



Sent via email to: rlevine@pa.gov, teresamill@pa.gov, rotorres@pa.gov

April 2, 2020

Dear Secretaries Levine, Miller, and Torres,

A special thank you to you and your teams during these tough times. Our collaboration through the beginning stages of this public health emergency has allowed our members to make critical decisions in preparation for the inevitable onslaught of COVID+ cases in our local communities.

Collectively, we are looking for a bit of relief to ensure capacities at hospitals are not stretched because of inadequate post-acute settings while ensuring the health and safety of all residents in our communities. It has been mentioned in recent press conferences with Dr. Levine and Governor Wolf, in addition to reports from the CDC that asymptomatic and pre-symptomatic individuals are often carrying the novel coronavirus and able to spread COVID-19 while not appearing infirmed. With current limitations on testing to individuals exhibiting clinical symptoms, we are concerned that the virus will be afforded additional paths into our communities through hospital discharges, or community-to-community transitions of residents.

We have outlined some areas of necessary coordination between the Departments, to ensure the senior service provider sector across Pennsylvania is part of the solution during this crisis while fulfilling their obligations to existing residents to maintain their health and safety.

- Ensuring nursing facility capacity and the ability to create isolation units will require flexibility and creativity within the industry and state government.
 - However, no nursing facility, personal care home, or assisted living community should unnecessarily be forced to take COVID+ patients if they cannot care for them or assure the safety of their current residents.
- From Department of Human Services:
 - Establish dedicated COVID+ funding arrangement for COVID+ nursing homes and others in need of COVID quarantine.
 - The NF per diem will need to be significantly higher than normal per diem
 - In conjunction with the Department of Health, develop a service definition to allow for NF level of service to be delivered in alternative settings such as AL/PC that could shelter non-COVID+ to make placement for those that are positive
 - This rate will need to be adequate to allow providers to deliver necessary services, while compensating for the lack of room and board funding.
 - Allow providers currently serving residents to subcontract with separate providers, to serve residents in order to foster isolation best practices.
 - Provide adequate PPE to ensure staff practice proper infection prevention and control while caring for COVID+, COVID exposed, COVID presumed +, or others in isolation.
 - Flexibility to allow providers admitting or re-admitting individuals from hospitals to be isolated in separate rooms, wings, or units of a community to prevent community

spread of the novel coronavirus. This may include allowing personal care home and assisted living residents to receive care in independent living settings or even to allow rooms to be set up in not traditional places like lounges.

- Waiver of participation review requirements for providers looking to increase capacity to assist in meeting overall healthcare community needs.
- Provision of procedural masks and other PPE to allow personal care home, assisted living residences, and nursing facilities to implement mandatory universal masking for all staff.
- From Department of Health:
 - Flexibility to allow facilities to transfer willing residents to new facilities to help with establishment of COVID+ or quarantine units/floors/communities.
 - DOH can use CMP funds to facilitate these transitions.
 - DOH should allow facilities to access this assistance through a standardized form that will be submitted, in coordination, by both the accepting and discharging NFs.
 - Flexibility to license new beds in COVID+ wings or buildings.
 - Reassign DOH and other state agency employed nurses to serve in communities/nursing homes/other healthcare settings or as advisors for communities in need.
 - These nurses or other medical professionals could be used as subject matter experts in the event 'pop-up NFs' are implemented to provide for convalescence.
 - Ongoing and enhanced flexibility to allow individuals with alternative credentials to perform aligned services.
 - E.g. athletic trainers filling in to provide kinesthetic and physical assistance where their expertise could translate.
- From the Department of Aging and the Department of Health:
 - Allow provisional hiring for all long-term care and senior service workers who would require FBI background check requirement under the Older Adult Protective Services Statute until the state of emergency is over.

We thank you for your attention on these important matters. To ensure that our system is primed and prepared to serve and manage the health care needs of our fellow Pennsylvanians during the height of the crisis, we would appreciate your willingness to discuss next steps.

Sincerely,



Adam Marles
President & CEO
LeadingAge PA



Zachary Shamberg
President & CEO
Pennsylvania Health Care Association



Margie Zelenak
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