns, gloves, masks and other infection prevention and control supplies, hero pay, additional staff, and lost revenue due to [record-low occupancy rates](#) — losses which are long-term, compounding, and unsustainable,” Balda wrote in his letter.

Operators, meanwhile, he noted, “have not had the same access to federal relief as other providers.” Through the Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Fund, assisted living communities have received approximately \$1 billion nationwide to date, Balda said, whereas skilled nursing facilities have received approximately \$12.5 billion, even though each setting serves approximately 2 million people.

“[More than 50%](#) of senior living providers have indicated they may have to close their senior living community due to COVID-19 financial hardship and the lack of federal financial relief,” he said. “If this happens, federal and state Medicaid budgets will catastrophically increase due to the demand for skilled nursing beds at a tremendous cost to taxpayers.”

Balda also wrote similar letters to Gov. Lujan Grisham (NM), chair of the Democratic Governors Association, and Gov. Doug Ducey (AZ), chair of the Republican Governors Association.

‘Harming those you were previously seeking to protect’

In asking Cuomo and Hutchinson to relax visitation restrictions, Schless noted [federal guidance released Wednesday](#) by the Centers for Medicare & Medicaid Services in collaboration with the Centers for Disease Control and Prevention that allows for responsible indoor visitation “at all times and for all nursing home residents, regardless of the status of the resident, or visitor, with a few specified limitations.”

Because senior living is regulated at the state level, the federal guidance must be acted upon by the states, he wrote.

Schless also noted that residents of independent living, assisted living, memory care and continuing care retirement communities are expected to be fully vaccinated by the end of March.

“Research has shown that prolonged social isolation, lack of engagement, and loneliness can contribute to functional and cognitive decline, as well as depression and anxiety in older adults,” he wrote. “Given that the risk of senior living residents contracting COVID will be largely eliminated in the next few weeks due to effective resident vaccination uptake, the strict visitation restrictions will be harming those you were previously seeking to protect.”

Schless had made a [similar request](#) to the NGA on Feb. 23.

Thursday evening, Balda said Argentum also has asked the CDC to provide guidance to “open senior living communities to ensure seniors can reengage with loved ones through in-person visitation.”

Additionally, the association asked the CDC to ensure that vaccines are made available to senior living communities after the federal Long-Term Care Pharmacy Program has ended.

“Argentum applauds President Biden’s aggressive timeline to distribute the COVID-19 vaccine and will continue to work with the administration to prioritize those most vulnerable to the virus — seniors in congregate care settings,” he added after watching a speech by the president.

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OSHA's New COVID-19 Inspection, Whistleblower Program Targets ALFs, CCRCs and SNFs

Written by: Lois A. Bowers

3/15/2021

Assisted living facilities, continuing care retirement communities and skilled nursing facilities are among the targets of a [new Occupational Safety and Health Administration program](#) designed to focus inspections, outreach and compliance assistance efforts on “companies that put the largest number of workers at serious risk of contracting the coronavirus.”

The “national emphasis program,” or NEP, became effective Friday and will last up to 12 months. It also will focus on employers that retaliate against workers for making complaints about unsafe or unhealthy conditions, or for exercising other rights protected by federal law, the Department of Labor agency said.

“This program seeks to substantially reduce or eliminate coronavirus exposure for workers in companies where risks are high, and to protect workers who raise concerns that their employer is failing to protect them from the risks of exposure,” said Jim Frederick, principal deputy assistant secretary of labor for occupational safety and health.

“Unprogrammed” inspections related to COVID-19 fatalities will continue to be prioritized under the program, OSHA said. “Particular attention for on-site inspections will be given to workplaces with a higher potential for COVID-19 exposures, such as hospitals, assisted living, nursing homes and other healthcare and emergency response providers treating patients with COVID-19, as well as workplaces with high numbers of COVID-19-related complaints or known COVID-19 cases,” according to the 35-page document detailing the program.

In the healthcare realm, other entities targeted by the program include residential intellectual and developmental disability facilities, home healthcare services, temporary help services, physicians’ and dentists’ offices, ambulance services, general medical and surgical hospitals, psychiatric and substance abuse hospitals, and specialty hospitals. Outside of healthcare, targeted through the program are supermarkets and convenience stores, discount department stores, warehouses and storage facilities, restaurants, correctional institutions, meat and poultry processors, and animal slaughterers.

“With more people being vaccinated and the number of infections trending down, we know there is light at the end of the tunnel,” Frederick said. “But until we are past this pandemic workers deserve a Labor Department that is looking out for their health.”

OSHA said it will conduct new inspections as well as follow-up inspections to ones conducted in 2020. In addition to examining health and safety-related conditions, inspectors will distribute anti-retaliation information and refer allegations of retaliation to the Whistleblower Protection Program.

More than half of the states and territories already have similar enforcement programs, the federal agency said,

adding that it “strongly encourages the rest to adopt this NEP.” States have 60 days to notify OSHA of their intentions.

The NEP was created in response to President Biden’s [Jan. 21 executive order](#) about protecting worker health and safety.

In a related action, OSHA announced that it now will prioritize the use of on-site workplace inspections where practical, or a combination of on-site and remote methods, rather than remote-only inspections.



Low-tech Program Helps Assisted Living Residents Socialize, Med Students Learn during Pandemic

Written by: Kimberly Bonvissuto

3/15/2021

A simple social calling model launched during the pandemic gave medical students real-life practice in geriatric assessment skills while providing socialization opportunities for residents of assisted living communities, according to an on-demand panel presentation at the AMDA — The Society for Post-Acute and Long-Term Care Medicine PALTC 21 Virtual Annual Conference.

The meeting kicked off Thursday and ended Sunday.

Sarah Hobgood, M.D., an associate professor at Virginia Commonwealth University in Richmond, VA, said that when the pandemic began, medical students immediately were removed from patient care and felt stranded and lost. As a physician, she was fielding phone calls from families of assisted living residents about not being able to connect with their loved ones.

The American Geriatrics Society student chapter at VCU launched a social calls program in March 2020 that paired medical students with assisted living residents through weekly phone calls. Students from the health sciences schools of medicine, dentistry, nursing and pharmacy, as well as in the College of Health Professions — which includes occupational and physical therapy as well as gerontology — participated.

“The students took it and ran,” Hobgood said. “It became an effective strategy for driving companionship.”

A simple program

The simple phone call program, which Hobgood called a “low-tech solution requiring minimal staff time during a time of competing interests,” included a conversation guide with open-ended questions and talking cues as well as acknowledgements about how residents were feeling about the pandemic.

The program grew over time, Hobgood said. It began with calls to residents in four assisted living communities that already had partnerships with the school and evolved into a multi-pronged referral process that allowed residents to call a central hotline number and request to be paired with a student. The program eventually grew to 20 assisted living communities. Geriatric clinic providers also began referring patients, and a partnership with a local senior apartment complex led to wellness checks and additional socialization calls.

Residents with physical limitations that prevented a phone or Zoom call could participate in a letter-writing campaign. Students delivered unsealed and unaddressed cards to communities, which delivered them to residents. The letter-writing campaign, which resulted in almost 100 cards delivered to three local assisted living communities, eventually expanded to VCU Health, the academic medical center.

Mutually beneficial

The program was intended to provide companionship to residents during a crisis while providing hands-on health professional education for students, but VCU Education Administrator Chuck Alexander said the program proved to be mutually beneficial to both groups.

“The older adults enjoy the opportunity to mentor or teach the next generation of medical professionals,” Alexander said. “It also offers extensive socialization opportunities for both the student and the older adult.”

Alexander said the “shared trauma” of the pandemic, along with the reality of the quarantine, and the isolation, depression and loneliness that resulted, was the catalyst for the program.

Hobgood said the program provided a “constant and stable social event for an otherwise socially isolated older adult.” Basic wellness checks for medication and food added another layer of protection “during an incredibly challenging time for all of us.”

As of last fall, 94 students were recruited from across the health professional schools, and 41 were assigned to older adults, with the remaining students waiting for assignments. Although the average call duration was 30 minutes, Master of Public Health degree student Tiffany Tsay said that calls ranged from a five-minute check-in to a two-hour conversation. Students made more than 120 calls that totaled 70 hours in duration.

Interest among students and a desire to volunteer provided sufficient numbers for sustaining referrals even after the pandemic, Tsay said.

“It’s an amazing outcome of a really terrible, tragic event,” Hobgood said. “It offered career development for health professional students, personal development and unexpected friendships.”

Wellness Calls program

One month into the partnership, the student group partnered with Dominion Place, an affordable senior housing apartment complex. During the pandemic, staff members shifted to a remote model and were tasked with conducting weekly wellness calls to Dominion’s 200-plus residents.

The partnership with the students extended Dominion’s staffing capacity and also increased socialization opportunities for residents. In the fall, students used the calls to disseminate additional information about voting during the November election.

The Dominion Wellness Calls program operated for 28 weeks, with more than 1,400 connected calls with residents. Overall, students connected and interacted with approximately 20% of Dominion’s residents from week to week.

Several health systems across the country have adopted similar programs during the pandemic, including Villanova University in Villanova, PA, Northwestern University in Evanston, IL, New York University in New York City and Temple University in Philadelphia.



Pandemic Highlights Need for Medical Directors in Assisted Living Communities: Panel

Written by: Kimberly Bonvissuto

3/12/2021

Should assisted living communities have medical directors? The growing medical complexity of assisted living residents, combined with an increased need for infection control expertise made evident during the pandemic, have elevated discussions, two speakers said Thursday during the first day of the AMDA–The Society for Post-Acute and Long-Term Care Medicine’s PALTC21 Virtual Annual Conference.

Sarah Howd, M.D., and Dallas Nelson, M.D., of UR Medicine Geriatrics Group, which provides medical direction services to assisted living communities and nursing homes in the Rochester, NY, area, led a discussion titled “Medical Direction in Assisted Living: How a Pandemic Helped Define a Role.”

Howd is a member of an AMDA subcommittee on assisted living, which is examining defining the role of a medical director in such settings and providing sample contracts. The concept is still new and is somewhat controversial, she said.

But it is needed, the speakers said, noting that 75% of assisted living residents have two or more comorbidities. Additionally, Howd said, the high cost of private-pay assisted living increases family expectations that care will be provided in the communities. This expectation has led many communities to opt to have an in-house physician or to partner with providers or geriatric medical practices to provide on-site primary care for residents who wish to have such a service, he said.

The COVID factor

The pandemic has added another dimension to the on-site medical directors discussion, because it has become apparent that many communities lacked infection prevention education and protocols, making their populations more susceptible to COVID-19, the speakers said.

Before the pandemic, Nelson said, medical directors spent much time on issues such as behavioral management, family concerns about what communities can do for loved ones, primary care provider consultations, geriatric care advocacy for residents, and care transition.

“Assisted living, by definition, is a middle ground between home and the nursing home,” Nelson said. “There are a lot of questions as to when that level of care becomes inappropriate and whether to move someone.”

During the pandemic, Nelson and Howd said, their medical direction practice provided county-wide assisted living standards on quarantine procedures, a checklist for communities dealing with COVID-positive residents, and order sets to standardize how to care for COVID-positive residents in assisted living communities. They also advocated for staff member testing to catch asymptomatic carriers.

“We were seeing great variability in how communities were handling quarantine. Some were free-wheeling, and there was little quarantining going on, while others were taking that quarantining to the nth degree,” Howd said. “This led to patients deferring medical care.”

The practice also worked with local emergency medicine teams to develop protocols for communities in deciding when to transfer a COVID-positive resident to the hospital. In the beginning, Howd said, some communities were performing all-out evacuations of residents with positive COVID tests, putting undue strain on local hospital systems.

“A formal arrangement with a medical expert will benefit not only the community, but also the residents,” Nelson said.

On-site medical directors, Nelson added, can provide insight and expertise that improve care, handle family involvement and interventions, review incident reports and policies / procedures, make care transition decisions and oversee medication reconciliation.

Medical director mandates?

Howd said she does not see any movement at the federal level to mandate medical directors at assisted living communities. But she said it is likely that some states will move in the direction of encouraging or requiring assisted living communities to have some sort of medical consultation or agreements with medical groups for expertise.

How communities dealt with the pandemic “may be very eye-opening, Howd said.

“If they want to get people to move in and stay there and age in place, they’re going to have to adopt something different and get more medical involvement,” she said, adding that contracts and liability coverage will need to be part of the model.

Using the continuing care retirement community model as an example, Howd said the “curbside” model of pulling the nursing home medical director into another portion of the community to ask their input on an assisted living resident goes outside the scope of practice for the nursing home medical director and leaves the medical director at risk.

Nursing homes and assisted living communities have differences in regulations and standards, she said, and procedures in one setting don’t necessarily transfer to another setting.

The meeting continues through Sunday.

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 **SENIOR HOUSING NEWS**

Medicaid Could Help Unlock Middle-Market Senior Living — But Policies, MCOs May Not Favor Providers

Written by: Chuck Sudo

3/10/2021

With their eyes on the huge cohort of lower- and middle-income baby boomers, senior living providers are looking to the Medicaid program as one potential avenue for growth. Large providers such as ALG Senior and Gardant have carved out niches in the Medicaid space, but recent Medicaid policy changes paint a decidedly mixed picture about where the program is going and how attractive the opportunities will be for assisted living.

On February 27, the U.S. House of Representatives [passed](#) the [American Rescue Plan](#), the Biden administration's \$1.9 trillion stimulus package. Included in the bill is a [7.35% rate increase](#) to Federal Medical Assistance Percentages (FMAP), for states to enhance home- and community-based services during the pandemic.

If the provision survives budget reconciliation in the Senate, it could prove to be beneficial for assisted living providers with Medicaid-reimbursements of home- and community-based services as a revenue stream.

But that will depend on managed care organizations (MCOs) that contract with states to handle Medicaid reimbursements. Some MCOs are signaling that they will cut reimbursement rates to assisted living providers.

With the Biden administration committed to expanding home- and community-based services, it may be incumbent on senior living providers and industry advocates to ensure that assisted living is not left behind.

Rate cutting

Strictly defined, Medicaid may not be used to cover the full cost of housing and caring for seniors in assisted living facilities, as the program does for nursing homes.

Most commonly, states use waivers allowing for the reimbursement of home- and community-based services to reimburse assisted living providers, under [Section 1915\(c\)](#) of the Social Security Act. Waivers enable states to tailor services to meet the needs of a particular target group, and states are also permitted to establish additional criteria to further target the population to be served on a HCBS waiver, within these target groups. Theoretically, states can cover an unlimited number of services, as well as a combination of standard medical and non-medical services, under an HCBS waiver.

"The 1915(c) waiver authority gives states enormous amounts of budgetary control over the provision of home- and community-based services to people who have a need for them," Tumlinson said.

States use a variety of tools at their disposal to adjust plan risk, and modify direct uniform rates to ensure payments are neither too high nor too low.

But few states directly reimburse assisted living facilities directly for home- and community-based services

through Medicaid. A September 2020 [report](#) from the Kaiser Family Foundation found that 40 states, plus the District of Columbia, contract with managed care groups to provide care to a portion of their Medicaid recipients, as of July 2019. Almost 54 million Medicaid recipients received their care through MCOs — accounting for 69% of all beneficiaries.

In many of these states, the entity setting the rates for assisted living reimbursement is the MCO. With more states under financial duress stemming from the pandemic, need for services increasing and margins compressed, something has to give.

“Cutting rates to providers is always an easy place to go,” Tumlinson said.

Some states have strong relationships with MCOs — Tumlinson cites Arizona as an example of where MCOs truly position assisted living with home- and community-based services as an alternative to skilled nursing. But that synergy between government and insurer is rare.

“Where there is a lot of tension is when the entity setting the rates for assisted living is the Medicaid MCO, not the state,” she said.

Margins for MCOs are up throughout the pandemic, but that is not exactly translating into higher reimbursement rates for providers.

Gross margins in the Medicaid MCO market increased 109% through the third quarter of 2020, compared to the same period a year prior, according to a December Kaiser Family Foundation [report](#). But margins in this segment tend to be smaller compared to other markets, because Medicaid payments are lower.

The MCO Medicaid market reported [smaller growth margins](#) in 2020, due to challenges presented by Covid-19. Some groups are signaling cutting reimbursement rates to providers, as a result, because of decreased utilization of MCOs for health care throughout the pandemic.

For example, Lakeside Care, one of five MCOs in Wisconsin, is reducing the daily rate it reimburses assisted living providers by as much as 9%, WBAY-TV [reports](#).

Lakeside did not respond to requests for comment from Senior Housing News. But providers in America’s Dairyland are concerned.

Some states, disappointed with the performance of MCOs, are rethinking their relationships with these groups.

In January, the Illinois House [advanced](#) a bill that would end hiring MCOs to manage the state’s Medicaid reimbursements, and replace it with a fee-for-service payment system. This is in response to decreased utilization of MCOs for health care throughout the pandemic in the Land of Lincoln, as well as addressing what lawmakers believe are racial and ethnic disparities in the state’s health care system.

The growing tension stems from a lack of understanding of the assisted living landscape on the part of MCOs, ATI Advisory CEO Anne Tumlinson told Senior Housing News. In theory, Medicaid MCOs would have a solid grasp of what assisted living provides as an alternative to nursing homes, and to reimburse providers at rates that make it attractive to develop facilities that forestall the need for nursing care. In practice, Medicaid MCOs are not that sophisticated, and don’t fully understand the assisted living space.

“They have been a little slow to leverage assisted living as an alternative,” she said.

Providers hamstrung

States that outsource to MCOs do not employ uniform rate and reimbursement standards, which can be confusing for regional providers providing home- and community-based care in assisted living, Gardant Management Solutions CEO Rod Burkett told SHN.

The Bourbonnais, Illinois-based provider manages a portfolio of 56 communities in six states — 50 of those are Medicaid certified. The company [pioneered](#) a sustainable middle-market senior housing model through Illinois state Medicaid waivers, and approximately two-thirds of Gardant's total resident population receives Medicaid assistance.

The majority of Gardant's portfolio is located in Illinois, a managed care state, and Indiana, where providers receive Medicaid reimbursements directly from the state. The differences between the two states could not be more stark.

Managed care organizations in Illinois focus a lot more on hospitals, emergency room stays, surgical centers and long-term care, and only pay assisted living providers the minimum rates set by the state for home- and community-based services.

Burkett describes MCOs' emphasis on wellness in long-term care as an afterthought, and that insurers are missing out on an opportunity to open assisted living to lower-income seniors who would otherwise enter the long-term care space once their conditions have deteriorated to the point where assisted living is no longer an option.

"We don't see [MCOs] moving people out of higher-cost environments of care to assisted living," he said.

Assisted living providers seeking Medicaid reimbursements in Indiana, conversely, contract directly with the state, Vermilion Development President and CEO Dave Cocagne told SHN. The Chicago-based, vertically integrated real estate services company includes a senior housing arm, Silver Birch Living, which owns and operates nine assisted living communities for low-income seniors. Approximately 92% of Silver Birch's residents are on Medicaid waivers, meaning they have liquid assets totaling less than \$2,000.

States received additional funding, thanks to the federal government issuing an increase in FMAP for the duration of the pandemic. But that pertained mainly to skilled nursing, and did not trickle down to assisted living.

In spite of that, Vermilion has not seen a substantial uptick in outstanding receivables with the state. But the lack of additional funding has placed pressure on Silver Birch's margins.

"For the assisted living waiver providers, [the FMAP increase] did not pass that along to us, even though we have the same costs and labor base," he said.

A stopgap measure

After months of lobbying from industry groups, providers were finally able to tap into general distribution federal funding, starting [last September](#), when the Department of Health and Human Services (HHS) opened Provider Relief Fund Phase 2 General Distribution allocations to private-pay assisted living providers.

And in the most recent phase of general distributions funds, assisted living providers stood to receive [\\$140 million](#) in allocations.

The FMAP rate increase in the Biden administration stimulus package is only for one year, but could be interpreted as an indicator of a longer-term, more permanent hike, Tumlinson told SHN.

“If so, it’s a positive sign for growth for any organization that participates as a provider of home- and community-based services,” she said.

But the extent to which states use the additional federal funds to increase rates, services, eligibility or compensation to direct care workers still varies by state. Additionally, the FMAP rate increase may not be enough for MCOs to forestall planned cuts at this point.

“There’s still a big space between the theoretical increase in federal funding and the reality,” she said. “We have a lot of work to do to make up the difference.”

Cocagne is taking a cautious approach to the FMAP funding increase and what that means for Silver Birch communities.

“We invest millions of dollars of capital, so we need to have confidence that those rate increases are permanent and that states will in turn use that funding to create and sustain appropriate reimbursement rates for assisted living waiver rates,” he said.

If the increases are permanent, it opens a window of opportunity for providers to expand affordable assisted living. If the increase expires after a year, it will not generate large-scale investment in waiver provider infrastructure. And Vermilion’s experience with Silver Birch in Indiana over the past year does not bode well for the possibility of growing the affordable assisted living cohort.

“Indiana has had that additional funding for almost a year now, and has opted to pass it through to some providers, but not all,” he said. “That can only happen if those additional federal resources are passed through to providers.”