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

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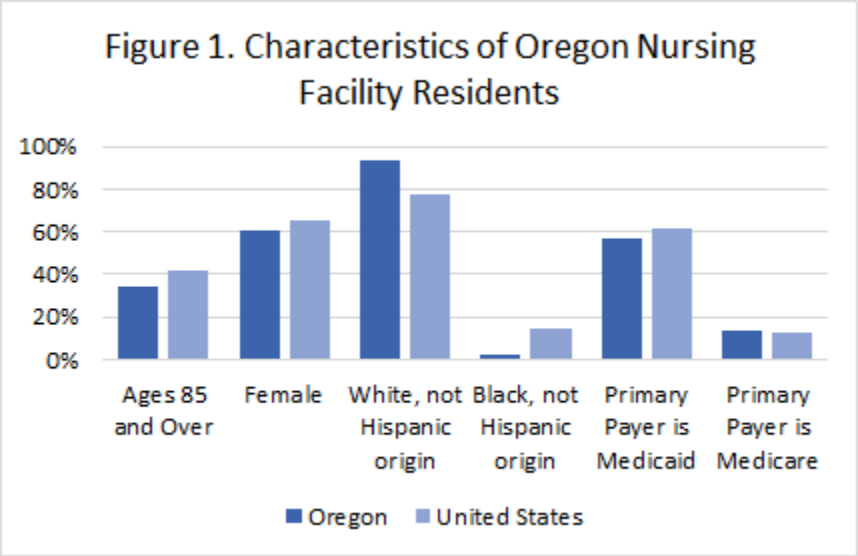
STATE LONG-TERM CARE SETTING

GENERAL (PRE-COVID) SETTING AND CONTEXT

As of July 2020, the State of Oregon has 685 licensed long-term services and supports (LTSS) facilities serving 31,581 residents and employing an estimated 29, 537 staff. [1] Of these 685 licensed facilities, 129 were skilled nursing facilities (SNFs). The remaining are community-based care setting (e.g., assisted living, residential care facilities including memory care).

Oregon has a long history of using home and community-based services (HCBS) to provide LTSS instead of institutional care. In 1981, Oregon received one of the first waivers from the Centers for Medicare & Medicaid Services (CMS) to provide HCBS in place of institutional care. The majority of Oregonians who need LTSS are therefore served in assisted living, residential care, adult foster homes, or in their own homes. The high use of HCBS is strongly reflected in the State's Medicaid policy. Fifty-three percent (18,910) of all Oregon Medicaid LTSS beneficiaries receive services through the state's in-home care program, while about 12 percent (4,453) of Medicaid LTSS beneficiaries are served in skilled nursing facilities. [2]



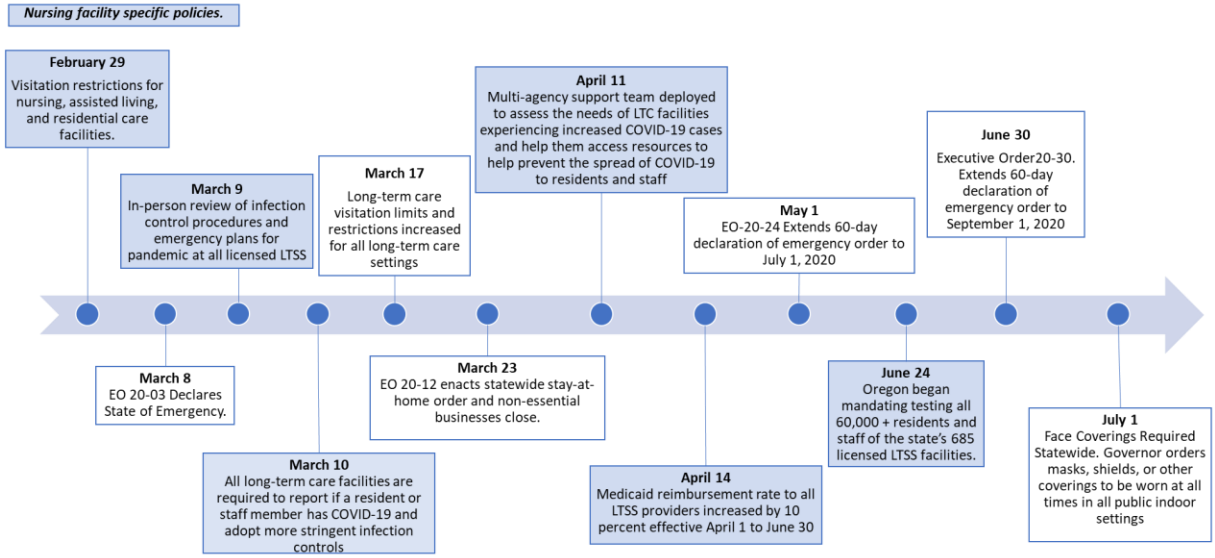
STATE COVID-19 OUTBREAK AND POPULATION LEVEL MEASURES

STATE COVID-19 CONTEXT

Oregon's first case of the novel SARS-CoV-2 (COVID-19) virus was confirmed on February 28, 2020, while the first case in a licensed LTSS facility was confirmed in an Oregon nursing facility on March 11, 2020. [3] Since the first confirmed case in Oregon on February 28, the number of new Oregon cases has fluctuated. However, the total number of Oregon COVID-19 cases has remained comparatively lower than other states. By July 8, 2020, 10,395 cases of COVID-19 and 215 total deaths had been reported to the Oregon Health Authority. [4] This translates to 5 cases per 100,000 Oregon residents. At the same time, the total number of Oregon COVID-19 cases linked to LTSS facilities since the first confirmed LTSS case on March 11 was 1,013. [4] These cases represent nearly 10 percent of all Oregon COVID-19 cases. Yet, of the 217 COVID-19 deaths occurring between February 28 and July 8, 2020, 131 (60%) have occurred in LTSS settings. [4] This speaks to the continued challenges of providing care and support within congregate living settings to a highly medical fragile population who are often living with multiple co-occurring chronic health conditions such as dementia, diabetes, hypertension, and heart disease.

The State of Oregon has implemented several risk mitigation strategies to reduce the spread of infection within the general community as well as in licensed LTSS facilities. The specific actions taken, beginning on February 28, 2020, are detailed below.

Figure 2. Initial Response to COVID-19 in Oregon



RISK MITIGATION STRATEGIES

Testing

Testing of residents and staff/pre-shift screening changes and approaches. From the first case in a licensed Oregon LTSS facility on March 11 until the statewide testing plan for LTSS was announced on June 12, testing occurred on a facility basis. As of July 12, 2020, Oregon had carried out a total of 295,542 COVID-19 tests since February 28 with an overall positive rate of 3.9% (11,540).[5] While Oregon has had comparatively fewer confirmed COVID-19 cases compared to other states, there are growing concerns amongst public officials including the Oregon Health Authority, that as cases increase dramatically in other states, and therefore the need to carry out widespread testing increases, Oregon will not be able to obtain the necessary materials to carry out adequate testing in the months ahead. [6]

The State of Oregon's testing plan effective June 24 requires regular testing. The State's plan to test all Oregon LTSS residents and staff was announced on June 12, 2020.[1] Testing of all 31,581 residents and 29, 537 staff began June 24. However, the testing is to take place in two phases. Phase 1 will run from June 24 until September 30, 2020 and will focus on the six Oregon counties with highest rates of infection. Testing will also initially prioritize individuals living in memory care communities – in other words people who are living with dementia and other forms of cognitive impairment.[1] Phase two of the testing plan will include developing and implementing plans for ongoing monitoring within facilities. The plan will detail how facilities will monitor and test both residents and staff including testing all staff at least once monthly. Note: while initially required to begin within 30 days of completing phase one, phase two of the plan was later postponed in order to align with federal rules for nursing homes.

Supply of Personal Protective Equipment (PPE). Like many other health care settings in the United States, the supply of PPE has been a challenge for Oregon LTSS providers. Early on in the pandemic, there were numerous reports of shortages and supply chain issues. To address the urgent need for PPE

in LTSS, the State of Oregon provided 395,000 pieces of PPE to Oregon LTSS providers on April 20, 2020.[22] This included approximately 177,000 surgical masks, 127,000 gloves, 55,000 N95 masks, 33,000 face shields, and 2,500 gowns.[23] This shipment of PPE came from Oregon's PPE stockpile, although assisted living normally receive PPE from the county rather than the state. At the time of writing, supplies of PPE appeared to be stable.

Facility direct care changes

In April, the State of Oregon designated one COVID-19 only SNF and identified a second as a back-up COVID-19 only SNF through the use of special contracts with providers.[7] Since this announcement in April, little attention has been paid to this after the initial announcement.

Oregon Administrative Rules (OAR) do not require staffing ratios in community-based care settings. The OARs for assisted living and residential care require that a facility have adequate awake staff to meet the scheduled and unscheduled needs of residents 24-hours per day.[8] The staffing requirements have remained unchanged during the pandemic in 2020. Oregon nursing facilities do have required staffing ratios for several direct care positions including certified nursing assistants (CNA), medication aides, and registered nurses (RN). [9] These requirements have also remained unchanged during the pandemic.

Oregon is using expanded access to telehealth as allowed by the Centers for Medicare & Medicaid Services to provide services in a multitude of settings including nursing facilities and assisted living.[10] The Oregon Department of Consumer and Business Services (DCBS) and the Oregon Health Authority provided guidance to private health plans and Medicaid managed care plans so they can implement expanded telehealth coverage. [11]

On March 22, the Oregon Health Authority released a long-term care facility response toolkit, which contained infection control procedures and sample documents that providers could use in their own buildings (e.g., do not enter signs, etc). [12]

LTC facility worker policy changes

There are reports of individual providers offering hazard pay to their workers during the midst of the pandemic. In terms of state-level policy, the Oregon Legislature approved a program to support nursing facilities in adopting employment policies that protect employees during the COVID-19 crisis. The Department of Human Services will provide a one-time incentive payment equal to 2.5% of Medicaid revenue for May 1-July 31, 2020 (three months) if certain criteria are met. [13] The criteria include all of the following: 1) Increase Paid Time Off for workers who become sick 2) Workers cannot be fired for calling out sick or because they must stay home due to COVID, and 3) Enhance compensation for frontline caregivers who are at risk of exposure to COVID-19.[13]

Ensuring there are enough formal caregivers to safely provide care and support to all Oregon LTSS residents is a top priority. Oregon joined Advancing States workforce Initiative, ConnecttoCareJobs.com to help ensure that Oregon LTSS facilities have enough staff to safely and adequately meet the needs of residents. [14] This program connects individuals in need of work due to the economic impacts of the pandemic with work in LTSS.

Resident life changes

Visitor policy approaches. Oregon implemented visitation restrictions on February 28, 2020 for all nursing facilities, assisted living and residential care facilities.[15] These restrictions were further enhanced for all LTSS facilities on March 11, 2020. [16] The restrictions limit entrance to essential individuals. If an essential visitor meets any of the screening outlined by the Oregon Department of Human Services, visitors must: limit their movement within the facility to the resident's room, limit the surfaces they touch, use appropriate PPE such as gown, gloves and masks, and limit physical contact with residents. In accordance with CMS guidelines, all visitors must be screened for illness and the results and name must be documented and logged. [17]

All communal activities have been limited in Oregon LTSS facilities in an attempt to reduce the spread of infection. [17] However, meals are not explicitly mentioned in guidance. There are reports of facilities delivering meals to residents' rooms or apartments. [18] On March 11, Oregon LTSS facilities were instructed to discontinue community outings; however, they were also told to provide guidance and education to residents who independently want to engage in community outings. Providers are not allowed to prevent residents from embarking on outings on their own. [17]

At the same time (March 11), all communal activities were limited in Oregon LTSS facilities in an attempt to limit the spread of infection. [17] To allow interaction and reduce social isolation amongst LTSS residents, facilities must provide guidance and technological solutions for "virtual visits" using tools such as FaceTime and Skype to both residents and potential visitors who are being denied entry. [17]

FINANCIAL SHOCKS AND STRATEGIES FOR RESILIENCE / REPORTING

Financing changes

The Oregon Department of Human Services announced an increase of the Medicaid reimbursement rate for all licensed LTSS care settings including Nursing Facilities on April 14, 2020. The rate increase was 10 percent and was effective for the period between April 1, 2020 thru June 30, 2020.[19] The intent was to support providers in the additional costs they incur in providing care during the COVID-19 outbreak.

An analysis of the Provider Relief Fund data shows that several Oregon nursing facilities received Provider Relief Fund dollars through the CARES Act.[20] In addition to these funds, CMS provided an additional $5.9 billion specifically to skilled nursing facilities. Each eligible skilled nursing facility would have received a fixed payment of $50,000 as well as an additional $2,500 per certified bed.[21]

Although the State of Oregon instituted a plan to test all residents and staff of LTSS facilities beginning June 24, 2020, there is no funding allocated to support the testing. Providers are expected to cover the costs of testing. [1] Like other states, Oregon has faced shortages of PPE. To address the urgent need for PPE in LTSS, the State of Oregon provided 395,000 pieces of PPE to Oregon LTSS providers on April 20, 2020.[22] This included approximately 177,000 surgical masks, 127,000 gloves, 55,000 N95 masks, 33,000 face shields, and 2,500 gowns. [23] This shipment of PPE came from Oregon's PPE stockpile, although assisted living faculties normally receive PPE from the county rather than the state.

The pandemic has impacted providers in different ways. One Oregon provider estimated that they had spent over $400,000 on COVID-19 in terms. In 2012, Oregon implemented a new system of coordinated care organization (CCO) for the state's Medicaid program. The 16 CCOs are networks of health care providers (physical health care, substance use and mental health care, and dental care providers) who

work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). The CCOs focus on prevention and helping people manage chronic conditions, like diabetes.[24]

Long-term care providers are not directly part of CCO model and are reimbursed directly (fee for services) by the Medicaid program. However, the residents of LTSS settings who are Medicaid enrolled must be enrolled in a CCO for their health care. Oregon nursing facilities are increasingly coordinating with CCOs to better serve residents.

Transparency

Beginning May 17, 2020, all states were required to report COVID-19 cases and deaths in nursing facility to the CDC. [25] Other licensed settings beyond nursing facilities are not required to submit data on cases or deaths. According to CMS data, Oregon nursing facilities have reported 126 cases and 32 deaths from COVID-19 as of July 17. [26]

The State of Oregon reports in aggregate all COVID-19 cases and deaths in licensed LTSS settings on a weekly basis. The cases are grouped together to include residents, staff, and close contacts of staff and residents (e.g., family members). The inclusion of close contacts may slightly inflate the number of cases and deaths that are reported. According to the Oregon Health Authority, as of July 13, 2020, there have been 1,003 cases and 131 deaths since the first case was confirmed. [4] These deaths account for approximately 58 percent of all COVID-19 deaths in Oregon.

CHANGES, NEEDS, AND CALLS FOR ACTION

Oregon along with many other states applied for a waiver and was granted the ability to change Medicaid rates, premiums and cost-sharing amounts without public notice.

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