



March 17, 2020

The Honorable Greg Abbott
Office of the Governor
P.O. Box 12428
Austin, Texas 78711-2428
Electronically Delivered

Dear Governor Abbott:

Long-term care providers in Texas appreciate your attention to the public health crisis in Texas as a result of the spread of COVID-19. Your Disaster Declaration last week and announcement of additional steps to protect the public from COVID-19 and to slow the spread of the virus were greatly appreciated, particularly your clear direction for visitor restrictions at nursing homes, hospitals and other at-risk facilities.

Since the Centers for Medicare & Medicaid Services released its latest guidance on visitation, employee health screening and tracking, and ending communal dining, we have worked with our national associations 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 Texas' 93,000 nursing facility residents the estimates total \$444,200 per day in staffing costs for the over 1200 Texas facilities. This does not include the costs of medical supplies, paid leave, overtime, and other staffing costs.

The members of LeadingAge Texas and the Texas Health Care Association are on the front-lines of this battle and tens of thousands of Texans are depending on these organizations for their safety, care and service needs. Our associations represent long-term care providers across the state, who work every day to ensure quality care is delivered to our state's vulnerable elderly residents. **We ask that Texas Health and Human Services Commission (HHSC) and your administration support the following funding and policy requests to ensure proper protection for Texas residents in long-term care facilities.**

Workforce and Staff

As schools close and an expected increase in positive cases emerge, 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 recommendations that may be implemented with your executive authority:

- Provide 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.
- Allow non-certified staff and volunteers to provide care and services as deemed appropriate by the facility, and establish processes to quickly direct individuals not working due to the

COVID-19 crisis (closed schools, restaurants, churches, etc.,) to quickly join the long-term care workforce.

- Grant temporary licensure to health care professionals (physicians, nurses, licensed practical nurses, nurse assistants, healthcare 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.
- Waive 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.
- Waive nursing facility licensure and certification standards when compliance is otherwise impossible regarding presence of healthcare 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 while the Emergency Declaration is in effect.

Personal Protective Equipment (PPE) and Testing Capacity

Reports of shortages of PPE are beginning to increase. As supply orders continue to be delayed in filling or simply unavailable, these reports are coming more often, if not exclusively so far, from independently operated nursing facilities and residential care facilities. Our members are struggling to obtain basic equipment such as masks and gowns to be adequately prepared. Please consider the following:

- Prioritize long term care providers for PPE, particularly as access to supplies from the national stockpile is allowed. We ask that your team prioritize this need and do so as fast as possible.
- Develop emergency procedures and testing to address the number of hospital patients that might be better served in long-term care facilities.
- Prioritize long term care residents and employees for available test kits.

Financial – Medicaid

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.).

- Please support the immediate available funding relief to help nursing home providers who will experience significant cost increases associated with:
 - Workforce Labor and Overtime Costs (including sick leave and potential 14 day quarantine in many cases);
 - Personal Protective Equipment;
 - Staff and Visitor Screenings required for all individuals entering the facility each time they arrive;
 - Non-Communal dining guidance from CMS requiring providers to limit residents eating together and avoiding group gatherings; and,
 - Cost of childcare while school closures continued to be extended beyond normal activities.

Our request is for the soon-to-be-approved federal funding (via the Families First Coronavirus Response Act) be allocated by your administration to assist our providers, and for the state of Texas to offer its own financial assistance package similar to measures already approved in states such as Washington and Florida.

- Waive the payment limitation provisions for facilities currently completing the Change of Ownership (CHOW) Process. Current vendor hold for *outgoing owners'* timelines unnecessarily delay reimbursement for Medicaid services rendered prior to the CHOW. The licensure and Medicaid certification delays **for incoming owners** is up to six months.
- Through 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 and deferral of mortgage payments could free up available cash for emergency staffing, childcare, and supply expenses.
- While the emergency declaration is in effect, waive requirements for the completion of the Medicaid eligibility determination process for the elderly and individuals with disabilities, subject to recoupment in the event a person is ultimately determined to not be eligible for Medicaid benefits. Delays in the processing of Medicaid eligibility hamper long term care providers' ability to provide needed care and services to our most vulnerable citizens.

Thank you for your consideration of these items and of HHSC and your Administration to address the COVID-19 crisis. This dynamic situation and the unique risk it poses to senior Texans demand aggressive and bold initiatives. With your help and support, our members stand ready to lead the fight.

Respectfully,



George Linial
President/CEO
LeadingAge Texas



Kevin Warren
President/CEO
Texas Health Care Association

CC: Phil Wilson, Acting Executive Commissioner, Texas Health and Human Services Commission
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