Effects and Impact of COVID-19 on Long Term Care Residents

Testimony to Senate Health and Human Services Committee
Provided by Amanda Fredriksen

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The COVID-19 pandemic devastated nursing homes, causing Texans to rethink long term care for loved ones.

- More than 98 percent of Texas nursing homes have had at least one case of COVID-19 among residents and/or staff
- Nearly 48,000 cases of COVID-19 among nursing home residents (more than one-half of all residents)
- More than 5,500 nursing home resident deaths from COVID-19 (25 percent of all Texas COVID-19 deaths)
- Thousands of family members isolated from their loved ones since March. Currently less than half of all nursing facilities are approved for visitation. (551 NFs approved to open of approximately 1220 facilities)

Note: All data as of 12/4/2020.

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AARP's focus for COVID-19 nursing home residents

- Testing and PPE: Prioritize regular and ongoing testing and adequate personal protective equipment for residents and staff—as well as inspectors and any visitors.
- Resident Care: Quality care for residents through adequate staffing, oversight, and access to in-person formal advocates, called long-term care Ombudsmen.
- Transparency: Ensure transparency focused on daily, public reporting of cases and deaths in facilities; communication with families about discharges and transfers; and, accountability for state and federal funding that goes to facilities.
- Visitation: Require access to facilitated virtual visitation, and establish timelines, milestones and accountability for facilities to safely resume in-person visitation.

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Staffing issues directly impact resident care and quality of life

First person accounts received by AARP reported concerns that are not new

- Improper or missed meds that resulted in confusion, seizures, loss of vision, falls and overall decline in health conditions.
- Poor personal care, such as residents not being bathed regularly, not having hands washed properly and not having nails trimmed. In some instances lack of personal care resulted in serious pressure ulcers or bed sores.
- Not enough staff to take residents to the bathroom who need help or leaving residents sitting in soiled undergarments for extended periods of time.
- Malnutrition and dehydration because residents did not get the necessary assistance from staff during meal time.
- Poor communication from facility staff regarding residents wellbeing.

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In their own words…

“Since visits are not allowed, I am concerned that there is no oversight done on the facilities. My mother has Alzheimer's, and is in a Memory Care Facility. When I visited regularly, I was my mother's voice. I spoke up when her room wasn't clean, when she needed more help caring for herself, when she needed to see a doctor, when they changed her tv off of her favorite station, etc. Now, there is nobody checking the facility to make sure that she is receiving the level of care needed. I am able to do one pre-scheduled call weekly with her. It's very concerning to know that she has nobody speaking up for her needs.” – Anita, Grand Prairie, TX

“He is at a rehab center in Harlingen Texas. He was exposed to a positive COVID EKG technician & is in quarantine for 1 more week. Also the facility had one patient transferred to the hospital who has tested positive. No other people have been tested as they say no one has symptoms. Their sister center has had at least two deaths with at least 15 employees & 15 patients positive & countless pending cases as of 2 weeks ago which spread with staff working several nursing homes. My father became confused (they said dementia but as I have been his caregiver at home I feel it's Delirium. He is an insulin given diabetic who had been steady but now fluctuates dangerously no matter that I tell them he is receiving too much insulin. He has also not gotten back to walking like he should. We are scared but we keep calling & emailing the facilities administrators & nurses to advocate for him! Help.” – Iris, Harlingen, TX

“I only found out about video calls this week through the maintenance man who has been the most helpful. Other staff have only reached out once since lockdown started. I have tried to set up call activities with a local nonprofit, but my call won't go through and staff have not responded to trouble shoot. Super worried about safety, nutrition, exercise as my dad is confined to room. Can't receive packages now either.” – Deirdre, Austin, TX

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Note: Family member quotes from Spring and Summer, 2020.

Texas staffing is far below the national average and CMS recommendations

Nursing home staffing levels were dangerously low before COVID-19

	TX Average	National Average	CMS Recommended Level
RN HPRD	0.2	0.5	0.75
Total Care Staff HPRD	2.8	3.4	4.1

Note: HPRD is short for “hours per resident day.”

Higher RN staffing levels are associated with better resident care quality including, fewer pressure ulcers; decreased infections; lower pain; improved activities of daily living (ADLs) independence; less weight loss, dehydration, and less improper and overuse of antipsychotics; and lower mortality rates.

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During COVID-19 TX nursing homes regularly report staffing shortages

- In August and Sept when cases were high, one-third of nursing homes reported staffing shortages relative to their pre-COVID 19 staffing levels.
- In October, before the most recent surge in cases, 16 percent of Texas nursing homes reported a shortage of care staff.
- In November, …

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Clear accountability of state and federal funding provided to nursing homes is needed

Funding	Texas NH's Allocation	Purpose of Funding
$14.1 billion Federal Provider Relief Fund (PRF)	State specific allocation are not available	Can be used for a broad array of items, including increased expenses and lost revenue.
$4.9 billion Federal PRF	**$396.4 million** to 1225 NFs (avg. $323,591 per NF)	For Medicare skilled nursing facilities for a broad array of items, including increased expenses and lost revenue.
$2.5 billion Federal PRF	**$203.5 million** to 1193 NFs (avg. $170,578 per NF)	Infection control including costs associated with testing, PPE, staffing and more.
$20 billion Phase 3 PRF	**2% of annual revenue** from patient care plus an add-on **payment for revenue losses**	Broad use, including replace lost revenue and expenses attributable to COVID-19
$2 billion PRF performance based incentive payments	Initial distribution in TX **$21.6 million** to 688 NFs (avg. $31,395 per NF)	Distributed to nursing homes over the next few months for infection control-related costs, such as testing, PPE, staffing.
Medicaid funding (Fed/State)	**$19.63 per day** for each Medicaid resident in a nursing facility	Funding for COVID-related expenses, including increased staff compensation through overtime, lump sum bonuses, or hazard pay, that will not result in future reductions in hourly wages when the temporary rate increases are discontinued.
QIPP funding was increased from $800m to $1.1 billion	**$1.1 billion** for participating nursing facilities	Participating nursing facilities must meet certain measures to earn these dollars.

Recommendations for legislative action

For people who must be in a nursing home take steps to improve resident care and safety.

- Dedicate QIPP funding to NH staffing. Investing in staffing by setting a minimum staffing level and/or paying staff higher wages will improve quality of care. ($1.1 billion available for NHs to earn in SFY 2021)
- HHSC must set clear milestones and timelines for facilities to open to visitors once the facility meets state and federal guidelines. Facilities should not be permitted to decide they don't want to open, whether it's out of fear of the virus, unwillingness to hire necessary staff to ensure all visits are safe, or unwillingness to make the necessary physical modifications. Facilities have received government funds to help offset costs associated with COVID-19.
- Require facilities to engage residents and family in developing resident-centered visitation plans. Essential caregivers can be part of the plan but they are not the only component of visitation that is important, especially for residents who do not have family. Essential caregivers are not a substitute for proper staffing. Virtual visitation must be made available to residents and their loved-ones.
- Facilities must have ongoing testing and the necessary PPE to protect staff, residents and support visitation, including essential caregivers.

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Thank you!

Contact Information: Amanda Fredriksen
afredriksen@aarp.org
512-484-0643

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