

Thank you to our 2021 LeadingAge Kansas Partners



LeadingAge Kansas
COVID-19 Weekly Update
March 26, 2021

State Update

- New Executive Order extends the disaster declaration to May 28, 2021.
 - EO 20-56 - [Amended Licensure, Certification, and Registration for persons and Licensure of “Adult Care Homes” during state of disaster emergency](#)
- KDADS meeting to discuss Medicaid July 1 2021 NH rates

Important KDADS/KDHE LTC Webinar 2 PM Today

Topics will include:

- Updates on testing support
- Updates and questions about the Adult Care Home visitation guidance
- Updates on antigen test offerings
- Check in on the testing status report
- Testing, vaccine, and visitation FAQs

Questions to Scott.Brunner@ks.gov. Presenters will also take questions via chat function.

[Join the Zoom Meeting here.](#) If you can't join via Zoom, the call-in number is 312.626.6799. Passcode: 332431. Meeting ID: 858 3008 0996.

Federal Update

- National Media Attention – NYT article and Human Rights Watch
- Subcommittee of House Ways & Means Hearing on Private Equity's Expanded Role in US Healthcare
- FEMA [COVID-19 funeral assistance program policy](#).

LeadingAge National Update

Good Reads from LeadingAge (in handouts):

- Nursing Home COVID Overview – The Fight of Their Lives
- Message on Nursing Home Reform & Accountability

Legislative Update

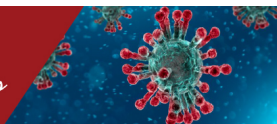
- COVID-19 Liability Bill (HB 2126) passed the Senate yesterday on a vote of 30-7
 - Well over the amount needed for a veto override
 - Huge thank you needed to Senator Kristen O'Shea Kristen.OShea@senate.ks.gov and Senator Molly Baumgardner Molly.Baumgardner@senate.ks.gov
- Senior Taskforce bill (HB 2114) headed to Senate
- Hearing Monday on SB 303 which would require county-owned nursing homes to allow all visitation no matter state and federal requirements

Upcoming Presenter

Dr. Scott Latimer, MD,MPH

Chief Medical Director for Sunflower Health Plan

- COVID-19 status update
- Vaccine options
- COVID-19 and pregnancy

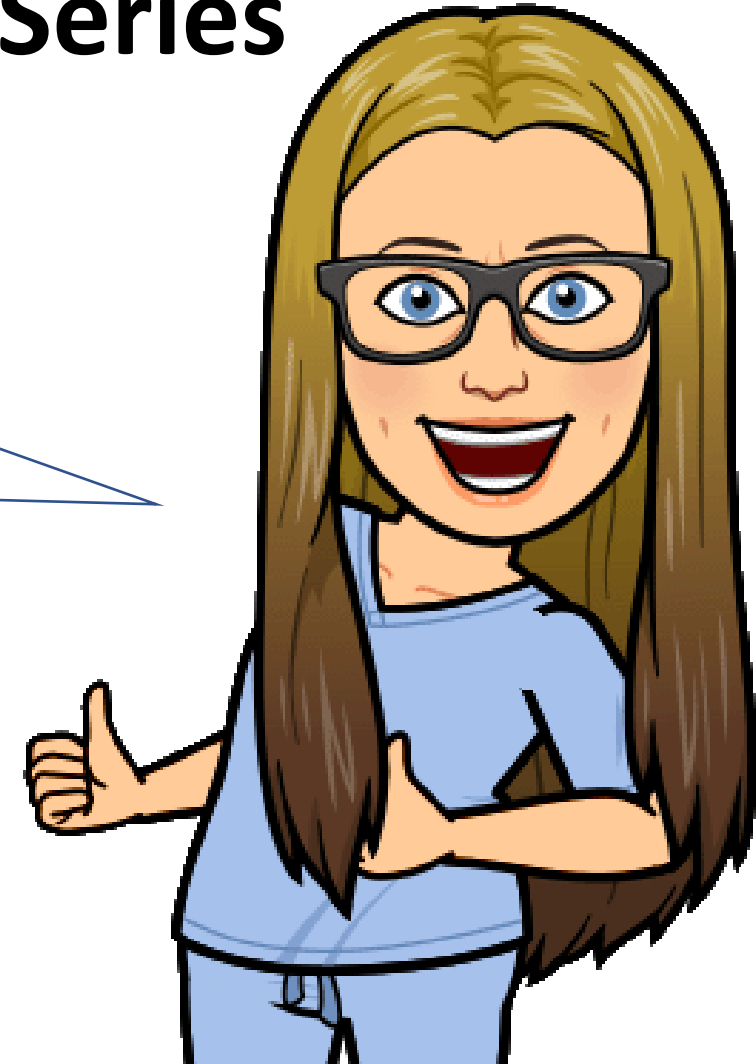


COVID-19 Safety for CNAs Training Series

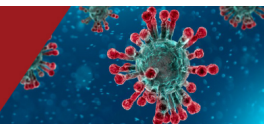
It's your lucky day!

Get them reserved by e-mailing

Stephanie@leadingagekansas.org



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2021 VIRTUAL *Spring Conference*
weeks of April 19th & April 26th

forward



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Kansas

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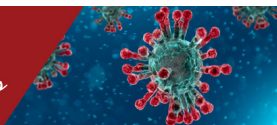
APRIL 18-24, 2021



CAREERS IN AGING WEEK

Spread the word!

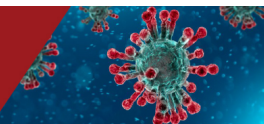
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COVID-19
Information & Resources



LeadingAge[™]
Kansas



Inadequate Support Despite Repeated Calls for Federal Leadership, Coordination and Resources

A Timeline of COVID's Devastating Impact on Older Americans

January 2020

January 21: [First confirmed COVID-19 case](#) in the United States.

January 29: President's Coronavirus Task Force established.

January 30: W.H.O. declares a [global health emergency](#).

February

February 26: Vice President Pence takes over from HHS Secretary Azar as Coronavirus Task Force Chair.

February 29: The [first confirmed U.S. COVID-19 death](#) in the United States.

March

March 4: LeadingAge [welcomes](#) CMS actions to prioritize older adults while calling on policymakers to address their needs.

March 6: LeadingAge [requests that Vice President Pence](#), as Chair of the White House Coronavirus Task Force, address the needs of older adults living in HUD-subsidized housing and insist that HUD provide guidance to housing providers.

March 13: President Trump declares a national emergency, CMS issues guidance for infection control and prevention of COVID-19 in America's nursing homes, including new restrictions on nearly all visitors (including loved ones, as well as most ombudsmen and nursing home inspectors). LeadingAge urges Congress to take [decisive action](#) to aid older adults and aging services providers.

March 15: CDC advised no gatherings of [50 or more people](#).

March 17: [LeadingAge warns Congress](#) of possible staffing issues related to COVID-19 response; asks for increased support for caregivers as well as prioritization for critical supplies.

March 26: The United States confirms more than 1,000 COVID deaths.

March 27: CARES Act is signed into law; [includes access](#) to some disaster relief fund and business loan provisions, suspends sequestration; increase in FMAP and more

April

Some states and localities begin to close schools and other public facilities.

April 3: LeadingAge [warns](#) the federal Centers for Medicare & Medicaid Services that aging services providers can not access sufficient supplies of PPE and other resources needed to protect staff and ensure the well-being of residents.

April 4: LeadingAge [urges](#) FEMA and DHS to ensure that protective equipment also be sent to hospices, home health agencies and affordable housing communities.

April 29: LeadingAge [asks](#) Vice President Pence, FEMA and the Department of Homeland Security to ensure that all aging services providers receive meaningful amounts of PPE and testing.

April 30: LeadingAge president and CEO Katie Smith Sloan attends White House event where President Trump claimed that ‘We’re taking very special care of our nursing homes and our seniors. LeadingAge [reacts](#) saying that the time for talk was past, and calling for meaningful amounts of PPE, effective testing and a comprehensive approach to supporting older adults and the workers who care for them. “Today’s announcements fell far short of what’s needed to protect the most vulnerable Americans from the coronavirus.”

May

May 1: LeadingAge [implores HHS Secretary Alex Azar to prioritize](#) distribution of a significant portion of Provider Relief Funds for aging service providers.

May 5: LeadingAge [calls on](#) Congress to allocate \$100 billion in its next relief package to cover COVID-19 aging services needs.

May 7: As some states begin to reopen, LeadingAge unveils a [five-point action plan](#) demanding urgently needed protections for older adults and the people who care for them.

May 14: LeadingAge [welcomes](#) House passage of HEROES Act noting that it takes several steps toward addressing key needs of aging services providers across the continuum of care including providing appreciation pay for frontline workers.

May 18: LeadingAge notes that “The guidance from [CMS is not grounded in these everyday realities of our members](#). We need a plan for testing. We need access to adequate testing supplies and PPE. Nursing homes need help from federal or state governments to cover these necessary costs. Today’s guidance delivers none of that.”

May 21: LeadingAge asks Vice President Pence to [stop posing for photo ops](#) with PPE distributions until FEMA distributions were truly “demonstrative of a clear and comprehensive national effort to deliver ample PPE to the nursing homes who need them.”

May 22: The U.S. Department of Health and Human Services announces nearly \$4.9 billion in additional relief funds for skilled nursing facilities.

May 27: COVID-19 deaths in the U.S. pass [100,000](#).

May 28: LeadingAge [urges](#) Congressional leaders to focus additional attention and resources on enabling nursing homes to have access and funds to conduct rapid COVID-19 testing on staff who could be exposed to the virus in the community and at work and on residents.

June

June 7: LeadingAge launches the [Act for Older Adults](#) campaign, calling on Congress to provide real relief for older Americans and the people who care for them.

June 11: LeadingAge [spreads the word](#) that significant amounts of the PPE sent by FEMA to care providers are unusable and defective.

June 16: The Administration pushes for more state and local communities to reopen as Vice President Pence, the Chair of the Coronavirus Task Force publishes an op-ed, [There Isn't a Coronavirus 'Second Wave.'](#)

June 19: The United States reports more than [30,000](#) new infections, its highest since May 1.

June 24: On LeadingAge’s [National Day of Action](#), thousands of aging service providers and other Americans demand that Congress provide real relief for older Americans and care workers.

July

July 1: LeadingAge calls for an [overhaul of federal COVID leadership](#) in light of a spike in cases and the federal government’s failures in providing testing and PPE.

July 2: LeadingAge [asks](#) Vice President Pence, who is in charge of the Coronavirus Task Force, to help cut red tape and bring a war time posture to the fight, calling for focused federal leadership to provide sufficient tests, supplies and resources for care providers.

July 10: LeadingAge [calls on](#) President Trump to create a coordinated federal plan to deal with the worst health care crisis as he traveled to Florida for a series of events.

July 14: The Department of Health and Human Services [announces](#) it will begin sending one rapid-results antigen testing machine and an initial set of supplies to nursing homes in hotspots across the country to give “nursing homes the ability to swiftly identify residents that need to be isolated and mitigate the spread of the virus.” Nursing homes were told they would need to foot the cost and handle the purchase of additional supplies needed for weekly testing (in some cases locally mandated).

July 20: LeadingAge asks Vice President Pence to invoke the [Defense Production Act](#) to improve availability of PPE and testing equipment. LeadingAge and LeadingAge Florida [release a report](#) showing a looming fiscal cliff for aging service providers.

July 28: LeadingAge and ten associations of faith-based and mission-driven aging and disability service providers [send a letter to Congress and the Administration](#) asking for crucial resources.

July 29: LeadingAge and nonprofit aging services leaders hold a press conference on the [HEALS Act’s shortcomings](#), pointing out that it does not address PPE, testing or staffing needs at nursing homes where 80% of the deaths were occurring.

August

August 5: LeadingAge and five nonprofit organizations and associations focused on aging [send a letter](#) to Congress and the Trump Administration, asking for comprehensive relief measures to safeguard older adults and care workers.

August 7: HHS announces distribution of \$5 billion: \$2.5 billion to support increased testing, staffing, and PPE needs, with the remainder linked to an evaluation of nursing home performance in minimizing COVID spread and COVID-related fatalities among its residents.

August 14: The Senate adjourns for summer recess, going home without even debating HEALS Act proposals offered in July--even as COVID-19 cases are spiking. LeadingAge and local leaders [implore Congress to get back to work](#).

August 25: LeadingAge [releases a survey](#) of members showing confusion and concerns about the antigen test machines sent to nursing homes in hotspots.

September

September 9: LeadingAge releases a [situation report](#) on aging services providers’ immediate needs for funding for rapid-response testing, PPE, and staffing.

September 22: The U.S. death toll surpasses [200,000](#).

October

October 6: LeadingAge [responds to reports](#) that Congressional COVID-19 relief negotiations ended, saying “It is reckless, callous and cruel to walk away from older Americans as the pandemic worsens.”

October 29: LeadingAge releases [a new situation report](#) on the escalating impact of COVID-19 on aging services providers, calling for protecting peoples’ lives over politics.

November

November 8: [10 million](#) Americans are infected.

November 11: LeadingAge [releases a survey](#) showing that its members need help with accessing consistent supplies for tests, along with funding to administer tests.

November 18: As the U.S. COVID-19 death toll hits [250,000](#), LeadingAge [releases a survey](#) showing the pandemic’s outsized impact on aging service providers.

November 23: LeadingAge and state affiliates [make a pre-Thanksgiving plea](#), asking American people and policymakers for help protecting the lives of older Americans.

November 25: Over 100,000 people who have died of COVID-19 have been in long-term facilities.

December

December 2: Reports show more than [209,000 COVID-19 deaths](#) were among people 65+.

December 8: LeadingAge [recommends](#) policy proposals for the first 30 days, 100 days, and first year of the new administration.

December 14: The U.S. death toll [surpasses](#) 300,000. Initial vaccine distribution begins.

December 15: LeadingAge [urges Congress](#) to support care providers in any COVID relief legislation.

December 20: LeadingAge [explains](#) how the Congressional relief package falls short in providing relief for older Americans.

December 21: Congress passes [The Consolidated Appropriations Act, 2021](#), adding funds to the Paycheck Protection Program, monies to support vaccine distribution and administration, an extension of the Medicare sequestration and more.

January 2021

January 15: LeadingAge [releases](#) a survey on members' vaccine education efforts, calling for stepped-up public education efforts.

January 29: LeadingAge [launches](#) its 100 Days of Advocacy to urge Congress to finally pass relief for which LeadingAge has been pleading for nearly a year.

02/2021

LeadingAge Nursing Home Reform & Accountability Messaging

3/13/21

I. WHAT YOU NEED TO KNOW ABOUT NURSING HOMES

Nursing Homes Can and Should Be Bastions of Quality Health Care and Quality of Life:

Our goal is for every nursing home in the country to be a place where any of us would be comfortable living—or have a family member stay—if we needed the level of 24/7 care that they provide. Nursing homes should provide top-quality person-centered care, delivered by qualified staff, in a physical setting that reinforces the dignity and well-being of residents, so they can lead lives of purpose.

Nursing Homes Are an Important Part of Our Healthcare System:

We'll always need residential care for people who cannot remain in their own home, for whatever reason. The U.S. nursing home system was set up during a time of shorter lifespans and faster health declines, but today, most of us will need some kind of paid caregiving over the course of our life. America's population is rapidly aging and, more of us—especially once we're over age 85—will live with frailty, dementia or other chronic conditions that require more care than our families can provide. The need for a quality residential environment is growing ever more critical.

Our Society has Long Undervalued Nursing Homes, and the Caregivers Who Work in Them:

For most Americans, attitudes about nursing homes are shaped by fear of getting older and societal ageism that devalues older lives. This negative bias toward aging, combined with outdated funding models and under-investment in the nursing home infrastructure, has led to systemic, chronic undervaluing of nursing homes workers. Those workers have been further marginalized because caregiving itself—which is provided primarily by women, especially women of color—is also often overlooked, taken for granted or dismissed as unskilled labor.

Frontline Workers Are the Heart of Nursing Homes, but Need More Support:

Direct care workers provide the majority of care in nursing homes. Caring for older adults in nursing homes requires not only a specialized understanding of their healthcare and functional needs, but also a dedication to their multidimensional quality-of-life needs. Aides and nursing assistants are professional caregivers who provide the intimate, hands-on care that is fundamental to long-stay nursing home care. Yet direct care workers—in nursing homes and other settings—remain so poorly compensated that 1 in 8 lived in poverty and more than half received public benefits in 2018.

Nursing Homes are Navigating an Unsustainable Public Funding Model:

Most nursing homes provide two types of care: long-term residential care, and short-stay services for rehabilitation or post-acute care. In the U.S., most revenue comes from three sources: 1) Medicare, 2) Medicaid, and 3) private pay. Medicaid is the joint federal and state government payor for over 80% of nursing home residents, but virtually no state pays nursing homes enough under Medicaid to cover actual costs. The cost of what it takes to provide quality care just doesn't square with reimbursement rates. (Note that a very small fraction of nursing home care is paid for with private long-term care insurance.)

The COVID Crisis is Exacerbating Long-standing Problems—and Creating a Moment for Reform:

After a year struggling with COVID-19, extraordinary and continued pandemic-related expenses for critical supplies, coupled with census declines and reduced revenues, are pushing providers to the edge. As the pandemic exploded, staff stress, costs and shortages have multiplied. There has never been a better moment to build the nursing home system we need.

II. WHAT WILL IT TAKE TO ACHIEVE A NEW FUTURE FOR NURSING HOMES?

Short-term Needs Must Be Addressed: In the short term, everyone must do their part to address the continued effects of COVID-19 in nursing homes.

- **Congress** must adopt legislation that provides urgent relief in the form of more vaccines, regular and rapid testing, access to affordable and abundant PPE, additional staffing support and robust funding necessary to provide 24/7 health and long-term care to the most vulnerable Americans.
- The new **Administration** must work with governors to limit community spread of the virus—the critical factor in nursing home infection, and also deliver desperately needed COVID supplies and resources for providers. Federal regulators must also use the lessons from the crisis to build an evidence-based and collaborative process for regulatory enforcement moving forward.
- **States and communities** must continue prioritizing older adults for vaccines, and cut community spread through proper practices for masks and social distancing.
- **Nursing homes and other providers** must continue to share information and best practices, better understand current pandemic challenges, and continue to strengthen their practices for providing quality care and transparency in the face of an ongoing emergency.

Long-term Change is Needed to Reach a New Future in Nursing Homes: But we cannot stop there. We cannot simply fall back on our pre-COVID approach. Together, nursing homes, government leaders, residents and families, and other stakeholders must reimagine the future for how to pay for, staff, regulate and provide critical care that supports lives with dignity and purpose, even for those with the highest level of need.

There Are Many Paths, Many Partners And More Thinking Needed For Long-term Change: The big-picture challenges and opportunities that lay before us require innovation, creativity, and even wholesale change. Stakeholders will need to tackle issues including:

- **New Financial Models** The keystone to a new vision of nursing homes is fundamental financial reform.
 - We need a fair and equitable public financing approach that covers the cost of quality care.
 - We need a financing structure that supports nursing home care, as well as other services, and supports easy transitions and coordination between providers and services—so people can receive the care they need, where and when they need it.
 - Financial reform solutions must include options for middle-income families—without requiring individuals to spend down all their assets.
 - Financing for nursing home care should be targeted to support what's most needed to deliver quality, including but not limited to paying direct care workers a living wage.
 - Ownership and financing of nursing homes should be transparent to help ensure that owners or associated businesses do not profit at the cost of quality care.

- **Effective Regulation and Oversight** Regulatory oversight should be guided by evidence with a focus on quality care.
 - It's been more than 30 years since the current regulatory framework has been reviewed. In the intervening decades, the field has made advancements and innovations based on changing needs, new technologies, and all we've learned about how to provide quality care to older adults. We know better and can do better—but many regulations are still stuck in the past. It is time to update our regulatory framework to better align with new realities and emerging trends among nursing homes and residents.
 - We need an evidence-based enforcement process that maintains the highest standard of infection control and quality of care, and that allows residents to live lives to their fullest potential.
 - Regulators should place a greater focus on the best ways to improve quality, rather than automatically resorting to punishment and penalties. Everyone involved in nursing home care, regulation and advocacy wants the same thing: the best care possible for each person when they need it.
 - The new framework must allow for better coordination between federal and state governments, alleviating the communication snags and interpretation misalignments that can arise from shared regulatory responsibilities.

- **Staffing** What has become so apparent in COVID is that direct care workers are truly essential in nursing homes, and our system must support them.
 - The kind of systemic changes that are needed to support and professionalize the direct care workforce cannot happen with the snap of a finger, but there are a number of strategies that can help to strengthen the workforce in nursing homes—through both federal and state policy, and practice.
 - Solutions to long-standing workforce challenges include providing adequate compensation, improving recruitment, ensuring access to quality training—initial and ongoing—and providing career advancement opportunities.
 - In addition, the field must continue to refine the optimal staffing mix of clinical and nonclinical care providers to accommodate the changing, often more medicalized needs of residents. The COVID crisis has reinforced the importance of multidisciplinary care teams to ensure nursing homes can best meet each resident's needs.

III. WHERE DOES LEADINGAGE STAND ON CHANGE IN THE NEWS?

We Have No Tolerance for Bad Care: Our members are committed to improving quality of care and quality of life for older adults. We make no apology or excuses for poor quality of care; bad performers must improve and there must be accountability for wrongdoing. Every nursing home should be striving for excellence everyday.

Effective Enforcement Promotes Improvements in Care: Most nursing home providers are committed to providing quality care for older adults, and always improving their operations and practices. Our system of enforcement shouldn't be based on "blame and shame," grounded in an assumption that all nursing homes are bad actors. Enforcement that's focused on punishment over improvement can take precious time and resources away from resident care and quality improvement.

Nursing Homes Should be Transparent and Open: Transparency and open communication are crucial to establishing a trusting and productive relationship between nursing homes, care providers, residents and families. Accessible, timely and credible information about operations and care practices is a must for residents and their families.

LeadingAge is Committed to Working With Everyone for Nursing Home Change:

The clarity provided by the tragedy of COVID has created the most important moment in a generation to seek fundamental nursing home reform. We look forward to working with members of Congress, with the Administration, with our workforce, with industry and advocacy groups and most importantly, with the people we serve.

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