Priority Recommendations of the NC Coalition on Aging to The NC General Assembly for Addressing COVID-19

Note: Proposed Action by the House COVID-19 Health Care Working Group on the Recommendations Are Highlighted in Red

(Presented at Coalition on Aging Meeting on April 24, 2020)

1. **Ensure that staff working with older adults in the home (ex. from local aging agencies and county departments of social services) and in all care settings (including home care, hospice, assisted living, and nursing home) have adequate personal protective equipment (PPE) and that issues with testing for COVID-19 are addressed to the extent possible.** In addition to gloves, face masks, and gowns, there is also a need for adequate supplies of diapers, wipes, and hand sanitizer. Staff who work with older adults, particularly those with compromised immune systems, should also be a priority for COVID-19 testing.

   House COVID-19 Health Care Working Group recommends appropriating $50 million in nonrcurring funding to NC DHHS and the Division of Emergency Management to increase the State's supply of PPE and other equipment and supplies to respond to COVID-19. NC DHH has issued PPE guidance and set PPE priorities in a letter released April 3, 2020.

   House COVID-19 Health Care Working Group recommends appropriating $25 million in nonrcurring funding to NC DHHS for testing, contact tracing, and trends tracking and analysis.

2. **Provide funding in the amount of $4.5 million (with no match requirement) to support local aging service providers to cover non-unit emergency response costs pertaining to COVID-19 incurred between the onset of the pandemic and the receipt of federal assistance funding.** Many local aging agencies have had to purchase unexpected (not budgeted for) but necessary supplies and equipment as they have changed the way they do business and continue to serve older adults in their communities. They have also expanded their service capacity and many of them are doing non-traditional tasks to ensure that vulnerable older adults, many of whom live alone and are at high risk of the problems caused by social isolation, can continue to stay in their homes.

   It is anticipated that there will be over $30 million in additional funding coming to North Carolina from the federal government for supportive services, congregate and home delivered meals, and other services older adults. Therefore, no additional state appropriation is being recommended.

3. **Increase state funding to providers whose budgets are particularly "tight" that deliver critical services to very vulnerable population groups. Specifically we ask that:**

a. **$5 million be appropriated for county departments of social services to support adult protective services (APS) across the state**. APS is a mandated service for county departments of social services and reported cases of abuse, neglect and exploitation of older and disabled adults continue to rise. The environment created by COVID-19 puts vulnerable older and disabled adults at increased risk for APS due to many factors including their added vulnerability because of social isolation, the heightened stress caregivers are under, and the increased incidence of financial exploitation during times like this.

House COVID-19 Health Care Working Group recommends appropriating $25 million in nonrcurring funding to NC DHHS for various responses related to food, safety, shelter and child care. Adult protective services response is listed as a fundable service.

b. **Appropriate funding to increase the temporary State/County Special Assistance payment to assisted living facilities to $184/resident/month retroactive to January 1, 2020.** Assisted living facilities (adult care homes and family care homes) that receive public funding through the State/County Special Assistance Program have not received temporary Special Assistance funds for almost a year and with the added costs incurred by facilities due to COVID-19, cash flow is becoming a serious issue with many facilities putting them at financial risk.

House COVID-19 Health Care Working Group recommends providing $25 million in nonrcurring funding to NC DHHS and the Division of Social Services to facilities licensed to accept State-County Special Assistance. Each eligible facility will receive an amount equal to $1,325 for each resident of the facility who receives State-County Special Assistance between March 10, 2020 and July 30, 2020.

4. **Appropriate $500,000 to be used by group care facilities, including nursing homes and assisted living facilities, to purchase technological devices such as tablets that can be used to help residents communicate with their family members who are now restricted from visiting them due to "no visitor" requirements.** Heart rendering stories are surfacing of residents and their families who are not able to have contact with each other, even as the health of some residents who test positive for COVID-19 deteriorates. Though no substitute for person-to-person interaction, tablets and other similar communication devices help to fill that void of no contact.

5. **Look at ways to better support existing staff as well as steps the state can take to expand the workforce across the continuum of services for older adults from direct care workers to medical personnel.** Provisions pertaining to health care access, sick leave benefits, child care assistance, and other work place provisions need to be strengthened. In addition, potential options for increasing the supply of workers such as relaxing scope of practice requirements and promoting the use of volunteers and non-clinicians as feasible need to be explored.

See Section at end about expanding Medicaid coverage for individuals up to 200% of the federal poverty level for services for the prevention, testing, or treatment of

COVID-19. The Working Group is recommending a number of measures to support health care provider groups to respond to COVID-19.

6. **Appropriate $1 million that can be used by food banks to supplement the USDA Commodity Supplemental Food Program which provides a box of USDA commodities to low-income older adults once a month.** Additional funding could provide food a second time each month to the seniors. This could be done in cooperation with local aging agencies that can assist with the distribution of the food. The 2-1-1 statewide information and referral service reports that calls related to food access is the number one call they receive from older adults.

   House COVID-19 Health Care Working Group recommends appropriating $25 million in nonrcurring funding to NC DHHS for various responses related to food, safety, shelter and child care. Of this amount, $6 million in nonrecurring funds is allocated equally among the six food banks in the State in support of the COVID-19 emergency.

7. **Facilitate voting by older adults in upcoming elections by expanding absentee voting provisions and increasing the number and use of Multipartisan Assistance Teams (MATs).** Older adults will likely be adhering to social distancing provisions during the election times this year. Accommodations for ensuring they can vote without physically going to their polling site will help to keep them safe. MATs are currently maintained by every County Board of Elections to help those in facilities such as nursing homes, hospitals, and assisted living facilities request and submit absentee ballots. The role of MATs could be expanded to assist anyone outside of these facilities who needs assistance.

8. **As the state moves forward in its response to COVID-19, there is a need to implement practices to ensure that racial disparities are reduced and to develop widespread metrics to measure the significant impact of family caregivers in the state which can serve as a baseline for evaluating family caregiver efficacy within the health care system going forward.** Data is showing that African Americans have a higher prevalence rate and death rate from COV-19 than other population groups. The state must do more to address the root causes of this problem. Most persons who test positive for COVID-19 do not go to a hospital or reside in a group care facility. That means that the majority of those with COVID-19 are cared for by family members or friends who play a critical role blunting the overall impact of this pandemic, especially with the high risk elderly population and those with vulnerable pre-existing conditions.

   See section at the end about proposed establishment of a COVID-19 Response Research Fund.

9. **Appropriate funding to compensate home care and group care providers for the additional expenses they are incurring due to COVID-19.** Costs to providers are increasing due to added prevention and infection expenses (e.g. cleaning and sanitizing costs and increased PPE) and increased staffing expenses (e.g. hazard pay incentives, use of agency labor at higher rates, increased time off and child care cost to enable staff to work).

See section at the end about proposed Medicaid rate increase for providers.

10. **Ask the federal Centers for Medicare and Medicaid Services (CMS) to allow audio-only communication for telehealth under the Medicare program.** Although this is a federal issue, input from the General Assembly to CMS may help to spur a change in this policy. Video only communication may create a barrier to seniors in using telehealth to interact with medical personnel as some do not have access to smartphones, do not know how to use the video chat capability, or do not have adequate and reliable internet service to support video communications.

    House COVID-19 Health Care Working Group recommends that the General Assembly urge the federal Centers for Medicaid and Medicare Services to provide reimbursement for healthcare delivered through audio-only communication, such as over the telephone, under the Medicare program in order to reduce barriers and increase 1access to healthcare for older adults.

Additional Key Provisions related to Coalition on Aging recommendations proposed by House COVID-19 Health Care Working Group:

House COVID-19 Health Care Working Group recommends appropriating $40 million in nonrcurring funding to NC DHHS, Division of Health Benefits, for coverage of additional costs related to the Medicaid program, including any of the following costs:
(1) Funding for the support of COVID-19 related priorities in the Medicaid program as they evolve, including additional provider support for long-term care, primary care, and other providers most at risk of insolvency as a result of severely disrupted revenue during the COVID-19 pandemic.
(2) Additional funding for COVID-19 testing and the treatment of patients who test positive for COVID-19.
(3) Costs associated with increased enrollment due to the COVID-19 pandemic.

In addition to the five percent (5%) rate increases already requested by the Department of Health and Human Services (DHHS) in the 1135 Medicaid disaster State plan amendment (SPA) submitted to the Centers for Medicare and Medicaid on April 8, 2020, for certain provider types, DHHS shall increase the fee-for-service Medicaid rates paid directly by the Division of Health Benefits for all remaining provider types by five percent (5%). This rate increase shall be effective March 1, 2020 through the duration of the declared nationwide public health emergency as a result of the 2019 novel coronavirus.

House COVID-19 Health Care Working Group recommends authorizing the Department of Health and Human Services, Division of Health Benefits (DHB), to provide temporary, targeted Medicaid coverage to individuals with incomes up to 200% of the federal poverty level, as requested by the Secretary of the Department Health and Human services in the 1115 waiver

application submitted to the Centers for Medicare and Medicaid Services (CMS) on March 27, 2020. If CMS grants approval for different coverage or a different population than requested in that 1115 waiver application, DHB may implement the approved temporary coverage, provided that all the following criteria are met:
(1) The coverage is only provided for a limited time period related to the declared nationwide public health emergency as a result of the 2019 novel coronavirus. (2) The coverage is not provided for services other than services for the prevention, testing, or treatment of COVID-19. (3) The income level to qualify for the coverage does not exceed 200% of the federal poverty level.

House COVID-19 Health Care Working Group recommends appropriating $110 million in nonrecurring funds is from the Coronavirus Relief Fund to the Office of State Budget and Management (OSBM) to establish the COVID-19 Response Research Fund. OSBM shall allocate the monies from the fund as follows: (1) The sum of one hundred million dollars ($100,000,000) shall be allocated to the North Carolina Policy Collaboratory (Collaboratory) at the University of North Carolina at Chapel Hill to coordinate efforts among entities being provided funds pursuant to this subdivision. The Collaboratory shall facilitate best practices and strategies for those entities to maximize resources and achieve a comprehensive response to COVID-19. The Collaboratory may assemble an advisory panel of representatives from entities receiving funds pursuant to this subdivision as necessary to discuss, review, and analyze progress towards meeting the goals for the use of the funds. Funds shall be provided to the following entities to be used for (i) the rapid development of a countermeasure of neutralizing antibodies for COVID-19 that can be used as soon as possible to both prevent infection, and for those infected, treat infection, (ii) for bringing a safe and effective COVID-19 vaccine to the public s soon as possible, (iii) community testing initiatives, (iv) and other research related to COVID-19:
a. The sum of $25 million to the Duke University Human Vaccine Institute (DHVI) of the Duke University School of Medicine.
b. The sum of $25 million to the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill.
c. The sum of $25 million to the Brody School of Medicine at East Carolina University.
d. The sum $25 million to the Wake Forest School of Medicine.

In addition the Working Group recommends appropriating $10 million to the Campbell University School of Osteopathic Medicine for a community and rural-focused primary care workforce response to COVID-19.

Copies of the draft bills proposed by the House COVID-19 Health Care Working Group and the bills summaries can be found as follows:

Health Funding Bill
https://www.ncleg.gov/documentsites/committees/house2019-199/Health%20Care%20Working%20Group/04-23-2020/2019-MGza-135%20v24.pdf

Health Funding Bill Summary
https://www.ncleg.gov/documentsites/committees/house2019-199/Health%20Care%20Working%20Group/04-23-2020/2019-MGza-135-SMBC-146%20v12.pdf

Health Policy Bill
https://www.ncleg.gov/documentsites/committees/house2019-199/Health%20Care%20Working%20Group/04-23-2020/2019-MGz-133%20v23.pdf

Health Policy Bill Summary
https://www.ncleg.gov/documentsites/committees/house2019-199/Health%20Care%20Working%20Group/04-23-2020/2019-MGz-133-SMBC-145%20v11.pdf