

Senate Finance Committee

Tuesday, June 11, 2020

Agenda

1:00 p.m.

- **Opening Remarks**
- **Briefing on Briefing on Covid 19 Impact on Assisted Living Programs and CCRCs**

Maryland Department of Aging

Rona E. Kramer, Secretary

Stevanne A. Ellis, State Long-Term Care Ombudsman

LifeSpan Network

Danna Kauffman, Schwartz, Metz and Wise, P. A. for the LifeSpan Network

Leading Age Maryland

Allison Ciborowski, President and CEO



Maryland

DEPARTMENT OF AGING

Rona E. Kramer, Secretary

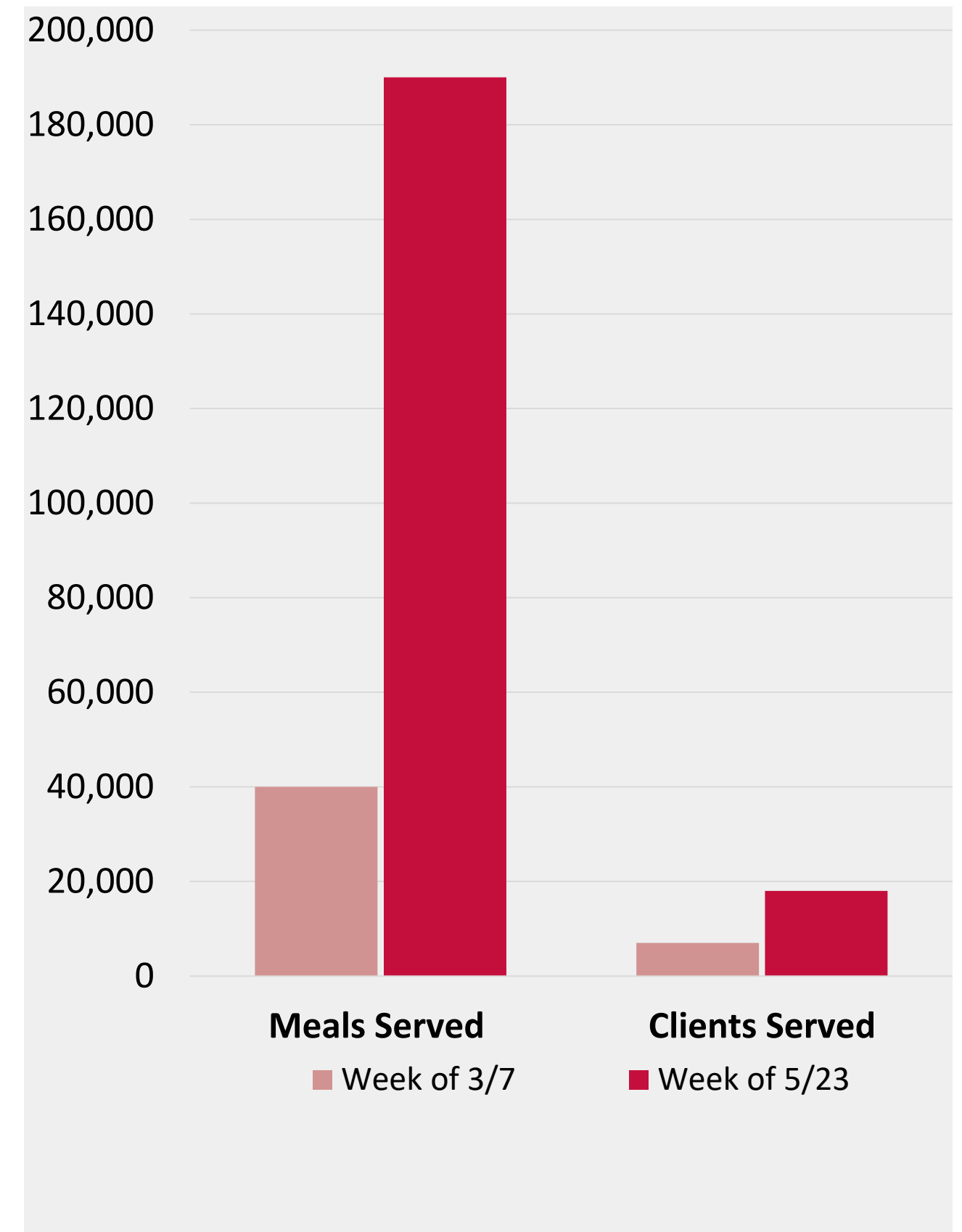
Stevanne Ellis, State Long-Term Care Ombudsman

Nutrition Program

During the COVID-19 pandemic, MDOA has served:

- 190,000 **home-delivered meals** per week; a **483% increase**.*
- 18,000 **clients served** per week; a **265% increase**.*

**Comparing week ending 5/23/2020 to week ending 3/7/2020.*



Local Restaurant Nutrition Program

40% of CARES Act Nutrition Funding used for purchasing home-delivered meals through local restaurants.

Benefits Include:

- Boost local economic development
- Prevent permanent closing of small businesses
- Improve food quality
- Increase provision of ethnic foods, adding comfort to many seniors and interest to others.



Senior Call Check

Free, opt-in, telephonic service to check on Maryland's older residents.

- 1,100 call recipients
- Daily COVID-19 messages
- Plus weekly live calls
- 40,000 calls made per month



Senior Call Check

Call 1-866-50-CHECK
or Register Online
aging.maryland.gov

Live weekly calls!

for Maryland Residents 65 +

FREE



Maryland Durable Medical Equipment Reuse Program

- Free to all Maryland residents, including pediatric clients
- Equipment repaired and sanitized
- **ON BUDGET AND ON TIME**



Caregiver Service Corps

Back-up support to family caregivers, of older adults, who are unable to provide care due to their own illness or exposure to COVID-19, or other temporary constraint.

The CSC can perform tasks such as:

- Assist with the self-administration of medications
- Help with ambulation or transferring
- Assist with personal hygiene routines
- Deliver essential groceries
- Aid with telehealth appointments
- Deliver prescription medications



CAREGIVER
SERVICES CORPS

Public Service Announcements

Topics Include:

- How to stay safe
- Long-Term Care Ombudsman program
- Nursing Homes
- Behavioral Health
- Nutrition and how to obtain meals

This message brought to you by the



90,000 viewers on network, cable, and close circuit television (e.g. Leisure World, CCRCs, hospitals, and nursing homes).

Thank **YOU**

Contact:

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SENATE FINANCE COMMITTEE BRIEFING

JUNE 11, 2020

**DANNA KAUFFMAN
SCHWARTZ, METZ AND WISE, P.A.
ON BEHALF OF LIFESPAN NETWORK**

**ALLISON CIBOROWSKI
LEADING AGE MARYLAND
PRESIDENT AND CEO**

Overview of Presentation



- Overview of Assisted Living
- Impact of COVID-19 on AL
- Funding – How is AL funded
- AL Regulatory Environment

Overview of Assisted Living



- 1558 licensed assisted living communities in Maryland.
 - $1129/1534 = 73\%$ are 9 beds and under
 - $219/1534 = 14\%$ are 10 -16 beds
 - $138/1534 = 8\%$ are 17 – 99 beds
 - $70/1534 = 5\%$ are 100-275 beds
- 23,687 available bed capacity.

NOTES:

- Data as of February 2020.
- There are 1558 listed in the OHCQ data but only 1534 with bed size capacity listed.

COVID-19 Impact: Reporting



- ALL providers MUST report all cases/deaths of COVID-19 to the local health department.
- Communities with 10 beds and more are publicly reported on www.coronavirus.maryland.gov.
- As of Wednesday, June 10th:
 - Number of ALs with cases.
 - Number of CCRCs with cases.

COVID-19: Personal Protective Equipment



- State stockpile inadequate to meet needs.
 - Local Health Departments responsible for distribution.
 - Providers only received fraction of request.
- Private funds from local physician enabled LifeSpan to purchase and distribute PPE with LeadingAge MD.
 - <https://baltimore.cbslocal.com/2020/05/01/coronavirus-nursing-homes-ppe-latest/>.
 - 60,000 KN95s; 36,000 blue non-surgical masks (more on the way); 75,000 Under Armour masks; 4,000 face shields; 50,000 gowns; and 400 boxes of gloves.
 - Providers now purchasing for future needs.

COVID-19: PPE Pick-Up



COVID-19: Staffing and Testing



Staffing:

- Employees testing positive results in greater need for temporary staff.
- Hazard pay to recruit and maintain employees.
- Employees who voluntarily left employment to obtain unemployment benefits.

Testing:

- Assisted living not included in universal testing order; some did have visits from “Go-Teams” and testing kits delivered to them.
- Voluntarily testing residents and staff.
- How to move forward?

COVID-19 – Financial Stability



- Assisted living communities have received **no federal or State funding** to offset increased costs of staffing, PPE and other purchases.
- Providers are reporting double and triple digit increases in monthly costs.
- Other states such as Wisconsin and Pennsylvania have allocated monies to providers to cover increased costs.
- Maryland used increased in federal match funding to offset increased enrollment from unemployment.
- Maryland needs to provide funding to providers based on bed capacity to offset increased costs.

How Is Assisted Living Funded?



- Private Pay
- Home-and-Community Based Services Medicaid Waiver
- Assisted Living Subsidy Grant Program

Funding of Assisted Living – Private Pay



- Residents are primarily private pay.
- According to Genworth Financial Cost of Care 2019 Survey, the ***average*** monthly rate is \$4300 in Maryland (private; one bedroom).
- Double-digit increases in long-term care insurance to cover costs continue to outprice individuals from the insurance market to cover costs.

Funding of Assisted Living - Medicaid



- Community Options Waiver – 1069 participants in AL
- Rate is State reimbursement plus \$420 (room and board paid by resident) plus cost of contribution (if applicable)
 - Assisted Living Level II (no MDC) \$64.01/day - \$1920.30/month
 - Assisted Living Level III (no MDC) \$80.78/day - \$2423.40/month
 - Assisted Living Level II (MDC) \$48.03/day – 1440.90/month
 - Assisted Living Level III (MDC) \$60.56/day – 1816.80/month
- House Bill 1696 (Chapter 798 of Acts of 2018) determined that the program was underfunded by about \$40/day.
- 2019 Budget requested a 5-year plan to bring rates in line with cost of delivering services. MDH reported more information necessary and determined that it would issue RFP for contract work. To date, RFP not issued.

Funding of Assisted Living – Subsidy



- Senior Assisted Living Group Home Subsidy Program
 - Subsidy disbursed monthly for residents of assisted living programs whose annual income is less than their cost of care for assisted living services and resident qualification is based on a formula.
 - Maximum \$650 monthly subsidy – has not been increased since 2003.
 - MDOA advises that, in fiscal 2019, SALGHS provided \$4,368,589 in subsidies for 552 seniors.

Regulatory Environment



- Regulated by individual states; no federal standards.
- Each community is licensed and inspected by the Office of Health Care Quality.
- One size fits all - Same regulatory structure whether you care for 1 individual or 200 individuals.
- Communities must adhere to State regulations and local regulations, including local zoning requirements.
- Required to be inspected by OHCQ on an annual basis.

Major Regulatory Provisions: COMAR

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- Assisted living 80-hour manager training course.
- Delegating nurse requirement (RN).
- Initial and annual training for staff in specific areas, including Alzheimer's/dementia, fire and safety, infection control, food safety, emergency and disaster plans, first aid, CPR.
- Competency evaluation for non-certified individuals.
- Level of care assessments and restrictions.

Major Regulatory Provisions



- Resident Agreements.
- Service Plans and Resident Records.
- Services – meals and menus; personal care services; nursing services; social services; spiritual services; activities.
- Medication Management.
- Alzheimer's Special Care Units.
- Incident Reports and Resident Records.
- Relocations and Discharges.

Major Regulatory Provisions



- Resident Rights.
- Abuse, Neglect and Financial Exploitation.
- Restraints Prohibition.
- Protection of Resident Funds.
- Physical Plant Requirements.
- Security/Emergency Preparedness.
- Common Use Areas.
- Resident Rooms and Bathrooms.
- Lighting and HVAC.
- Laundry and telephone.

Contact Information



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