Sustainable COVID-19 Planning for Long Term Care Facilities in Florida

A Report to the Governor, Florida Surgeon General, Secretary of the Agency for Health Care Administration and the Director of the Florida Division of Emergency Management

May 20, 2020
**Introduction**

Florida Health Care Association (FHCA) is Florida’s largest membership organization representing long term care facilities in Florida. FHCA represents over 560 out Florida's 695 nursing homes and has been an active partner with state and local officials to support facilities with their work to mitigate the spread of COVID-19.

In response to the public health emergency, the Centers for Medicare and Medicaid Services (CMS), the federal regulatory agency which oversees all nursing homes, restricted all visitation to nursing homes. Governor Ron DeSantis’ also issued an Executive Order restricting visitation to nursing homes and assisted living facilities; however, neither currently lists a date for reinstating visitation. The same is true for the prohibition of group activities and communal dining for residents. Both have been greatly curtailed in the interest of resident safety, with no firm resumption date.

As the state of Florida moves past its initial response to the outbreak of COVID-19 into a phase that allows a safe and gradual return to normal activities of its citizens, long term care facilities must also look at allowing expanded activities and interactions that are vital for our residents’ well-being.

FHCA appreciates Governor DeSantis for leading the way and for always being out in front of containing this virus. We recognize the decision to restrict visitors was a difficult one, but this was an important step to help save thousands of lives. FHCA looks forward to continuing the strong partnership with the Governor, the Agency for Health Care Administration, Department of Health and Division Emergency Management. Having their ongoing commitment to increased testing and personal protective equipment (PPE), we are confident we can keep our seniors safe as we enter into this step-by-step approach to reopening.

Florida long term care facilities hold themselves to a high standard of providing person-centered care, and a safe, comfortable environment to our residents, their families, and staff. Moving forward, we remain committed to ensuring continuity in delivery of critical services, while protecting the health and safety of the people we serve. We also believe Florida’s long term care sector can provide collective leadership and motivate momentum toward a broader national return to a “new normal” in our sector.

This recommendation document is a resident-centered approach to implementing reimagined social aspects of long term care. It’s primary focus is on resident health and safety and the psychosocial well-being of residents when restoring their benefits of visitation, communal dining, and group activities. We propose to expand these activities in a methodical and careful process that is facility specific. Changes to current policies will incorporate feedback from federal, state and county decisionmakers.

The timeline for moving through this transition process will be dependent upon the ability to minimize and control exposure and infection levels. Any rise of infections within a facility may precipitate a return to the earlier precautions. The overarching principle is a transition to these activities while still ensuring that care centers shield residents from the COVID-19 virus.

These recommendations follow the federal CMS guidance on the appropriate phasing out of the existing restrictions. Our goal is to provide a comprehensive collection of considerations for Florida policymakers to use that will guide nursing homes and assisted living facilities to begin planning for their individual structure, policies and protocols appropriate to their residents’ needs.
Work Group on Sustainable COVID-19 Plan for Long term care Facilities

On May 4, 2020, Florida Health Care Association (FHCA) members and staff participated in a Zoom meeting with staff from the Governor’s Office, the Florida State Surgeon General of the Department of Health (DOH) and the Secretary of the Agency for Health Care Administration (AHCA) to discuss steps to safely and cautiously move long term care facilities toward a sustainable COVID-19 model that protects residents and expands activities and visitation for their psychosocial needs. Immediately following, FHCA Board President Alex Terentev created a Long Term Care Work Group and tasked it with developing a plan to assist nursing homes and assisted living facilities (ALF) transition to the next phase of sustained COVID-19 operations to prepare for when policymakers determine it is safe to move toward that next phase.

The Work Group includes the following:

Chair: Alex Terentev, Gulf Coast Health Care
Operator: Andrew Weisman, NuVision
Management
Operator: Rob Greene, Palm Healthcare
Management
Infection Control Specialist (Board Certified): A.C. Burke, RB Health Partners, Inc.
Nurse Clinician: Kari Little, Facility Support
Company

Nursing Home Administrator: Nicole Francis, Orchard Ridge
Medical Doctor: Dr. Rosie Lyle
Medical Equipment Supplier: Shawn Scott, Medline Industries
ALF Administrator: Matthew Thompson, The Estates at the Carpenters
Operator (finance specialty): Jennifer Ziolkowski, Opis Senior Services Group

FHCA Staff:
Executive Director: Emmett Reed
Emergency Response Coordinator: Bob Asztalos
Senior Director of Quality Affairs: Deborah Franklin

Director of Reimbursement: Tom Parker
Director of Communications: Kristen Knapp
State Emergency Operations Center Liaison: Melanie Motiska

The Work Group convened on Thursday, May 7, to review current data and discuss and approve goals, a workplan and timeline. The Work Group held a total of seven Zoom meetings and discussed the following:

- Maintaining heightened infection control while transitioning toward a more standard regulatory environment
- Uniform statewide guidelines for long term care (LTC) facilities
- Fostering communication and coordination between hospitals, nursing homes and assisted living facilities
- Plans for reopening LTC facilities safely and gradually to visitation, activities and communal dining
- Rapid viral testing in the LTC environment
- Transitioning from a public to private market for personal protective equipment (PPE) supplies and the necessity for the state to maintain a readily available contingency supply
- COVID-19 impact on the current staff and tools needed for continued recruitment and retention
- Discussion of federal and state funding streams and future funding needs
Infection Control in the New Normal

As nursing homes and assisted living facilities (ALFs) move to a reopened phase in resident care, it’s expected their COVID-19 infection prevention and control measures must remain in place as long as the virus is present in epidemic levels and until a vaccine is available and can be widely administered. It is strongly recommended that the Department of Health implement statewide infection control measures based on the Centers for Disease Control and Prevention (CDC) guidelines and uniformly applied across the entire state.

Measures to Continue:

- Universal mask use by all staff and visitors
- Residents to wear mask/face covering when they leave their room
- Continue to encourage residents to wear face covering when receiving care
- Continue to maintain social distancing for residents and staff as much as possible
- Continue with staff screening and temperature checks at the start of each shift, deny entry if fail screening
- Continue with visitor screening and temperature checks, deny entry if fail screening
  - Information Technology (IT) systems will need to be developed to accommodate recordkeeping for visitor and staff screenings
- Continue monitoring residents for signs and symptoms twice daily, increase monitoring if a resident becomes symptomatic (for example, if one resident on unit becomes symptomatic, increase monitoring to at least three times a day on unit)
- Having designated units within the facility and dedicated staff/consistent staffing assignments for each unit
  - COVID-19 positive
  - COVID-19 negative
  - 14-day observation unit (i.e. admissions with negative test results from hospital under precautions for unknown exposure)
  - Symptomatic room(s) pending test results
  - Regulatory waivers will need to remain in place in order to support cohorting of residents as needed.
- Standard use of eye protection for residents with tracheostomy, ventilator, BiPAP, CPAP, and nebulizers

ALFs’ infection control considerations differ somewhat from nursing homes. ALFs should continue having their staff wear appropriate PPE, disinfect areas, and screen residents. Less staff and clinical personnel make monitoring vitals unrealistic in ALFs. Current statute prohibits ALFs from retaining residents with any transmissible disease; thus, these facilities cannot set up a COVID-19 designated unit. Residents who are COVID-19 positive should be immediately transferred to higher level of care until they can safely return.
Hospital-Nursing Home-ALF Coordination

Coordination between acute and post-acute care providers working in the best interests of their residents and patients is critical during the COVID-19 pandemic. Florida Health Care Association, which represents over 82% of Florida’s nursing homes, and the Florida Hospital Association can help foster this cooperation by:

- Increasing infection prevention and control education and adoption of best practices. This includes:
  - Compare a crosswalk of nursing home and hospital infection prevention trainings to identify gaps and opportunities for enhanced education.
  - Use the Risk Assessment Tool to kick off regional conversations between hospitals and nursing homes, beginning with the Fort Myers area.
  - Host Virtual Post-Acute Care Infection Preventionist Training Sessions.
  - Create infection control training tailored specifically for assisted living facilities (ALFs). This training would modify the hospital “infection control boot camp training” to meet ALFs’ needs and conditions. We recommend that FHCA and FHA develop this in coordination with the Florida Senior Living Association and that the program be funded with Civil Money Penalty funds.

- Build and strengthen regional/local relationships between post-acute care providers and hospitals.
  - Identification, collection and dissemination of best practices for collaboration between hospitals and post-acute care providers and host a call on this topic.
  - Identification of regions by building upon FHCA districts and the CMS Quality Improvement Organization coalition frameworks and convene regional hospital and post-acute care provider calls to facilitate discussion, sharing information from the frontline. Topics may include:
    - Role of partners
    - Hospital - Nursing Home - ALF Communication
      - Open and frequent communication between providers
      - Foster LTC facility Executive Director and Director of Clinical Services relationship with hospital CEO
  - Better coordination between nursing home Medical Directors and hospital medical staff on general policies and patient specific issues.
  - Notification to post-acute providers when a spike in elective surgeries requiring short term rehab
  - Testing of all discharges with PCR test versus rapid tests
  - Open hospital COVID-19 beds if accepting
  - Coordination of the return of COVID-19 residents to their original LTC facility after two negative tests
  - Nursing home transparency with hospital on bed holds, open beds, COVID-19 spike
  - Coordinated Department of Health and skilled nursing facility (SNF) communication
    - Assist with placement of nursing home/ALF COVID-19 patients when local hospitals cannot handle or cannot admit
    - Assist with broad COVID-19 testing
    - Assist with PPE sourcing
    - Assist with staffing
    - Communicating spikes in community COVID-19 cases
  - Coordinated Agency for Health Care Administration (AHCA) and LTC facility communication
    - Assist with transfers of COVID-19 patients to local nursing homes with care capabilities
    - Assist nursing homes when communication issues arise with DOH
Hospital-Nursing Home-ALF Coordination Continued

- Nursing home and ALF risks:
  - Testing limitations
  - Staffing limitations
  - PPE shortages
  - Unexpected spike in patient and/or staff COVID-19 cases
  - Efficient discharge planning
  - Plan to discharge to hospitals if COVID-19 cases spike
  - Plan to discharge to local SNFs with COVID-19 unit
  - Plan to discharge applicable patients to home health
  - Bed Management
  - Bed availability on step down unit and/or isolation unit to accept hospital admissions
  - Bed hold back-up if discharge to hospitals spikes
Triggers for Facilities to Expand Visitors, Activities and Dining

In light of the guidance just released by the Centers for Medicare and Medicaid Services (CMS), once restrictions are lifted by State of Florida officials and county health departments, nursing homes and assisted living facilities should be allowed to begin visitation, activities and dining if the facility can meet facility specific criteria:

- The facility has not had any COVID-19 staff or resident cases, or it has been two incubation periods (28 days total) of being COVID-19 free;
- The facility has proper PPE and sufficient supply for visitors and staff;
- The final decision to open visitation, an activity or communal dining rests with each individual facility, which must have a policy in place and determine it can expand these activities without jeopardizing the health of the residents.
- The facility will cease all expanded activities if COVID-19 is detected in the facility.

Visitors

For the health and well-being of the residents, FHCA does not see a need to delay allowing visitors in nursing homes and assisted living facilities if they meet the above criteria and follow the following standards. The current visitation restrictions are traumatizing on residents and staff. Restricting visitors and limiting the number of people inside the facility was an important initial response to the COVID-19 outbreak; however, resident protections should be balanced with their need to visit with family and friends. Visitation should be allowed on a facility-specific basis once the above criteria is met.

Visitors will be required to:
- Participate in and pass screening.
- Wear a mask at all times while in the facility (or have privilege of visiting revoked) and limit their movement in the facility.
- Be limited to two visitors per one resident allowed at a time.

Staff will:
- Monitor that PPE use and visitation polices are followed
- Ensure residents also wear a mask/face covering when visitors are present
- Schedule family visits based on the amount of PPE and staffing that is available. Facilities should have the ability to schedule visitors by appointment in order to help maintain social distancing
- Possible Rapid Test for visitors when they become available
- Determine proper space considerations where visitation occurs
- The visitation area will be disinfected after each use, with that area containing hand washing or sanitizer stations
- The preferred area for visitation is an outdoor space. Facilities should establish visitor areas that are protected from weather elements, such as porches, patios and other covered areas, or have a space that is big enough to house a temporary tent. The facility will monitor the temperature and provide cooling for the space if necessary.
- If an outdoor space is not viable due to the facility structure or weather, then the facility should designate an area within the building that is outside the resident’s room or private space.
- Visits in a private resident room may only occur for bedbound residents or those who, for health reasons, cannot leave their room.
Activities
Activities, including religious services, are also important to residents and are extremely critical to their quality of life. Residents being isolated in their rooms is a short-term strategy that, if carried on too long, has proven to lead to the mental and physical degradation of the residents.
Recommendations for resuming activities includes:

- Space considerations that allow social distancing and participation
- Mask wearing, limiting groups to 10 or less individuals and social distancing
- Continued doorway activities with residents wearing masks
- Residents from COVID-19, non-COVID-19 and observation areas should not be comingled

Beauty Salons
Beauty salons and barbers allow residents to feel good about themselves and are thus critical for residents’ quality of life. Along with other activities, nursing homes and assisted living facilities should allow salons inside their facilities to reopen so residents’ beauty and hairdressing needs can be safely met. Hair salons can resume providing services to residents with the following precautions in place:

- Hairdresser/barber should be screened prior to entry
- Masks are worn by residents and hairdresser/barber and awaiting customers maintain social distancing
- Only residents of the facility are allowed in hair salon for services; no services can be provided to outside guests
- COVID-19 positive residents and any residents who are in 14-day observation/isolation unit due to recent admit or pending test results are excluded
- Proper cleaning and sanitizing of equipment between residents

Dining
While communal dining is important to the residents’ social needs, it poses a higher risk of exposure to COVID-19 than visitation and activities. During communal dining, residents’ masks are off their faces, and there is greater air circulation that can potentially transmit the virus. Thus, we recommend measured communal dining only after two incubation periods (28 days total) of safe activity and visitation. This includes:

- Determine residents who must be more closely supervised while eating and prioritize those to space available with social distancing
- Limited use of communal dining – Non-COVID-19 unit only – dine with same 1-2 people and maintain social distancing (increase to 10 ft) between tables
- Continue to address safety concerns for all residents eating in their rooms
- Consider phased-in dining and using only wipe downs in between (spray disinfectant is not recommended)
Testing

Rapid testing of all staff and potentially visitors is a long-term solution that is key to preventing the spread of COVID-19 in nursing homes once testing machines and test kits become widely available, affordable and capable of providing rapid and accurate results. Currently, Abbott Laboratories is only shipping COVID-19 test machines to priority 1 facilities (hospitals). Many hospitals already have these onsite, as do several physician offices, so moving to priority 2 facilities (nursing homes and other health care providers) will be available soon.

Currently, there is concern about the accuracy rates for these tests. The Food and Drug Administration (FDA) issued a cautionary report on the reliability of rapid tests utilizing a portable testing instrument by Abbott Laboratories. The FDA reports indicates as many as 15-to-20 out of every 100 tests may produce false negative results. Other reports have false negative rates can be as high as 48%, which makes this tool currently ineffective for long term care use.

Once available and accurate, rapid testing systems should be placed in nursing homes and assisted living facilities. In preparation for this preventive tool, the Agency for Health Care Administration should work with the Centers for Medicare and Medicaid Services (CMS) regional office now to prepare a template and approval process that nursing homes can use to streamline the ability to request Civil Money Penalty (CMP) funds to purchase these systems, similar the recent CMP grant initiative for tablets and other technology supplies to allow residents to communicate with family members.

At this point, Abbott (the largest manufacturer of these machines) is producing 50,000 tests per day. They have indicated a plan to increase capacity to at least 2 million tests per month by June with a goal to go even beyond that number. Each Abbott rapid ID NOW machine costs approximately $4,500, and each test costs $40. To equip each of Florida’s 685 nursing homes with one of these machines would cost just over $3 million of the $25 million Florida currently has in CMP funds. When a facility submits a CMP request, it should be given the ability to factor in the cost of a specific number of tests that allows for testing all staff, with additional funds to purchase more kits to do further testing. Abbott is not the only manufacturer of these machines, and all options should be considered until it is clear which manufacturer has the most accurate results and available testing capabilities.

FHCA recommends that:

- In preparation for this preventive tool, AHCA should request approval from CMS that would allocate $3 million of the CMP funds toward nursing homes to allow for the purchase of rapid test machines that can be placed at every facility onsite using funds from the Long Term Care Quality Improvement Trust Fund.
  - This amount would cover the cost of the portable testing instrument
  - While facilities would not purchase these devices prior to improvements in accuracy and availability, AHCA securing the waivers would place Florida facilities at the front of the line when the market and technology improve.
**Medical Appointments**

Facilities should continue to use telemedicine services for elective procedures and visits and only permit essential outside medical appointments, such as dialysis or necessary medical appointments that cannot be accomplished through telemedicine. If resident must go into community for outside appointment, then the following should occur:

- Medicaid transportation providers will be COVID-19 tested monthly. Drivers should be dedicated to a single facility. The Medicaid Health Plans should contract with nursing homes and assisted living facilities (ALFs) to conduct their own transportation or allow the LTC facilities to arrange transportation with vendors.
- The vehicle should be disinfected after each ride and cleaned properly. There should be no stops along the route. Drivers, residents and facility staff accompanying them should wear masks to the appointments.
- It is recommended that when residents return to the facility, they isolate for 14 days.

**Personal Protective Equipment (PPE)**

Florida is competing in a global market for PPE that is seeing demand outstrip the supply by 300%. Facemasks, gowns, gloves and face shields are in record demand. While allocation is at an all-time high, demand is outweighing the supply capability thus putting the allocation to providers at risk. Specifically, facemasks are being produced at 50% of historical allocation. Gowns, which are produced from the same materials as facemasks, are at less than 50% of application and have the most severe shortage, along with face shields. Gloves are currently meeting 100% of demand; however, it is anticipated that as the economy opens, production will fall short and shortages will emerge. Hand sanitizers appear plentiful, and because they are easy to produce, we do not expect shortages.

In the short term, we anticipate that demand will continue to increase with doctor’s offices, ambulatory surgical centers, and other healthcare facilities opening and as the general population needs more PPE. Shortages of cleaning supplies are expected to exacerbate as reopening the economy increases demand. Prices are expected to rise, and regional shortages will continue to occur because not only are medical supply companies competing for limited supplies, they are also competing with all levels of government attempting to stockpile and distribute PPE. If all factors remain the same, the projection is the PPE marketplace will be unable to meet demand until late summer or early fall at the earliest.

Historically, nursing homes and assisted living facilities do not use large amounts of PPE because they do not provide the type of care such as that delivered in a hospital isolation unit. As such, our historical purchasing does not equate to the demand that we have for PPE today due to COVID-19. This time last year, nursing homes’ PPE use was just 10% of the rate they’re experiencing today. Even if the market can fulfill our historical ordering history, it is far below the demand we have today due to the virus.
Additionally, COVID-19 hot spots in long term care facilities are expected to continue. As such, Florida should move forward with a policy to stockpile and encourage conservation of PPE. Based on the above information, the following is recommended:

- Florida should set a goal to stockpile one week’s supply of PPE for long term care facilities based on the number of residents and staff. This would require the stockpiling of 86,905 face shields; 960,551 masks; 4,366,139 gloves; and 912,504 reusable gowns (if the state chooses to stockpile non-reusable gowns, this number should be increased to 3,421,890).
- This accounts for nursing home and assisted living facility (ALF) employees based on the FEMA delivery to nursing homes. These estimates may be slightly lower than a one-week supply if factoring in supplies for every Florida nursing home, but for purposes of a stockpile, it should be accurate.
- The Department of Health should initiate a statewide policy that PPE is uniformly used across the state in accordance with CDC guidelines and that facilities be encouraged to safely conserve PPE. Currently, counties have varying standards of PPE use. Some counties are exceeding the CDC guidelines, which burns through PPE with unproved results. A statewide policy that follows CDC guidelines will both smartly utilize PPE and allow facilities to better plan for their PPE needs.
- Primary focus should be on providing masks and eye protection given how the virus spreads.
- PPE needs will likely be less in ALFs since they are not caring for COVID-19 patients.
- Because we can expect gowns to remain in shorter supply than other PPE, Florida should implement a statewide gown conservation program.
  - Permit washable cloth gowns (reusable, multiple use) for the following purposes:
    - On 14-day observation unit for high contact activities only (dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care)
    - For high contact activities for endemic multidrug resistant organisms (i.e. MRSA, VRE & ESBL-producing organisms) to follow CDC guidance for enhanced barrier precautions
    - Facilities should routinely inspect, maintain (e.g., mend a small hole in a gown, replace missing fastening ties), and replace reusable gowns when needed (e.g., when they are thin or ripped)
    - Laundry operations and personnel may need to be augmented to facilitate additional washing loads and cycles
  - Use disposable gowns (single use) for the following purposes:
    - Aerosol generating procedures
    - Contact precautions for C. difficile (don for every room entry and doff every room exit)
    - Symptomatic residents suspected of COVID-19 and confirmed COVID-19 residents
Long Term Care Workforce

A stable and trained workforce is critical to the continued quality of care for the residents in nursing homes and assisted living facilities (ALFs). Prior to the COVID-19 pandemic, long term care providers were already facing critical workforce shortages. Many providers have managed to continue to staff to the resident’s needs due to reduced census. These declines in census were, in part, due to a halt on elective procedures and the lack of a hospital surge of COVID-19 patients. With elective procedures resuming, providers should expect census increases which will require more staffing.

The creation of the temporary Personal Care Attendant (PCA) program has assisted providers with staffing challenges. PCAs have been able to help facilities with both enhancing and growing their CNA workforce. Facilities utilizing the PCA program are offering on-the-job training to prepare the PCA for taking the CNA exam, thus growing the workforce within nursing homes and ALFs. The program also provides for an emergency staffing contingency. It provides needed caregivers by allowing for a quick but effective training of new employees should a facility experience a COVID-19 outbreak and staff become quarantined.

FHCA recommends the following:

- The PCA program be made permanent as a temporary 120-day position that is only available to students registered in a CNA or CNA test prep program. No person can hold the position for more than 120 days. This will allow students to receive greater hands-on training during that timeframe and serve as a method to quickly increase the workforce if there is another emergency event.
- Nursing students learn the skillset to be a CNA after the completion of the first semester of nursing school. Currently, a nursing student can complete the PCA training program and work as a PCA. Moving forward, nursing students who complete the first semester of nursing school should qualify as PCAs while they prepare to challenge the CNA exam. This enables the nursing students to work in their chosen profession while attending nursing school.
- AHCA complete its review and approve the Feeding Assistant program approved by the Florida Legislature in the 2020 session. This will allow facilities to begin training and implementing the Feeding Assistant program to enhance the PCA program.
Reimbursement

Florida long term care providers are required and continue to take significant actions to prevent and mitigate the spread of COVID-19 in their facilities. These necessary decisions come at a great financial cost to an industry already operating on very narrow margins.

Providers have hired additional staff for screening and disinfecting purposes, are paying more overtime, supplementing with agency staff when regular staff test positive, buying PPE at unimaginable numbers when prices are skyrocketing, and offering additional benefits like meals and child care coverage so staff can continue to work. These cost overruns are averaging approximately $14 per patient day based on the most recent available provider data.

The cost overruns are compounded due to a decrease in provider census. This is derived from elective surgeries being put on hold during the current state of emergency and has resulted in the loss of Medicare payers in nursing centers. Short-term rehabilitation, which is covered by Medicare, plays an important role in reimbursement and cash flow due to nursing homes’ unique Medicaid/Medicare payer mix. Across the state, nursing homes have seen their revenues drastically reduced due to an average drop in occupancy from 88% down to 77%, primarily in Medicare beds.

The federal CARES Act included funding help for health care providers across the country. The U.S. Health and Human Services (HHS) has distributed this funding in several tranches to providers based on revenue and other characteristics. Thus far, nursing centers, but not assisted living facilities, have been eligible for a portion of the $50 billion based on net patient revenue. The average nursing center in Florida has received $275,000 of CARES Act funding.

For the average nursing home, this funding helped recoup losses and increased costs for the month of March and, at best, possibly April. However, the CARES Act funding will not cover the significant financial challenges that providers have faced during the month of May and for the indefinite future.

FHCA continues to work with our national partners to procure additional funding nursing homes and assisted living facilities from the CARES Act to meet these continued issues. We recommend the following:

- State partners engage their federal counterparts to ensure additional CARES Act money be directed to long term care providers. HHS currently has approximately $100 billion in this fund that can be used to support providers who are experiencing increased costs and lost revenue.
- The Governor sign the State Fiscal Year 20-21 budget that includes $105 million in new nursing home funding as passed by the Legislature. This money was important when the budget passed in March and is a much-needed lifeline that centers are counting on moving forward.
- The State continue to defer the Nursing Facility Quality Assessment payment for a few more months until occupancy and payer sources return to normal, which is helping providers with cash flow struggles as they continue to meet the needs of their residents.
ABOUT THE FLORIDA HEALTH CARE ASSOCIATION

The Florida Health Care Association (FHCA) is a federation which serves nearly 1,000 members and represents over 500 long term care facilities that provide skilled nursing, post-acute and sub-acute care, short-term rehab, assisted living and other services to the frail elderly and individuals with disabilities in Florida. The mission of FHCA is to advance the quality of services, image, professional development and financial stability of its members. As Florida's first and largest advocacy organization for long term care providers and the elderly they serve, the Association has worked diligently since 1954 to assist its members with continuously improving quality of care and quality of life for the state’s growing elder care population.

For more information about the Florida Health Care Association, visit www.fhca.org.

For More Information

Sustainable COVID-19 Planning for Long Term Care Facilities in Florida Report
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