



March 17, 2020

Leader Mitch McConnell
Majority Leader, US Senate
317 Russell Senate Office Building
Washington, DC 20510

Speaker Nancy Pelosi
Speaker of the US House Representatives
1236 Longworth House Office Building
Washington, DC 20515

Re: COVID-19 Funding Request

Dear Leader McConnell and Speaker Pelosi:

LeadingAge, on behalf of our almost 6000 non-profit members who provide housing, health care and personal assistance to older persons and persons with disabilities, requests that Congress consider the following actions in any legislation addressing the Public Emergency issued by the Administration. For further information, please contact Ruth Katz, Senior Vice President Policy, rkatz@leadingage.org.

Generally:

1. Ensure that vulnerable populations and entities that serve those populations receive priority access to Personal Protective Equipment (PPE); these entities include nursing homes, assisted living, home health, hospice, home and community based providers, and senior housing (affordable HUD housing, continuing care retirement communities, and market-rate housing for seniors and persons with disabilities).
2. Regarding expansion of and mandate for paid leave (both sick leave and FMLA), address the need for child care for aging services providers who must go to work (housing, healthcare providers, etc.), encourage states to relax licensing requirements. There is a need to balance worker protections with business needs in housing as well as healthcare.
3. Provide aid for aging and disability service providers who have increased over-time costs resulting from staff absences.
4. Add to qualifying circumstances for the new paid sick leave and expanded FMLA provisions: "caring for parent or other older adult whose care program has been closed due to the public emergency declaration or a state or local declaration (e.g., adult day, PACE, senior centers)".
5. Ensure that all health care providers are eligible to use telehealth to provide care to the people they serve, including home health, hospice, and PACE.
6. Aging services providers (both health care and housing) and providers of services and housing for persons with disabilities are significantly impacted by this crisis and should be included in any supplemental economic aid package.
7. Consider temporary wage increase for workers in aging services to encourage workers to provide these critical services at this difficult time.

Nursing homes:

1. Implementing the telehealth provisions in HR 6071: direct HHS to immediately issue guidance on how to use and bill for services under the telehealth waiver, including addressing originating site requirements allowing use in SNFs that are not in rural areas; eliminating prohibition on telehealth visits more than one per month; clarifying definition of qualified provider (see recommendations under home health and hospice, below); and duration of waiver
2. Unfortunately, we anticipate extensive staffing challenges, both because of the child care provisions in the expanded FMLA provisions and new paid sick leave authorized in HR 6201, but also because staff are working in communities that are at risk and we expect staff to test positive at higher rates than in the broader community. As a result, Congress must direct HHS to allow SNFs to cross-train staff to cover services such as helping residents eat in-room rather than in congregate settings, reducing social isolation, providing other non-medical care. We urge that aging services and disability providers have access to personnel from the Public Health Service to supplement staff, and that consideration be given to using nursing students and other medically-trained workers as well.
3. We recognize that when hospitals are not able to care for patients who are no longer in life threatening situations, other settings will need to be set up to serve them before they are ready to go home. We suggest that nursing homes with available areas/wings/units that could be used as step-down settings would be preferable to setting up new health care settings in motels, military bases, etc. We suggest creating a site-neutral step-down program with a dedicated financing stream that is robust enough to support this type of care that would normally be delivered in a hospital.

Home Health:

1. Home health agencies (HHAs) can meet the health care needs of many of the individuals suspected of infection as well as those with a confirmed diagnosis. In order to further prevent transmission of the virus, it is important to change requirements to the home health homebound requirement.
2. We ask that you direct HHS to include patients quarantined or in self-isolation at home for a minimum of 14 days due to coronavirus as presumed to be homebound and in need of skilled intermittent care. Additionally, direct CMS to issue guidance related to the homebound requirement outlining presumptive determinations that coronavirus exposure is a condition such that leaving the home is medically contraindicated.
3. With the importance of physicians to provide vital medical care and to free them to focus on immediate treatment needs, flexibility should be provided to allow other skilled medical professionals to practice to the top of their licensure. Additionally, telehealth is vital for staff extensions.
4. We ask that you amend current law to allow nurse practitioners and physician assistants to certify eligibility for home health. Also, expand authority to engage in telehealth, allowing telehealth visits to count as home health visits including for initial visits and remote monitoring.

Hospice:

We are signatories on the recommendations submitted by the national organizations representing hospice organizations submitted separately and attached to this email.

Housing:

LeadingAge requests \$670million in emergency assistance for emergency staffing, rent supports, and emergency preparedness / response for HUD Section 202 communities (PRAC- and PBRA-assisted).

LeadingAge also requests funding to expand the number of senior HUD-assisted communities with a grant-funded Service Coordinator, provide funding for WiFi, provide funding for wellness nurses, and provide relief for HUD-assisted senior housing communities with mandatory meal programs paid for by residents whose incomes have decreased during the COVID-19 pandemic.

1. Breakdown of \$670 million emergency assistance request:
 - a. \$295M for replacement staffing (this would provide the approx. 6,700 HUD Section 202 Housing for the Elderly communities with extra staffing (of three extra staff) for 14 weeks @ \$30 per person)
 - b. \$35M for \$5000 for each of approximately 6,700 communities for cleaning supplies / preparedness / PPE.
 - c. \$300M for rent support (to make up for decreased rents from residents, emergency housing assistance, etc).
 - d. \$40M to replenish reserve for replacement accounts accessed for COVID-19 related activities.

HUD should be directed to implement the following relief for community staff and residents so they may focus on their communities / selves:

1. Relief for providers: Administrative burden
 - a. Suspend income recertifications, which require in-person meetings and significant staff time. Income recertifications are a statutory requirement.
 - b. Implement streamlined interim recertifications for residents who need their rent payments adjusted due to decreases / increases in income. Communities should be allowed to accept resident self-certification of resident income decrease in order to adjust resident rent without the community getting verification and/or HUD approval).
 - c. Postpone Management and Occupancy Reviews, regardless of PBCA stated ability to complete MORs, until further notice.
 - d. When posting or notifying tenants about COVID-19, Owners and Managers of Federally Assisted Housing and PHAs must notify tenants of their rights to an income recertification or a hardship exemption if their income has decreased.
 - e. Suspend required Capital Needs Assessments (CNAs) or extend their due dates. for items that rely on CNAs, such as Budget-Based Rent Increase requests
 - f. HUD must temporarily expand eligible use categories (in a blanket way, not listing certain products) for accessing reserve for replacement accounts and residual receipt funds to include COVID-19-related expenses for the automatic use of these funds by communities. HUD must suspend rules requiring owners of federally assisted housing to remit residual receipts to HUD during the national disaster declaration related to COVID-19. Items and services related to responding to COVID-19 should be considered eligible uses for Reserve for Replacements funds during the national disaster declaration related to COVID-19.

- g. Clarify ability for owners to use operating expenses to test service providers and staff for COVID-19, and clarify ability for owners to pay staff who are sick.
 - h. Waive requirements for wet signatures and paper documents (accept electronic signatures or delayed paperwork across the board).
 - i. Provide automatic and temporary renewal of expiring Housing Assistance (HAP) contracts.
- 2. Relief for Residents
 - a. Suspension of all evictions from HUD-assisted (and all...) housing. Provide eviction prevention funding in the form of emergency housing assistance for individuals in need of rental and mortgage payment assistance. Millions of older adult households could be economically displaced by the pandemic.
 - b. Suspension of minimum rents.
 - c. When posting or notifying tenants about COVID-19, Owners and Managers of Federally Assisted Housing and PHAs must notify tenants of their rights to an income recertification or a hardship exemption if their income has decreased.
 - d. Direct HUD to clarify staffing policies for assisted properties, including expectations of property staff to screen residents, service providers and visitors, as well as using contract funds to pay for staff sick leave.
- 3. In addition, LeadingAge requests emergency funding for Service Coordinators, WiFi, and Wellness Nurses:
 - a. Service coordinators. Only half of HUD Section 202 communities are funded by HUD to employ a service coordinator. A \$300 million investment of emergency funds would ensure that the 3,500 communities without a service coordinator could employ one.
 - b. WiFi for senior housing. Most 202 communities do not have WiFi, which could really help both residents and staff connect to service providers and others outside (and inside) the building. An echo in every unit could really help communicate and combat isolation.
 - c. Wellness nurses in HUD assisted senior housing communities. A wellness nurse in every community (full or part time) would help residents through the pandemic.
 - d. Provide financial relief to HUD senior housing communities with mandatory meal programs, which are paid for by residents whose income may decrease during the pandemic.

In conclusion, thank you for the significant work you have been doing to address this unprecedented crisis. We look forward to working with you moving forward both to implement the legislation already passed and to address critical unmet needs in future legislation.

Sincerely,

Katie Smith Sloan
President and CEO