



The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Azar,

LeadingAge and our partners the Visiting Nurse Associations of America and ElevatingHOME, on behalf of our 6,000 non-profit members who provide housing, health care and personal assistance to older persons and persons with disabilities, request \$34.605 billion in funds from the Public Health and Social Services Emergency Fund designated for health care providers in the Coronavirus Aid, Relief, and Economic Security Act (CARES) to aging services providers.

Nursing homes, assisted living, home health and hospice agencies, PACE, adult day health, other home and community-based services providers, and affordable housing providers represent the entire continuum of the nation's aging services outside of the hospital setting. Taken together, these services are critical to maintain health and safety as people move between settings and rely on different supports over time. To fight this virus, we must recognize and support the essential role aging services providers play in extending and supporting hospital resources.

Through this request, we seek to prevent the spread of infection and keep the most vulnerable individuals uninfected and out of hospitals. As CDC reported on March 26, 80% of COVID-19 deaths have been among individuals age 65 or older and the most severe symptoms occur in those older than age 85.

Aging services providers need immediate assistance to cover unanticipated spending on personal protective equipment (PPE) and cleaning supplies, staffing, and testing. At this point in the pandemic, many report having spent their entire PPE budget for the year in one week; for affordable housing aging services providers, they never had a PPE budget to begin with. Aging services providers need to be prioritized right after hospitals for access to PPE.

Staff shortages, always an issue in aging services, are exacerbated by the coronavirus crisis. The increased costs of staff incentives to continue working and taking on difficult, dangerous assignments, as well as unanticipated additional staff leave, overtime, staff deaths, and a changing case-mix are already causing shortfalls for all of these providers.

Further, the providers who make up this critical safety net for older Americans and their families are losing anticipated revenue. Most operate with limited reserves—particularly small, not-for-profit agencies. Given the demographics of the U.S. population, the nation cannot afford to lose this fragile system of services or see it diminished.

Nursing homes. The nation’s roughly 15,000 nursing homes serve 1.6 million people daily, nearly 1 million of them as long-stay residents. These residents are among the most likely to experience life threatening outcomes if exposed to infection. Further, even with rigorous infection control procedures in place, nursing homes have “become an accelerator for the virus because residents, who are generally vulnerable to complications from the virus, are even more so in an enclosed environment like a nursing home,” as Seema Verma noted, adding, they are a “critical part of the healthcare system.” Nursing homes in an increasing number of states are being asked to admit COVID-positive patients to assuage overcrowding in hospitals. Nursing homes are also being asked by CMS to create isolation rooms to accommodate hospital overflow.

We request \$15 billion be set aside for nursing homes. In addition to the PPE and staffing expenditures, nursing homes and assisted living providers are paying for testing costs for all staff and essential visitors (e.g., respiratory therapists, state surveyors) who enter the facility.

Assisted living. With nearly 1 million older adults living in 28,900 residential care communities in the U.S., assisted living settings are at the front line of the battle against the spread of coronavirus. Approximately 16.5% of assisted living residents rely on Medicaid. All assisted living residents have one or more chronic conditions, and more than 40% have dementia, which creates additional staffing challenges to ensure social distancing and quarantining.

Assisted living providers are not held to nursing home regulations and are not (except for the Medicaid funding) federally funded. Yet they are, for the most part, being asked by governors and state health departments to put in place visitor restrictions and infection control policies similar to those required for nursing homes. They experience the same PPE, testing, and staffing needs as nursing homes. For these providers, we request \$8 billion.

Home health and hospice. Both home health and hospice services are primarily provided in the patient’s own home. In addition, hospice providers offer inpatient services to some patients; equally important, hospice providers visit patients in nursing homes and during the coronavirus crisis may require additional funding for PPE in those situations.

For increased home visit time, incremental clinical staff training, infection control expertise, and increased PPE and other supplies, we request \$5 billion for home health and \$5 billion for hospice providers.

Program of All-Inclusive Care for the Elderly (PACE). More than 50,000 nursing home-eligible seniors receive services from this program. Most are dually eligible for Medicare and Medicaid; they are among the most at risk older community residents, with multiple chronic conditions. Nearly half have dementia. PACE programs integrate, coordinate and pay for all services across all settings. While many PACE centers have closed during the pandemic, providers are doing their best to serve participants at home. This involves PPE needs similar to those needed for other in-home providers and additional staff. We request \$180 million for PACE programs’ to cover additional costs related to coronavirus.

Adult day health services. Adult day health programs serve more than 260,000 older Americans and Americans with disabilities. These programs enable family caregivers to continue working while also caring for a loved one at home, in the community. Most adult day programs are small

and operate primarily with Medicaid home and community-based services funding. We request \$425 million to be distributed to adult day programs that have been forced to close so that they are able to be sustained to reopen after the crisis ends.

Affordable Housing. More than 1.1 million older individuals with low incomes live independently in several thousand HUD-assisted senior housing buildings across the U.S. These residents have more chronic conditions than their peers without housing assistance. Residents of federally assisted senior communities have networks of resident-coordinated and building-coordinated service providers coming and going from their buildings 24 hours a day to achieve the goals of aging in community. All residents are over 62, and 17% are over 85. HUD-assisted older individuals with Medicare are more likely than non-HUD-assisted older adults to be dually enrolled in Medicaid (70% vs. 13%). If they become ill and cannot stay at home, the most likely outcome is institutionalization or hospitalization.

Unlike other aging services settings, these congregate living sites may involve fewer than five staff (including housekeeping, managers, and in a minority of sites, a service coordinator) for hundreds of resident units. When one resident becomes sick, the risk to other residents and staff is significant. These buildings must cover the costs already incurred for PPE, sanitation supplies, visitor screening, and additional staff to manage resident isolation, testing, and support for those who are ill. These are not only unexpected but wholly new expenses for HUD-subsidized housing communities. For HUD-assisted senior housing buildings, we request \$1 billion in immediate assistance.

Thank you for your attention to this request. Aging services providers are stepping forward and doing their part to prevent infection and care for those who test positive.

If you have any questions about our request, please contact me at KSloan@LeadingAge.org or Ruth Katz at RKatz@LeadingAge.org.

Sincerely,

A handwritten signature in black ink that reads "Katie Smith Sloan". The signature is written in a cursive, flowing style.

Katie Smith Sloan

President and CEO, LeadingAge

Acting President and CEO, Visiting Nurse Associations of America and ElevatingHOME