North Carolina Senior Living Association

Jeff Horton

Executive Director

North Carolina Senior Living Association

- Oldest and largest trade association representing assisted living providers in North Carolina – since 1961
- Three primary services we provide for our members is Advocacy, Education and Experience
- Membership representing nearly 50% of occupied adult care home beds in North Carolina
- Membership that includes both publicly funded (SA and Medicaid) and private pay providers

North Carolina's Assisted Living Residences - types

G.S. 131D-2 defines 3 types of assisted living settings

- Adult care homes (what we will be discussing today)
  - Adult care homes with 7 beds and up, 590 facilities with ~38,400 beds with ~26,000 occupied with 41% of residents with memory disorders
  - Family care homes (2-6 beds), 595 homes with ~3,400 beds with ~2,700 occupied
- Adult care homes for elderly person (55 years and older)
- Multi-unit assisted housing with services – unlicensed with minimal regulatory oversight by NC DHHS

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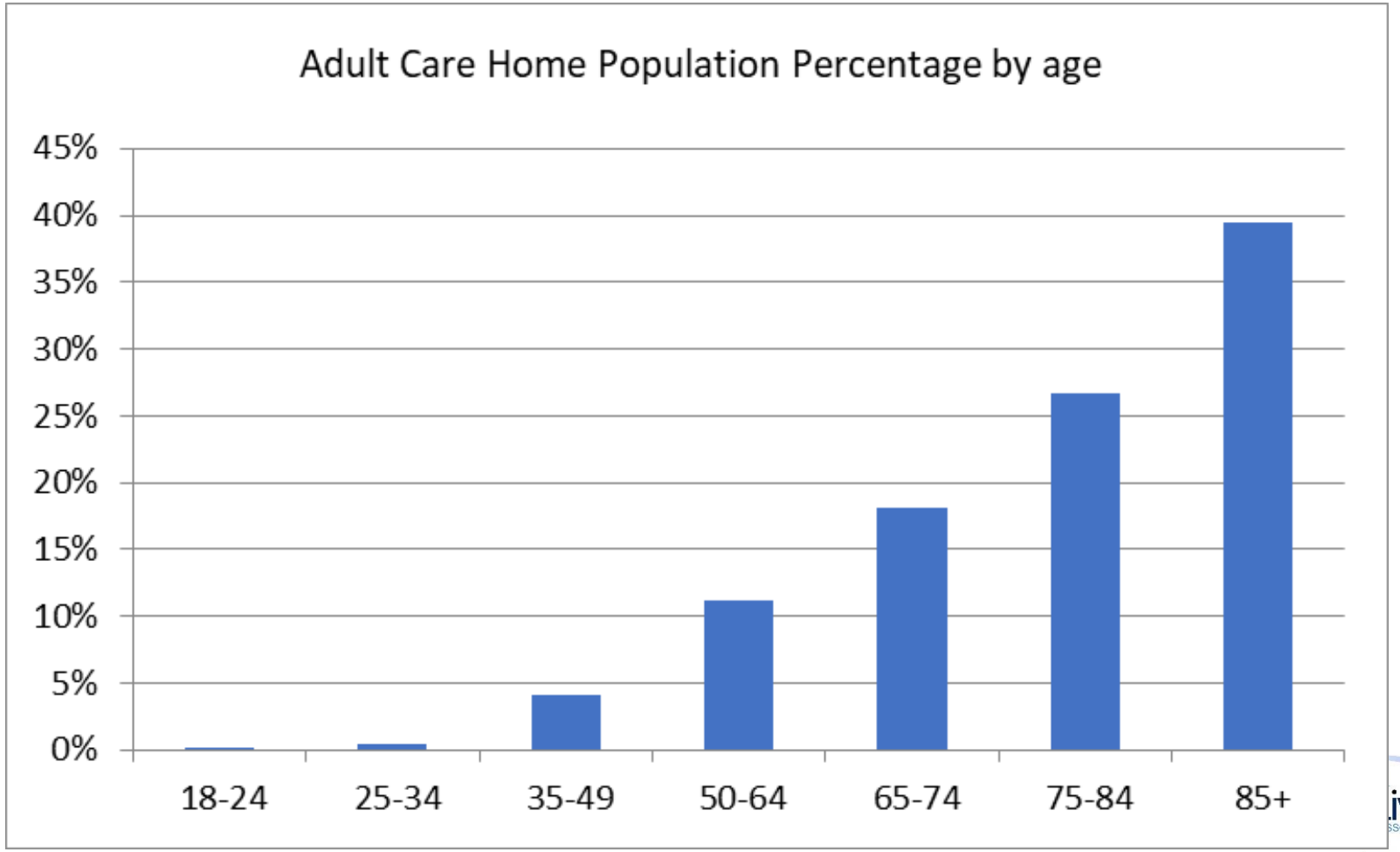
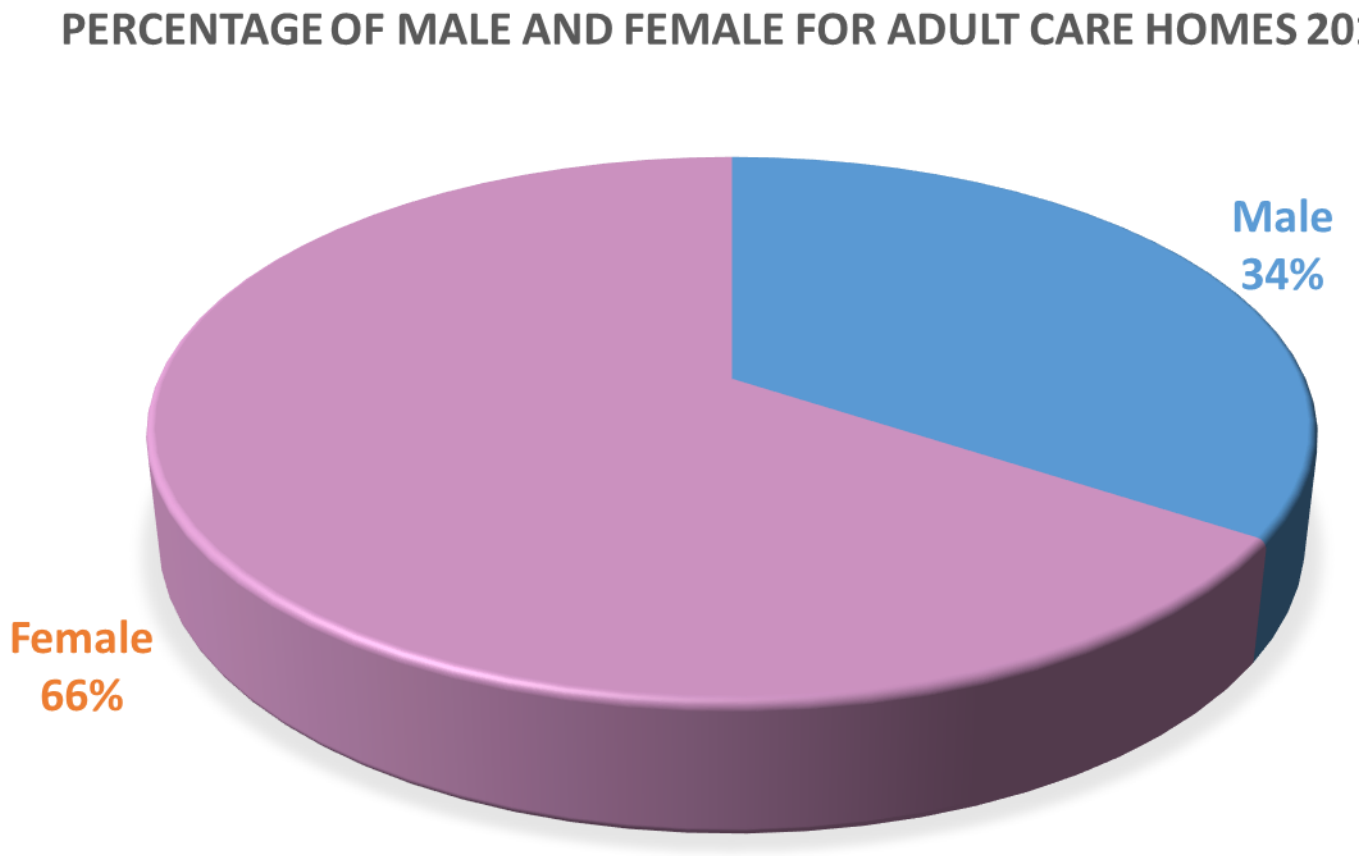
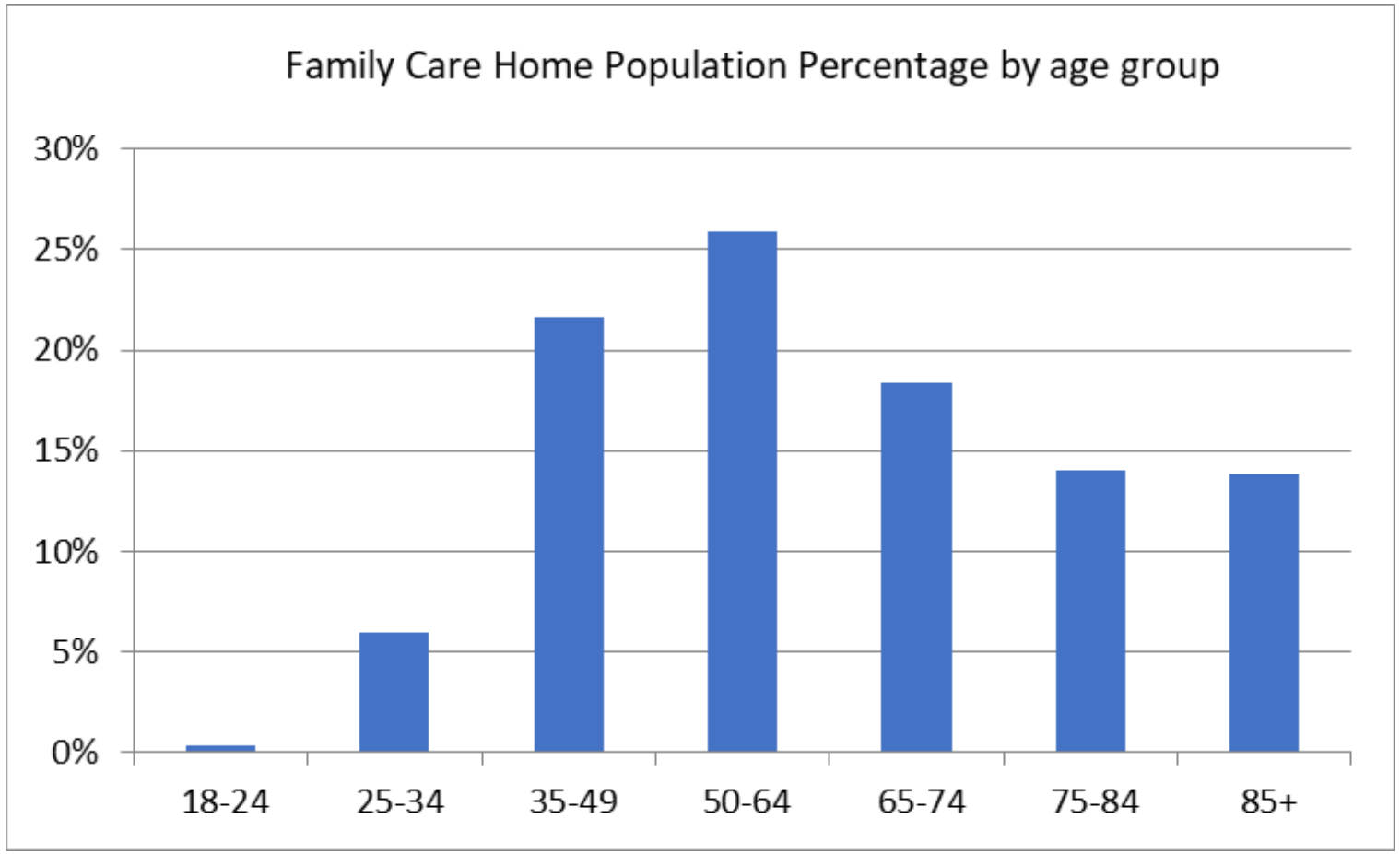
Adult care home characteristics



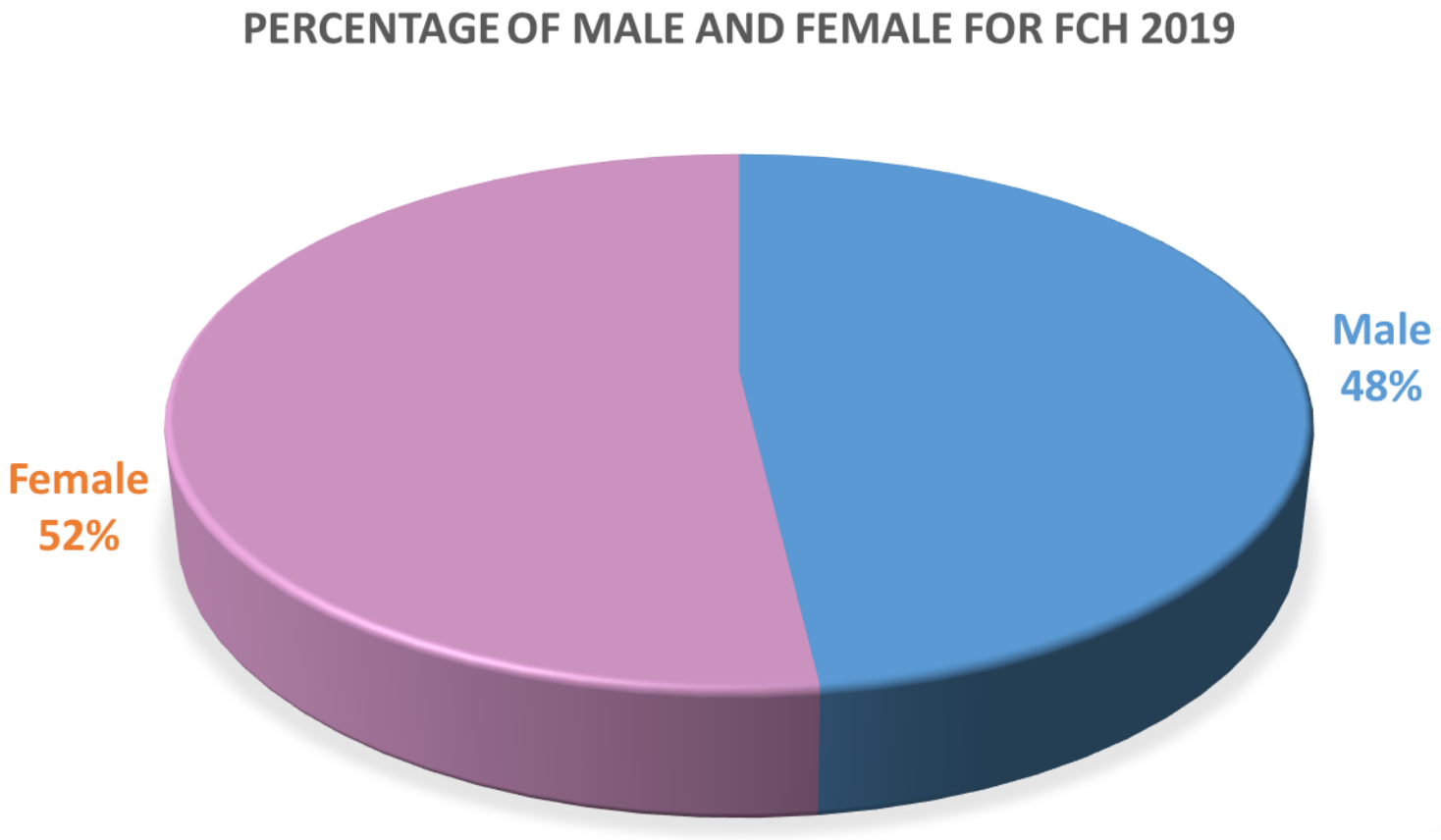
Adult care home characteristics



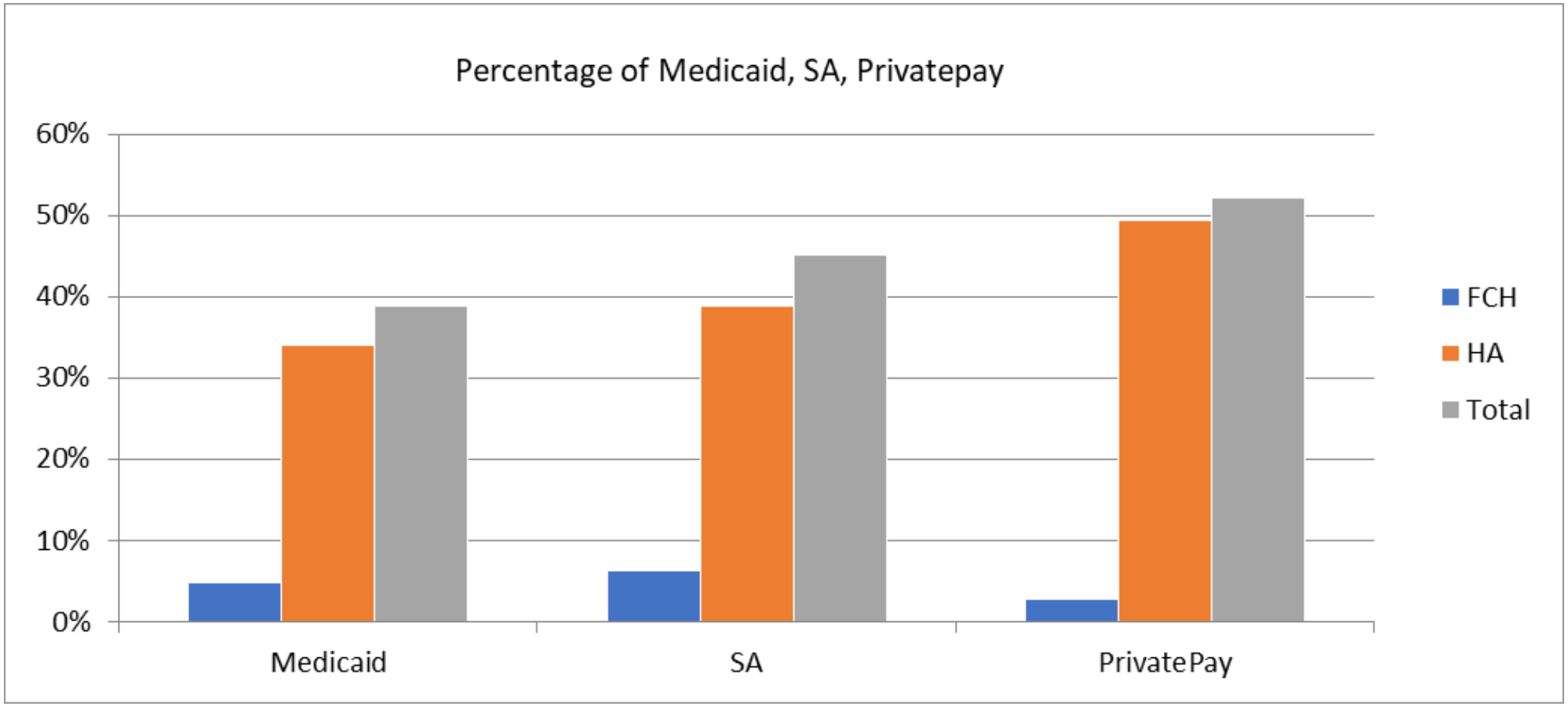
Family care home characteristics



Family care home characteristics



Payment types



Assisted living and COVID-19

Status of $3.75 million in funds awarded to NCSLA for personal protective equipment (PPE) pursuant to S.L. 2020-4

- All required documentation has been submitted to OSBM and NCSLA is expecting to receive the first half of the funds this week
- NCSLA will be soliciting proposals for a vendor to assist in purchasing and distributing PPE to adult care and family care homes
- All PPE must be bought and paid for by 12/30/20

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Assisted living and COVID-19

Is more funds for PPE needed? How much?

- If you calculate the amount of PPE that can be purchased with current allocated funds, it amounts to about $6,000/50 bed facility, which will purchase enough PPE to last approximately 3-4 months
- If a facility has a COVID-19 outbreak, the use of PPE can easily double but at this point, the provider can request PPE from the state stockpile
- More funded is needed, especially going forward into 2021 until a vaccine is discovered, disseminated and the threat of COVID-19 is alleviated
- In terms of how much, we recommend at least another $3.75 million or more for 2021 and beyond

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Testing and COVID-19

- Facilities have access to testing but testing varies by county
  - Some counties are very helpful and are willing to test everyone in the building, including staff, if a staff member or resident has symptoms or has tested positive
  - However, other facilities report they are 'on their own' and must find their own testing and pay for it. Most resident testing is covered by Medicare or Medicaid but paying for staff testing is an issue if the county is unwilling to help out in this area and the facility cannot afford to pay for it. Many staff are uninsured so if the county is unwilling to help pay for the tests, the facility has to pay for it.
  - NCSLA members report that rapid tests have shown to be the least reliable. In numerous instances, rapid tests have revealed both false positives and false negatives. Any time a rapid test has been used, the provider will try to validate the results as soon as possible with a nasal swab.

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Education/training and COVID-19

- Providers have received both State and Federal training resources via websites, videoconferences and publications
- Training is an ongoing and continuous process, especially during COVID-19, since as things wear on, people often get complacent and need refresher training and reminders to follow infection control protocols
- It should be noted that S.L. 2011-99 put in place new infection control training requirements for all adult care and family care home providers and all providers have been required to provide this training for almost a decade now
- S.L. 2020-3 requires NC DHHS to conduct a compliance review of providers with infection control violations and to provide infection control training which we have learned will be web-based and made available to all providers

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Meals, activities and COVID-19

- Providers are doing their best to comply with NCDHHS recommendations regarding dining and activities although it is often difficult due to staffing levels and providing care to residents who need assistance with dining.
- Communal/ Group activities and meals have been suspended by most all providers.
- For the most part, residents are served their meals in their rooms. However, where practical, some providers have allowed small groups to have their meals served in the dining room in shifts as long as social distancing can be maintained.
- Residents requiring more hands on feeding assistance may also be served in the dining room at a severely reduced capacity. Likewise, activities are conducted either one-on-one or in small groups.

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Visitation and COVID-19

- Visitation is not allowed per Executive Order No. 138 except under certain circumstances
- Some providers have purchased tablet devices to allow residents to use for video calls, such as zoom with family members to stay connected.
- Many providers have also increased their social media presence on Facebook and websites to keep families updated on what is happening in the assisted living community.
- Families are also encouraged to come and do “window visits.”
- As can be imagined, a lack of family visits has been very hard on both residents and their families and has become even more so as restrictions continue
- NCSLA and others have been working with the NCDHHS to develop standards to allow visits, i.e. outside facility visits.

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COVID-19 Outbreaks

- When outbreaks occur, facilities are quarantining the affected residents to their rooms and also moving all affected residents to a particular hallway or wing of the building to keep them separate from other residents.
- If staff are found to be positive, they are sent home for at least 14 days.
- If infected residents are cohorted on a hallway or wing, if possible, this part of the building will be closed off if an outside entrance is available for the unit.
- Specific staff are typically assigned to work in the COVID unit and only those assigned are permitted for entry.
- The enhanced Medicaid reimbursement for these occurrences has been a HUGE HELP due to increased wages, increased overtime (OT), increased staffing levels, PPE, and equipment that is required to take care of the residents and protect staff

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Questions?

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