

For Populations Residing in Long-term Care Settings

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Nursing homes across the country have been under federal orders to protect their especially vulnerable residents for weeks now, but outbreaks continue to occur. In Michigan, nursing home facilities around the Detroit area have been particularly impacted. The prevalence of COVID-19 in nursing homes suggests that bans on visits, infection control procedures, and the provision of additional resources have either arrived too late or have not been sufficient. Many states are looking at new solutions to keep nursing home populations as safe as possible. Beyond following standard CDC guidance, a variety of approaches have been taken to address the spread of COVID-19 among these populations.

Some innovative strategies being taken to protect nursing homes include deploying strike teams, requesting waivers of CMS billing and auditing rules to extend practice privileges to new and retired providers to combat workforce shortages, expedited testing and health screening of staff and residents, and using technology in creative ways to lessen the burden of social isolation that many seniors feel since they cannot have visitors.

In addition to safety issues within nursing homes, many hospitals are challenged to discharge patients back to nursing homes they resided in before their hospitalization. In many cases, these issues have extended beyond those patients who are confirmed as COVID-19 positive. Nursing homes fear that taking back any patient who has had a recent hospital stay without a confirmed negative test could put other residents and staff at risk.

Background: Nursing Home Safety

Nursing home staff and residents are particularly vulnerable to contracting COVID-19, and as a predominantly elderly population with many co-occurring conditions, they are at higher risk of experiencing severe complications as a result.

Scope of the Issue in Michigan

Currently, there are roughly [10 to 12 nursing homes](#) in Michigan that have reported COVID-19 cases according to the Health Care Association of Michigan (HCAM). MDHHS does not currently track data on nursing home cases or nursing home workers. Residents of nursing homes and families of those residing in nursing homes are relying on the homes themselves to self-report. Such reports include the Roseville home that has approximately 20 COVID-19 cases, and the West Michigan home in Cedar Springs with 36 cases. Advantage Living Centers, which owns the Roseville home with 20 cases, has said that the virus has been found in seven of its homes in Metro Detroit. Including the Roseville home, five of these seven homes had previously been cited for infection deficiencies.

How Do We Keep Nursing Home Residents as Safe as Possible?

All states are experiencing similar challenges with keeping residents in nursing homes safe. Some best practices identified from efforts around the country include:

- 1) Prevent coronavirus from entering these facilities
 - a) [Restrict all visitors](#), with exceptions for compassionate care or end-of-life situations
 - b) Restrict all volunteers and nonessential health care personnel or other personnel, such as barber/nail/salon care personnel

- c) Implement active screening of all incoming healthcare personnel for fever and respiratory symptoms
 - d) Provide adequate PPE, cleaning supplies, and hand sanitizers
 - e) Provide ongoing education and training to staff about best practices
 - f) Educate residents and families
- 2) **Stop the spread** in facilities that already have COVID-19 cases
- a) Cancel all communal dining and activities
 - b) Actively monitor temperature and respiratory symptoms for rapid identification and management of ill residents
 - c) Implement paid sick leave policies and other occupational health considerations for facility employees
 - d) Prepare to train, recall, and recruit more staff if workforce shortages become a challenge
- 3) Mitigate the lasting impacts on seniors caused by feelings of social isolation
- a) **Use technology** to keep seniors from experiencing social isolation while social distancing
 - b) Consider the use of online cognitive behavioral therapies to decrease loneliness and the physical and mental impacts of isolation

State Examples on Improving Safety in Nursing Homes

Preventing the Virus from Entering Facilities and Spreading among Residents

- **Florida** has implemented the use of strike teams when they become aware of COVID-19 cases in any nursing home or assisted living facility. A strike team consists of a nurse, epidemiologist, and infection control specialist, as well as someone from the Agency for Healthcare Administration. This team will arrive at the facility and go room to room, checking temperatures, making sure individuals are well and appropriately isolated, as well as ensuring the facility has adequate supplies and protocol for cleaning and decontamination. If a resident is found to be ill, they make sure the appropriate medical attention is given. Additionally, they screen all workers and contractors coming in and out of these facilities. There is also a command center for concerned facility workers to call 24/7 for immediate response, and a strike team will be deployed to their location.
- **Oregon** has suspended its routine inspections of nursing homes, memory care centers, and assisted living facilities to create a “strike force” of workers who can go to any facility where a patient or staff member tests positive for coronavirus to help with rapid response containment measures. These measures include deploying state regulators to the site to enforce an immediate restriction on visitors, an end to group dining, and enhanced infection control practices to ensure patient and worker safety. They are also working to balance “keeping out germs with human connection” in order to avoid social isolation.
- In **Colorado**, Assured Assisted Living operates ten memory care communities. The company is working with independent Centennial State Lab to begin testing all incoming residents for COVID-19 starting this week. Potential residents will be tested in their own homes as part of an initial care assessment. Individuals needing immediate placement will go to a specialty care home for a period of quarantine. Negative tests will allow them to move residents in immediately.
- **Maryland** has also created strike teams consisting of local healthcare workers, National Guard members, and other front-line public health personnel from the state and local health departments. These efforts were

coordinated following the state's emergency order that mandated nursing homes use expedited testing options to identify cases among staff and residents.

- [Nevada](#) is seeking an 1135 waiver to streamline access to vital services to build in more flexibility for its long-term care and allowing care in alternative settings, and an "Appendix K" waiver to target the needs of home and community-based health services.

Examples of Mitigating Social Impacts

As nursing homes continue to enforce protective measures such as canceling communal activities, banning visitors, and implementing social distancing, this may lead to feelings of social isolation in seniors. It is well known that [social isolation](#) among older adults is a serious public health concern because of their heightened risk of cardiovascular, autoimmune, neurocognitive, and mental health issues. As health authorities instruct everyone to stay home, the elderly will be disproportionately impacted, particularly those in nursing homes without visitors, activities, or interaction with fellow residents. In order to mitigate the impact of social isolation on seniors, technology can be utilized to provide social networks and support for these populations.

- In [Ottawa, Ontario, Canada](#), a phone-based platform has been built to connect seniors without access to the internet to participate in phone-based social activities, and United Way of East Ontario has just approved funding to expand this program for seniors in response to COVID-19.
- A retirement community in [Austin, Texas](#) hosted a virtual bingo night with a celebrity host to keep seniors engaged.
- A man in California set up an [Amazon Echo](#) so his father could talk to "Alexa", in addition to setting his father up with a smartwatch that monitors his vital signs and functions that allow him to make phone calls to his son over WIFI by pressing a button.

Background: Challenges with Hospital Discharges to Nursing Homes

Many nursing homes are refusing to readmit residents who have recently experienced a [hospital stay](#) for COVID-19 or other reasons. In some cases, nursing homes have sent residents with suspected COVID-19 symptoms to hospitals for evaluation and have then refused to take them back until a negative test has been confirmed. These fears extend to patients with other conditions, such as those who have visited the hospital for a heart attack or stroke, as nursing facilities worry that these residents may have had exposure to the virus during their hospital stay.

Some nursing home doctors in California have advocated that nursing homes should not have to take patients back who have been known to have the virus until they have had two negative tests 24 hours apart, or 10 days after admission with no fever for 72 hours. Hospitals argue that this is a waste of limited testing resources, and their main focus right now is to move these non-critical patients out of valuable hospital beds.

To address this issue, states have implemented a variety of strategies, from statewide mandates to finding alternative spaces and designating specific facilities that are best equipped to take both residents and hospital discharges with COVID-19.

State Examples of Strategies to Facilitate Hospital Discharges to Nursing Homes

- In [Florida](#), the Department of Health has stepped in to authorize tests for the transfer of hospitalized residents back to nursing facilities. Physicians have the green light to order COVID-19 tests on any nursing home resident before they are transferred back to a subacute setting. The state public health lab that processes these tests has a 24 - 48-hour turnaround time. Additionally, if a resident goes into a hospital and tests positive, the local health department is notified and works directly with staff to ensure necessary precautions are in place to

prevent community spread while still allowing these patients to be safely treated in these long-term care facilities, rather than the hospital.

- **New York** issued a statewide mandate forbidding nursing facilities from refusing discharged residents. Additionally, they are requiring nursing homes to accept discharged hospital patients, even those with COVID-19. There has been push-back from nursing home officials worried about the safety of their long-term residents.
- **California** has issued a statement advising nursing homes to prepare for a future mandate similar to that of New York as nursing homes may have to start taking in hospital discharges, as well as readmitting all residents who have had recent hospital stays.
- **Massachusetts** is organizing a system in which they have designated 12 specific facilities, generally with skilled nursing facility (SNF) capacities or intensive infection control procedures, to take coronavirus patients discharged from hospitals. In order to ensure the safety of nursing home residents in these designated coronavirus recovery facilities, the residents are being moved into other facilities that are equipped for eldercare needs.
- In **Minnesota**, Allina Health, which operates 11 hospitals, is partnering with Presbyterian Homes & Services to convert a 50-bed SNF home into a “step-down site” where patients can recover from COVID-19 before they return to their regular nursing home or senior living community.
- **King County, Washington** has purchased a hotel and is leasing another, as well as looking at what are now empty ambulatory surgery centers or a Christian summer camp in the area to house patients who need less intensive care or need to be quarantined after the hospital to ensure they are not infectious.

Where is the Money Required to Fill These Gaps Going to Come From?

Under the recent federal public health emergency declarations made to address COVID-19, the Department of Health and Human Services (HHS) Secretary has the **authority** under Section 1135 of the Social Security Act to waive or modify certain Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) requirements to ensure access to health care items and services for enrollees during the emergency time period.

For individuals that have already established Medicaid eligibility in their state, nursing facility care can be provided to these patients if their institutional stay is less than 30 days. Additionally, this waiver allows for the extension of minimum data set authorizations for nursing facilities and SNF residents. Other provisions enable providing payment to facilities for delivering services in alternative settings, including an unlicensed facility, if the provider’s licensed facility has been evacuated.

As of March 27, **34 states** have received Medicaid emergency waivers from CMS under Section 1135 of the Social Security Act. The most recent additions of Medicaid 1135 state approvals include New York, Colorado, Hawaii, Idaho, Massachusetts, Maryland, Connecticut, Delaware, Minnesota, Pennsylvania and Wyoming. They join the following **states** with already-approved 1135 approval letters: Iowa, Indiana, Rhode Island, Kansas, Kentucky, Missouri, Oregon, North Dakota, South Dakota, Oklahoma, Alabama, California, New Hampshire, New Mexico, New Jersey, Arizona, Virginia, North Carolina, Mississippi Louisiana, Illinois, Washington and Florida.

Not all of these waivers include nursing homes, but Nevada is an example of a state that sought an 1135 waiver to streamline and accelerate access to vital services to build in more flexibility for its long-term care and the possibility of allowing care in alternative settings, and an “Appendix K” waiver to target the needs of home and community-based health services.

Other Considerations

Some families have elected to remove their loved ones from nursing home care while the COVID-19 cases remain a particular threat to nursing home populations. This means that many informal care givers across the country are now caring for family members who were previously receiving nursing home care.

Dr. Michi Yukawa, a geriatrician professor at the University of California, San Francisco, and medical director of a local nursing home, notes that removing loved ones from this specialized care is very resource intensive. Although some nursing home residents can be managed for a short period of time, she believes it is best for families to keep loved ones in care, visiting whenever and however possible, and keeping the nursing home accountable by being vigilant advocates for patients and hygiene within the facility. If a family opts to remove their loved one from care, she recommends having a discharge planning session with the nursing facility to help create a care plan to account for all of their medical and logistical needs.

Overall, **most advocates** still believe that keeping loved ones in nursing homes is the safest decision and moving them during these times would be unwise. The CDC does not recommend such moves, and the chief medical officer of the American Health Care Association, and the National Center for Assisted Living states that moving older adults from a long-term care facility is risky and could have long-lasting impacts.