



ACTION ALERT

Mitigating Social Isolation and Addressing the Need for a More Financially Sustainable Testing Strategy

OVERVIEW:

As Maryland enters the sixth month of the COVID-19 pandemic, the State must focus its efforts on how best to manage the virus within senior care communities. This includes a reopening plan that mitigates social isolation for residents and reunites families as well as implementation of a reasonable and financially sustainable testing strategy.

MITIGATION OF SOCIAL ISOLATION:

Just as important as controlling the spread of the coronavirus, we must recognize that the connection with loved ones is crucial to a resident's well-being. Recent findings estimate that occurrences of depression and anxiety are 10-15% higher than pre-COVID estimates. While CMS has issued guidance for when nursing homes may be reopened for visitors and activities, the guidance is only a "recommendation" and not a requirement. Therefore, Maryland retains the final authority for the reopening of nursing homes. Maryland has also implemented reopening requirements for assisted living communities, regardless of size.

Currently, Maryland permits organizations (both nursing homes and assisted living communities) to "reopen" in four stages (pre-Phase I and then Phases I-III). Organizations cannot begin Phase I unless they are infection free for both staff and residents (residents residing for greater than 14 days; not new residents admitted who may be COVID-19 positive). Organizations must remain at pre-Phase I for 14 days (infection free) before moving into Phase I, which then only allow for outdoor visitation (no inside visitation except for compassionate care) and limited communal dining and socialization between residents. One positive case of a staff or resident will require the organization to return to pre-Phase I, regardless of the interaction that may have occurred between the infected staff and/or residents and other individuals. This policy has contributed to social isolation, depression, and a degradation of the overall health of residents. Greater flexibility must be granted to organizations to prevent one case from "shutting down" the buildings and returning residents to their rooms.

TESTING REQUIREMENT (for nursing homes and assisted living communities with 50 or more beds):

The requirement for nursing homes and assisted living communities (with 50 or more beds) to conduct weekly testing of all employees/volunteers/vendors has placed organizations in a precarious situation. While the senior care industry recognizes the need to continue testing as a tool for managing the spread of COVID-19, testing must be financially sustainable to the organization. Depending on the cost of the tests, organizations are being required to pay, on average, approximately \$9,000 to \$16,000 **per week** to conduct the testing. While the Maryland Department of Health states that federal monies are available to offset testing costs, this is an over-simplification. First, as of September 1st, assisted living communities have received either no or very little funding (Medicaid waiver) from the federal government and no funding from the State. Second, while nursing homes have received funding or will be receiving additional funding, this is not adequate to cover previous and future costs, as demonstrated below.

- **CARES Act:** \$4.9 billion to nursing homes nationally. The federal government allocated this money in the beginning of the pandemic. This money was spent on procuring personal protective equipment

(PPE), staff wages (replacement staff and hero's pay), building modifications, and testing. The federal government just released an additional \$2.5 billion to nursing homes. Maryland estimates that, on average, each nursing home in Maryland will receive approximately \$190,000. This money may only be used to cover costs associated with infection control, including PPE, staffing, and testing. While critically important, given these continued additional costs combined with declining census revenues, Maryland must adopt a financially sustainable testing policy.

- New CMS Guidance: The federal government has recently granted states new flexibility in designing a testing strategy by modifying testing requirements. Specifically, CMS now states that in counties where the positivity rate is below 5%, nursing homes are required to test employees monthly; in counties between 5% - 10%, the requirement is weekly; and over 10% positivity rate requires biweekly testing. Except for one county, Maryland's positivity rate in each jurisdiction is below 5% but Maryland continues to require weekly testing across the State.

ACTIONABLE ITEMS

LifeSpan and LeadingAge Maryland encourage all members, including residents and family members, to reach out to their legislators on these two issues. Here is how --

1. [Find My Representatives](#) – Members, residents and family members can use this link to identify their legislators by typing their organization's address. From this page, you can send an email to both your State Senator and State Delegate(s). Please note that some emails will pre-populate asking for name and home address. For members, please include the name and phone number of the appropriate contact in the organization and the facility name with address under the "home address" request.
2. The email should be address to "Dear Legislators." Introduce yourself and let them know a few sentences about your organization. Are you a nursing home, assisted living community? How many beds? Do you offer specialized services, such as a dementia/Alzheimer's unit? For a family and or resident, let them know how long you have resided in the facility.
3. Personal stories are the most effective when communicating with legislators. Points to raise include:
 - **Social isolation**: Share with legislators the challenges that you have seen with the reopening requirements. It is particularly effective to provide one or two stories. Have you seen an increase in depression; a reduction in a resident's physical health; the challenges in trying to adhere to the requirements given staffing demands. Point out how difficult it is to return residents to their rooms because of a single positive case in the building.
 - **Testing** (if applicable): Share with legislators the cost implications from the COVID-19 pandemic, as well as reminding them of the vital role testing plays in supporting safe re-opening of communities. Share things like the cost that your organization spent on PPE, staffing, and unreimbursed testing prior to the State paying for it, etc. ** For assisted living communities that are not required to test, feel free to share the cost implications affecting your organization from COVID-19. For those conducting weekly testing, let legislators know the cost to your organization and the administrative challenges in conducting it.
4. **ASK** – Ask the legislators to advocate for a financially sustainable testing policy that reflects the CMS guidance as well as a more reasonable reopening policy that provides flexibility to organizations to mitigate the negative effects of social isolation on residents. Ask legislators to reach out to the Governor and to the Secretary of Health with that message.