
IMPACT OF COVID-19 ON LONG-TERM CARE IN ILLINOIS

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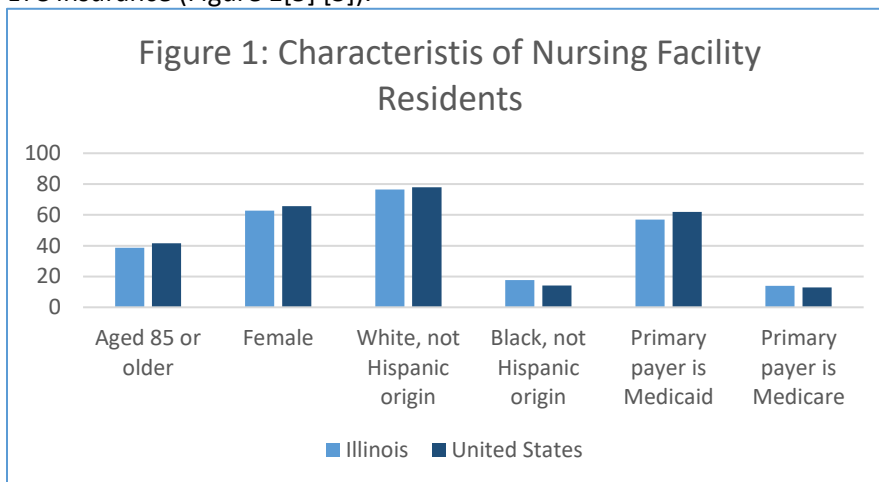
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STATE LONG-TERM CARE SETTING

GENERAL (PRE-COVID) SETTING AND CONTEXT

Illinois is the sixth most populous state with approximately 12.6 million residents, 11% of which live in rural areas [1]. Chicago is the state's largest city and 8.28 million people reside in the Chicago metro area (Cook + 5 collar counties)[2]. 15% of the population is aged 65+, the poverty rate among older adults is 9% [3]. Illinois has 3.2 million Medicaid enrollees, 660,000 of whom are elderly or disabled[3]. The share of Medicaid spending on institutional care, relative to home- and community-based services, was 51% in FY 2016, higher than the national average of 43%[4]. There are 66,600 nursing home residents in Illinois[3] making up approximately 0.05% of the total population.

Nursing home residents in Illinois are younger, less likely to be female, and more likely to be non-Hispanic black than the national averages. Medicaid is the primary payer for 57% of these residents and Medicare is primary payer for 14%, with the remaining residents paying out of pocket or using private LTC insurance (Figure 1[5] [3]).



Even though public payers pay for the majority of nursing facility care in Illinois, the state has a high reliance on private provision of these public benefits. Illinois has 723 nursing facilities, and 74% of the state's 723 facilities are for-profit companies[6]. The Medicaid program is also largely administered

through managed care. 90% of elderly and disabled beneficiaries enrolled in some type of Medicaid managed care plan. Medicaid long-term services and supports including nursing facility care are delivered through managed care financing in the Greater Chicago area but remain fee-for-service in the rest of the state[7].

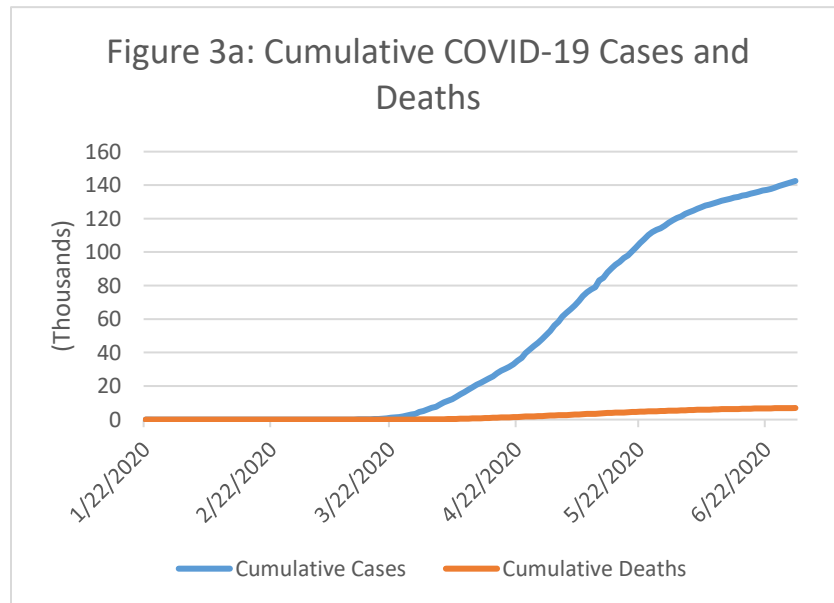
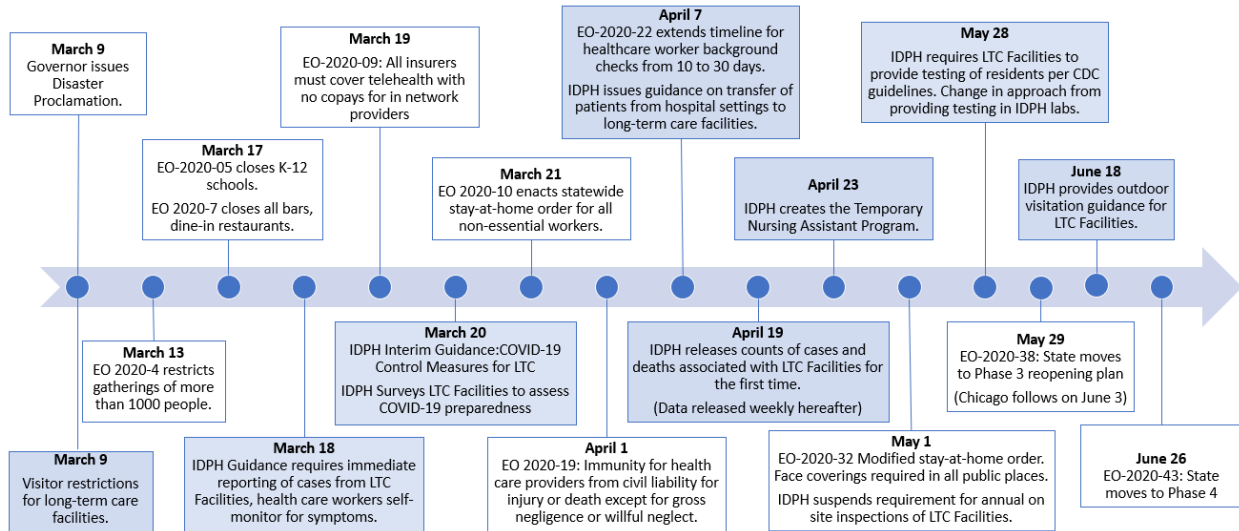
Illinois has long had low Medicaid reimbursement rates relative to other states. For example, comparing state Medicaid FFS payment rates as of FY 2016, Illinois had the 8th lowest overall rates and the 7th lowest for primary care [3]. Specific to nursing facility rates, Illinois has long been among the states with the lowest Medicaid payment rates in the country[8, 9].

STATE COVID-19 OUTBREAK AND POPULATION LEVEL MEASURES

STATE COVID-19 CONTEXT

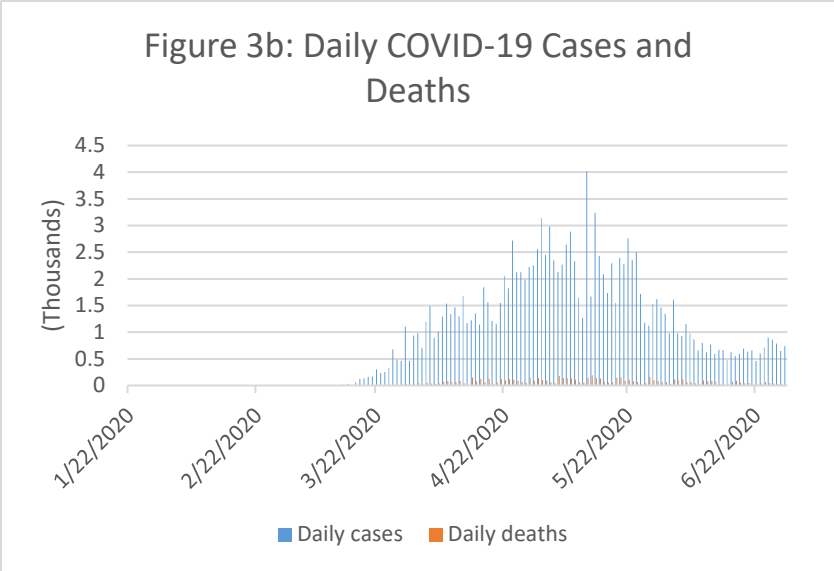
Figure 2. Initial Response to COVID-19 in Illinois

Nursing facility specific policies.



Illinois had its first confirmed case on January 24, 2020 (Figure 3 [10]). In early March, daily case counts surpassed 10 and the governor declared a disaster on March 9. Schools and businesses were subsequently closed, and on March 21, a statewide stay at home-order was enacted (Figure 2). The state surpassed cumulative 1,000 confirmed cases on March 22 and the occurrence of new cases peaked in mid-May. There has been significant geographic variation

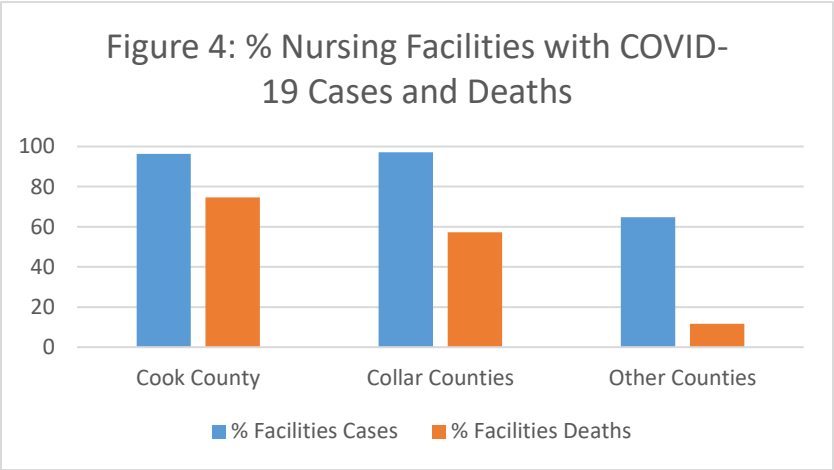
in caseload within the state, with Cook and surrounding counties having more cases/deaths per capita than other areas of the state.



As of June 30, Cook County had second highest count of cases in the nation, with just over 90,000 confirmed cases and 3rd highest count of deaths with over 4,500[11].

As of June 26, long-term care (LTC) facilities were associated with 22,170 cases and 3,772 deaths [12], accounting for 16% and 55% of all cases and deaths in the state respectively.

As in the general population, cases and deaths associated with nursing homes have been concentrated in the Chicago Metro Area (Figure 4). Nearly all nursing homes in Cook and the Collar Counties have experienced at least one COVID-19 case while just over 60% of facilities in other counties have cases as of June 26.



RISK MITIGATION STRATEGIES

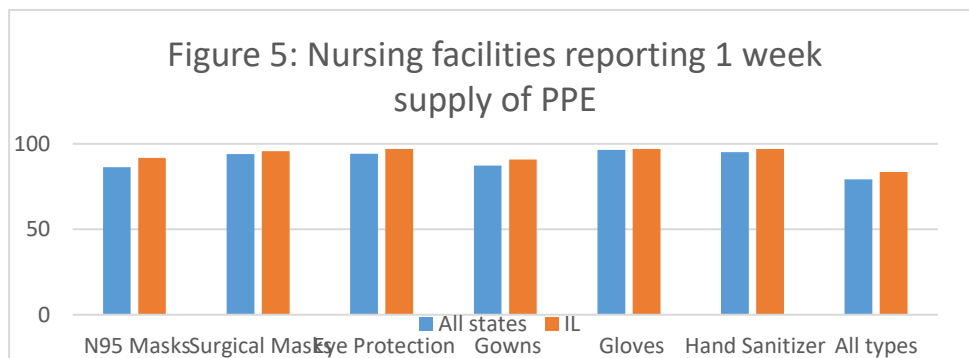
Testing. Guidance and priority of testing of nursing home residents has shifted over time: initially, IDPH led testing efforts but over time, responsibility for testing has shifted from the state laboratories to nursing facilities themselves. The first testing guidance, issued March 18, specified that IDPH laboratories would automatically pre-approve testing for hospitalized patients with pneumonia. While not automatically pre-approved, if a facility suspected 2+ residents of having COVID-19 (a potential cluster), a request could be submitted for IDPH lab testing [13]. Updated guidance on April 4 classified individuals with suspected COVID-19 living in congregate settings that serve vulnerable populations and part of a potential cluster of COVID-19 and employees of congregational settings serving vulnerable populations as high-priority for testing at IDPH labs [14]. Testing of nursing facility cases by IDPH labs continued to be the policy until May 28, when the state mandated that nursing facilities test all residents and staff, requiring facilities to develop testing plans and report results to the state [15]. When this new rule was released, IDPH noted that prior to this shift in policy, IDPH had worked to supply facilities with testing kits and had provided testing kits to approximately 200 facilities, or approximately 1/6 of all LTC facilities in the state. The May 28 guidance refers to CDC guidance for specifics on testing

frequency and test turnaround times but does state that residents must all be tested in the event of an outbreak or as requested by IDPH.

Screening of staff and residents. The need to screen staff pre-shift was first communicated to LTC Facilities in a March 9 IDPH webinar[16]. The information disseminated was based on CDC guidance and required screening of all healthcare staff prior to each shift worked. Screening was specified to consist of temperature checks and reporting of symptoms and staff were to be restricted from working if their temperature exceeded 100F or if they reported new symptoms. IDPH guidance issued March 18 recommended that health care workers monitor their temperature 2x daily and that they not report to work if they develop a fever or symptoms [13].

At this same time, recommendations were provided for facilities to monitor residents’ vitals (temperature) at least daily to establish a baseline. Resident screening guidance has since been updated and the current guidance states that screening, including screening for symptoms, vital signs, and pulse oximetry, is required every 8 hours [17].

Supply of PPE. Of the 1,075 LTC facilities (590 were skilled nursing facilities) that responded to the IDPH March 20 survey[18], supply of PPE was the biggest concern. Facilities were asked to report the number of days of supply they had of facemasks, gowns, eye protection, gloves, and alcohol-based hand rub. Supplies varied by PPE type but for several types, fewer than 60% of facilities reported having greater than a 1-week supply. The shortages were highest for eye protection: over 20% of facilities reported they had no current supply of eye protection and an additional 40% reported they had less than a 1-week supply [19]. On April 3, IDPH provided updated recommended guidance for requesting PPE for LTC facilities[20]. This guidance requires facilities to request PPE from the local department of public health and if the LDPH cannot provide it, they must then request it through regional coordination centers and then through IDPH.



Source: CMS. COVID-19 Nursing Home Dataset. Latest week reported (June 14, 2020)

More recent self-reported data on supply of PPE shows that facilities in Illinois have experienced fewer PPE shortages

than facilities reporting nationally, but still 16.5% of facilities report having less than one week’s supply of at least one PPE type (Figure 5).

Facility direct care changes

Resident cohorting guidance: Initial guidance from IDPH on March 9, prior to any cases being detected in Illinois nursing homes, recommended that facilities begin tracking unit to unit movement, prepare to cohort residents and staff, and prepare to restrict movements if/when cases are detected[16]. The interim guidance provided by IDPH on March 20 requires that if patients test positive for COVID-19 or

exhibit symptoms, they should be placed in a private room or room with other COVID-19 positive residents [17]. However, it is not clear if this cohorting is implemented in practice from available information.

Transfers of between hospital settings and nursing facilities: IDPH issued guidance on April 7 addressing the transfer of COVID-19 cases from hospitals to nursing homes[21]. All patients must be assessed for COVID-19 prior to discharge to a skilled nursing facility and Transmission-Based Precautions are recommended for possible and confirmed COVID-19 cases. Information on procedures for transfers prior to April 7 are unknown.

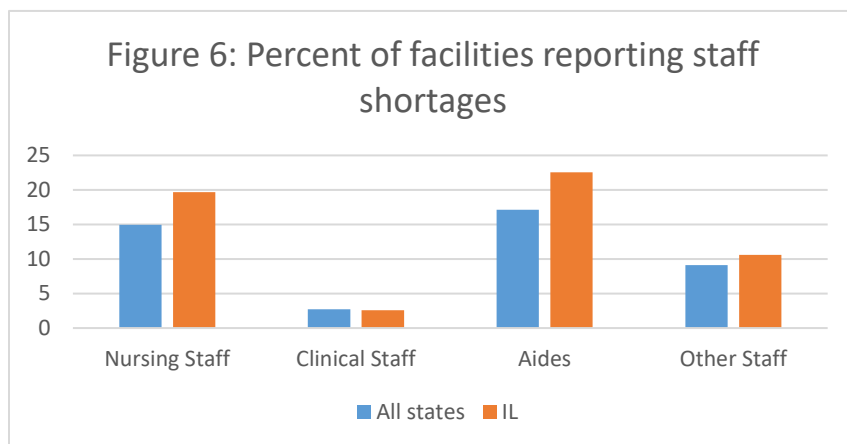
Telehealth: All regulated insurers in the state must cover telehealth visits per Executive Order EO-2020-09 issued on March 19. The order specifies that insurers must reimburse providers at the same rates as in-person visits and impose no cost-sharing for telehealth visits in-network providers. It is unclear from the available information whether this change in coverage has resulted in substitution of telehealth for in-person visits for nursing home residents.

LTC facility worker policy changes

Staffing regulation changes: Several executive orders relaxed existing regulations pertaining to staffing with the intent of alleviating staffing shortages [22].

- March 25: CNAs licensed in other states and military personnel with medic training could work in Illinois nursing homes.
- April 21: Created Temporary Nursing Assistant classification. This new classification of worker receives 8 hours of classroom training and 8 hours of on-the-job training (both overseen by an RN) and then can perform direct care tasks typically done by CNAs or licensed nurses.
- April 21: Suspends requirement that basic nursing assistant program participants pass the exam within 12m of completing the program.
- May 5: Temporarily suspended rule requiring CNAs to complete training within 12 days and that developmental disability aides submit documentation within 120 days.

Staffing compensation: There have been no statewide measures that directly affect nursing home workers compensation. However, on April 29, unionized nursing home workers voted to strike on May 8 if a new collective bargaining agreement with providers was not reached. SEIU Healthcare represents workers at over 100 Illinois nursing homes. On May 7, SEIU Healthcare and providers reached an agreement to avert the strike that led to raises, hazard pay, and sick pay for COVID related reasons [23].



Self-reported data from facilities to CMS relating to staffing shortages show that facilities in Illinois have experienced significant shortages across many types of nursing facility staff. For all staff types, Illinois facilities have been experiencing greater staffing shortages than the national averages among reporting facilities (Figure 6).

Source: CMS. COVID-19 Nursing Facility Dataset. Latest week reported (June 14, 2020).

CMS data is available (weeks ending May 24-June 14), staffing shortages have improved in Illinois. But again, with approximately one-fourth of facilities reporting shortages of nursing staff or aides, there are still significant shortages.

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Resident life changes

As communicated in a March 9 webinar to LTC Facilities, IDPH implemented visitor restrictions. Statewide, visitors under the age of 18 were not permitted, and in the Chicago metro area, visitors were restricted to essential visitors only (hospice, dementia, psychosocial needs) [16]. This limit to essential visitors was later expanded statewide [17]. This ban on non-essential visitors has only recently been relaxed, with outdoor visits being allowed subject to limitations of facility plans, per June 18 guidance [24].

As with visitation, the March 9 webinar made several recommendations related to limiting residents' movements and gatherings within the facilities that were then included in the LTC Facility Interim Guidance released March 20 [17]. Residents with confirmed COVID-19 or with symptoms must stay in their room with the door closed and only leave the room as required for medical procedures. For all residents, IDPH recommended that facilities control group contact, including limiting activities and meals in common areas, and that facilities provide technology and assistance for remote visits. Specific guidance for communal dining was added to the interim guidance on March 25 that spells out recommendations for providing congregate meals for residents not displaying any symptoms. This guidance recommends that residents that do not need assistance be served in their rooms and those that do need assistance may eat in a dining hall with physical separation from other residents, among other precautions.

Again, it is not clear the extent that these recommendations were followed throughout the course of the pandemic. In the March 20 survey of facilities, 98% reported that visitors were restricted, 97% reported that visitors were screened for symptoms, contact with a COVID-19 case, or travel to affected areas; and 91% reported that they had provided alternative methods for visitation such as video conferencing [19].

FINANCIAL SHOCKS AND STRATEGIES FOR RESILIENCE / REPORTING

Financing changes

Occupancy rates: There has been little policy response relating to nursing home financials during the pandemic in Illinois. This could be due to the fact that most nursing home residents in the geographic areas most affected by the pandemic are enrolled in Medicaid managed care plans. We compared nursing home occupancy rates in the self-reported CMS COVID-19 Nursing Home dataset for the weeks ending May 25-June 14 to occupancy rates in state nursing homes in LTCFocus[6]. Illinois homes had occupancy rates of approximately 74% in 2017 but rates reported during late May and early June ranged from 66-67% indicating that facilities are experiencing lower than normal occupancy during the pandemic.

Coverage of costs of testing: Illinois has mandated that all Illinois residents get testing for COVID-19 without out-of-pocket charges. According to guidance to providers, the department of Health and Family Services that administers the Medicaid program implemented an Uninsured COVID-19 testing program and an HRSA testing program to ensure the uninsured have testing covered[25]. Medicaid is also covering testing[26]. Even with these measures, there is concern that nursing homes will not be able to finance testing of nursing home residents and staff over the longer term without additional financial support from the government[27].

Immunity from civil liability: Executive order 2020-19 released April 1 grants immunity to all health care providers, including nursing homes, from civil liability for injury or death except for gross negligence or willful neglect during the public health crisis. Advocates for residents have pushed back against this legislation saying that this liability protection is too broad in covering non-COVID-19 related care, was drafted with input for industry perspectives only and not those of advocates, and removes an important mechanism by which nursing home quality is enforced [28].

Transparency

Guidance: IDPH has released guidance to nursing homes relating to both reporting of cases and communicating with residents and families when cases are detected. IDPH guidance released April 4 requires immediate reporting (by telephone within 3 hours) to the local health department of a cluster of 2+ suspect cases of COVID-19 among residents of nursing facilities with onset within a week; employees with suspect COVID-19; any person hospitalized with pneumonia of unclear etiology who lives or works in a nursing facility; and any resident or staff with lab confirmed COVID-19 that hasn't previously been reported [14]. IDPH provided additional guidance on April 19 with procedures for long-term care facilities to notify residents and residents' next of kin when that resident, another resident, or staff member is diagnosed with COVID-19. This guidance specifies that written and verbal notification should be provided within 24 hours of the facility being aware of the diagnosis [29].

Public Reporting of Cases: Illinois began publicly reporting facility level counts of cases and deaths on April 19. They report, by county, the name and number of cases and deaths among residents weekly on the [IDPH website](#). There have been some changes to reporting over time[30]. The list does appear to include a variety of LTC facility settings include assisted living but is not easily filtered by facility type because facility type is not provided. For the CMS mandated reporting, Illinois has 92% of facilities reporting for at least one week and 85% reporting all weeks for the first four weeks in the CMS COVID-19 Nursing Home Data[31].

CHANGES, NEEDS, AND CALLS FOR ACTION

Issues being addressed

The COVID-19 response in Illinois has focused on short-term measures to address testing needs, PPE shortages, staffing shortages, and infection control procedures during the pandemic. However, until there is an approved vaccine and in future pandemics, nursing facilities will continue to face these needs. The state needs to develop a plan for how to address the risk both for the remainder of this pandemic and going forward for future infectious disease outbreaks.

It is also important that the temporary relaxation of health care worker licensing requirements, in-person inspections of facilities, and immunity from civil liability be reinstated as soon as possible.

Issues identified but not yet addressed

Illinois has been proactive in issuing guidance on best practices, yet there is a lack of monitoring of whether guidelines are being followed, or can be followed due to resource constraints. It is clear that we've learned some things (not everything, but some things) about best practices to stem nursing home outbreaks. The state can develop guidelines around these practices, but they are not helpful if inconsistently adopted and monitored. One reason facilities may not be following the guidance, especially in terms of PPE and testing, is that these both require resources. Not only does someone have to pay for PPE in a supplier's market, but the nursing facility has to have someone working to find those supplies and negotiate for them. This can be a full-time job. Similarly, while Medicare pays for testing for beneficiaries, the issue of who pays for staff testing is less clear. Under Illinois' low Medicaid rates, nursing facilities may have trouble finding the resources to implement these guidelines. The state should take a more active role in monitoring compliance and providing resources to comply with guidance as needed.

Fragmented payment system: This crisis is revealing the underlying problems with the fragmented way we pay for long-term care and its chronic underfunding. A long-run solution should consider how to support the long-term care workforce, promote innovative delivery alternatives, and prevent a crisis like this from happening again.

Much of nursing home care is paid for by Medicaid and Medicare managed care plans in Illinois. Little information about the financial impact of COVID-19 on Illinois' for-profit nursing homes and Medicaid managed care health plans is being disclosed to the public. It is unclear how the state is monitoring care provided through managed care plans and whether managed care plans have increased payment rates to providers, including nursing facilities, to help finance purchase of PPE and testing supplies and hazard pay for healthcare workers during the pandemic. As nursing homes struggle to meet the care needs of residents, the state should ensure that managed care plans are doing their part to support nursing facilities, especially as they accrue savings due to reduced utilization for non-COVID related care. Longer term, as policymakers seek to learn about successes and failures during this pandemic to create sounder policies going forward, it is also important that the state require that health plans provide high quality encounter records and other data about what care was provided to their enrollees during the crisis.

OTHER

Successes: While there is still much to do, there are some examples of response to the pandemic that Illinois has done well. First, the state has issued COVID-19 guidance and reporting requirements for all long-term care facilities, including nursing facilities, assisted living, memory care and congregate living

for people with intellectual / developmental disabilities, and not only nursing facilities. Case and death counts are collected and reported by IDPH across all care settings allowing families and advocates the ability to follow cases across all these types of facilities. Second, Illinois made people living and working in congregate settings serving high risk populations a priority for IDPH testing early in the pandemic. It remains to be seen how the change in policy in late May, shifting from IDPH laboratory testing to requiring long-term care facilities to provide testing themselves, is implemented and whether facilities can test to the extent recommended by CDC. Third, the Illinois policy around discharge of patients from hospitals to nursing facilities, requiring patient COVID-19 status to be shared with nursing facilities and facilities the option to not accept COVID-19 patients if they do not have the capacity to do so. However, it remains to be seen once claims data is available if these policies work better than those implemented in other states. Finally, Illinois has been successful in ramping up testing and prioritizing testing in traditionally medically underserved, minority communities[32]. Illinois has been releasing demographic data for COVID-19 cases and deaths throughout the pandemic. At the population level, the state identified that minority communities have disproportionately contracted COVID-19 and the state has prioritized testing in minority communities.

References

1. *USDA ERS - State Fact Sheets.*
2. *U.S. Census Bureau QuickFacts: Illinois.*
3. *State Health Facts, in KFF. 2019.*
4. Health, I.W., *Medicaid Expenditures for Long-Term Services and Supports in FY 2016.* 2016: p. 154.
5. *Nursing Home Data Compendium 2015.* 2015: p. 251.
6. *Long-Term Care: Facts on Care in the US - LTCFocus.org.*
7. *Managed Long Term Services & Support Frequently Asked Questions.*
8. Grabowski, D.C., et al., *Recent Trends In State Nursing Home Payment Policies.* Health Affairs, 2004. **23**(Suppl1): p. W4-363.
9. Illinois, J.N., Capitol News. *Report: Medicaid funding shortfalls causing Illinois nursing homes to close.* The State Journal-Register.
10. *Coronavirus Locations: COVID-19 Map by County and State.* USAFacts.org 2020 2020-06-30T18:12:15.921Z.
11. *COVID-19 United States Cases by County.* Johns Hopkins Coronavirus Resource Center.
12. *Long-Term Care Facility Outbreaks COVID-19 | IDPH.*
13. Health, I.D.o.P. *Clinical and Public Health Guidance for Managing COVID-19. Interim Guidance; March 18, 2020.* 2020 March 18, 2020.
14. Health, I.D.o.P. *COVID-19 IDPH Laboratories Interim Guidance 4/04/2020.* 2020 April 4, 2020.
15. *Illinois Department of Public Health Files Emergency Rules Mandating COVID-19 Testing in Long-Term Care Facilities | IDPH.*
16. *What LTC Facilities Need to Know to Prepare for and Respond to COVID-19,* I.D.o.P. Health, Editor. 2020.
17. *Long Term Care Facilities Guidance | IDPH.*
18. *Responding to Confirmed or Suspect Cases in LTC Facilities,* I.D.o.P. Health, Editor. 2020.
19. *IDPH LTC Q&A Presentation,* I.D.o.P. Health, Editor. 2020.
20. Health, I.D.o.P. *Updated PPE resource Request Process.* 2020 April 3, 2020.
21. Health, I.D.o.P. *Transfer of Patients from Hospital Settings to Skilled and Intermediate Long-term Care Facilities.* 2020 April 7, 2020.
22. *Governor Pritzker's Executive Orders and Rules | IDPH.*
23. *Strike averted at 64 nursing homes after providers grant workers 24% pay increase - News.* McKnight's Long Term Care News 2020 2020-05-08T04:01:00-04:00.
24. Health, I.D.o.P. *Outdoor Visitation Guidance for Long-Term Care Facilities.* 2020 June 18, 2020.
25. *Provider Notice Issued 05/18/2020.*
26. *Provider Notice Issued 03/13/2020.*
27. *Cost Of Testing Illinois Nursing Homes For Coronavirus.* Across Illinois, IL Patch 2020 2020-05-21T23:32:56Z.
28. Stevens, J. *The problem with Pritzker's pandemic immunity orders.* Chicago Reader.
29. Health, I.D.o.P. *Communicating about COVID-19 in Congregate Settings.* 2020 4/19/2020.
30. *On Friday, Illinois stopped providing historical data on COVID-19 in nursing homes. A day later, the full numbers are back. - Chicago Tribune.*
31. *COVID-19 Nursing Home Data.*
32. Schuba, T. *With 65 new free testing sites added, Illinois has run nearly 100K coronavirus tests in past week.* Chicago Sun-Times 2020 2020-04-30T17:43:37-05:00.