

---

# IMPACT OF COVID-19 ON LONG-TERM CARE IN FLORIDA

---

Latarsha Chisholm, Susanny Beltran, Shekinah Fashaw, Olivia Reneau, and  
Xiaochuan Wang

---

**Authors:**

Latarsha Chisholm (School of Global Health Management & Informatics, University of Central Florida),

Susanny Beltran (School of Social Work, University of Central Florida),

Shekinah Fashaw (Division of Health Policy & Management, University of Minnesota),

Olivia Reneau (Sanford School of Public Policy, Duke University)

Xiaochuan Wang (School of Social Work, University of Central Florida)

**Acknowledgements:**

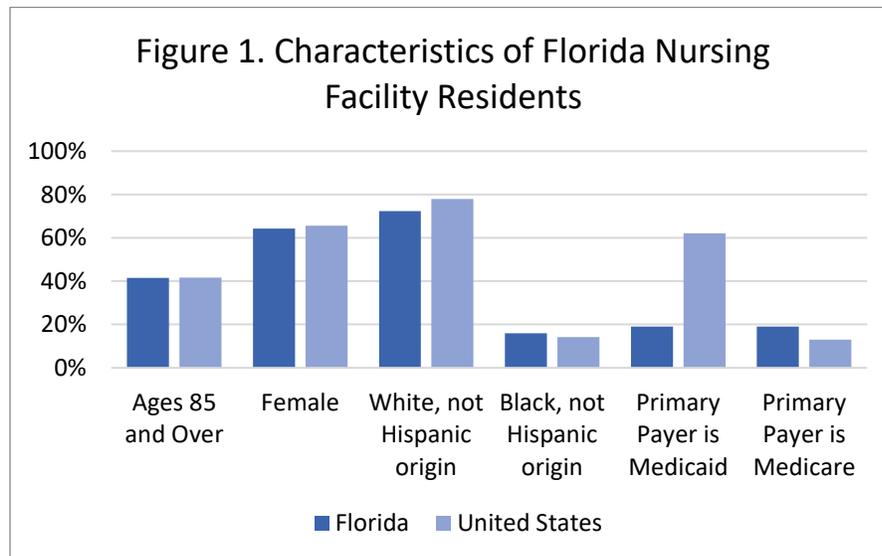
This project is part of a larger unfunded project in Duke-Margolis Center for Health Policy on state long-term care responses to Covid-19 led by Courtney H Van Houtven, managed by Hilary Campbell. We thank Alice Chun for her research assistance.

---

## STATE LONG-TERM CARE SETTING

During 2019, individuals age 65 and older represented [20.5% of Florida’s population](#) or an estimated 4.5 million older adults, [one of the highest percentages in the nation after Maine](#). Older adult Floridians are [diverse and living longing with complex conditions](#). Consequently, the need for long-term care services will continue to increase over time.

Florida is composed of a variety of long-term services and supports (ltss): nursing homes, assisted living communities, home health agencies, and adult day care. In 2017, there were an estimated 690 licensed nursing homes that served an [estimated 72,000 residents](#). The majority of Florida nursing homes were owned or leased by multi-facility organizations (chains that have two or more organizations) and were [for-profit](#). Additionally, Florida had roughly 3,080 licensed assisted livings with an estimated [106,000 beds](#). The primary payer of ltss is Medicaid. An increased strain on the state budget resulted in a transition to Medicaid managed care in Florida, with approximately, [71% of Medicaid beneficiaries](#) who were older adults or disabled enrolled in comprehensive Medicaid managed care organizations (MCO).



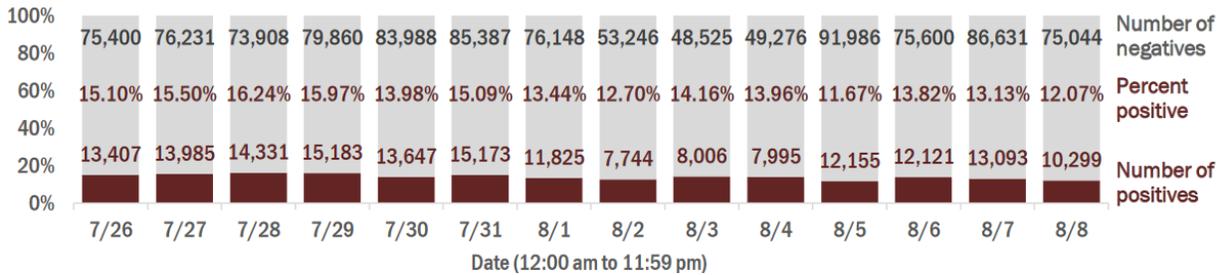
## STATE COVID-19 OUTBREAK AND POPULATION LEVEL MEASURES

The state of Florida experienced the first COVID-19 case in March 1st, 2020. As such, social distancing strategies were implemented: 1) on March 17th widespread school closures started, schools will now open for face-to-face beginning early August and 2) from April 3rd to May 17th, a state-wide stay-at-home order was put in place to mitigate the spread of the COVID-19 virus. On May 18th, Florida began relaxing social distancing actions and reopening businesses, which led to a surge in COVID-19 cases across the state. During mid-to-late June, Florida reported record-high single-day increase (9,564 new cases on June 26th), and 7-day increases (43,964 new cases during June 21-27th, a 104% increase, or 22,458 more cases were reported compared to the previous 7-day period).<sup>9</sup> The percentage of positivity cases (i.e. positivity rate) also spiked, with the 7-day average positivity rate reaching 14.4 % during June 21-27th, a six-fold increase since late May when the state reported its lowest 7-day positivity rate at 2.3%.<sup>10</sup> As of June 28th, 2020, Florida has reported 141,075 COVID-19 case, with 3,419 deaths and

14,244 total hospitalizations, [since the state confirmed its first case](#). In July, Florida had the third highest reported number of cases in the United States, cases are expected to continue to surge with social distancing requirements being scaled back. Florida’s upward trends in COVID-19 cases and positivity rate are particularly concerning given the state’s [large aging population and prevalent nursing homes and retirement communities](#).

**Number and percent of positive labs**

The percent of positive results ranged from 11.67% to 16.24% over the past 2 weeks and was 12.07% yesterday. These counts include the number of people for whom the department received PCR or antigen laboratory results by day. People tested on multiple days will be included for each day a new result was received. A person is only counted once for each day they are tested, regardless of whether multiple specimens are tested or multiple results are received. If a person has a positive specimen and a negative specimen in the same day, only the positive result is counted.



**Data through Aug 8, 2020 verified as of Aug 9, 2020 at 09:25 AM**

Data in this report are provisional and subject to change.

Age group	Cases	Hospitalizations	Deaths
0-4 years	8,882   2%	185   1%	0   0%
5-14 years	20,832   4%	153   1%	3   0%
15-24 years	79,584   15%	764   3%	21   0%
25-34 years	101,545   19%	1,828   6%	55   1%
35-44 years	87,023   17%	2,722   9%	172   2%
45-54 years	84,436   16%	3,983   13%	352   4%
55-64 years	68,341   13%	5,393   18%	849   10%
65-74 years	39,427   7%	5,923   19%	1,668   20%
75-84 years	22,522   4%	5,476   18%	2,350   29%
85+ years	13,075   2%	4,076   13%	2,716   33%
Unknown	1,369   0%	2   0%	0   0%
<b>Total</b>	<b>527,036</b>	<b>30,505</b>	<b>8,186</b>

## COVID-19 and Florida LTC Organizations

As of June 26th, 2020, a total of 885 Florida long-term care facilities reported positive COVID-19 cases. An estimated, 7,181 active COVID-19 cases were reported in long-term care facilities, with a total of 1,807 staff or residents dying from the COVID-19 virus, [representing nearly 53% of the state’s total death toll](#). As long-term care organizations attempt to balance financial constraints with providing quality care to residents, the COVID-19 pandemic is creating additional challenges for nursing home staff, residents, and families. This pandemic has created a severe strain on long-term care organizations due to the high-risk nature of residents and the congregate nature of the settings. The proposed brief will describe the impact of COVID-19 policies on Florida long-term care settings.

For current cases in residents or staff of long-term care facilities, please visit: <https://floridahealthcovid19.gov/>

County	Deaths		County	Deaths		County	Deaths	
Dade	631	18%	Marion	30	1%	Jefferson	4	0%
Palm Beach	377	11%	Suwannee	29	1%	Madison	4	0%
Pinellas	342	10%	Osceola	28	1%	Okeechobee	4	0%
Broward	243	7%	Indian River	27	1%	Baker	3	0%
Hillsborough	188	5%	Hernando	25	1%	Bradford	2	0%
Lee	184	5%	Okaloosa	22	1%	Gilchrist	2	0%
Polk	165	5%	Hendry	19	1%	Hardee	2	0%
Manatee	105	3%	Lake	16	0%	Nassau	2	0%
Brevard	89	3%	Washington	12	0%	Desoto	1	0%
Duval	84	2%	Alachua	11	0%	Flagler	1	0%
Sarasota	83	2%	Putnam	11	0%	Holmes	1	0%
Seminole	81	2%	Walton	11	0%	Levy	1	0%
St. Lucie	81	2%	Bay	10	0%	Monroe	1	0%
Volusia	76	2%	Leon	10	0%	Taylor	1	0%
Escambia	66	2%	St. Johns	10	0%	<b>Total</b>	<b>3,493</b>	
Pasco	64	2%	Citrus	9	0%			
Collier	60	2%	Sumter	9	0%			
Martin	56	2%	Gadsden	8	0%			
Charlotte	53	2%	Santa Rosa	7	0%			
Orange	52	1%	Calhoun	6	0%			
Jackson	33	1%	Columbia	5	0%			
Clay	31	1%	Highlands	5	0%			

## RISK MITIGATION STRATEGIES

### LTC Staffing/ Supply of Personal Protective Equipment (PPE)

While Florida nursing homes are not reporting a shortage of nursing staff (table 1), the availability of staff can become a challenge for facilities as COVID-19 cases surge in the state. To address the possible shortage of health care workers and mitigate challenges created by the closures of businesses AHCA released [Emergency Order 20-002](#) on March 16<sup>th</sup>, allowing healthcare professionals with out-of-state licenses to practice in Florida for 30 days. Furthermore, on March 27<sup>th</sup>, the AHCA implemented [ACHA 20-001](#). This order temporarily lifted the requirement for

Level 2 background checks for onboarding long-term care staff, allowing employers to accept Level 1 background for a 30-day period. The order cites the state as experiencing a shortage of essential healthcare workers, resulting in the temporary change. Agency for Healthcare Administration (AHCA) also created a temporary Personal Care Attendant (PCA) program to help address the staffing shortages. [The program](#) consists of an 8-hour training and allows PCAs to temporarily perform additional direct care duties. Facilities are also being encouraged by AHCA to comply with CDC guidelines related to the development of a contingency plan to address staffing shortages. In the past, and for other emergencies such as hurricanes, contingency plans for Florida facilities have relied on bringing in workers from other states, which may not be an option to address shortages resulting from COVID19. Instead, the state is relying on alternatives such as having staff work more hours and bringing in per-diem staff.

As of June 5<sup>th</sup>, the Florida Department of Health asserts that the Florida Division of Emergency Management has sent more than 10 million masks, 1 million gloves, more than 500,000 face shields and more than 900,000 gowns to long-term care workers across the state. As of June 4<sup>th</sup>, FEMA has allocated [more than \\$365 million](#) to combatting COVID in Florida and has supplied the state with 2.4 million N-95 respirators, 977,872 gloves, 227,699 face shields, 1.1 million surgical masks and 200 ventilators. It is unclear how these supplies were distributed or if any long-term care facilities received a portion of this PPE. Further, this is contradictory to [FEMA's May 14<sup>th</sup> update](#), where the agency claimed to have provided more than 1.2 million gloves to the state. However, state-level communication about the state of PPE supply in LTC-facilities consistently contradicts communication from the LTC-facilities themselves. The FDOH's counts of provided PPE differ from FEMA's, and some facilities still report hoarding and reuse requirements for masks and gowns.

Table 1 indicates [most Florida nursing homes have the necessary personal protective equipment \(PPE\)](#) to care for residents with COVID-19. The majority of nursing homes indicate they have a week supply of N-95 mask, surgical mask, eye protection, supply gowns, and hand sanitizers. Nevertheless, an estimated 18% to 30% of nursing homes (124 -207 facilities) reported they do not have a one-week supply of PPE to provide care to residents with COVID-19. Additionally, healthcare workers report short supply of personal protection equipment, with facilities reporting they have [less than one-week supply of necessary PPE](#). Nursing homes with financial constraints prior the COVID-19 pandemic, maybe the facilities reporting challenges obtaining PPE. Typically, [financially constrained nursing homes rely heavily on Medicaid reimbursement or and disproportionately serve minority residents](#). Medicaid-reliant facilities also have [lower quality of care and lower staff](#), the COVID-19 pandemic may exacerbate the challenges in these facilities and widen the racial/ethnic and socioeconomic disparities found in nursing homes. In addition to improving transparency in data collection, ensuring equitable access to and preventing hoarding of PPE will be essential in preventing further spread in LTC facilities.

**Table 1. PPE supplies in Florida in late May through mid-June, 2020**

	May 25	May 31	June 7	June 14
Shortage of Nursing Staff	6.46	6.47	5.03	6.11
Shortage of Clinical Staff	1.49	2.52	1.07	2.14
Shortage of Aides	7.62	8.83	6.25	8.55
Shortage of Other Staff	4.64	4.89	3.05	4.43
Any Current Supply of N95 Masks	98.01	97.95	98.02	98.63
One-Week Supply of N95 Masks	78.81	80.16	82.90	86.72
Any Current Supply of Surgical Masks	99.67	99.53	98.93	99.69
One-Week Supply of Surgical Masks	92.88	92.60	94.05	96.03
Any Current Supply of Eye Protection	99.50	99.37	99.08	99.54
One-Week Supply of Eye Protection	89.24	89.13	92.06	94.66
Any Current Supply of Gowns	97.52	97.95	98.78	99.39
One-Week Supply of Gowns	79.97	82.20	86.87	92.67
Any Current Supply of Gloves	99.34	99.84	99.54	99.69
One-Week Supply of Gloves	94.21	93.70	94.96	96.34
Any Current Supply of Hand Sanitizer	99.34	99.69	99.24	99.24
One-Week Supply of Hand Sanitizer	94.54	93.86	95.73	96.34
No supply of 1+ PPE type	4.47	4.41	3.66	2.14
<1 week supply of 1+ PPE type	30.13	27.09	22.29	17.56
Resident Access to Testing in Facility	87.34	89.06	91.54	93.17

### Testing in Florida Long-Term Care Settings

The week of May 21<sup>st</sup>, the Florida Agency for Health Care Administration (AHCA) issued an [order](#) requiring continuous testing for employees who work in long-term care facilities. Furthermore, testing was required for all employees when the Florida Department of Health or an authorized agent for the purpose of infection and control prevention enters the building for all employees, including employees who are off duty. On June 16<sup>th</sup>, the Florida AHCA issued [Emergency Rule 59AER20-4 \(ALFs\)](#) and [Emergency Rule 59AER20-5 \(Nursing Homes\)](#) requiring all staff, paid and unpaid with direct or indirect patient contact, to submit to COVID-19 testing every two weeks, with resources provided by the state. Staff who have contracted and recovered from COVID-19 are exempt from testing if medical documents are supplied to assisted living facilities or nursing homes. Beginning mid-July, untested staff members will [not be allowed into facilities to work](#). In early-July, an [estimated 80%](#) of staff and residents in long-term facilities had been tested. Nevertheless, direct care workers at Florida facilities report insufficient testing protocols. For example, a CNA at a facility in Venice, Florida reported that temporary workers are able to come and go [without temperature checks](#). Furthermore, it is unclear if Florida Department of Health or authorized agents are being routinely tested after visiting various long-term care settings.

The cost of testing nursing home staff bi-weekly can be an extreme burden for the state and federal government. A strategy to mitigate the financial burdens placed on facilities related to obtaining tests was put forth, which proposed to use the fines collected from nursing homes to

cover the costs. However, this measure was [rejected by federal officials](#). Recent data released by the American Health Care Association and National Center for Assisted Living shows it would cost an [estimated \\$43 million dollars](#) to conduct initial testing in nursing homes and assisted living facilities in Florida. However, in June, AHCA introduced Emergency Rules [59AER20-4](#) and [59AER20-5](#), allowing long term care facilities to conduct testing on each staff member every two weeks, with funding for the tests made available and tests mailed directly to facilities by Curative Labs. Additionally, [AHCA issued a directive](#) indicating Medicaid covers and will cover all services needed to facilitate the testing and treatment of COVID-19. State funds to cover COVID-19 testing of staff will expire in September. As such, nursing homes are requesting additional state funds to assist with [continuing testing of staff bi-weekly](#).

Testing staff for the COVID-19 virus is only half the process to mitigate the spread of the virus in long-term care settings. Test results also need to be returned in a timely manner to ensure individuals with positive tests are quickly informed and quarantine away from residents. During early-May Governor DeSantis indicated mobile RV labs would be utilized to support testing in long-term care settings with results being returned in 45 minutes. However, the [turnaround time](#) to return COVID-19 test to long-term care settings varies across setting, with some nursing homes indicating facilities receive test in 48 hours while others are waiting weeks. It is ineffective to test staff bi-weekly if the test results are not returned quickly.

COVID-19 testing in Florida long-term care settings is optional for residents. However, on May 5<sup>th</sup> Florida AHCA issued Emergency Rule 59AER20-1 requiring COVID-19 testing by hospitals of all patients, regardless of symptoms, prior to discharge to long-term care facilities. The consequence of not doing so is unclear.

### **COVID-19 Only Facilities**

Residents that have tested positive in long-term care facilities can be discharged to COVID-19 only isolation center. Governor Ron DeSantis ordered the creation of isolation centers and units to house patients requiring long-term care services who acquire COVID19. To do this, AHCA contracted with nursing homes and wings of nursing homes across the state of Florida to designate those as COVID19 Isolation Centers. Centers are to accept patients needing LTC regardless of insurance status (i.e., accept all insurance types as well as uninsured patients). These centers serve patients with COVID-19 who require LTC care, as well as persons with COVID-19 lacking appropriate discharge placement. These facilities are required to have a designated area or full facility dedicated to COVID-19 patients who need long-term care. Since June 4<sup>th</sup>, the number of isolation centers has increased from [6 to 21 facilities](#). Next, guidelines were created to inform the converting of a resident's room into a [Temporary Airborne Infection Isolation \(TAII\) Room](#). It is recommended that residents with COVID-19 or suspected of having COVID-19 be placed in TAIL Rooms until transfer into an Isolation Center can be coordinated. Lastly, facilities unable to maintain CDC standards, related to increased monitoring and isolation of COVID-19 positive or suspected positive residents, are [required to transfer that resident](#).

## **Centers for Medicare and Medicaid Services (CMS) Telehealth**

With Executive Order 20-52, issued March 29, 2020, the Florida Department of Management Services [expanded state employees' health care coverage](#) to include telehealth benefits at no additional cost, and the Florida Office of Insurance Regulations [issued a memorandum](#) to all Pharmacy Benefit Managers and health insurers servicing the state of Florida, encouraging them to use technology such as telemedicine. However, this only applies to the State's Medicaid fee-for-service providers. [Guidance](#) on Medicaid Telehealth [from AHCA](#) state that Florida's Medicaid managed care organizations (MCOs) have the flexibility to set their own requirements and rates, and they are only encouraged to expand telemedicine coverage/services. [AHCA expanded telemedicine coverage](#) through fee-for-service system to include behavioral health services (e.g., individual and family therapy, medication-assisted treatment).

## Long-term Services and Support (LTSS) Practices & Policies

### **Community Dwelling Older Adults and Meals**

Older adults living in the community may encounter challenges accessing meal services that help them maintain their independence during the pandemic and exacerbate food insecurities among older adults. Consequently, the Florida Department of Elder Affairs, Department Business of and Professional Regulations, and Florida Restaurant and Lodging Association developed a partnership to ensure meals would be delivered to the homes of older adults due to meal sites closing. the Departments of Elder Affairs, business and professional regulation, and the FL restaurant and lodging association to [deliver meals to elders in their homes](#) in light of meal sites closing. However, it is not clear how many meals have been served and what older adult population has utilized this service.

### **LTSS Activities**

While the state has not issued any blanket orders mandating the suspension of group activities, the [Florida Department of Health is encouraging](#) long-term care organizations to follow the CDC's recommendation to cancel all group activities and communal dining. On April 8<sup>th</sup> Governor DeSantis and Elder Affairs Secretary Richard Prudom announced the launch of [Project: VITAL \(Virtual Inclusive Technology for All\)](#), which utilizes virtual technology, such as video calls, to relieve the difficult symptoms of social isolation for residents in assisted livings and nursing homes.

### **Visitor Policy**

On March 14<sup>th</sup>, Governor DeSantis issues Executive Order 20-52, prohibiting nearly all long-term care home visitation for a 30-day period. Exceptions were made for those visiting or providing care in "end-of-life situations", "necessary health care", legal assistance, and government officials. The order mandated facilities to maintain a visitation log and empowers them with the

discretion to deny visitation to those who are presenting COVID-like symptoms, have traveled on a cruise or been to an airport in the last 14 days (staff was excluded from this), have had COVID and/or have not tested negative in the last 14 days. [The order](#) also “discourages” residents from leaving the facility.

Currently, vendors entering these facilities are not required to be tested for COVID-19. Instead, they should be “[appropriately screened and required to wear the appropriate PPE](#)” as per Florida AHCA guidelines. Although vendors are not supposed to have direct contact with residents, they may come in close contact with staff members, which may put the staff at risk of exposing to, contracting, and transmitting the virus. Appropriate policies should be in place to protect NHs and ALFs staff and residents from potential exposure to COVID-19.

## FINANCIAL SHOCKS AND STRATEGIES FOR RESILIENCE / REPORTING

### Financing changes

Several financial policies have been implemented to mitigate the challenges of COVID-19 among Florida long-term care organizations. First, to reduce administrative burden on providers, [policy transmittal 2020-15](#) issued on March 18<sup>th</sup> called for State Managed Care and fee-for-service providers to waive all prior authorizations required to treat Medicaid recipients, including long-term care hospital, home health, nursing facility, durable medical equipment, and physician services. Prior authorization requirements were reinstated when Phase 2 of the reopening plan went into effect, [on June 19<sup>th</sup>](#). All co-payment requirements were also [waived until further notice](#). Furthermore, [Preadmission Screening and Resident Review \(PASRR\) processes](#) have been postponed until further notice and will be retroactively performed. Secondly, First Coast Service Options, Florida’s Medicare administrator, has [detailed changes](#) to Medicare skilled nursing facility (SNF) benefits reauthorizations. Specifically, [new benefit periods](#) can be initiated immediately after the 100-day SNF benefit has been exhausted, without requiring a new qualifying episode. In addition, Florida Medicaid [issued an alert on May 1<sup>st</sup>](#), communicating that health plans will begin issuing retainer payments to stand-alone adult day care (ADC) providers serving LTC enrollees, to ensure these businesses can survive the financial impacts of the pandemic. Lastly, Florida is making Nursing Home Civil Money Penalty funds, obtained from nursing home penalty payments, available for nursing homes to purchase technology devices to support their social distancing efforts. [Facilities can apply](#) to receive as much as \$3,000 to purchase tablets, webcams and other devices for nursing home residents to use.

### Transparency

April 2020, Florida started reporting the following information related to COVID-19 and LTC organizations to the CDC dashboard: number of LTC facilities with known COVID-19 cases, number of cases in LTC, number of deaths in LTC, percent of State deaths in LTC, and percent of State cases in LTC. Information is reported by county, and facilities with cases and deaths are listed by name. Further, data includes cases and deaths for residents and staff. Florida updates this data [daily](#). Additionally, the state of Florida has the COVID-19 dashboard operated by the Florida Department of Health that provides daily updates on COVID-19. Data listing nursing

homes and assisted livings with COVID-19 cases and deaths are also reported on [this website](#). AHCA is complying with CMS guidelines related to LTC reporting of data on a weekly basis. Florida nursing homes are required to [submit data through the National Healthcare Safety Network portal](#) at least once every 7 days.