



March 16, 2020

Governor Eric Holcomb
200 West Washington Street
Indianapolis, IN 46204

DELIVERD VIA EMAIL

Governor Holcomb,

Thank you for your leadership in navigating the COVID-19 pandemic and in meeting with a number of providers in the long term care community this week. Your announcement of additional steps to protect the public from COVID-19 and to slow the spread of the virus were appreciated, particularly your clear direction for visitor restrictions at nursing homes and hospitals. With your assistance, the long-term care community has a tremendous responsibility in the coming days and weeks. Our job is to care for and protect ourselves in order that we care for and protect our residents and their families. That task has not been made easy for us.

During our meeting of last week, we mentioned a variety of issues that need to be considered as the pandemic continues. The number one concern our long term care providers have is maintaining adequate staff to serve residents. The second priority is the supply of personal protective equipment (PPE), particularly from facilities that are not part of a large corporation. The third concern is the financial impact to prepare for and address the pandemic.

We hope that some of these costs can be covered through Indiana Medicaid's use of the increased Federal Medicaid Assistance Percentage and other funds that are expected to come from the Families First Coronavirus Response Act that is headed to the United States Senate. Still there are many costs that facilities have which will not come through an increase in Medicaid, particularly for Assisted Living and facilities that have little to no Medicaid residents. Some of this relief may be provided through federal government credits and payments, but we wanted to be sure of your knowledge of these other needs beyond Medicaid's reach.

Since the Center for Medicare and Medicaid Services latest guidance document on visitation, employee health screening and tracking, and ending communal dining, we have worked with our national association to estimate the staff need and cost impact just of those measures. We estimate an additional 0.5 to 1.0 FTE per shift needed to complete screening and tracking, and 1.0 FTE per 20 residents to implement meal service without communal dining. For Indiana's 38,000 nursing facility residents (approximately 28,000 Medicaid and 10,000 Medicare/private pay), the estimates total approximately \$318,000 per day in staffing costs for Indiana facilities, or \$116 M annualized.

This estimate does not include the costs of medical supplies, paid leave, overtime, and other staffing costs. We will be working on a more comprehensive number for your consideration. I know you understand how important it is to maintain our members' operations in this critical time.

Please find below a list of considerations as you and your team continue the response effort.

Workforce and Staff

As schools close and an increase in positive cases emerge, as is expected, more of our staff will be sidelined with lack of childcare and/or being in self-isolation or quarantine (if ordered). Please consider the following steps if permitted by your emergency powers, the federal national emergency, or a combination:

- Assistance with creating additional childcare services through governmental reimbursement to open childcare centers, subsidizing parent/guardian expenses for obtaining childcare, and regulatory flexibility for temporary childcare centers in safe settings. Some or all of these could be incentivized or provided through tax credits.
- Considering ordering schools that are closed to provide childcare for district-enrolled children under the age of 12 of emergency workers. Emergency workers would include healthcare, EMS, nursing home and assisted living, law enforcement, correctional services, public health, firefighters and other first responders, and court personnel. This idea comes from Gov. Walz of Minnesota.
- Activating the National Guard medical professionals to provide services in nursing facilities and assisted living.
- Moving forward the implementation of the Nurse Licensure Compact from July 1, 2020 to the date of such a declaration, which should be as early as possible.
- Grant temporary licensure to health care professionals (physicians, nurses, licensed practical nurses, nurse assistants, health facility administrators, perhaps more) licensed in other states that have either tested negative for COVID-19 or meet applicable screening criteria recommended by the CDC.
- Waiver of required continuing education units/credits required for certain health care professionals to maintain licensure (health facility administrators are so required).
- Permit health care facility employees such as activity coordinators, social workers, or volunteers to help feed and transport residents, with some limited training on the Heimlich maneuver and transfer safety.
- In a recent discussion with the Indiana State Department of Health (ISDH) the department expressed concern with facility use of volunteers for non-skilled work such as distribution of meals. The concern was that the volunteer was a visitor, the latter which are prohibited. No national disaster is responded to without volunteers and regulations that we abide by also require preparation with use of volunteers in mind. I urge you to discuss this issue with ISDH and CMS as normal staffing resources will take a hit soon.
- Hiring more staff to screen employees and residents, to hand-deliver meals and feed more residents in their rooms as is suggested by CMS guidance. With more personnel, the communal dining guidance recently issued by CMS will put immense functional and time challenges on facility staff.
- Create a limited-nurse aide program in the alternative to the full Certified Nurse Aide training program, to include basic resident/patient assistance elements designed by nursing facility and the Indiana State Department of Health, together.
- Waiver of nursing facility licensure and certification standards when compliance is otherwise impossible regarding presence of health facility administrators, registered nursing hours, per

patient day licensed nursing hours, medical director care plan approval, pharmacy consultant reviews, required in-service education and training for certain disciplines.

- Creation of a tax credit or other financial incentive to bolster the applicant pool – applications for employment at nursing facilities are dropping as seen by some members, right when we need to hire more employees. For example, a direct financial incentive to the applicant once hired either as a sign-on bonus or a retention bonus after certain days of employment.
- Anti-gouging order for temporary staffing agencies with penalties.

Personal Protective Equipment

Reports of shortages of PPE are beginning to increase. These reports are coming more often, if not exclusively so far, from independently operated nursing facilities and residential care facilities. Suppliers such as McKesson and Medline are either not completing new orders or are slowing any increase of orders. Please consider the following:

- An anti-gouging order for medical supplies with penalties. Pricing for masks have increased 2 to 3 times in recent weeks with demands of wired funds up front prior to fulfillment. This is not sustainable.
- Several facilities I have spoken with this week will be out of face masks and face shields in the next week. As the national stockpile is accessed, I ask that your team prioritize need and do so as fast as possible.
- Indiana is a manufacturing state – we can make masks. Incentives should be considered to harness Indiana's manufacturing sector to re-tool in order to meet demand for these products.

Financial – Medicaid and Operational

The financial impact of the pandemic cannot be fully known now and may not be for some time. Decreases in revenue for most businesses are occurring rapidly while some costs are also increasing rapidly (supply costs - when you can find them, overtime, new PTO payments to retain staff who are out, etc.).

- Through collaboration with the White House, urge **deferral** of (not forgiving of) mortgage payments due to the Department of Housing and Urban Development (HUD). HUD is a major, if not the predominant, lender in our sector; but it is not the only source. Deferral of mortgage payments from any source could free up available cash for emergency staffing, childcare, and supply expenses.
- Allow use of non-licensed rooms for isolation of positive COVID-19 patients or Persons Under Investigation and still allow payment from Medicaid and other payor sources, as possible, as long as total licensed capacity of a facility is not exceeded, and rooms meet basic safety requirements.
- Use of Medicare-only certified beds for care of Medicaid patients. Normally, care for a Medicaid patient in a Medicare-only certified bed cannot be reimbursed.
- Medicaid reimbursement add-on for COVID-19 costs.
- Lifting of the current 3% reduction in the nursing facility Medicaid rate (only a partial solution).
- Suspend deadlines for provider revalidations under Medicaid.
- Extend the claims processing deadline – currently 6 months (formerly a 1 year).

Throughout this letter, we have referenced several financial incentives or payments to facilities. The key to all of this of course is protection of and service to our long term care residents. We think the initiatives addressed above will provide some additional flexibility to ensure that care. We also do want to be clear that even with Indiana's non-state government nursing facility supplemental payment program, revenues at the nursing facility level will not be sufficient to meet the increased cost. Increasing payments in the nursing facility base rate or as an add-on to the base rate will go directly to the nursing facilities and directly for patient care and staff costs. The broad but comprehensive nature of this letter serves as proof of the chaotic and unforeseeable position we all find ourselves in at the moment.

Thank you again for your leadership and acknowledgement of the role our sector plays in the fabric of our state's health care sector and overall community. Families are counting on us to safely care for our long term care residents. Our organizations remain ready to assist you in any way we can.

Sincerely,



Zach Cattell
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Association/Indiana Center for
Assisted Living



Eric Essley
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Terry Miller
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cc: Kris Box, M.D., State Health Commissioner
Jen Sullivan, M.D., Secretary, Family and Social Services Administration