
MEMORANDUM

April 3, 2020

To: Governors' Offices
From: Bill McBride, Executive Director
Re: Strategies for COVID-19 Response for Older Adults and People with Disabilities

As governors consider ways to mitigate the spread of COVID-19 and protect vulnerable communities, health care workers, and other service providers, targeted approaches for nursing homes, other residential facilities, and in-home and community services for older adults and the disabled are critical.

This resource provides key considerations for governors and state leaders as they develop strategies for these populations and includes: (1) a high level review of considerations for governors; (2) a detailed briefing of considerations and related state examples; and (3) an appendix with quick links to additional resources, including relevant federal guidance.

Considerations for Governors

Governors may consider the following actions in addressing the needs of older adults and individuals with disabilities during the COVID-19 crisis:

- (i) Consider executive action to prioritize older adults and people with disabilities and their providers and caregivers as a critical part of the state's COVID-19 response;
- (ii) Provide clear guidance for post-acute and long-term care facilities (LTC facilities), home and community-based services (HCBS) providers, and other residential and housing units for older adults and people with disabilities;
- (iii) Develop strategies for hospital discharge and overflow in consultation with LTC facilities to ensure effective patient management and infection control;
- (iv) Increase and coordinate supply of personal protective equipment (PPE) to LTC facilities and HCBS providers;
- (v) Recognize LTC and HCBS as a critical part of the health care workforce and use technology and adapt requirements to meet increasing demands;
- (vi) Meet increased demands to provide meals for older adults and people with disabilities residing in the community;
- (vii) Seek Medicaid flexibilities to target resources for older adults and disabled individuals;
- (viii) Establish dedicated communication channels and support for LTC facilities and HCBS providers;

- (ix) Adapt survey and inspections requirements of LTC facilities and HCBS providers to allow dedicated focus on crisis response; and
- (x) Develop strategies to mitigate the impact of social isolation on older adults.

Detailed Review of Considerations for Governors

(i) Consider executive action to prioritize older adults and people with disabilities and their providers and caregivers as a critical part of the state’s COVID-19 response. Protect high-risk individuals by prioritizing the containment and control of COVID-19 for residents of LTC facilities, vulnerable individuals residing in the community, and the medical professionals and informal caregivers who serve them. Governors can prioritize these populations through vehicles such as executive orders, calls to action, or formal announcements. For example:

- **California** Governor Newsom issued an [Executive Order \(N-27-20\)](#) that directs state agencies to: identify LTC facilities that are most vulnerable; redirect resources to vulnerable facilities and provide technical assistance to ensure health and safety. The order also instructs state agencies to work with local partners, such as home health providers, area agencies on aging and adult protective services to support home isolation of vulnerable population. To address increased demand, the order empowers agencies to authorize continued work of critical first responders and health care workers who are asymptomatic.
- **Maine** Governor Mills [announced](#) a new measure to help LTC facilities meet the financial challenges posed by COVID-19. The measure was announced in recognition of the significant threat COVID-19 poses to older Mainers, such as those residing in state facilities. Specifically, the measure will provide additional payments to LTC facilities to cover costs associated with staffing, supplies, and PPE.

(ii) Provide clear guidance for LTC facilities, HCBS providers, and other residential and housing units for older adults and people with disabilities. States should clearly communicate and regularly update guidance and policies for LTC facilities, HCBS providers, and other residential and housing units, such as lifeplan communities, U.S. Housing and Urban Development (HUD)-assisted affordable housing for seniors, and state hospital or residential settings for people with mental illness or substance use disorder (SUD) or intellectual and developmental disabilities (IDD) and/or brain injury.

A number of governors have issued [executive orders](#) outlining specific policies for LTC facilities and HCBS providers and state health and aging departments have established related [guidance](#). Guidance should address issues such as infection prevention and control, including screening, detection, triage and isolation of potentially infectious individuals, staff hygiene and management of PPE, visitation, and processes for reporting and coordination with the state health department. For example:

- **Washington** state, which has faced a significant outbreak of COVID-19 infections in nursing facilities, issued a [call to action](#) and developed a [webpage](#) to provide up-to-date resources to assist LTC facilities and providers including nursing homes, adults family homes, assisted living, enhanced living, and home care agencies.



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- **Maine**'s Office of Aging and Disability Services has issued [guidance and Question and Answer tools](#) for those providing supports to individuals with IDD, autism and brain injury.
- **Alaska** Governor Dunleavy issued a [health mandate \(001\)](#) that included suspension of visitation at the Alaska Psychiatric Institute.

The federal government has provided an array of guidance and other resources that should serve as a basis for developing state guidance, including specific guidance for [nursing homes](#), [hospice](#), [home health](#), [PACE](#), and [HUD housing](#) providers. See the federal resource section of this memo for a full listing.

(iii) Develop strategies for hospital discharge and overflow in consultation with LTC facilities to ensure effective patient management and infection control. As hospitals and public health departments develop policies for discharge of patients and potential avenues for hospital overflow, consulting with LTC facilities regarding their capacity to safely receive patients or serve as overflow units is critical. LTC facilities vary with respect to physical setup and resources to safely isolate COVID-19 affected individuals and mitigate risk of widespread infection to the vulnerable individuals in those settings. Given the elevated risk at LTC facilities and the opportunity to prevent a large number of new hospitalizations, states may consider the following approaches in coordination with LTC facilities: (1) avoiding discharge of COVID-19 infected patients to facilities that are not equipped to isolate patients and effectively execute critical infection control measures due to limited staff capacity, lack of PPE, infrastructure, or other challenges; (2) determining whether a distinct wing of a building or an entire building in the case of provider with multiple sites can be properly designated and isolated for COVID-19 patients; (3) considering the use of LTC or other rehabilitation facilities for overflow of non-COVID-19 infected patients, particularly when facilities have significant bed capacity; and (4) determining whether beds and equipment can be transported from LTC facilities to help equip other overflow sites. Governors and state leaders may also consider engaging provider associations representing LTC facilities and clinicians to help coordinate potential pathways. Examples of state action in this area include:

- To aggressively address COVID-19 and in recognition of a shortage of PPE in nursing facilities, **Louisiana** issued [guidance](#) temporarily prohibiting hospital to nursing facility discharges for certain patients for a period of 30 days, including those with active COVID-19; those with a pending COVID-19 test; and those who have undiagnosed, active respiratory symptoms.
- The **Ohio** Hospital Association is [coordinating](#) with local nursing homes about possibly using an empty wing or building to treat non-COVID-19 patients safely and free up hospital rooms for COVID-19 patients. They are also considering using floors of hotels for less seriously ill patients.

(iv) Increase and coordinate supply of PPE to LTC facilities and HCBS providers. With PPE shortages, states face challenges across all health care providers. Older adults and people with underlying conditions are at greater risk for poor outcomes related to COVID-19. That, combined with the major challenge of containing spread in congregate settings and the opportunity to prevent hospitalizations, suggests governors and state health officials consider developing clear processes



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ensuring that LTC facility and HCBS provider requests for PPE are addressed along with those for hospital settings.

- CDC released COVID-19 [guidance](#) specifically for LTCs and nursing homes advising that PPE be made available routinely in these settings.
- **Washington** state [has included LTC facilities](#) with confirmed COVID-19 cases and the health care workers supporting those facilities among the first tier of recipients for prioritization of PPE requests.
- **Georgia** has revised its [PPE request process](#) to expedite delivery of personal protective equipment to priority areas identified throughout the state.
- **Missouri** has [developed](#) a variety of resources to support seamless processing of PPE requests, including prioritization of requests for areas of most critical need.

(v) Recognize LTC and HCBS providers as a critical part of the health care workforce and use technology and adapt requirements to meet increasing demands. As states take steps to meet health care workforce demands in hospitals, LTC facilities and HCBS providers also should be prioritized as critical parts of the workforce. States can work with key partners including facility administrators, licensing agencies, professional associations and others to understand and address workforce challenges for LTC facilities, including limited capacity, shifting settings of care, and new demands to manage social isolation. Efforts to limit social gathering have included elimination of congregate activities (such as meals or adult day programs) resulting in more individualized care that is delivered more frequently in in-home settings. This shift creates additional workforce burden and an increasing likelihood of social isolation. Strategies to address workforce challenges include:

- **Ensure essential status.** States could ensure that individuals who provide health and personal aide services in the home are deemed essential and supported alongside the rest of the health care workforce. *See [NGA memo on health care workforce and capacity](#) for additional information.*
 - **California** Governor Newsom issued an [executive order](#) that provides a [list](#) of essential personnel that includes “workers who provide support to vulnerable populations to ensure their health and well-being including family care providers.”
 - **New York** Governor Cuomo issued an [executive order](#) with [guidance](#) on essential workers, which includes “the care, protection, custody and oversight of individuals both in the community and in state-licensed residential facilities; those operating community shelters and other critical human services agencies providing direct care or support.”
- **Leverage telehealth.** Leverage telehealth to ensure health care providers can dedicate in-person care to individuals who need it most while expanding access to care for those who can best be served remotely and to creatively address social isolation in this vulnerable population. *See [NGA memo on telehealth](#) for additional information.*
 - On March 27, the Centers for Medicare and Medicaid Services (CMS) issued an [electronic toolkit](#) regarding telehealth and telemedicine for LTC facilities.



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- **Relax and adjust licensing, certification and training requirements.** Relax standards where necessary to meet increased demand and allow nontraditional providers to fill critical roles, while maintaining the safety and protection of individuals receiving services. Provide training to allow volunteers and other individuals to serve in administrative and nonclinical capacities and free up time for essential clinical staff to focus on patient care. *See [NGA memo on health care workforce and capacity](#) for additional information.*
- **Expand types of service providers and allow redeployment to unique roles and settings.** As community services for older adults close to mitigate spread of COVID-19, more individuals will need in-home support, including health care services and other support, such as home-delivered meals. Similarly, as nursing homes take steps to limit group activities, new demands for individualized services will arise requiring greater capacity and protective measures for staff. Notably, Congress' third stimulus package ([CARES Act](#)) allows for the provision of HCBS in acute care hospitals, as long as certain conditions are met. States will need to permit delivery of services in different settings, expand the types of professionals that may provide services, and develop innovative services with nontraditional entities, such as meal delivery applications. For example:
 - With the closure of many adult day health and activity centers in the state, **Minnesota** is seeking to enact [legislation](#) that would adjust regulations to allow swift response to the crisis, such as allowing temporary authority to waive certain licensing and background requirements and enabling providers to move quickly to redeploy staff to other settings.
- **Support the direct care workforce.** Support direct care workers serving individuals in their homes by ensuring they have access to health care, child care, and paid sick leave.
 - **North Carolina** [announced](#) that state agencies are working to identify childcare options for essential workers, to include nursing and adult group home staff. The North Carolina Department of Health and Human Services has partnered with the [North Carolina Child Care Resource and Referral](#) network to launch a hotline to provide child care options for children of critical workers who do not have access to typical care because of COVID-19 closures. The [YMCA of Northwest North Carolina](#) is transitioning five of its branches into emergency child care sites.

(vi) Meet increased demands to provide meals for older adults and people with disabilities residing in the community. Ensuring access to meals is of critical importance, particularly as services shift from group to home settings and create increased demand on number of meals and staff capacity to deliver meals. Enhanced funding for additional meals and flexibilities to pay for nontraditional providers, such as volunteers or meal-delivery services, are important considerations to ensure individuals have access to food. As volunteers and nontraditional providers are considered, it will be important to assess whether background checks or other requirements should be waived or where there may be opportunity to leverage retired individuals and non-operational professionals that have adequate screening. Additionally, it is important that the nutrition network and its suppliers be considered “essential services” in order to maintain operations.

- On March 23, the U.S. Department of Health and Human Services [announced](#) \$250 million in grants from the Administration for Community Living to help communities provide



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meals for older adults. Funding will be provided to states, territories and tribes for subsequent allocation to local meal providers.

(vii) Seek Medicaid flexibilities to target resources for older adults and disabled individuals. States may seek flexibilities and resources through Medicaid 1115, 1135 or 1915(c) waivers or through a disaster state plan amendment (SPA). These vehicles can permit states to access emergency administrative relief, make temporary modifications to Medicaid eligibility and benefit requirements, relax rules to ensure that individuals with disabilities and the elderly can be effectively served in their homes, and modify payment rules.

CMS has released several tools for states to support simplified and expedited development and approval of waivers and other authorities. States have the option to request waivers and other authorities be made effective retroactively, to at least March 1, 2020. The CMS tools are:

- [**1115 Waiver Opportunity and Application Checklist**](#). Under Section 1115 demonstrations, states will be able to waive federal requirements to streamline enrollment into long-term care programs and home and community-based services, as well as access broad authorities to vary and target services based on population needs. (See [**NGA's memo on 1135 and 1115 waivers for additional information**](#).)
- [**1135 Waiver Checklist**](#). CMS has pre-packaged relevant and commonly requested 1135 authorities into a checklist template. This will expedite the ability of states to apply for and receive approval for these waivers that are now available under the President's national emergency declaration. Examples of flexibilities include the ability to temporarily suspend prior authorization requirements, relax rules to more quickly enroll providers, and allow providers from out of state to bill for services delivered to Medicaid beneficiaries. (See [**NGA's memo on 1135 and 1115 waivers for additional information**](#).)
- [**1915\(c\) Appendix K Template**](#). CMS developed the Appendix K to help states accelerate changes to their 1915(c) home and community-based services waiver operations or to request emergency amendments during the COVID-19 outbreak. Examples of the types of flexibilities for states include adding an electronic method of service delivery for certain services allowing continuity of service without face-to-face interaction, adding services to address additional needs of waiver recipients during the time of emergency, and adjustments to process requirements to decrease state burden during this time. CMS has approved COVID-19 Appendix K waivers in [several states](#).
- [**Medicaid Disaster State Plan Amendment Template**](#). To streamline and support temporary state plan changes states may seek during a disaster or emergency, CMS has developed a Disaster State Plan Amendment (SPA) template that would allow a state to submit one combined request for temporary changes that states may wish to make in their programs. This includes expanding temporary coverage to optional eligibility groups, adding specialized benefits, expanding telehealth coverage, and temporarily increasing provider reimbursement, among other temporary changes.

States may seek a variety of flexibilities under these waiver channels, including: reducing administrative burden by waiving certain assessments, reporting, or training and certification requirements; enhancing and restructuring LTC and HCBS workforce capacity to meet increased demand and fill gaps caused by reductions in certain in-person services; supporting the direct care



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workforce for LTC and HCBS by ensuring health care, child care, and paid sick leave; and adapting payment rules where necessary to allow for delivery of services in unique settings. The need for such flexibilities is highlighted in other sections of this memo.

It is generally understood that states should take actions necessary to meet immediate demands even if they have yet to have a waiver approved. CMS has made clear that states have the option to request waivers and other authorities be made effective retroactively, to at least March 1, 2020.

(viii) Establish dedicated communication channels and supports for LTC facilities and HCBS providers. Establish a dedicated hotline or utilize existing call centers for LTC facilities and HCBS providers. Priority issues include early alert of PPE shortages, need for testing and related equipment, and staffing shortages. States also may consider establishing dedicated teams to support LTC and HCBS providers in addressing confirmed and suspected cases.

- **Rhode Island** is utilizing its healthy aging helpdesk, “Point,” for those that are part of the high-risk population or caring for someone who is. Individuals can reach out with questions or to learn about available resources. The state also created a [resource](#) with information on community providers and resources, including food and supplies.
- State and local health officials in [Florida](#) and [New York](#) are activating and dispatching strike teams to nursing facilities and homes of individuals with suspected cases, confirmed cases, and for individuals who have had close contact with individuals who have tested positive for COVID-19.
- **Seattle’s** Area Agency on Aging is actively communicating guidance to local providers. This [document](#) details the communications with meal sites, senior centers, and home delivered meal providers in their network in response to the COVID-19 outbreak.

(ix) Adapt surveys and inspections of LTC facilities and HCBS providers to allow dedicated focus on crisis response. Following the actions of CMS, states can take steps to reduce and adapt inspections of facilities and HCBS providers during COVID-19 response efforts to minimize in-person interaction where possible and target facilities with active cases.

CMS has suspended and prioritized surveys of LTC facilities in a number of different ways:

- On March 4, CMS [guidance](#) directed a suspension of non-emergency survey inspections of LTC facilities and HCBS providers, with the exception of surveys already in process, mandated by law to occur within specific time intervals, or to certify new providers. A related [FAQ document](#) was released on March 10.
- On March 23, CMS released additional [guidance](#) around prioritization of survey activities, noting that during the next several weeks only surveys for complaint inspections, infection control and self-assessments will be conducted. CMS also [announced](#) efforts, in collaboration with the Centers for Disease Control and Prevention (CDC), to collect data in real time about nursing homes with active cases of COVID-19. This information will be used to identify areas the virus is likely to strike next and inspections will be targeted accordingly.



States may assess the need for surveys and inspections of LTC facilities and HCBS providers if they are scheduled to occur during the COVID-19 crisis and determine whether additional or revised guidance would be helpful. States also may establish guidance for long-term-care ombudsmen for how to conduct oversight activities. For example:

- **California's** Community Care Licensing Division released a provider information notice [PIN 20-07-CCLD](#) suspending all annual inspections to allow facilities to focus on containing and mitigating COVID-19 impacts. This notice also announced that a licensing program analyst and a registered nurse from the California Department of Public Health will jointly make scheduled visits to residential care facilities for the elderly and adult residential facilities to provide technical assistance.
- **Washington** state has directed ombudsmen to shift from in-person to virtual visits for LTC facilities unless an in-person visit is essential to residents' health and safety.

(x) Develop strategies to mitigate the impact of social isolation on older adults. As isolation policies are implemented, governors could work proactively with state agencies and community partners to develop strategies to mitigate the impact of these policies on the health and well-being of older adults and individuals with disabilities. This includes development of innovative approaches to facilitate social connection and individual support amidst physical distancing. For example, **New Mexico's** Aging and Long-Term Services Department has purchased and distributed 350 tablets to licensed LTC facilities across the state in an effort to ensure people living in nursing facilities remain connected with their loved ones. See other resources below for details on how LTC providers are beginning to address social isolation.

Note – this memo was prepared with information as of April 3. As this is a fast-evolving situation, we anticipate that there will be more federal and state actions related to older adults and people with disabilities. NGA will continue to monitor these developments and provide updates as needed. Included below is a suite of resources to assist with testing implementation. States are encouraged to continually monitor newly issued guidance from HHS and others.

For questions or concerns related to the contents of this memo, please contact NGA staff:

- *Kate Johnson (kjohnson@nga.org; 860.978.5884)*
- *Sandra Wilkniss (swilkniss@nga.org; 312.550.1849)*



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Appendix – Additional Resources

CMS and CDC guidance related to LTC facilities and HCBS providers

CMS Guidance

- 4/2: [COVID-19 Long-Term Care Facility Guidance](#)
- 3/27: [Long-Term Care Nursing Homes Telehealth and Telemedicine Tool Kit](#)
- 3/23: [Prioritization of Survey Activities](#)
- 3/23: [CMS Announces Findings at Kirkland Nursing Home and New Targeted Plan for Healthcare Facility Inspections in Light of COVID-19](#)
- 3/23: [Kirkland, Washington Update and Survey Prioritization Fact Sheet](#)
- 3/22: [Trump Administration Releases COVID-19 Checklists and Tools to Accelerate Relief for State Medicaid and CHIP Programs](#)
- 3/22: [Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19](#)
- 3/18: [COVID-19 Frequently Asked Questions \(FAQs\) for State Medicaid and Children’s Health Insurance Program \(CHIP\) Agencies](#)
- 3/17: [Information for PACE Organizations Regarding Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\)](#)
- 3/13: [Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in Nursing Homes](#)
- 3/10: [Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 \(COVID-19\) in Home Health Agencies \(HHAs\)](#)
- 3/9: [Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 \(COVID-19\) by Hospice Agencies](#)
- 3/4: [Suspension of Survey Activities](#)

****Updated CMS guidance and announcements can be accessed [here](#).***

CDC Guidance

- [Guidance for Retirement Communities and Independent Living](#)
- [Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities \(Interim Guidance\)](#)
- [COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020](#)
- [Information for Healthcare Professionals](#)
 - [Home Care Guidance](#)
 - [Implementing Home Care of People Not Requiring Hospitalization](#)
 - [Preventing COVID-19 from Spreading in Homes and Communities](#)
 - [Disposition of Non-Hospitalized Patients with COVID-19](#)
- [Resources for Clinics and Health Care Facilities](#)
 - [Preparing for COVID-19: Long-term Care Facilities, Nursing Homes](#)
- [CDC Guidance for PPE Optimization](#)
- [Coronavirus disease 2019 \(COVID-19\) Checklist: Older Persons](#)
- [CDC How to Care for Someone at Home](#)



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**Updated CDC guidance and announcements can be accessed [here](#)*

Other Resources

- Advancing States: [COVID-19 Resources](#)
- Leading Age: [Coronavirus Resources](#)
- The Society for Post-Acute and Long-Term Care Medicine (AMDA): [Guidance, Resources & Tools](#)
- National Adult Day Services Association: [Important Information on COVID-19 Administration for Community Living](#)
- National Association of Area Agencies on Aging: [Resources for n4a Members on COVID-19 \(Coronavirus\)](#)
- Administration for Community Living
 - [Older Americans Act Disaster Relief Information \(3-16-20\)](#)
 - Health Promotion and Disease Prevention: [Frequently Asked Questions \(Original: 3-12-20\)](#)
 - Senior Nutrition Program: [Frequently Asked Questions \(March 12, 2020\)](#)
 - [Adult Protective Services and COVID-19](#) (March 18, 2020)
 - [Legal Assistance for Older Americans and COVID-19](#) (March 18, 2020)
 - [Long-Term Care Ombudsman FAQ \(March 16, 2020\)](#)
- Substance Abuse and Mental Health Services Administration
 - [SAMHSA's Tips for Social Distancing and Isolation](#)
- Provider strategies to address social isolation:
 - [Visiting from afar: Families get creative to combat isolation from coronavirus among loved ones in nursing homes, assisted-living centers](#)
 - [Legacy Healthcare pen-pal program aims to ensure residents feel 'loved' during COVID-19 response](#)
 - [LTC providers getting creative to boost seniors' morale during pandemic](#)



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