



COVID-19 & Aging Services

A LeadingAge Situation Report

(9/14/20)

The Coronavirus Threat

The Growing Threat of COVID-19 in America's Communities

- More than [6.3 million Americans](#) have contracted COVID-19, and there are more than [40,000 new cases each day](#).
- Coronavirus infections are [rising in 26 states](#).
- More than [190,000](#) Americans have died of the coronavirus, and the toll is expected to [reach 200,000](#) by the end of September.

The Mortal Threat to America's Older Population

- 1 in 6 Americans is [aged 65 or older](#). That's 52 million people—more than 16% of the population.
- 80% of all COVID-19 deaths are among people 65 and older—a death rate at least [90 times higher](#) than for 18-29 year-olds.
- More than [130,000 COVID-19 deaths](#) were among people 65 and older by late August
- [More than 207,000](#) nursing home residents have been diagnosed with COVID-19, and more than 51,000 have died. Over 75,000 deaths occurred in home-based settings.

Testing

The Situation

- Aging services providers need ongoing access to accurate rapid-results testing, including antigen and PCR tests, delivered as part of a national testing strategy, and the resources to pay for tests and ongoing testing.
- In July, HHS promised to send nursing homes antigen testing machines and a week's worth of testing supplies by the end of September, as well as Provider Relief Funds to support their use. On September 8, HHS said 750,000 point-of-care rapid tests will be sent to some nursing homes in the coming week.
- But many nursing homes report replenishment supplies are not available and won't be for weeks and many report lengthy wait times for PCR results.
- Nursing homes are forced to navigate multiple mandates on testing--federal, state, and local--which can result in confusion and duplicative efforts.

- But, equally important and relatively ignored are the other settings where older persons live – low income senior housing, assisted living, retirement communities, and the home-based care workers who care for them.

Testing is Extremely Expensive

- Nursing homes' testing requirements vary. Expenses for testing in a 150-bed nursing home can range from \$3,750-\$15,000 per week, depending on staffing levels and community COVID-19 rates. With no end to the pandemic in sight, these costs—for tests alone—are a significant burden.
- In addition to the costs of test kits—antigen (\$25/test), PCR (\$150/test), Abbott POC (\$5/test)—providers must also pay for test supplies, shipping PCR test samples to labs for processing, and hiring or reallocating and training staff to perform the tests, as well as the PPE that must be used while administering the tests.
- Today, nursing homes use a mix of PCR and antigen testing. A one-time PCR test for every staff and resident in nursing homes and assisted living would cost \$672 million.
- And, the aforementioned cost estimates do not include the cost for testing in low-income senior housing communities, assisted living, retirement communities, and other community settings, as well as testing for home health, hospice, and HCBS staff.

The Federal Government's Patchwork Approach to Testing

- There is still no coordinated national testing strategy for aging services, which would address all settings and staff.
- New federal testing mandates for nursing homes went into effect on September 2, but availability of the equipment, supplies, and funding needed to comply is still inconsistent.
- In July, HHS promised to send nursing homes antigen testing machines and a week's worth of test supplies by the end of September, as well as Provider Relief Funds to support their use. Given the government's track record, providers are skeptical about the initiative and how it will be implemented.
 - Many nursing homes received the machines, but no instructions on how to use them. Some providers report broken equipment or missing parts and supplies, requiring that they track down solutions.
 - Nursing homes must purchase additional test kits from the manufacturer after their week's-worth of provided tests are used, but replenishment supplies will not be available for weeks.
 - Provider Relief Funds distributed in late-August cover only a fraction of testing, PPE, staffing and other COVID-related costs—especially for nursing homes in counties with higher rates of infections.
- On September 8, HHS announced 750,000 point-of-care tests that don't require a machine will be sent to nursing homes next week to supplement available antigen testing.

- Hospice providers who serve nursing home residents are included as nursing home staff and have not been given additional resources – either physical or financial – to comply with the new testing requirements.
- No money for testing was distributed to other aging services providers.

Personal Protective Equipment (PPE)

The Situation

- Health care and housing providers need ongoing, reliable access to PPE to stop COVID-19 from spreading.
- Prices for PPE are soaring as communities reopen and aging services providers are forced to compete on the open market with other health care providers and educational institutions, as well as nail salons, gyms, restaurants, amusement parks, and sports franchises.
- The amount of PPE being utilized is astronomically higher – a home health agency that used to use 6 gowns a month is now using 300 gowns a week.

Many Aging Services Providers Must Still Fight and Scrounge for PPE

- Recent research showed one in five nursing homes still reporting “[severe shortages](#)” of staffing and personal protective equipment.
- The federal Food and Drug Administration [has acknowledged shortages](#) of gowns, gloves, masks, testing supplies and ventilators.
- The organization Get Us PPE (a coalition of physicians, medical researchers, engineers, scientists, and programmers) notes that its PPE Shortage Index shows that “our country is [still facing serious PPE shortages](#).”
- Some care workers resorted to wearing trash bags for protection; one nursing home continues to rely on someone known only as “Parking Lot Guy” for sourcing PPE.
- Other settings, including low income senior housing, are at greater disadvantage and treated as lower priority by federal agencies. Housing providers, who now must buy PPE and cleaning supplies, never anticipated buying any PPE prior to the pandemic.

PPE Shortages are Fueling Escalating Costs

- Across the country there are rolling shortages of various types of PPE (the FDA is now creating [lists of shortages](#)) that escalate prices.
- A leading supplier estimates PPE products are now 4-8 times more expensive than before COVID-19, especially gloves, hand sanitizer, gowns and masks.
- Aging services providers report that they are experiencing high costs for available PPE. Some say they are spending a year’s worth of their PPE budget in one month alone.
- A study by LeadingAge Washington showed the kinds of PPE cost increases that skilled nursing facilities have had to absorb: 24%-37% for gloves, 190% for eye protection, 285% for surgical masks, and 386% for gowns. These cost increases would be applicable to our other provider types who need this equipment.

Federal Response to PPE Shortages: Delayed, Disjointed, Disappointing

- The federal response has focused on nursing homes and effectively ignored other settings.
- A PPE distribution plan launched by FEMA 3-4 months into the pandemic delivered just two weeks worth amounts of PPE, much of which was unusable.
- A separate distribution was provided by HHS but [much of the PPE was expired or defective](#).
- FEMA now reports sending PPE to nursing home providers who say they have less than a week's supply of PPE on the National Healthcare Safety Network.

Financial Resources

The Situation

- The coronavirus health crisis has become a financial crisis. Aging services providers are struggling to keep up with the growing cost of testing, PPE, additional staffing and hero pay, cleaning supplies, and other costs—in a year when their revenues have fallen substantially due to the virus.
- Affordable senior housing providers have taken on extensive costs, but the majority of CARES Act funds that were appropriated have still not reached providers' accounts and the older adults they serve.

New Federal Mandates with Punitive Fines

- [New federal testing mandates](#) for nursing homes went into effect in late August. To comply, a provider needs working testing equipment, adequate supplies, enough trained staff to administer testing and reporting—and the funds to pay for all of it, now and in the months to come.
- The government says it will impose civil fines for not reporting positive and negative results—even though the government's assistance with testing supplies and funds would only offset a portion of the costs. This mandatory testing and subsequent reporting is a herculean task for nursing homes that are already fighting COVID, navigating a staffing crisis and operating at a financial deficit.

Falling Revenues

- The pandemic has triggered revenue losses of up [to 23% in nursing homes](#). Short-stay/rehab nursing home admissions are falling as surgeries and medical care are delayed; long-term care admissions have fallen as families have stopped bringing their older relatives to nursing homes.
- Adult day services centers in many states have been forced to close and have seen their revenue streams dry up as a result. Some states have allowed these providers to re-open to in-person services, but often restrict attendance to limited capacities (e.g., 50% of pre-pandemic attendance).

- Provider Relief Funds have only just begun to distribute to Medicaid providers such as adult day services, and PACE organizations are not eligible for these dollars at all despite providing critical health and long-term care to their participants.
- Home health, hospice, PACE organizations, and residential settings like assisted living have also faced significant new financial pressure.
- CARES Act funds to meet the extensive costs taken on by affordable senior housing providers are still making their way from HUD to the providers and the vast majority of these funds are still not in providers' accounts.
- With an exclusively older adult and disproportionately non-white population of more than 1.6 million older adults, Congress has yet to provide the resources undeniably needed by affordable senior housing providers to ensure service coordination for residents and for residents to be able to virtually connect to needed supports and services.

The Financial Situation is not Sustainable

- 72% of nursing homes said they cannot sustain operations at the current pace for another year. 40% said they will last less than six months at current spending levels.
- The unexpected and unrelenting cost of COVID-19 is so damaging that many aging services providers are at risk of not being able to continue operations.

LeadingAge's Five Essential Actions

LeadingAge is advocating for urgently needed protections for older adults and their care workers. The only way to stop this continued slow-motion catastrophe is to provide real relief, which includes:

- Immediate access to ample and appropriate PPE for all providers who serve older Americans.
- On-demand and fully funded access to accurate and rapid-results testing for care providers.
- Funding and support for aging services providers across the continuum of care—in nursing homes, assisted living, affordable housing, hospice, or wherever they call home, some of which must be accomplished through an enhanced FMAP for the Medicaid program.
- An extension of current telehealth flexibilities and reimbursement for home health agencies for telehealth services.
- Recognition for the heroic frontline workers who are risking their own lives serving older people during this crisis.