



COVID-19 Nursing Facility Accountability and Support

April 27, 2020

Phase 1: The Commonwealth has taken strong steps to support the safety of residents in nursing facilities during the COVID-19 public health emergency, including:

- **Mobile testing** available for nursing facilities to test residents and staff
- **Prioritizing nursing facilities for the state's personal protective equipment (PPE) stockpile**
- **\$130 million** of funding invested in: (1) across the board increases; (2) facilities that create dedicated COVID-19 units/wings; and (3) fully dedicated COVID-19 facilities

Nursing facilities account for more than half of COVID-19 related deaths in the state. The rate of infection and mortality in nursing facilities is driven by:

- **Health status of residents**
- **Lack of infection control sophistication** and for crisis management
- **Substantial staffing issues** (up to 20-40% call out rates)
- **Difficulty cohorting residents** to decrease transmission

Phase 2:

The Commonwealth is releasing a **second round of funding of up to \$130 million** for two months for nursing homes that meet specific requirements and accountability measures. Funding is dependent on:

- **Required Testing:** all facilities must test all staff and residents for COVID-19 (facilities that have already tested must validate and provide results)
- **New Infection Control Audit Rating:** all facilities will be regularly audited against a 28-point Infection Control Checklist. Audit Ratings will directly determine level of funding.
 - Frequency of audits and progress is determined every two weeks based on (i) performance on the Audits; (ii) staffing levels and call-outs; (iii) COVID-19 infection rates; and (iv) historical performance (e.g., documented infection control issues)
- **Funding Accountability:** funds must be used for staffing, infection control, PPE, or direct staff support.
- **Performance measures and funding use will be publicly released**

The funding is paired with additional assistance:

- **The Commonwealth will provide temporary staff assistance during this time:**
 - Clinical response teams of 120 nurses and CNAs to be deployed in teams of 10 to provide staffing during emergency situations
 - On the ground crisis management support by turnaround/crisis experts
 - Deployment of the National Guard to help with logistical, environmental and other support (including feeding/ hydration)
- **Massachusetts Senior Care Association has created a centralized, infection control performance improvement center** utilizing experts from Hebrew Senior Life and a consortium of providers with expertise in this area. This command center will provide direct infection control support to facilities that need help

Details

1. Required testing

- **All facilities will be required to test all staff and residents** in order to receive additional funding support
- **Facilities are encouraged to identify and pursue testing avenues** with hospitals and EMS or other providers, as some facilities have already done. Results must be reported to the state
- The state's mobile testing program is available for facilities that are not able to set up testing

2. Infection Control: Auditing and Accountability

- **All nursing facilities will be regularly audited in-person by a team of State Clinical Auditors.**
- Audits will be based on a **28-point Infection Control Checklist, based on DPH, CDC, and industry guidance**, that include:
 - Infection control requirements
 - PPE supply and usage requirements
 - Staffing requirements
 - Clinical care requirements
 - Communication requirements
- All facilities will receive a baseline audit in the first two weeks of May.
- **Frequency of clinical audits is dependent upon:**
 - Performance against the Checklist (i.e., Audit Rating)
 - Historically documented infection control issues
 - Staffing levels base on industry standard Hours Per Patient Day of care and call-out rates
 - Level of COVID-19 infection
 - Identified by the NF Taskforce as chronically low quality and low occupancy
- **Auditors will score all facilities into one of three ratings:**
 - In adherence (Green)
 - In adherence but warrants reinspection (Yellow)
 - Not in adherence (Red)
- **Audit ratings directly link to funding and potential sanctions**
 - Facilities in the Green are eligible to receive their full portion of funds
 - Facilities in Yellow or Red receive less of the additional funding over time
 - Facilities with Red ratings over time will lose all enhanced funding and will be subject to sanctions up to and including receivership, termination from MassHealth or closure

3. Funding with accountability

- **Up to \$130 million in additional funding** for facilities starting May 1 through June 30
- This represents an **additional 50% increase in reimbursement** including existing commitments, **this represents up to a 75% total reimbursement increase or \$260M total**
 - **New: Up to \$130 million over 2 months** based on audit ratings
 - **Builds on \$130M of already announced funding:**
 - \$50 million over 4 months (+10% reimbursement) for all facilities
 - \$50 million over 4 months (+15% reimbursement) for facilities that stand up dedicated COVID-19 wings
 - \$30 million for facilities that established fully dedicated COVID-19 facilities
- **Funding is directly linked to audit ratings over time**
- Funding will be distributed biweekly over four "pay periods" (up to \$33M per period)
- **Facilities are required to use funding for staffing** (e.g. wage increases, incentives/bonuses, and access to temporary staffing agencies), **infection control**, including housekeeping/ environmental

services, PPE, and other supports that directly benefit staff (e.g., hotels for staff retention and infection control)

4. Staffing supports

The Commonwealth will provide temporary staff assistance during this time:

- **Clinical Rapid Response Teams:** The Commonwealth has directly staffed an emergency supply of 120 clinical staff (10 teams of 12 staff) to provide urgent, short-term staffing for facilities in need.
- **National Guard:** Deployment of the National Guard to help with logistical, environmental and other support (including feeding/ hydration)
- **Management:** Deployment of crisis management support by turnaround/ crisis experts
- **Access to temporary staffing agencies:** the state will contract with staffing agencies to support facilities that are otherwise unable to access staffing agencies

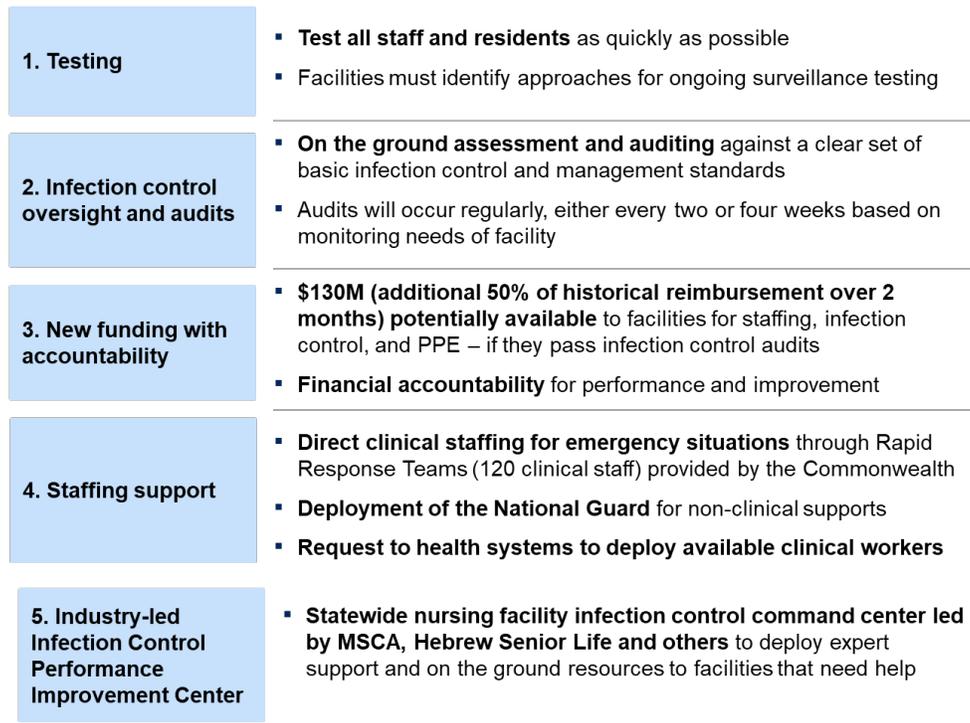
5. Centralized, infection control performance improvement center led by Mass Senior Care Association

- The industry will be taking accountability for providing direct infection control support to help facilities who are struggling the most on infection control capability
- The Mass Senior Care Association and Hebrew Senior Life, in coordination with other industry providers, will lead an infection control command center
- This command center will provide infection control protocols and trainings and PPE supply chain procurement and management support to all nursing facilities
- It will also be responsible for identifying, triaging and providing direct on-the-ground, infection control specialist support and intervention amongst facilities in greatest need of help

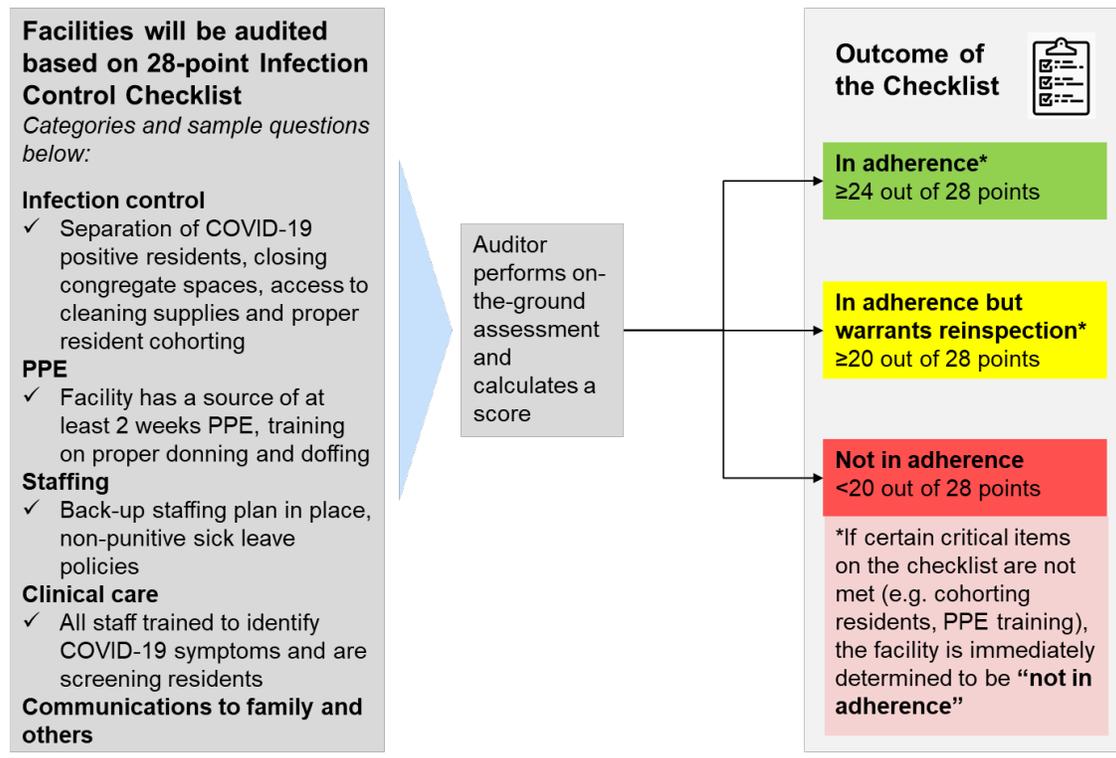
6. Performance measures and funding use will be publicly released

- The Commonwealth will establish a public reporting format to provide consolidated information on:
 - Testing completion status by facility
 - COVID-19 case counts (staff and residents) and mortality in nursing facilities
 - Results of the Infection Control Audits
 - Note: information will be reported at levels that protect patient privacy
- In addition, the Commonwealth will establish a mandatory reporting template for each facility to report on the use of the new funding and compliance with allowable uses. The reporting will be due soon after June 30. The Commonwealth will compile the information into a publicly available report.

Graphic 1: Nursing Facility Accountability and Support Approach



Graphic 2: Infection Control Checklist overview and scoring



Graphic 3: Up to \$130 million in additional funding for facilities, for a total for \$260 million in new funding

Policy	Amount	Payment	Criteria
Broad-based financial stabilization	\$50M	10% increase, 4 months	All nursing facilities
Dedicated COVID-19 wings/ units	\$50M	15% increase, 4 months	Establish dedicated COVID-19 units and self-attest to best practices in infection control
Infection Control and Accountability	Up to \$130M	Up to 50% increase, 2 months	Based on Infection Control audit rating
Total	Up to \$230M	Up to 75% increase	

Note: \$30M additional investment already committed for COVID-19 dedicated facilities, for a total of up to \$260M in total investments

Graphic 4: Funding is tied to Infection Control Audit Performance

Audit result from prior period	Additional payment**
In adherence*	+50% of historical
In adherence but warrants reinspection*	+40% of historical
1 st time not in adherence	+30% of historical
2 nd time not in adherence (including period 1 baseline assessment)	+20% of historical
3 rd or more time not in adherence (including period 1 baseline assessment)	+0% and potential receivership, MassHealth termination, forced closure, or other sanctions/ actions

*If a NF is "Not in Adherence" but then improves to be "In Adherence" or "In Adherence but Warrants Reinspection," payment will be +50% or 40% respectively

** Payment also depends on weekly completion of reporting to MSCA