Dear Deputy Secretary Mijic,

Thank you so much for your response to our April 10th letter to the Governor on behalf of Secretary Ghaly, and the Directors of our Departments, regarding the state's efforts to ensure the health and safety of the residents in congregate care settings. We are very pleased that the Governor made such a strong statement in his address on April 10th to the COVID-19 spread in SNFs and RCFEs in California.

The April 12th NY Times reported that 50% of nursing homes in NY and 70% of New Jersey nursing homes now have the COVID-19 virus and we can expect that to happen soon in California if more extensive emergency efforts are not undertaken. https://www.nytimes.com/2020/04/11/nyregion/nursing-homes-deaths-coronavirus.html https://www.wsj.com/articles/coronavirus-strikes-at-least-2-100-nursing-homes-across-u-s-killing-2-000-residents-11586554096

Transparency

Although you do not mention transparency in your email, we continue to believe this should have a high priority. The California Department of Public Health and most California counties have not been reporting which SNFs and RCFEs have residents with COVID-19. Family members, staff, residents and the public have the right to know which facilities have the virus and in order to be able to assess their risk and take appropriate precautions. Some facilities may not be reporting the virus unless someone has been hospitalized or dies and because they are not equipped to do adequate testing, so there is likely a large undercount of facilities with the virus. **The state and counties should follow the lead of the Los Angeles Department of Public Health which publishes a daily update of facilities with the virus http://publichealth.lacounty.gov/media/Coronavirus/locations.htm**

CT has been a leader among states public reporting. https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2020/04-2020/Governor-Lamont-Coronavirus-Update-April-11

PPE

We strongly support the state's efforts to prioritize the distribution of PPE to LTC facilities is extremely important. This cannot occur soon enough. Every day that goes on without this happening, significantly increases the odds of more Kirklands, Orindas and Yucaipas. Unfortunately, the numbers of PPE you have obtained will definitely be on the low side. With over 100,000 SNF and 200,000 RCFE residents in the state, with more staff caring for them, **the initial number of PPE the state has acquired will be used up quickly and needs to be replenished regularly.**

Testing

We applaud the state's testing prioritization is as critical to preventing the expansion of the virus throughout the facilities. **Since so many staff and residents are asymptomatic, we hope the state will expand testing to all staff and residents in all facilities in the state as rapidly as possible.**

There are California experts in post-acute and long-term care medicine who are developing real time evidence-based approaches to testing. **We suggest that the state includes non-state employed geriatricians and advanced practice nurses with expertise in post-acute and long-term care medicine in your incident command center. It is also important to have experts who understand how the SNFs and RCFEs actually operate in order to effectively combat this pandemic.**

Technical Assistance and Monitoring

The state's 600 nurses can certainly play a critical role in technical assistance but this has been ineffective in the past because most SNFs do not have adequate staffing levels to carry out infection control procedures and have not had adequate training in the use of some of this equipment. While the use of PPE is not uncommon in NHs, the use of N95 masks, goggles, and PAPRS (for those that cannot use the N95 masks) is a

different story. Particularly with PAPRs, communication is much more challenging. **We hope the 600 state nurses will be reassigned to be the first-line monitors of all SNFs and that other state monitors can be assigned to RCFEs**.

We suggest that each of the nurses be assigned to conduct on-site training on PPE and frequent on-site monitoring of specific facilities. Many news reports suggest that some administrators (including hospitals) have been hiding the news about COVID-19 infected staff and residents until the infection has spread widely within the facilities. **State nurses on site can conduct interviews and observations regarding the actual availability of PPE, testing practices, and the daily staffing levels. These nurses will then be able to respond and deploy state-wide efforts where needed. It is also important to collect these data and begin to analyze and report the findings. The state's academic institutions have the capabilities to do that work.**

The California Association of Long Term Care Medicine's Board of Directors has asked that the Governor **mandate that every SNF in the state be required to have an Infection Preventionist (IP) who is given full-time status with no other tasks to focus on.** (Current law requires a half person but enforcement appears to be suspended with the AFL 20—32 proclamation). This is a fairly simple and straightforward mandate that can help facilities focus on achieving stellar infection control practices.

SNFs must also be immediately educated on effective incident command structure. CALTCM and the Health Services Advisory Group for California and Arizona (the federally funded quality improvement organization) and other professional organizations, are ready and waiting to help provide the technical expertise to provide the necessary training. CALTCM began this educational process with a webinar on March 25th.

The state should also immediately compile a list of medical directors of every SNF in order to directly support their involvement and engagement in their facilities. While historically many medical directors were hired to bring in admissions, medical directors need to be given the tools, the knowledge and the authority to fully engage in their facilities in preventing and managing the virus.

<u>Emergency Complaint System</u>

The state needs to implement an emergency state complaint intake system (hot-line) for infection-related complaints in SNFs and RCFEs and assign adequate surveyor resources to immediately investigate those complaints on-site.

<u>State Strike Teams</u>

The state strike team can play a critical role in those SNFs and RCFEs where the virus has been identified. With over 191 SNFs and many RCFEs already having the virus, **the strike force teams are greatly needed on-site at all facilities that have COVID-19 to monitor the care and treatment of residents and the staffing levels until the virus has been eliminated.**

We believe the Strike teams need to be prepared to establish mandated temporary management of facilities that do not have adequate staffing and are not providing safe care to residents. This will require extensive state and county resources since so many SNFs already appear to be unable to safely provide care.

Since there are obviously not enough state strike teams to work with all facilities that have the virus, we suggest that the state assist and require each county with facilities that have the virus to develop county strike teams drawing on local county resources. The strike team should consist of physicians, registered nurses, state and local health officials, hospital experts, health system employees, infection control

specialists, and the National Guard, to provide emergency care, supplies and equipment to support overburdened SNFs such as what has been done in Maryland. https://www.washingtonpost.com/local/virginia-politics/maryland-forms-strike-teams-to-combat-nursing-home-coronavirus-outbreaks-in/2020/04/07/0792b312-78f5-11ea-a130-df573469f094_story.html

Staffing

We are pleased that the state is working with local and private partners to ensure sufficient staffing and providing $500 stipends where possible and offering no-cost or low-cost hotel rooms for workers. For nursing assistants making minimal wages working in these high-risk facilities under high-risk conditions, a $500 is not sufficient to have an impact.

We suggest that hazard pay is needed (perhaps $20 per hour) along with guaranteed sick leave and health insurance. Since SNFs will be receiving $1.5 billion from the national stimulus bill with no strings attached by CMS, we hope the state will find a way to require facilities to pass this money on to the staff. If staff members do not have sufficient compensation, sick leave, and health insurance, they are likely to not come to work as happened in the Riverside SNF that had to be evacuated last week.

Before this crisis, 75% of the state's SNFs had inadequate number of RNs and total nurse staffing levels and research shows the lowest staffed facilities are the most vulnerable to infections. Rather than increasing nurse staffing to address the COVID infection as needed, California suspended the state's minimum staffing requirements for SNFs and hospitals during the crisis – in AL 20-32.

California should reinstitute its minimum staffing standards immediately, actually require higher staffing for facilities with COVID-19, and monitor staffing levels on a daily basis. Staffing levels in each nursing home should be posted on the door on a daily basis and reported to the state, residents and families, ombudsman and the public. SNFs should be able to report daily shortages to the state and get the staffing help needed from the state and counties.

Moreover, AFL 20-28 which allows facilities to have staffing waivers should be cancelled during the crisis because staffing waivers only place more residents at risk. If facilities increase wages i.e. hazard pay temporarily, along with the assistance from the state to find staff (e.g. using National Guard and other resources), facilities should be able to ensure the health and safety of residents.

Admission and Interfacility Transfer of COVID-19 Patients

AFL 20-33 was issued to SNFS on April 1, 2020 on guidance for transfer of residents with COVID-19. **AFL 20-33 should be revised to prohibit SNFs from admitting COVID-19 patients from hospitals and to prohibit hospitals from sending them because SNFs have proven they cannot handle the COVID-19 virus and it will be a death knell for the residents. It is morally and medically unacceptable for hospitals to send COVID-19 patients or untested COVID-19 patients to SNFs or RCFEs where they can infect other staff and residents. This state policy and practice may be fueling the spread of the virus in California.**

The state should also immediately issue an edict against all inter-facility transfers, unless they are to a COVID-19 only dedicated post-acute facilities.

COVID-19 Only Dedicated Post-Acute (PAC) Facilities

Instead, California needs to immediately establish COVID-19 only post-acute facilities so that hospitals can discharge patients with the virus safely to post-acute care facilities (Connecticut and Massachusetts have been leaders in this regard). These facilities should have teams of expert staff who can manage COVID-19 residents. www.ct.gov/dss/nursinghomereimbursement.

The California Association of Long Term Care Medicine has developed a detailed plan for the establishment of COVID-19 only facilities that the state should adopt. **All large counties with extensive numbers of COVID-19 hospital patients should set up such dedicated facilities. Only facilities with the highest skills and resources should be allowed to become COVID-19 only facilities.**

Some facility owners are reportedly discharging Medicaid residents so they can bring in Medicare COVID-19 patients in order to receive higher payments, seeing the virus as a revenue opportunity. **SNFs should be prohibited from discharging residents without resident and family consent.**

Discharges Home

Of the 169 deaths in Los Angeles County up to April 7th, 36 or 21 percent have been residents of skilled nursing and assisted living facilities. After announcing coronavirus infections at 121 SNFs and other communal living institutions in LA County — including a home in Redondo Beach with four deaths and 38 confirmed cases — the county's public health director advised families it would be "perfectly appropriate" to pull loved ones out of long-term facilities. https://www.latimes.com/california/story/2020-04-07/

Although many SNF and RCFE residents do not have families and many families do not have adequate resources and living arrangements to take residents home, **we agree that where possible, families should take residents home during this crisis. If families can take residents home temporarily, the residents should first be tested and provided appropriate discharge planning and home health and personal care along with the right of return to the SNF or RCFE.**

Conclusion

We applaud the efforts of the Governor and all its agencies to address the dire emergency situation for SNFs and RCFEs. More must be done to stop the spread of the virus throughout most of the state's facilities. There are many geriatric and nursing home experts and organizations as well as consumer groups who are willing and available to help voluntarily with this effort. We hope you will consider these efforts to be a partnership and reach out to include and utilize these resources. Expert input needs to be happening in real time as part of the policy decision making process, rather than through a response after policies are announced to the public.

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