



JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

COVID-19: ADVOCATING FOR NURSING HOME RESIDENTS, PART II – STATE ADVOCACY

April 24, 2020

Agenda

- I. Introduction and housekeeping
- II. Recap from Part I
- III. New CMS Guidance, Provider Requests for Immunity
- IV. State Advocacy
 - I. California
 - II. Connecticut
 - III. Massachusetts
 - IV. Michigan
- V. Q&A/Discussion

Presenters

- Eric Carlson, Directing Attorney, Justice in Aging
- Toby Edelman, Senior Policy Attorney, Center for Medicare Advocacy
- Richard Mollot, Executive Director, Long Term Care Community Coalition
- Robyn Grant, Director of Public Policy & Advocacy, National Consumer Voice for Quality Long-Term Care
- Tony Chicotel, Staff Attorney, California Advocates for Nursing Home Reform
- Mairead Painter, State LTC Ombudsman, Connecticut
- Arlene Germain, Founder & Policy Director, Massachusetts Advocates for Nursing Home Reform
- Salli Pung, State LTC Ombudsman, Michigan

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Federal Policy During COVID-19 Outbreak

Eric Carlson, Directing Attorney

April 24, 2020

Coverage and Eligibility

Loosening Medicare Coverage Standards

- Not requiring initial 3-night stay in hospital.
- **IMPORTANT:** Still must meet requirement of skilled rehabilitation services (e.g., physical therapy) or skilled nursing services.

Medicaid and Stimulus Checks

- For Medicaid purposes, stimulus payments are
 - Not income.
 - Not counted as resource for 12 months following receipt.
 - See CMS FAQs on Response Act (FFCRA) and CARES Act, FAQ #54.
- Thus, facilities have no claim to residents' stimulus payments.

Transfers

Transfer **Within** Facility

- **For sole purpose of separating COVID+ and COVID- residents**, CMS has waived regulatory rights to:
 - Share a room by consent of both persons.
 - Receive notice before transfer within facility.
 - Refuse certain transfers within facility.

Facility-to-Facility Transfers

- CMS waives some portions of transfer/discharge regulations, but only in 3 situations:
 - Transferring residents **with COVID-19 or respiratory infection symptoms** to facility dedicated to care of such residents;
 - Transferring residents **without diagnosis or symptoms** to facility dedicated to care of such residents; or
 - Transferring residents without symptoms of a respiratory infection to another facility for 14-day observation.

Process for “Cohort” Transfers

- “New” facility must agree to accept resident.
- Advance notice is not required.
 - Notice must be provided “as soon as practicable,” but what is that supposed to mean when the notice is occurring after the resident already has been transferred?

Waiver to Increase Capacity to Care for COVID-positive Residents

- “To allow for a non-SNF building to be temporarily certified ... in the event there are needs for isolation processes for COVID-19 positive residents.”
- Or within facility, use of previously communal rooms such as activity rooms, meeting/conference rooms, and dining rooms.

Care Provider Standards

Nurse Aide Training

- Waiver of nurse aide training requirements, except for “competency.”
- Ordinarily,
 - Within 4 months of employment, must complete 75 hours of training and pass competency examination.
 - Must participate in training program during first 4 months.

Access to “Outside” Professionals

- Waiver to allow physician visits to be performed remotely via telehealth.
- MD can delegate any tasks to physician assistant, nurse practitioner, or clinical nurse specialist.
 - Tasks must be under the physician’s “supervision.”

Social Distancing in Nursing Facilities

Distancing Internally

- CMS issues guidance & waives regulations to
 - Eliminate communal meals and other communal activities, including resident councils.

Severely Limiting Visitation

- Prohibit visitation except for “compassionate situations.”
 - “Compassionate situations” including but not limited to end of life visitation.



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NEW CMS GUIDANCE ON TRANSPARENCY

CMS GUIDANCE ON TRANSPARENCY

- CMS announces that, in two future rulemakings, it will require facilities to report suspected or confirmed cases of COVID-19 in residents or staff to CDC and to residents and their representatives.
 - QSO-20-26-NH (Apr. 19, 2020),
<https://www.cms.gov/files/document/qso-20-26-nh.pdf>.

CURRENT REQUIREMENTS

- Infection control rules, 42 C.F.R. §483.80, require facilities to have written standards and policies and procedures that include knowing “when and to whom possible incidents of communicable disease or infections should be reported,” “following accepted national standards.”
- 42 C.F.R. §§483.80(a)(2)(ii), 483.80(a)(1), respectively.

CDC

- CMS will require facilities to report to CDC, in order to
 - support local and national surveillance
 - “monitor trends in infection rates,” and
 - “inform public health policies and actions.”
- Information may be retained; may be publicly disclosed.

WHAT IS ALSO NEEDED

- CMS must explicitly require facilities to report information about coronavirus to state health departments/state survey agencies on daily or other frequent basis.
- CMS must require states to
 - Collect the information
 - Make the information public on daily or other frequent basis
 - Use the information to
 - Monitor facilities (remotely and on-site)
 - Target tests, personal protective equipment, staff.

RESIDENTS AND REPRESENTATIVES

- In rulemaking, CMS will require facilities to inform residents and representatives of
 - Single occurrence of confirmed COVID-19
 - 3 or more residents or staff have “new-onset of respiratory symptoms that occur within 72 hours”



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IMMUNITY FROM LIABILITY

HHS SECRETARY AZAR

- Letter to Governors (Mar. 24), “For health care professionals to feel comfortable in expanded capacities on the frontline of the COVID-19 emergency, it is imperative that they feel shielded from medical tort liability.”
- <https://www.nacds.org/pdfs/government/2020/SecAzar-COVID-Governor-Letter-3-24-20.pdf>

LEADINGAGE

- LeadingAge, letter to Secretary Azar (Mar. 25), asks that SNFs and ALFs be “afforded the fullest extent of legal immunity available under the law in connection with their efforts in responding to COVID-19,”
- <https://skillednursingnews.com/wp-content/uploads/sites/4/2020/04/LeadingAge-Secretary-Azar-Letter-PREP-Act.pdf>

AMERICAN HEALTH CARE ASSOCIATION

- *Skilled Nursing News* reports that AHCA issued a Statement (Apr. 15, 2020): ““We encourage every state to extend sovereign immunity provisions to the long-term care providers and other health care sectors associated with care provided during the COVID-19 pandemic.”
- <https://skillednursingnews.com/2020/04/multiple-states-take-steps-to-shield-nursing-homes-from-liability-amid-covid-19-but-rules-vary/>.

STATE NURSING HOME TRADE ASSOCIATIONS

- Ask for immunity for harm or damages during pandemic caused by acts or omissions
 - generally not including gross negligence or reckless misconduct or intentional infliction of emotional harm
 - But saying resource or staffing shortages are not gross negligence, etc.

STATE NURSING HOME TRADE ASSOCIATIONS

- Letters from California, Connecticut, Florida, Pennsylvania, Washington State
- Likely more states

STATE ACTIONS

- Typically, Executive Order gives broad civil immunity to health care providers during pandemic, except, generally, willful misconduct or gross negligence (which does not include resource or staffing shortages).

STATES

- Georgia: executive order (Apr. 14)
- Illinois: executive order 2020-19 (Apr. 1)
- Michigan: executive order 2020-30 (Mar. 29)
- New Jersey: executive order 112 (Apr. 1)
- New York: budget bill fiscal year 2021
- Likely more states

MORE INFORMATION

- Maggie Flynn, “Multiple States Take Steps to Shield Nursing Homes From Liability Amid CoVID-19 – But Rules Vary,” *Skilled Nursing News* (Apr. 19, 2020), <https://skillednursingnews.com/2020/04/multiple-states-take-steps-to-shield-nursing-homes-from-liability-amid-covid-19-but-rules-vary/>.
- CMA will publish information about these issues.

CENTER FOR MEDICARE ADVOCACY

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For further information, or to receive the
Center's free weekly electronic newsletter, *CMA Alert*,
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COVID-19 in California LTC

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CANHR COVID-19 News & Resources



CANHR Alerts, News and Resources regarding the COVID-19 Crisis.



ALERTS

MEDIA NEWS

RESOURCES ▾

MEDI-CAL UPDATE

FACILITY OUTBREAKS ▾

CONTACT

CANHR Press Conference 4-20-2020

April 20, 2020 CANHR STAFF

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CANHR Press Conference 4/20/2020

Watch later Share

2020-04-20 11:46:26

13:11 / 43:46

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CANHR Categories Shortcuts

[CANHR Alerts](#)

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[CANHR in COVID-19 Related News](#)

[CANHR COVID-19 Webinars](#)

Official Notices

[CMS Alerts](#)

[California Executive Actions](#)

[CDPH All Facilities Letters](#)

Emerging Issues - Probably Very Familiar

- Visitation Restrictions
- Coming & Going
- Evictions
- Reporting / Disclosing Outbreaks
- Taking in COVID
- Staffing Shortages
- Immunity

Pre-Existing Conditions

- Infection Control
 - 1.6 - 3.8 million infections / year leading to 388,000 deaths!
 - 8,595 deficiencies in 2019
- Understaffing
 - initial review suggests, lower staffed facilities are more likely to have explosive outbreaks
- Bad Owners
 - more exploitation of weak vetting by state, yields lower classes of ownership and lower quality of care

Takeaways

- LTC Residents are Second Class Citizens
 - Triage Guide
 - Make way for the COVID-19 carriers (the others > ltc residents)
 - Support person
- Time to Re-think This Whole Model - for real
 - Institutional care has always been dehumanizing and impairs quality of life
 - It is a horror show for infection control

Advocacy Strategies

- Media!
- Know your IC hotspots
 - <https://qcor.cms.gov/main.jsp>
- Fight the Bad Stuff
 - Alerts & Public Statements/Condemnations
 - Letter-writing campaigns
 - Partners
 - Press Conferences
- These are Lives on the Line!

Selection Criteria

Year Type: Calendar
Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid
Display Uncorrected Deficiencies Only: No
Deficiency Tags: F0880 - Infection Prevention & Control
 F0881 - Antibiotic Stewardship Program
 F0883 - Influenza And Pneumococcal Immunizations
Survey Focus: Health

Year Type: **Month:** **Percent by Row:** [View All States](#)

Deficiency Count Report

Region	Total Deficiencies by Year			
	2018	2019	2020	TOTAL
(I) Boston	372	331	7	710
(II) New York	282	361	45	688
(III) Philadelphia	763	708	37	1,508
(IV) Atlanta	1,012	938	171	2,121
(V) Chicago	2,110	2,212	354	4,676
(VI) Dallas	1,313	1,129	195	2,637
(VII) Kansas City	847	920	134	1,901
(VIII) Denver	257	357	33	647
(IX) San Francisco	1,081	1,180	151	2,412
Arizona	34	32	2	68
California	978	1,076	138	2,192
A GRACE SUB ACUTE & SKILLED CARE	1	2	N/A	3
ABBY GARDENS HEALTHCARE CENTER	1	1	N/A	2
ACACIA PARK NURSING & REHAB CENTER	1	1	N/A	2
ACC CARE CENTER	1	1	N/A	2
ADVANCED REHAB CENTER OF TUSTIN	3	1	N/A	4
AFFINITY HEALTHCARE CENTER	1	N/A	N/A	1
ALAMEDA CARE CENTER	1	1	N/A	2
ALAMEDA COUNTY MEDICAL CENTER D/P SNF	1	1	N/A	2
ALAMEDA HEALTHCARE & WELLNESS CENTER	N/A	2	N/A	2
ALAMEDA HOSPITAL D/P SNF	N/A	1	N/A	1
ALAMITOS BELMONT REHAB HOSPITA	1	N/A	N/A	1
ALCOTT REHABILITATION HOSPITAL	N/A	N/A	1	1
ALDEN TERRACE CONVALESCENT HOSPITAL	N/A	2	N/A	2
ALDERSLY SKILLED NURSING FACILITY	1	2	N/A	3
ALDERSON CONVALESCENT HOSPITAL	1	N/A	N/A	1
ALEXANDRIA CARE CENTER	?	?	N/A	4

Connecticut's LTC COVID-19 Response

Mairead Painter
State Long-Term Care Ombudsman



Timeline of what has been happening in CT

- ▶ March 9, 2020: Memo issued to nursing and convalescent homes on visitor restrictions
- ▶ March 10, 2020 Letter from State Ombudsman to Residents, Family and Responsible Parties about COVID-19 and visitor restrictions
- ▶ March 13, 2020: Executive Order No. 7A
- ▶ March 13, 2020: Order to nursing home facilities, residential care homes, and chronic disease hospitals implementing 30-day visitor restrictions
- ▶ March 23, 2020 2nd Letter from State Ombudsman to Residents, Family and Responsible Parties about positive cases in facilities

Timeline of what has been happening in CT, cont.

- ▶ March 27 2020 State Ombudsman began doing Facebook Live events and there have been 12 so far.
- ▶ March 30, 2020 3rd Letter sent Jointly from State Ombudsman and the Department of Public Health to Residents, Family and Responsible Parties about the states ongoing plan to address COVID-19
- ▶ April 11, 2020: Order modifying regulations regarding alternate COVID-19 recovery facilities
- ▶ April 11, 2020 4th Letter From State Ombudsman to Resident, Family and Responsible Parties about the states evolving plan to address COVID-19 and the reason for ongoing modifications to the plan
- ▶ April 19, 2020: Governor Lamont Expands Financial Aid for Connecticut's Nursing Homes Amid COVID-19 Pandemic, Announces Nursing Home Site Visits to Extend Additional Support From State
- ▶ April 21, 2020: Order extending the date of visitor restrictions at nursing homes, residential care homes and chronic disease hospitals

CT LTCOP Advocacy amidst COVID-19

- ▶ Daily LTCOP Team huddle including our attorney - identify concerns, trends and best practices
- ▶ Continued daily casework by phone – streamlining complaints to DPH when appropriate
- ▶ Daily calls with State Partners - DPH, DSS, OPM, UC – updates on changes, issues and successes
- ▶ Letters to Residents, Family and Resp Parties keep them informed on current situation in CT as **THIS IS AN EVERY EVOLVING PLAN to meet the need of an EVER CHANGING SITUATION**
 - ▶ Sent to residents to be delivered by SNF - through the nursing home association, DPH, Mutual Aid
 - ▶ Worked with Residents and families at the 2 COVID-19 Recovery Facilities regarding transfers

CT LTCOP Advocacy amidst COVID-19, cont.

- ▶ Regular updates to our website and Facebook sites to make information accessible – SO letters, FAQ's, Best Practices, and other links
- ▶ Facebook Live events – M,W & F at 5:30pm – increasing numbers each time, now about 1200 people per
 - ▶ Participation of the DPH Bureau Chief and the State Medicaid Director – live questions from
 - ▶ FAQ – Collected most asked questions and submit them to the State Departments -formal FAQ
- ▶ Partnering with groups - AARP & Legal Services to get information out and Bills that may have helped
- ▶ Television and News Paper interviews, Radio Shows
- ▶ Zoom meetings and Conference calls with Residents and families from many long-term care settings

States Surg Plan to meet the need for SNF level of care

- ▶ Physical distancing to slow the spread of the virus (visit restrictions)
- ▶ Appropriate medical services for nursing home residents – access to care
- ▶ Designated nursing homes will provide specialized services - identified as COVID Recovery Facilities
 - ▶ have access to higher levels of care and services in order to treat residents with increased needs and staffing requirements are included in Consent Order
 - ▶ Ombudsman office working with each home to track each person and moves to help ensure that they return to their home of origin as part of Consent Order

States Plan to meet SNF level of care surge, cont.

- ▶ All other nursing homes will continue providing care in a traditional manner which may include the care of COVID-19 positive residents who do not require specialized care and services.
 - ▶ These homes will incorporate practices to provide physical distancing which may include, for example, separate wings of the facility.

Changes to existing transfer/discharge regulations

- ▶ Normal procedures for transfers or discharges on both a voluntary and involuntary basis for all nursing homes.
 - ▶ nursing home is required to give a written notice, and develop a plan, before a transfer.
 - ▶ applies before a transfer or discharge from one facility to another
 - ▶ very few exceptions to this rule.
 - ▶ one exception is infection control or other health/safety concerns that could impact or endanger other individuals in the home.
 - ▶ if that is the case, under existing law, you may be transferred to another room with the right to notice and consultation after the fact, and otherwise all existing regulations and procedures would apply.

Changes to existing transfer/discharge regulations, cont.

- ▶ under the current public health crisis, there may be situations involving a transfer to another facility where current procedures are waived or are done as soon as they can be.
- ▶ related only to transfers involving the COVID-19 Recovery Facilities and be in consultation with your doctor, the Hospital, the Long-Term Care Ombudsman and DPH.

Department of Public Health Collaboration

- ▶ Daily partnership calls to disseminate information
- ▶ Mutual Aid
 - ▶ daily information reporting into the system, collected and triaged
- ▶ Daily calls to each COVID-19 Positive home
- ▶ Facetime calls to verify staffing and PPE
 - ▶ Having management and staff in Long Term Care Communities verify visually
- ▶ Supplementing PPE when needed
 - ▶ Several locations state wide
- ▶ Standing up COVID-19 Recovery sites in partnership with DSS and ADS
 - ▶ Consent Orders for accountability

DPH's Long Term Care Response

- ▶ 1. Onsite Infection Control Monitoring
 - ▶ <file:///C:/Users/painterma/Desktop/COVID-19FocusedSurvey-InfectionControlSurveyToolforNon-LTC.pdf>
- ▶ 2. Virtual Huddle with Infectious Disease – DPH staff to Long-Term Care Communities
 - ▶ On Donning & Doffing and other Infectious Diseases Inservice's
- ▶ 3. Virtual Facility Monitoring with Electronic Medical Records
- ▶ 4. Medical Records Review/Medical Records Desk Audit
- ▶ 5. Facetime with Facilities daily verifying staff & PPE
- ▶ 6. Infectious Diseases monitoring
 - ▶ DPH & Yale School of Public Health Contact Tracing Nursing Homes
- ▶ 7. PCA/C.N. A Training Program
 - ▶ FLIS & DSS
- ▶ 8. Activate the Strike Plan Schedule
 - ▶ To meet extreme staffing shortages

Department of Social Services Collaboration

- ▶ **Supporting Connecticut's long-term care facilities, staff and residents.** Governor Lamont has announced a series of measures that include 15 percent across-the-board increases in Medicaid payments to help meet extraordinary costs from the public health emergency. The payment increases will be applied toward employee wages, including staff retention bonuses, overtime, and shift incentive payments; and new costs related to screening of visitors, personal protective equipment, and cleaning and housekeeping supplies. More info at:
- ▶ <https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2020/04-2020/Governor-Lamont-Expands-Financial-Aid-for-Connecticuts-Nursing-Homes> (April 19, 2020)

Department of Social Services Collaboration

- ▶ The Department of Social Services has also released extensive guidance for providers on Medicaid coverage of COVID-19 testing, telehealth for both medical and behavioral health services, and flexibilities related to pharmacy coverage. Snapshots of the guidance are posted here:
- ▶ <https://authoring.ct.gov/HUSKY/Important-information-for-HUSKY-Health-Providers>
- ▶ <https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2020/04-2020/Governor-Lamont-Announces-Extensive-Measures-to-Support-Connecticuts-Long-Term-Care-Facilities> (April 3, 2020)

**COVID-19: Advocating for
Nursing Home Residents
MASSACHUSETTS
ADVOCACY**

- **Presenter:**
Arlene Germain, Policy Director

4/24/20

About MANHR

- **Founded in 2000 by grassroots volunteers.**
- **Initially mentored family-run councils.**
- **3rd state in the country to pass family council law.**
- **Evolved into advocating for wide range of nursing home resident protections.**
- **Hired first paid position --- October, 2018: Alison Weingartner, Executive Director.**
- **Expanded our Board.**
- **Current challenge --- How to protect nursing home residents in a COVID-19 world.**

Halt Resident Evictions to Create COVID-19 Facility

PROBLEM

- 1,000 new beds needed for COVID-19 patients.
- Forcibly transferred residents to new nursing home.
- Used old facility for COVID-19 patients to increase available hospital beds.
- Forced moves physically/mentally harm residents, causing “relocation stress” or “transfer trauma”.
- Residents negatively impacted by loss of visitations by loved ones & ombudsmen.
- Poor or no communication about transfers with residents and families .
- More “evictions” imminent.

Halt Resident Evictions to Create COVID-19 Facility

ADVOCACY

- Construct advocacy letter and support your position by studies, other data.
- Organize colleagues to sign on; ask your colleagues to ask their colleagues!
- Include on-copy: Governor (if addressed to other official), pertinent state officials/legislators, State Ombudsman, Attorney General.
- Contact newspapers, radio, TV.
- Use “Letter to the Editor” as basis for 2nd communication to initial contacts.
- Then, submit “Letter to the Editor” to newspaper.
- Distribute informally to legislators, other contacts: “We want you to know...”

3/30/20: Letter to Secretary of Health and Human Services: https://manhr.org/wp-content/uploads/2020/04/3.31.20-EOHHS-Letter_Dedicated-SNF-for-COVID-19-Patient-Overflow_Advocates-Response_Final.pdf

4/9/20: Protect Nursing Home Residents from Eviction --- Media, Outreach, Sign-ons (includes 4/8/20 Boston Globe Letters To Editor)
https://manhr.org/wp-content/uploads/2020/04/MANHR-Outreach_COVID-19_Protect-Residents-from-Eviction_Final.pdf

COVID-19 Transparency --- Statistics

PROBLEM

Lack of transparency --- lack of accurate, comprehensive statistics on how and where the virus is spreading --- has many adverse consequences.

Without transparency, accurate and comprehensive statistics are not available:

- For successful mitigation of the virus's spread.
- For targeted delivery of resources and support.
- For staff to know how to protect themselves.
- For families who need names of affected facilities and how widespread the illness is to know if their loved one is at risk.

COVID-19 Transparency --- Statistics

ADVOCACY

Massachusetts legislation: [HB 4635](#) *An Act relative to Long Term Care Facility and Elder Housing COVID-19 Reporting*. This legislation:

- Covers nursing homes, rest homes, and assisted living facilities.
- Requires affected facilities report the following statistics daily to their local department of health or to MA Department of Public Health (DPH): number of known COVID-19 positive cases and mortalities in facility.
- Requires that DPH report the following data weekly to the House & Senate W&M: number and demographic data (including race, age, and sex) of COVID-19 positive cases and mortalities.

COVID-19 Transparency --- Statistics

ADVOCACY (CONTINUED)

Due to our coalition's advocacy, the following improvements were just made to [HB 4635](#). These changes are documented in [H.4663](#) *An Act relative to Long Term Care Facility and Elder Housing COVID-19 Reporting* which is the new surviving bill.

- Positive cases and mortalities statistics will include staff, in addition to residents.
- City/town of facility will be posted.
- Facilities will now present a report daily on the following statistics, both to their local department of health and to DPH (previously was or): number of known COVID-19 positive cases and number of mortalities.

Highlights of Two MA Initiatives

- **Nursing Home Family Resource Line** - dedicated phone line **617-660-5399** to connect family members of nursing home and rest home residents with information and resources. Health and other personal questions are referred to the facility or the Ombudsman. **Open Daily - 9:00 AM – 5:00 PM.**
- **Weekly hour-long conference calls with DPH and all nursing homes and rest homes.** Updated requirements and preparedness actions for long term care facilities are discussed, including a Q&A. Updates are presented by members of DPH's Bureau of Health Care Safety and Quality, Bureau of Infectious Disease and Laboratory Sciences, and Office of Preparedness and Emergency Management.

Tips for Advocacy: Michigan's COVID-19 Story

Salli Pung

State Long Term Care Ombudsman



Relationship with State Staff

- * Long standing working relationship with Medicaid
 - * Monthly Olmstead Coalition meetings with key staff
 - * State Ombudsman previously worked within Medicaid
 - * Strong working relationship with open communication
- * New people in leadership at many levels
 - * Requested introductory meetings
 - * Visited facilities with Medicaid and HHS Directors
 - * Offered our assistance to them

Gathering the Details

- * Experienced significant increase in call volume
 - * Families asking about COVID-19 status and ban on visits
 - * Staff concerned for resident safety and working conditions
 - * Hospitals reporting failure to readmit residents
- * Scheduled weekly calls with ombudsmen for updates
 - * Identified serious systemic issues
 - * Captured resident and family stories

Communicating the Story

- * Major concerns
 - * identification and reporting of COVID-19 cases
 - * little to no PPE available
 - * comingling of residents with and without COVID-19
 - * residents in hospitals being refused readmission
 - * involuntary discharges for non-payment
- * Reached out to state contacts to discuss issues
- * Shared reports of residents being negatively impacted

Story telling is KEY to successful advocacy

Come to the Table with Recommendations

- * Recommendation letters
 - * Short and concise description of the issue/concern with a resident or family story to show the negative impact
 - * Don't assume others have the same knowledge base as you
 - * Provide data if it's available
 - * Propose how to address the issue with detailed steps for consideration including out of the box approaches
- * Be thoughtful in your wording and recognize that everyone has the same goals and is working incredibly hard

Offer recommendations to show your program
can be part of the solution

Results to Date

- * Executive Order 2020-50
 - * Can't involuntarily discharge a resident for non-payment
 - * Can't deny admission/readmission based on testing results not consistent with CDC recommendations
 - * Residents temporarily living in the community reserve the right to return and cannot be denied readmission to their original facility
 - * Employment protections for staff who are ill with COVID-19
 - * Cancel all communal dining and group activities
 - * Report to state the available PPE and other data as requested
 - * Notify staff ASAP (or within 12 hrs) of COVID-19 affected residents
 - * Report COVID-19 affected residents to health dept (within 24 hrs)

Results to Date

- * Executive Order 2020-50
 - * Transfer unstable residents to the hospital
 - * Nursing homes under 80% occupancy must create a designated unit for COVID-19 affected residents with designated staff
 - * Must transfer COVID-19 affected residents to this unit
 - * Discharges from hospitals of COVID-19 affected resident who are medically stable
 - * Return to original residence if possible
 - * Discharge to a Regional COVID-19 Hub (designated by the State)
 - * Discharge to an Alternate Care Facility (temporary surge facilities)
 - * Return of residents to their original residence
 - * Notify resident and resident's representative of relocation

Moving Forward

- * Participating in weekly calls with the state team leading the Long Term Care COVID-19 response
- * Providing feedback to state on areas of concern
- * Expanding focus to other LTC settings
- * Request from leadership to keep them informed on issues

Contact Information

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JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

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Advancing Quality, Dignity & Justice

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