CONTINUUM

Post-Pandemic Recovery
New Challenges in the Aftermath of COVID-19

Stakeholder Spotlight
Karen Timberlake Takes the Helm at the Department of Health Services

How Pandemics Affect Mental Health
Strategies and Resources for Coping

Wisconsin Budget Invests in Long-Term Care:
Historic Funding Increases for Wisconsin's Long-Term Care Providers

A Publication for Wisconsin's Long-Term Care Profession by WHCA/WiCAL

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Welcome

Dear WHCA/WiCAL Members, Business Partners, and Stakeholders,

Thank you for the honor and privilege of serving you! And thank you for all that you do, especially over the last 18 months. The COVID-19 pandemic has tested our state, nation, and world. It also exacerbated our sector's chronic challenges of a severe caregiver shortage, inadequate government payment, and, for some, an antiquated building infrastructure. But through it all, you and your colleagues showed up for work every day to provide lifesaving care to Wisconsin's most vulnerable residents. You have my enduring admiration and thanks.

Many challenges remain and I will address them shortly. But let's not ignore two historic accomplishments thus far in 2021:

- Working with the Department of Health Services, CVS, and Walgreen's, you implemented one of the most effective COVID-19 vaccination programs in the nation. We absolutely could not have accomplished this without your commitment, courage, and organization!

- In July, Governor Evers signed a new state budget that includes unprecedented levels of additional funding for nursing facilities, assisted living centers, and facilities caring for folks living with disabilities. A result like this does not happen by accident. It takes focus and commitment from the members to educate their policymakers and to tell their stories of the daily challenges they currently face and the challenges that our sector will face into the future.

Thank you all so very much for a job well done!

So, What's the Plan for the Future? There are Four Key Areas of Focus:

- **Financing:**
  Medicaid, as the primary payment source for facility-based long-term care, becomes more challenging with each passing year. Therefore, we will work within our membership and with policymakers to assemble a payment model that is not so Medicaid-dependent. We also need to pay more attention to the emergence of Medicare Advantage in the sector.

- **Regulatory Environment:**
  What we often hear from providers is that the current survey system often casts a demoralizing spell across facilities. The survey process has exacerbated the acute labor shortage that continues to challenge the sector. We have formed a Survey, Certification and Enforcement Reform Task Force whose mission will be two-fold: to identify key problems with the current survey/enforcement process and offer solutions to state and federal executive and legislative branch policymakers, and to identify alternative models that can be tested (i.e., Joint Commission, LEAN production methodology, etc.).

- **Workforce:**
  I anticipate forming another task force whose charge will be to develop incentives to attract and then retain good people and to advance recommendations for creating a career path for these employees. We will continue to advocate for workforce-directed funding to provide the resources to raise base wages for direct care and support staff. It is critical to a successful future that our workforce be "professionalized" and that our caregivers receive the recognition they deserve for the indispensable work that they do.

- **Reconnecting with you, the member!**
  There are a lot of things that I love about my job. But perhaps the thing that I love most is getting out into the field to see the members. Unfortunately, the COVID-19 pandemic brought almost all non-essential interaction to a screeching halt. As we look to turn the corner on COVID-19, it is long past time to reconnect. Our Annual Care Classic Golf Outing in July kicked off WHCA/WiCAL's live events after a COVID-induced pause on in-person meetings. In addition, we held the Annual Fall Convention and Expo at the end of September. There will be many more to come! I will continue to travel around the state to formally introduce myself. Importantly, we have reinstituted our district and WiCAL regional meetings which are so important to enable members to interact with each other and to share common issues, challenges, and best practices.

At WHCA/WiCAL, we have one of the finest and most committed staffs that I have ever had the honor and pleasure to work with. We are here to serve you so do not hesitate to call on us at any time.

Thank you for your membership. Above all, thank you for what you and your colleagues do each and every day for the people of Wisconsin!

Sincerely,

William R. Abrams

Rick Abrams
President & CEO
WHCA/WiCAL
Rick@whcawical.org

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Contents

Wisconsin Budget Invests in Long-Term Care

Historic Funding Increases for Wisconsin's Long-Term Care Providers

By: Katie White and Ramie Zelenkova

On Thursday, July 8, Governor Evers for signed into law a bipartisan budget with significant funding increases for long-term care providers. The increased funding for both skilled nursing facilities and Family Care providers will help to address ongoing funding challenges and workforce shortages. The spending plan, which acts as the blueprint for the state's overall operation for the next two years, included nearly $85 billion for state programs.

The Governor's version of the budget, which was introduced in February 2021, had included significant investments for long-term care. For skilled nursing Medicaid reimbursement, the Governor's version of the budget included more than $240 million over the biennium. For the Family Care program, the Governor's budget provided an additional $77 million in funding to increase the direct care and services portion of the Medicaid capitation rates in Family Care, a Medicaid program that provides long-term care services to older adults and adults with physical, developmental, or intellectual disabilities, to provide additional financial support to direct care workers. It also directed the Department of Health Services to develop a statewide minimum rate band that establishes equitable and sustainable rates for home and community-based long-term care supports.

The Republican-controlled Joint Committee on Finance (JFC) began the process of reworking Governor Evers' budget in May 2021. In mid-June, JFC approved a state budget motion that invested more than $356 million all funds (state and federal) in new money to skilled nursing and Family Care providers. These funding levels built upon the increases included in the Governor's version of the budget and include historic levels of funding increases for long-term care providers. The budget, as approved by JFC, included $252.4 million all funds over the biennium, including a state investment of $98 million, in nursing home reimbursement rates. In the Family Care program, the committee approved a total of $104.2 million all funds over the biennium, including a state investment of $40 million, for the Direct Care Workforce Fund program.

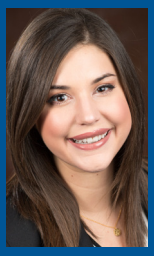
The Wisconsin State Assembly passed the state budget bill on June 29 on a 64-34 vote with Representatives Deb Andraca (D-Whitefish Bay), Steve Doyle (D-Onalaska), Beth Meyers (D-Bayfield), and Don Vruwink (D-Milton) joining their Republican colleagues and voting in favor of the bill. The Wisconsin State Senate followed suit and approved the state budget bill the following day, June 30, on a 23-9 vote with Senate Majority Leader Janet Bewley (D-Mason) and Senators Jeff Smith (D-Brunswick) and Brad Pfaff (D-Onalaska) voting in the affirmative.

Finally, after the budget was passed by the full Legislature, the budget was sent to the desk of Governor Evers for his veto review and signature. The Governor has the strongest veto pen

in the nation and has the ability to use his partial veto power authority to strike entire words and individual digits, for example. In the end, Governor Evers made no changes to the reimbursement provisions for long-term care providers included in the budget through his veto pen and signed into law one of the most significant increases LTC providers have received in years.

Based on estimates by the non-partisan Legislative Fiscal Bureau, the state is projected to end the 2021-23 budget with approximately a $1.7 billion surplus, one of the highest surpluses in recent state history. While only an estimate, the projected surplus indicates that the state is performing well fiscally and, should the surplus come to fruition, lawmakers will be in a position to increase state spending or cut taxes.

These funding increases are desperately needed to ensure the long-term sustainability of nursing facilities and assisted living centers across the state. Importantly, it will position the sector to begin the process of transforming long-term care so that all Wisconsinites have access to high quality care in the future.



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Post-Pandemic Recovery

New Challenges in the Aftermath of COVID-19

By: Pat Boyer

Saying that the past year has been tough is an understatement and now providers are dealing with the aftermath. It all began in 2020. The mission was to provide the best care that we possibly could and concentrate on the protection of residents from COVID-19. Now that directive has opened new challenges as providers must now answer for past non-compliance.

The last ten months has resulted in numerous Immediate Jeopardy citations and new interpretation of the regulations. Areas that were not a concern in the past are now crises. In addition, providers are being held responsible for resident declines in 2020 despite providers raising the alarm at the time.

So, what is the answer? It's really in your reimplementation of basic systems in your facility.

Past Non-Compliance

One of the priorities should be review of all residents who were in your facility during 2020. This should include a review of all residents who had weight loss, pressure injuries, accident/injuries, and those who had family members who voiced concerns during the year. I know this may seem overwhelming, but it is a necessary part of documenting past non-compliance. Some of the Immediate Jeopardy citations are being retroactively started at the date the weight loss, pressure injury, or other deficiencies and continuing to the present time. This means the implementation of significant Civil Monetary Penalties (CMPs). This review should be a high priority.

Response to Change of Condition

Nearly all facilities are facing challenges with staffing levels and how they respond to change of condition. Even prior to the pandemic, staffing of nurses on off hours was unavailable for many facilities. Now, with Directors of Nurses (DON) and Registered Nurses (RN) frequently being pulled to the units to complete medication pass and treatments, many times the evening, nights, and weekends are relying on Licensed Practical Nurses (LPN) to manage resident care. Although there are many excellent LPNs in our facilities, state law prohibits LPNs from completing assessments. So, what do you do when an incident or change of condition occurs and a RN is not in the facility? You must have a plan in place to cover these situations.

First, it is your responsibility to notify the physician as soon as there is a change of condition, fall, etc. Part of the change of condition and response to incident or accidents is the assessment process. Make sure that you have a set process for assessing residents. Pathway Health's Situation-Background-Assessment-Recommendation (SBAR) provides a framework for communication between members of the healthcare team about a patient's condition. You can access the tool HERE.

Pressure Injuries

Pressure injuries were the third most frequently cited deficiency in Wisconsin for the first three quarters of 2021. This resulted in 123 pressure injury citations, with 32 being Actual Harm or Immediate Jeopardy.

The most common instances of deficient practice included:

- Assessment not being completed on admission
- Failure to stage the wound
- Not consulting with physician when pressure injury is first identified
- Not completing ongoing assessment on a routine timeframe
- Wound not assessed for extended periods of time

Pressure injuries are not a new area of concern. As we deal with the aftermath of the pandemic, more high-risk residents are having breakdown and compromised health status exacerbating skin issues.

Once you ensure that your systems are in place, revisit all residents who were in your facility in 2020 and determine if there was risk or actual pressure injury, complete a root cause analysis, develop a performance improvement project (PIP), and ensure those efforts result in a present program that is functional and promotes healing. Good documentation of this process can assist you in ensuring any issues would be past non-compliance.

Infection Control

It is critical that facilities keep a watchful eye over infection control. Though there are systems in place, including vaccination for staff and residents, COVID-19 has not gone away, and basic infection control practices need to remain in place. Until the Centers for Disease Control (CDC) changes guidance for nursing facilities, we need to screen everyone coming into the facility (including surveyors), wear masks, and practice good handwashing techniques among other infection control processes.

As the year goes by, we will begin to see flu symptoms and continued issues with multi-drug resistant organisms (MDRO) and C. Diff. Good infection control processes will assist you in meeting these challenges. You can expect continued scrutiny about infections. The good news is that if you continue these processes, you might be able to keep these infections to a minimum.

So, What are the Solutions? Clinical Standards of Practice

We have discussed the clinical standards of practice for many years and the importance of evidence-based practice. Now is a great time to gather information from the Clinical Resource Center, CDC guidelines, Center for Medicare and Medicaid Services (CMS) guidelines, the Society for Post-Acute and Long-Term Care Medicine (AMDA), and the National Pressure Injury Advisory Panel (NPIAP).

It is critical that standards are up-to-date and remain in place. If new processes are developed or revised, it is imperative to reeducate your staff to ensure their competency and compliance.

Quality Assurance & Process Improvement

CMS has many resources available to assist you in completing your Quality Assurance and Process Improvement (QAPI) process. Having a robust and ongoing QAPI program will assist you in meeting requirements and improving processes. For more information about QAPI and resources, click HERE.

RN vs. LPN Responsibilities

You need to review, revise and/or implement policies of the process to utilize when a RN is not physically in the facility. Always keep in mind that only a RN can assess residents according to state regulations. This means that if there is a change of condition, incident, or other major change that you must have a process for appropriate assessment.

There are multiple ways to approach this:

- Having a schedule of RN on call to be available during nighttime and weekends
- Having a nurse practitioner on call
- Rely on calling the physician after you have gathered information and call whenever there is a change or fall

It is important to remember that the physician should not be allowed to tell you not to call. In addition, you must have communication with the physician, not just a fax or phone message. If the physician does not respond, contact your Medical Director.

In addition, telehealth may become an approved process for physician visits within the next few months. This new technology can also be used to assist you with this process.

Where Do We Go from Here?

As time goes on, we hope to see a decrease in the number of Immediate Jeopardy citations as systems get back into place. But remain diligent. As we move forward, we do not know what is in store from the COVID-19 variants and whether some of the enhanced infection control measures may stay in place.

WHCA/WiCAL continues to work hard to resolve many issues with the survey process. We will keep up this work and hope to bring you more news in the future.

Pat Boyer is the Director of Quality Advancement and Education for the Wisconsin Health Care Association and the Wisconsin Center for Assisted Living. She can be reached at Pat@whcawical.org.

Stakeholder Spotlight:

Karen Timberlake Takes the Helm at the Department of Health Services

By: Allison Cramer

Karen Timberlake was appointed as Secretary of the Wisconsin Department of Health Services (DHS) by Governor Tony Evers in January 2021. Secretary-Designee Timberlake returned to the Department of Health Services after ten years away from government service. Secretary-Designee Timberlake offered her perspective on questions related to Medicaid and long-term care in Wisconsin.

Q: Can you tell us more about your experience in the health care field and what you have learned in previous roles that will help you navigate Wisconsin's long-term care landscape as you lead DHS once again?

A: I think I'm a good example of the idea that a career path is no longer a straight line. My public health and health care roots go back to high school when I worked as a teen peer educator for Planned Parenthood of Wisconsin. That work planted the seed for the outreach and engagement aspects of my career, which grew after I graduated from college and took a job with Planned Parenthood as a staff lobbyist. Through that work, I realized the impact public policy can have on people's lives, and that's what led me to enroll in law school.

Following law school, I worked at the Wisconsin Department of Justice under then-Attorney General Jim Doyle. When he became governor, he asked me to serve as Secretary of the

Department of Employment Relations. I appreciated that opportunity, including the opportunity to work with our partners at the Wisconsin Department of Employee Trust Funds to make reforms to the way the state purchases health insurance for its employees and retirees. I realized I was still more interested in health and health care and health policy than anything else, so I was fortunate to have the opportunity to move over to the Department of Health Services.

As Secretary at DHS from 2008-2010, I focused on a variety of challenges including responding to flooding in more than 30 counties of the state in 2008 and the H1N1 pandemic virus response in 2009. We also navigated the impact of the Great Recession and took initial steps to implement the Affordable Care Act in 2010. I worked with DHS colleagues, advocates, providers, and managed care organizations to advance expansion of the Family Care program, launch the IRIS self-directed supports long term care program, and protect the most vulnerable members of our communities, including residents of long-term care facilities

Following my time at DHS, I had the good fortune to do some work on healthcare payment innovation and to lead the Population Health Institute at the UW School of Medicine and Public Health. I've really enjoyed learning about all aspects of the health and healthcare ecosystem, including the unique needs and challenges for people in need of long-term care services and supports.

After 10 years away from government service, I am pleased and proud to be at the helm of DHS once again and looking forward to working with you and your members.

Q: Since being named Secretary-designee this year, what have you enjoyed most about your service? What have been the biggest challenges so far?

A: I've really enjoyed getting to know and working with the DHS team, our partners, and reconnecting with staff as well as stakeholders with whom I worked during my last go-around.

Public-private collaboration is at the heart of all we do here at DHS, including our COVID-19 response. I have to say what is also working extremely well in this public health

emergency are the partnerships that make all this work possible, both in the public and private sector. We all have a stake in seeing our state through this pandemic, and we all need to continue to ask ourselves what else we can do to get the pandemic under control. Our local and tribal health departments have been our first-line, boots on the ground. These leaders and their staff deserve our support and our thanks for their ongoing response to this pandemic. In that same vein, the long-term care sector has also been on the frontlines of the pandemic since the very beginning, and I'm proud of how we are continuing to face the shared challenges of the pandemic together.

Q: A significant workforce crisis has led to 1 in 4 caregiving positions remaining vacant, a caregiver shortage that has likely been exacerbated by the COVID-19 pandemic. DHS has worked closely with WHCA/WiCAL along with other provider associations in the past to address the crisis. What are some ways the provider community and the Department can continue to work collaboratively to address this crisis?

A: First and foremost, Governor Tony Evers recognizes the critically important work done by Wisconsin's caregivers – both paid and unpaid. One of his first steps as Governor was to appoint a Governor's Task Force on Caregiving, with staff support from the team here at DHS. The Governor advanced 12 of the 16 recommendations of that task force in his proposed budget for the 2021-2023 biennium. While the legislature ultimately did not adopt the Task Force recommendations put forth in the budget, thanks to the Governor's leadership, critical investments were made in long-term care and the staff who provide direct care to our state's most vulnerable residents.

As we continue to manage through COVID-19, we will continue to update strategies and information resources to help address the staffing shortage.

These investments include:

- Over $250 million to skilled nursing facilities in increased Medicaid reimbursement rates over the biennium
- $100 million over the biennium to increase funding for the direct care workforce funding supplement
- Over $75 million to increase the hourly rates paid for personal care services over the biennium

With the passage of the American Rescue Plan Act (ARPA) has come the opportunity for Wisconsin and other states to make additional investments in Medicaid home and community-based services (HCBS). DHS submitted a plan to the Centers for Medicare and Medicaid Services (CMS) to use ARPA funds to improve and enhance Wisconsin's home and community-based services. We worked with stakeholders in the long-term care sector, including WHCA/WiCAL members, to develop our plan. Our proposed plan reflects the priorities that providers, advocates, and individuals enrolled in our programs raised throughout that process. We expect to receive approximately $350 million to support a wide array of HCBS needs, including Wisconsin's caregiving workforce, by increasing rates for home and community-based services and expanding the professional advancement opportunities for the workers who provide these services.

We know Wisconsin's direct caregiving workforce is the backbone of home and community-based services. We must better recruit, support, and retain our direct care workforce, and that means we must better understand their challenges, provide quality training, and create opportunities for career advancement. For example, we plan to develop and implement a survey to assess workforce participation, wages and benefits, turnover, existing recruitment and retention strategies, and more. Survey results will inform workforce development, quality improvement, and stability efforts.

High-quality training and technical assistance are both key to supporting our caregiving workforce. DHS also plans to implement statewide workforce training modules and grant funding opportunities for providers. Proposed modules will include specialized programs for direct caregivers and managers, and these trainings would also connect with career advancement initiatives.

Expanded opportunities for professional advancement will assist in retaining our caregiving workforce. If the plan is approved, DHS will implement a statewide professional credentialing and continuing education system. This system would recognize the expertise and tenure of individuals already in the caregiving workforce.

As we continue to manage through COVID-19, we will continue to update strategies and information resources to help address the staffing shortage.

Continued on page 20

The State of Reimbursement

2021-2023 State Budget

By: Kate Dickson

The 2021-2023 state budget includes historic increases to both skilled nursing and Family Care providers. The budget, which passed the legislature on a bipartisan vote in July, invests more than **$356 million** all funds (state and federal) in new money to skilled nursing and Family Care providers. The funding includes **$252.4 million** over the biennium for SNF Medicaid reimbursement increases and **$104.2 million** over the biennium for the Family Care Direct Care Workforce fund.

Due to extensive WHCA/WiCAL advocacy throughout the last year, these significant increases were included in the budget and are now being included in provider rates.

Medicaid

Throughout the budget process and included in Governor Evers' final veto message, the legislative and gubernatorial intent was to provide SNFs with a twelve percent rate increase. WHCA/WiCAL staff, lobbyists, and members worked diligently throughout the summer to ensure providers received the largest and most equitable increases possible.

WHCA proposed a twelve percent increase to each of the Direct Care-Nursing, Direct Care-Other and Support Services cost centers. However, the Division of Medicaid Services (DMS) interpreted language within the budget to mean that two-thirds of the available funding had to be put into the Direct Care-Nursing cost center. Another reason DMS did not want to implement this simple percent increase across the board is because it is outside of the standard methodology. There were concerns of what unintended consequences straying from the formula may cause and thus they decided to allocate the funds into the three care cost centers.

The final scenario selected will put two-thirds of the funds into Direct Care-Nursing and the remaining third into Support Services. However, due to continued WHCA advocacy, the Department will add an additional five percent into the system. This is an additional six million dollars that will help ensure providers see the greatest increases possible. Although we were pushing for a twelve percent rate increase, this scenario ensures many providers receive increases at that level and almost every facility will see more than an 8.27% increase.

There were two other important changes to the formula this year that providers need to be aware of. Beginning in January 2022, the payment system will be transitioning to a PDPM-based system rather than the current RUGs structure. This will ensure providers are paid for the acuity in their buildings in real time versus the several-months delay in CMI changes they currently face. However, this change is expected to cause swings in rates for many providers. Because of this, DHS has decided to implement a two-dollar loss limit. This means no facility will incur more than a two-dollar loss due to the transition to PDPM. At the end of the January and April quarters, the new PDPM rates will be compared to what they would have been under RUGs and any recoupment payments will be made to providers beginning in summer 2022.

DHS personnel also explained they would be altering the small bed incentives for this rate year. Currently, facilities with 50 beds or less receive a twenty percent bump in their CMI – due to the transition to PDPM, there will be a per patient day amount added to rates instead for FY22. The finalized amount will be $17.74.

Family Care

On the Family Care side of things, there are two different ways providers will see new funding for FY22. The budget includes an approved $104 million, which is all designated as part of the Direct Care Workforce Funding initiative. DHS recently announced that the first Direct Care Workforce Initiative payments of FY22 to the tune of $51.1 million will be sent out in November 2021 based on encounter data from March through June 2021.

The full payment schedule below still needs to be approved by CMS, but for now is the timeline that DHS plans to use for the 2021-23.

There is also $54.1 million that was approved by the Joint Finance Committee earlier in the summer. This funding translates into a 3.51% rate increase for providers. MCOs should be distributing contract addendums to providers and then including those increases into rates before the end of the calendar year. WHCA/WiCAL has heard from providers and other provider associations that many Family Care MCOs still have not communicated with providers about the 3.51% increase approved by DHS earlier this year. The MCOs must send out contract addendums to providers

SFY 21-23 Direct Care Workforce Allocation Timeline

Payment	Amount	Distribution to Providers	Encounter Basis
2021 Payment 2	$51.1 Million	November 21	CY 2021 March-June Data
2021 Payment 3	$76.7 Million	June 22	CY 2021 July-December Data
CY 2021 Redistribution	Remaining 2021 Funding		CY 2022 January-June Data
2022 Payment 1	$59.7 Million	December 22	CY July-December Data
2022 Payment 2	$59.7 Million	June 23	CY 2022 July-December Data
CY 2022 Redistribution	Remaining 2022 Funding		
	TOTAL: $247.4 Million		

they do business with which must in turn be signed and returned before the funds can be issued. WHCA/WiCAL would like to know whether assisted living providers have received these addendums and additionally, if they have then received the increased rates.

We have also heard from a few providers that MCOs are sending updated contracts with rate cuts. We want to hear about these occurrences as well to better communicate our concerns with DHS. Please click HERE to complete this brief survey to help us gather this important information

This year's budget process and subsequent Methods process required considerable advocacy and effort on the part of WHCA/WiCAL staff, but these crucial increases would not have happened without the hard work and dedication shown by our members. From Legislative Day advocacy to letters, emails, endless meetings, and calls, SNF and Family Care providers across the state effectively conveyed the vulnerable financial positions they are in and the endless work they continue to do during these unprecedented times.

Kate Dickson is the Director of Reimbursement Policy for the Wisconsin Health Care Association and the Wisconsin Center for Assisted Living. She can be reached at Kate@whcawical.org.

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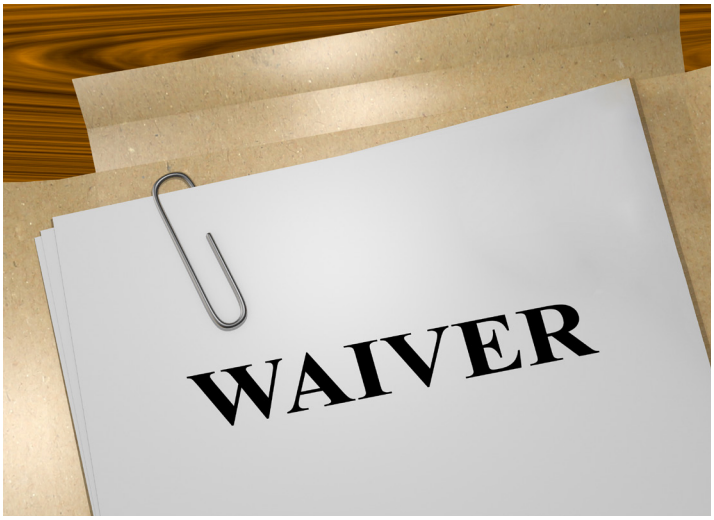
Begin Planning Now for 1135 Waiver-Related Nurse Aide Changes

While the Future of Wisconsin's Emergency and Temporary Nurse Aide Programs is Not Certain, Take Steps Today to Ensure a Smoother Transition

By: Jim Stoa

The COVID-19 pandemic has been fraught with challenges to the long-term care provider community, and providers have nobly taken extraordinary steps to protect their residents and staff by implementing enhanced infection control protocol and adhering to COVID-19 guidance and directives from federal, state, and local regulators.



One of the prevailing challenges facing long-term care providers for many years has been an ongoing caregiver workforce crisis. The most significant contributing factor to the workforce crisis has been providers' inability to offer more competitive wages due to an insufficient Medicaid reimbursement system. Significant investments included in the 2021-23 state budget address long-term care workforce and other operational challenges. The investment includes more than $356 million all funds (state and federal) in new money to skilled nursing and Family Care providers. This breaks down to $252.4 million over the biennium for SNF Medicaid reimbursement increases and $104.2 million over the biennium for the Family Care Direct Care Workforce fund.

As we look to the future of the regulatory framework for long-term care, one thing WHCA/WiCAL believes is clear is that the COVID-19 pandemic has shined a light on opportunities for a more streamlined and practical approach to nurse aide training. What has become evident through 1135 waiver nurse aide training flexibilities granted by the Centers for Medicare and Medicaid Services (CMS) and implemented by the Wisconsin Department of Health Services (DHS) is that our profession – from providers to regulators – must reevaluate the current framework for nurse aide training and incorporate lessons learned from the pandemic to allow more opportunities for on-the-job training and to gain valuable real-world experience.

WHCA/WiCAL has heard positive feedback from providers of both the Temporary and Emergency Nurse Aide programs in Wisconsin, two tracks which allow caregivers to serve in the capacity of nurse aide after receiving initial core training, followed by additional on-the-job training, and an opportunity for testing and inclusion on the Wisconsin nurse aide registry for Emergency Nurse Aides after completing additional on-the-job training.

WHCA/WiCAL continues a dialogue with stakeholders and with AHCA/NCAL to pursue permanent flexibilities to allow such programs – or at least some iteration of them – to continue, based on their unmistakable success in helping providers meet staffing needs and continue providing quality care to long-term care residents. AHCA/NCAL has already begun discussions with members of Congress and with the administration to explore ways in which to capitalize on the successes of these waiver programs on a more permanent basis.

For now, it is important to understand the timeline for these 1135 waiver-based programs here in Wisconsin and at the federal level.

A Brief History of the Emergency and Temporary Nurse Aide Programs in Wisconsin

In January 2020, then-Secretary of the Department of Health and Human Services (HHS) Alex Azar determined that a Public Health Emergency (PHE) existed related to the spread of COVID-19. That step was important because it gave CMS the ability under

S. 1135 of the Social Security Act to issue regulatory waivers to create flexibilities to address the PHE. In late March 2020, CMS issued several waivers for health care providers, including long-term care providers, some of which allowed for a more streamlined approach to nurse aide training. Working with providers, DHS moved swiftly to implement those waivers on the state level, and through several different forms, was able to maintain those waivers through May 6, 2021. Due to state statute, at that time, DHS had to discontinue blanket statewide variances and instead has implemented a streamlined individual waiver process.

Note: if your facility has not yet secured a waiver to implement an Emergency Nurse Aide program or to maintain Temporary Nurse Aides for a period of more than 120 days, and you are interested in learning more, please contact Jstoa@whcawical.org for more information. Additional information on both the Emergency and Temporary Nurse Aide programs is available HERE.

Facilities under a two-year NATCEP prohibition are not eligible to participate in the Emergency Nurse Aide program, although those facilities can employ Temporary Nurse Aides.

Preparing for the Future

The termination date of the federal PHE and/or the 1135 waivers is not yet determined – but DHS officials and AHCA/NCAL staff expect the nurse aide training flexibilities to remain available at the federal level at least through the end of calendar year 2021.

In January 2021, the acting HHS Secretary signaled the new administration's intent to foster "predictability and stability," by stating it would likely renew the PHE determination through the entirety of 2021. The letter further states that when a decision is made to terminate the declaration or let it expire, HHS will provide states with 60 days' notice prior to termination. AHCA continues to advocate that CMS give sufficient notice and lead time before it ends any of the existing 1135 waivers and if it decides to do so before the end of the PHE. We haven't heard any indications of CMS ending the nurse aide waiver and have asked for CMS to maintain it at least through the end of the PHE (and ideally with a further grace period due to training and testing backlogs.)

DHS has indicated it will maintain the programs throughout the duration of the 1135 waivers.

To err on the side of caution, WHCA/WiCAL encourages providers to take proactive steps in the near future to ensure a smooth transition if the waivers do end at the end of this year - although we are already advocating that, due to an ongoing public health emergency due to the rise of the Delta variant and now the emergence of the Omicron variant, the 1135 waivers should remain in place beyond the end of this year.

For Emergency Nurse Aides, once the waivers are ended, the clock will start on nurse aide candidates who have completed their training to pass the nurse aide competency exam within 120 days. The termination date of the 1135 waivers will be day zero; for example, if the last day of the waivers is on December 31, then January 1 is day one of the 120-day requirement. Now is the most prudent time to begin Emergency Nurse Aides on the path to inclusion on the registry – because once the waivers are rescinded, the emergency training programs – which allow for a hybrid training program including on-the-job training, will no longer be an option. Trainees would thus have to complete a traditional, permanent training program instead of the more flexible Emergency Nurse Aide program.

The latest DHS data show that nearly 10,000 students have enrolled in or completed nurse aide training through the Emergency Nurse Aide training program.

Temporary Nurse Aides will need to cease working in their roles as nurse aides immediately upon termination of the 1135 waivers/PHE. Now is the time to discuss with Temporary Nurse Aides the opportunity to become an Emergency Nurse Aide, and to pursue an Emergency Nurse Aide program if your facility does not already have one in place. In fact, anecdotal evidence demonstrates that some Temporary Nurse Aides may not understand that they are not currently on a track to earn nurse aide certification – so it is important to have conversations about their goals now before the Emergency Nurse Aide programs end.

Having these conversations with your clinical leadership team and with Emergency and Temporary Nurse Aides now is important, and we strongly encourage candidates to test as soon as possible so they are not caught in a surge of people trying to test as the 120-day deadline approaches.

Continued on page 27

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From explaining how to start a childcare program to accessing the Wisconsin Emergency Assistance Volunteer Registry (WEAVR) to obtain qualified staff, we are focused on providing information that will help with recruitment and retention. DHS is currently exploring creating an electronic waiver process so CNAs can remain on the Nurse Aide Registry, as well as working with a vendor to streamline the electronic application process for out of state CNA reciprocity requests.

In addition to these efforts specifically designed to address shortages in the long-term care sector, Governor Evers and my colleagues in the Department of Workforce Development and the Wisconsin Economic Development Corporation are committed to addressing our state's workforce challenges more broadly. This includes the Governor's recent commitment of $130 million in federal Rescue Plan funds to develop local, long-term solutions, subsidize employment and training opportunities, and provide career coaches for individuals reengaging in the workforce post-pandemic.

Q: The State Budget signed into law by Governor Evers included substantial increases for both skilled nursing and Family Care providers. WHCA/WiCAL and our provider members are grateful for this critical investment in long-term care. How do you expect the finalized budget to affect Wisconsin's long-term care providers?

A: Governor Evers' budget initiatives will help to ensure fiscal stability of the long-term care system. These investments will help to stabilize the long-term care workforce, assist with the recovery from COVID, and ensure people can get the services they need.

Q: The State Budget's historic funding increases for SNF Medicaid and the Family Care Direct Care Workforce fund are critically needed to address long-term, systemic funding shortfalls for long-term care providers. What role do you see for ARPA relief funds to ensure LTC providers in need of immediate emergency funds can afford increased costs associated with COVID-19 while they await the implementation of budget funding?

A: Wisconsin has achieved entitlement statewide for Medicaid home and community-based services. This is a significant accomplishment. However, being eligible for these services is not meaningful if there is not a strong and robust provider network and enough direct care workers to provide the services people need and maintain a strong care continuum.

All of us as employers are experiencing the effects of this harsh reality: for every *three* retiring baby boomers today, there is *one* Gen Z worker to take their place. These challenges pre-dated the pandemic, and unfortunately, they will continue after it fades into our memories.

With that said, those involved on the front lines of long-term care have without a doubt been particularly stressed and challenged throughout the COVID-19 pandemic, making the staffing crisis that much more acute.

The ARPA proposal DHS submitted to CMS works to inject this one-time funding into reforms which will help address these long-standing challenges.

The proposal calls for:

1. Increasing rates for all home and community-based services by 5% in 2022, which would address the immediate need for increased funding across all service areas. Stakeholders identified additional resources for providers as critical for sustaining the system now and into the future.
2. Reinvesting a portion of the funds via a contract with an actuarial firm to develop a rate schedule for Medicaid long-term care providers along with subsequent one-time funding over the two-year period that would allow us to smooth the implementation of the new provider rate schedule.
3. Funding initial implementation of a direct care service career ladder rate structure, in the form of tiered payment rates for personal care and supportive home care workers.

Q: How can long-term care providers continue to position themselves to ensure support in future State Budgets?

A: We encourage Wisconsin providers to support Medicaid expansion in future budgets. If the Wisconsin legislature had adopted the Governor's recommendation, Wisconsin would have joined 38 other states that are moving ahead with Medicaid expansion and there would be more than $1B in new federal revenue to be invested in Wisconsin's healthcare infrastructure, including its long-term care system. In the absence of these additional resources, we are making the best of the options available to us.

The plan we submitted to CMS for ARPA funds included many proposals that were stripped from the 2021-2023 budget and can serve as a blueprint for what to include and advocate for moving forward in the budget process.

At the same time, ARPA is one-time funding. So, it will be important for long-term care providers to champion reforms that work and build support for long-term changes that can only be accomplished through the budget process.

Q: DHS has been a true collaborative partner to long-term care providers as we all have worked to overcome challenges associated with COVID-19. How do you think DHS's relationship with providers will evolve in the future based on new insights and partnerships developed during the COVID-19 pandemic?

A: We have all worked together in unprecedented ways as we have jointly navigated the challenges of COVID-19, and we are committed to continuing to work in partnership to ensure residents in long-term care settings are safe and providers can access the services and supports they need to deliver that safe care.

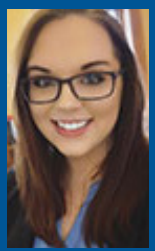
Because of the nature of the virus, and its ability to spread so quickly, early in the pandemic we established a Rapid Assistance and Support Team, or "RAST," which responds to outbreaks of COVID-19 in nursing homes or assisted living facilities. RAST provides technical support and assistance by remote (technology-based) access, which allows facilities to continue to focus their efforts on resident care and safety. The RAST determines if the facility needs any immediate resources, PPE, handwashing and sanitation supplies, or lab services. The team also provides information to facility staff regarding infection prevention and control, resident safety, how to use facility space, and visitor and staffing concerns.

All of us as employers are experiencing the effects of this harsh reality: for every three retiring baby boomers today, there is one Gen Z worker to take their place.

We will continue our continuous communication with stakeholders. Forums for nursing homes and assisted living providers increased engagement by opening avenues for problem solving and real-time information sharing, from inspection statistics to COVID-19 to other areas of interest. That's something we will continue to do, adjusting our focus to issues that are top of mind for your members and your industry peers.

Q: The COVID-19 pandemic, which required an all-hands-on-deck, cooperative effort, offers many lessons on the need to re-evaluate the survey and enforcement structure in Wisconsin and across the country. From the long-term care sector's perspective, we believe it is time to reexamine the survey, certification, and enforcement process to ensure it is effective in meeting and advancing our shared goals of ensuring quality care in a home-like environment. WHCA/WiCAL has heard from many providers who feel the process has become focused on punitive measures. How can providers best work with state regulators to explore both immediate and longer-range solutions to ensure the focus of survey and enforcement is advancing our shared goal of maintaining and enhancing the quality of care and ready access to care that Wisconsin's most vulnerable residents need and deserve?

A: Our top priority is to ensure the health and safety of the people who rely on our long-term care system. Our regulatory framework, including the survey process and enforcement remedies for skilled nursing facilities, is directed by CMS. DHS has little ability to make changes independent of the federal government, although we do work with CMS representatives on a regular basis to encourage a thoughtful approach to regulation that focuses on good outcomes for residents and access to quality care for all of Wisconsin's vulnerable residents. DHS welcomes discussion with providers in the long-term care sector about ways to strengthen this framework to enhance resident health, safety, and well-being. ◈



Allison Cramer is the Director of Communications for the Wisconsin Health Care Association and the Wisconsin Center for Assisted Living. She can be reached at Allison@whcawical.org.

How a Security Banner

Could Save You Millions

By: Stacey Yoakum

While the long-term care sector has been battling staffing shortages, low census numbers, and the clinically complex challenges of COVID-19, healthcare has reported more data breaches than any other sector in 2021. You might be left asking, what makes healthcare data so valuable?

Medical records are worth between 10-40 times more than your credit card if sold on the black market. In addition, a credit card can be canceled if stolen, and your social security number cannot, which allows cyber criminals to open credit cards and loans, file false tax returns, purchase prescriptions, and make false medical claims.

Let's start with the easiest yet very effective way to protect yourself against phishing attacks which could cost you millions of dollars in fines.

Phishing is one delivery mechanism for ransomware and other malware. Some examples of common phishing attacks include:

- **Malware** infects a machine by tricking users into clicking on a nefarious attachment included in a phishing scam. An analysis of more than 55 million emails reveals that 1 in every 99 emails is a phishing attack, and the ability to recognize the real from the fake is becoming increasingly difficult.
- **Spear Phishing** is a targeted phishing email attack aimed at a specific user that relies on data previously collected about the user. Once they have gathered information, criminals send urgent emails to entice recipients to act immediately on their requests.
- **Whaling** is a type of spear-phishing attack that is more focused on high-profile targets. This tactic uses the target's name and asks the recipient to transfer funds, purchase gift cards, manipulate payroll, and even install applications on their computer. The banner in the box below, or a similar message, alerts your organization's users that the email is an imposter and to not act on any requests in the email.
- **Link Manipulation** leads users to an infected website, and then malware is downloaded and installed without the user's knowledge. The link might also lead users to a malicious website and trick users into providing sensitive information such as their password, date of birth, social security number, and/or financial and personal information.

If you fall for one of these phishing attacks, consider installing anti-malware on your computer or device.

In 2020 alone, Think Anew prevented millions of attempted network breaches, blocked millions in spam and malicious emails, and hundreds of thousands in phishing attacks.

Ensure you have the message below, or a similar banner note, included in any email received from an external sender.

> This email was sent from someone outside of your organization. Use caution when following links or downloading attachments as they could open malicious files.

What is Ransomware and How Does it Work?

Ransomware (i.e., ransom malware) is a form of malware designed for the sole purpose of extorting money from its victims. In healthcare, ransomware is considered a data breach for reporting purposes.

Ransomware can lock computers and encrypt data and essential system files on infected computers and other

Data Breaches by the Numbers:

- **Confirmed data breaches in the healthcare sector increased by 58% this year (Verizon)**
- **The global average cost of a data breach is $3.86 million (IBM)**
- **The average cost of a healthcare breach is $9.42 million (HIPAA Journal)**
- **The healthcare sector spends the most time in the data breach lifecycle at 329 days (IBM).**
- **A breach lifecycle less than 200 days costs $1 million less than a lifecycle more than 200 days (IBM).**
- **23% of data breaches are the result of human error (IBM).**

connected devices. Cyber criminals will then extort you for money to recover your files, affecting access to your medical records and email, among other business-critical applications.

So, how can you best protect yourself from ransomware? It is critical that you work with your IT partner on an educational phishing campaign promoting cyber security awareness.

Ensure Your Educational Phishing Campaign Covers the Following Safe Computing Tips:

- Never click on unsafe links. Train users on the types of phishing attacks and the consequences of malware and ransomware. Always avoid clicking on links in spam messages or on unknown websites.
- Do not open suspicious email attachments. Avoid opening any dubious-looking attachments. To ensure the email is trustworthy, pay close attention to the sender and check that the address is correct. Never open attachments that prompt you to "install" to view them.
- Avoid disclosing personal information. Never reply if you receive a call, text message, or email from an untrusted source requesting personal information; that is a spear attack. If there is any doubt about the legitimacy of the email, contact the sender directly.

Use a Security Banner

- Have your IT provider include a security banner on all external senders' emails. Whaling is on the rise. You must train users that regardless of the name in the "From" field, if the email appears to come from someone from within the organization but the banner is present, it is a phishing scam. They should immediately delete and report it to their security officer.

Never Use Unknown USB Storage Devices

- Never connect a USB or other storage media to your computer if you do not know where it originated. Cyber criminals may have infected the storage medium with malware or ransomware, then placed it in a public setting to entice someone to use it. Research consistently shows that close to 50% of devices within controlled tests have been accessed to view the content.

Keep Your Network Safe From Connected Devices and Programs.

- Keep systems up to date. You must regularly update programs, operating systems and apply security patches to help protect you from malware. Keeping your systems up to date makes it harder for cyber criminals to exploit vulnerabilities in your programs.
- Keep tablets protected. A quick search of Google will show you that you can find plenty of archived application templates to secure a COVID-19 telehealth device, but virtually no information on the requirements to keep these devices HIPAA compliant. There has been $200 million awarded for these COVID-19 devices. At an average of $1,000 per device, that means approximately 2 million additional devices are floating around our communities with the potential of having inadequate mobile device management installed.
- Ensure all mobile devices have the proper mobile device management software installed.

Continued on page 28

OSHA Issues Emergency Temporary Standard:

Important Steps to Ensure Compliance

By: Brian Purtell

On June 10, 2021, the Occupational Safety and Health Administration (OSHA) issued an emergency temporary standard (ETS) for occupational exposure to COVID-19 that requires certain health care employers to help protect their workers in settings where suspected or confirmed COVID-19 patients are treated. While many question OSHA's late entry into the COVID-19 arena and raise concerns regarding overlapping and contradictory expectations to existing Center for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) requirements, long-term care providers should take steps toward compliance with the ETS provisions given the potential for enforcement actions.

OSHA indicates it "is willing to use its enforcement discretion in situations where an employer can show it has made good faith efforts to comply with the requirements of the standard, but has been unable to do so." This should not be interpreted as a lack of intent to enforce, rather providers should be able to demonstrate their efforts toward compliance. The most important first step is development and implementation of the required "COVID-19 Plan."

The ETS requires covered health care employers to develop and implement a COVID-19 plan to identify and control COVID-19 hazards in the workplace. The standard also requires employers to provide reasonable time and paid leave for employee vaccinations and any side effects. Many of the requirements of the standard are things facilities already have in place, but an understanding of the ETS will better prepare providers to be able to show their compliance efforts.

While a comment period was announced and extended, the ETS, which was released as an interim final rule, was effective immediately upon publication in the Federal Register. Employers were to comply with most provisions within 14 days of publication and with the remaining provisions within 30 days.

Key Requirements of the ETS COVID-19 Plan

Employers must develop and implement a COVID-19 plan, which must be written if the employer has more than 10 employees. At least one individual who is knowledgeable in infection control shall be identified as the individual to implement and monitor the plan. The plan is to include a workplace-specific hazard assessment intended to identify potential workplace specific hazards related to COVID-19. It is expected that the employer seeks input and involvement of employees (non-management) in the assessment, development, and implementation of the COVID-19 plan. If there are multiple employers in the worksite, such as contracted housekeeping, laundry, or dietary, each employer is expected to communicate its COVID-19 plan to the other.

OSHA has provided templates and worksheets (linked above) that should provide facilities with significant base from which to work.

Patient Screening and Management

While already a standard practice in facilities, the ETS reinforces the expectation to limit and monitor points of entry where direct patient care is

provided. Continuing to screen staff, residents, delivery personnel, and other visitors and nonemployees entering the facility is the concurrent expectation of the ETS.

Standard and Transmission-based Precautions

The ETS requires providers to develop and implement policies and procedures to adhere to standard and transmission-based precautions in accordance with CDC guidelines.

Personal Protective Equipment (PPE)

The ETS requires providers to:

- Provide and ensure employees wear facemasks when indoors and when occupying a vehicle with another person for work purposes. Ensure facemasks are worn over the nose and mouth.
- Provide and ensure employees wear respirators and other PPE for exposure to people with suspected or confirmed COVID-19 and for aerosol-generating procedures on a person with suspected or confirmed COVID-19.
- Provide respirators and other PPE in accordance with CDC's standard and transmission-based precautions.
- Allow voluntary use of respirators instead of facemasks.

Aerosol-generating Procedures on Persons with Suspected or Confirmed COVID-19

Consistent with CDC guidelines for aerosol-generating procedures on persons with suspected or confirmed COVID-19, providers are to limit employees present to only those who are essential, utilize respiratory protection, and clean/disinfect surfaces and equipment. While likely not an option, such procedures are recommended to be performed in an airborne infection isolation room (AIIR), if available.

Physical Distancing

The ETS requires providers to keep employees at least 6 feet apart from all other people when indoors except when impossible, such as when delivering medical care. While often not practicable in LTC setting, employers should continue to encourage staff to maintain distance whenever practicable.

Physical Barriers

At each fixed work location outside of direct patient care areas where each employee is not separated from all other people by at least 6 feet of distance, the employer is expected to install cleanable or disposable solid barriers, except where the employer can demonstrate it is not feasible. Your risk assessment should identify if there are non-patient areas where staff cannot maintain distance and you might be able to install such barriers.

Cleaning and Disinfection

Employers are to follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC guidelines in patient care areas, resident rooms, and for medical devices and equipment. In all other areas, clean high-touch surfaces and equipment at least once a day.

Ventilation

Employers who own or control buildings or structures with existing heating, ventilation, and air conditioning (HVAC) systems must ensure that:

- The HVAC systems are used in accordance with the HVAC manufacturer's instructions and design specifications of the systems;
- To the extent appropriate, the amount of outside air circulated through its HVAC systems and the number of air changes per hour are maximized;
- All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC systems. If MERV-13 or higher filters are not compatible, employers must use the highest compatible filtering efficiency for the HVAC systems;
- All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC systems; and
- All intake ports that provide outside air to the HVAC systems are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system.

OSHA clarifies that this section does not require installation of new HVAC systems or AIIRs to replace or augment functioning systems.

Health Screening and Medical Management

Employers are required to:

- Screen employees before each workday and shift, such as by asking them to self-monitor. Note: the "per shift" expectation may differ from facilities' current practices for staff that work more than one shift per day;
- Provide testing, when employer-required, at no cost to the employee;
- Require each employee to promptly notify the employer when the employee is COVID-19 positive, suspected of having COVID-19, or experiencing certain symptoms;
- Notify, within 24 hours, certain employees if a person who

Continued on page 32

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Other Opportunities

Along with working to ensure a smooth transition for current Emergency/Temporary Nurse Aides, now is also a good time to discuss opportunities for permanent nurse aide training programs. Through a 2020 COVID-related bill signed into law in Wisconsin, traditional nurse aide training programs are no longer required to have 120 hours of training. Programs must meet the federal standard of 75 hours of training. DHS has been reviewing and approving permanent programs with fewer than 120 hours since October 2020 and have already approved 48 current programs for reduction below the previous 120-hour standard and approved 2 new programs at reduced hours.

Especially for providers along Wisconsin's borders, now that Wisconsin has aligned its nurse aide training standard with the 75-hour training standard, more opportunities exist for nurse aide reciprocity from other states. Information regarding out-of-state reciprocity may be found on DHS's Nurse Aide Training Program website, available HERE. Reciprocity opportunities depend on whether the aide is active on their state's registry.

Additional information regarding out of state reciprocity is also included in the Wisconsin Nursing Assistant Candidate Handbook.

To stay up-to-date on new developments with the Emergency/Temporary Nurse Aide programs, be sure to sign up for DHS's GovD email alerts HERE (scroll down to the Partner Communications heading, and select Nurse Aide Training and Testing).

WHCA/WiCAL looks forward to working with members, regulators, and AHCA/NCAL to seek permanent solutions to workforce challenges based on lessons learned during the pandemic. However, it is important that providers not be caught off guard if and when 1135 waiver-related nurse aide programs are terminated. We hope you find the above information helpful as you look to make staffing decisions. ◈

Jim Stoa is the Director of Government Relations and Regulatory Affairs for the Wisconsin Health Care Association and the Wisconsin Center for Assisted Living. He can be reached at Jstoa@whcawical.org.

- Educate remote workers. Remote work during COVID-19 increased the average cost of a data breach in the United States by $137,000. Therefore, it is crucial that you work with your IT provider and create a solid Computer Usage Agreement to educate your users on the requirements of working from home. For example, make sure the audio and video conferencing tools your employees are using are HIPAA compliant.

Make sure you are properly backing up your data.

- If all other defenses fail, a resilient backup plan of all critical business applications is your best defense against ransomware. Backups should be replicated over different geographic locations, require PIN authentication, and utilize notification alerts whenever suspiciou activity occurs.

Use a network monitoring tool.

- If you are using a proper network monitoring tool, you'll know the instant a hacker tries to break into your system and thus be able to prevent it. Unfortunately, not all monitoring tools are automated, so you need to utilize additional tactics. Phishing simulations allow you to create fake phishing attacks to monitor employee knowledge and identify who is at risk for a cyber-attack.

Education is Key!

Train often and make sure you educate users on current threats, using real-life examples when possible, to make the emails relatable. Use a security banner and train how to identify whaling emails. Keep your systems up to date, and work with your IT partner to ensure they use cloud-based backups that are replicated and secure.

Should you need assistance with an IT risk audit, reach out to us at info@thinkanew.com, and we will happily assist! We're there when you need I.T.®

Stacey Yoakum is the Vice President for Think Anew, a leader in technology solutions for long-term care and senior living providers. She can be reached at Syoakum@thinkanew.com.

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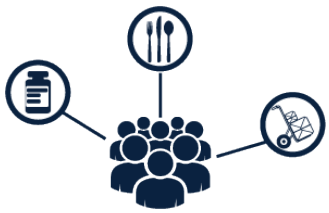

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What is WisCaregiver Careers?

WHCA Addresses CNA Shortage through Workforce Development Program

By: Kate Battiato

WisCaregiver Careers is a workforce development program administered by the Wisconsin Health Care Association (WHCA) in partnership with the Wisconsin Department of Health Services (DHS) and Leading Age Wisconsin. The program is designed to address the shortage of Certified Nursing Assistants (CNA) in Wisconsin nursing homes by providing free training, free certification testing and $500 bonuses.

The program is funded through grants from the Wisconsin Department of Workforce Development's (DWD) Wisconsin Fast Forward program and the Center for Medicare and Medicaid Services' (CMS) Civil Money Penalty (CMP) Reinvestment Program.

WHCA functions as a hub between the various program participants. Program stakeholders include:

1. Program participants (WisCaregivers)
2. FoodShare Education and Training Agencies (FSET Agencies)
3. CNA training programs (WisCaregiver Training Consortium)
4. Nursing Home Employers (WisCaregiver Employer Consortium)

WisCaregivers enter the program through participating employers or through FoodShare Employment and Training (FSET) agencies. FSET agencies provide program information to their interested clients, conduct preliminary screenings, and provide case management to support WisCaregivers through training, testing,

WisCaregiver Careers
WisCaregiver.com

and up to 90 days of post-employment job retention services. FSET refers qualified candidates to participating employers for hiring consideration and participating employers refer new hires and incumbent workers to FSET for eligibility screening and supportive services, where applicable. One of the cornerstone goals of WisCaregiver Careers is to create lasting supportive relationships between employers and FSET to facilitate long-term employment referral pipelines for CNAs and other roles needed in Wisconsin nursing homes.

As part of its program administration, WHCA organizes the WisCaregiver Training Consortium, which is a network of training providers across the state who have agreed to provide training at a flat rate of $655 per student. Many of the participating training providers are nursing homes with in-house CNA training programs. The program also has an emphasis on assisting nursing homes in becoming in-house CNA training providers.

WHCA also organizes the WisCaregiver Employer Consortium, which is a network of nursing homes who agree to hire WisCaregivers, provide $500 sign-on or retention bonuses, and track employment data. Employers are encouraged to upskill their existing employees by offering training and testing reimbursement for incumbent workers.

Though CNAs work in a variety of settings, WisCaregiver Careers is currently only available to nursing home employers due to CMP grant funding restrictions. In the future, we hope to expand to other CNA employers, particularly assisted living providers. The program also seeks to expand to create employer driven career ladders up from CNA to Medication Aide, LPN, RN and nursing home administration to facilitate worker retention in the field of long-term care. ◈

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has been in the workplace is COVID-19 positive;

- Follow requirements to remove employees who have suspected or confirmed COVID-19, certain COVID-19 symptoms, or have had close contact to a person who is COVID-19 positive in the workplace; and
- Continue to pay employees removed from the workplace in most circumstances, referred in the ETS as Medical Removal Benefits (MRB).

The above notification and pay expectations are two of the more contentious issues within the ETS. Notification specifics have been clarified via the OSHA FAQ and will likely be further updated. Current internal notification processes should generally meet the expectations; however, familiarity with the interpretations is encouraged. Note, employee name and personal information is not expected to be shared as part of the notification process; however, it is difficult to reconcile this limitation with contract tracing efforts.

Continuation of pay if an employee has been medically removed from work has specific rules as to employer size, with larger employers (>500 employees) having greater pay continuation expectations. Notable is the narrower clinical conditions that qualify an employee for MRB, if they do not test positive. Facilities may, under CDC and CMS expectation, preclude an employee from work; however, they may not qualify for MRB. No distinctions are made between vaccinated or unvaccinated staff, nor does there have to have been a potential workplace exposure for an employer to be obligated to provide MRB. Given the size specific differences, facilities should review the ETS and the FAQs in the development of their facility specific MRB policies.

Vaccination

Regulated employers must provide reasonable time and paid leave for vaccinations and vaccine side effects.

Training

Employers must ensure each employee receives training in a language and at a literacy level the employee understands so that that the employee comprehends disease transmission, tasks and situations in the workplace that could result in COVID-19 infection.

Anti-Retaliation

Employers are expected to Inform employees of their rights to the protections required by the ETS and they cannot not discharge or discriminate against employees for exercising these rights or for engaging in actions required by the standard.

Recordkeeping

For employers with more than 10 employees, they must establish a COVID-19 log of all employee cases of COVID-19 without regard to occupational exposure and follow requirements to make records available to employees.

Reporting of COVID-19 fatalities and hospitalizations. Employers must report to OSHA each work-related COVID-19 fatality within eight hours of learning of the fatality and each work-related COVID-19 in-patient hospitalization within 24 hours.

With all that is on providers' plates during these trying times, the added expectations of the OSHA ETS are certainly challenging. Keep in mind however that while the regulations, standards, and guidances that providers have been following are primarily focused on patient/resident protection, OSHA's oversight responsibilities are related to workforce protection. That most providers already have most systems and processes in place already to protect their residents, the majority of these also serve to protect your valuable employees, making adherence to the ETS more manageable.

With significant volume of comments having been submitted to OSHA during the comment period, changes or clarification may be developed. Providers are encouraged to monitor for future developments in furtherance of compliance efforts. ◈

WHCA/WiCAL and AHCA/NCAL submitted public comments on behalf of providers. Read WHCA/WiCAL's public comment HERE and AHCA/NCAL's joint public comment HERE.

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How Pandemics Impact Mental Health:

Strategies and Resources for Coping

By: Chelsie Luhring

The long-term care community has endured great challenges caused by the COVID-19 pandemic. The mental and emotional burdens placed on health care workers are becoming more evident as the pandemic continues. Based on a new study, it is estimated that 10% of frontline medical workers are at risk for developing post-traumatic stress disorder (PTSD) from the strains of this worldwide crisis.

Research has shown past epidemics, such as Severe Acute Respiratory Syndrome (SARS) and Ebola, and pandemics, like the H1N1 flu, can negatively affect health care workers, creating psychological issues both short- and long-term. While stress and anxiety are most reported in these instances, other studies have shown insomnia, burnout, and PTSD presented in medical workers for up to three years after disease outbreaks. With the COVID-19 pandemic, it is clear long-term care communities need to be prepared to respond to both current and future mental health impacts to team members.

Trauma

Trauma is defined as an event, series of events, or set of circumstances that an individual experiences as physically or emotionally harmful or life threatening and that has lasting adverse effects on the person's functioning and mental, physical, social, emotional, or spiritual well-being. It is not news that exposure to disturbing situations and material on the job can create trauma. In fact, it is often correlated with time spent in emergency medical services as well as work in law enforcement, military, and mental health professions. But how does the COVID-19 pandemic create trauma for long-term care staff?

Walton et al. (2020) found that job stressors like a heavier workload, fear of infection, constant use of personal protective equipment, and changing protocols were all factors in how a healthcare worker would develop PTSD from this pandemic. Further, trauma is individual. So, while one worker may develop trauma from the pandemic (with or without the diagnosis of PTSD), others may experience burnout, and some may have little change to their mental health status. These variances generate the need for a nuanced support network.

Burnout

Pandemic or not, one common experience health care workers face is burnout. Burnout is a kind of work-related stress where the individual is in a state of physical or emotional exhaustion, and they undergo a sense of reduced accomplishment and loss of personal identity. The person does not have to go through trauma to experience burnout. However, it is possible for both burnout and trauma to exist. With the rise in responsibilities placed on frontline workers, burnout is undoubtedly a factor in the dynamics and overall mental wellness of long-term care teams.

Burnout Shows Up As:

- Cynicism
- Being overly critical of your work
- Dreading work or having a hard time starting it
- Irritability with co-workers and residents
- Lacking energy to complete tasks
- Having a hard time concentrating
- Not feeling satisfied in your role
- Sleeping too little or too much
- Using food, drugs, or alcohol to cope
- Experiencing somatic symptoms like headaches, stomach aches, or nausea

For staff with existing physical and mental health conditions or trauma caused by the pandemic, their symptoms may be exacerbated by burnout.

PTSD

Trauma is at the heart of PTSD. For workers who have been struggling with flashbacks to distressing events that occurred during the pandemic or psychological reactions to environmental triggers and negative feelings and moods (e.g., fear, anger, guilt, or shame), PTSD may be at play. The disorder disrupts not only the work lives of these individuals, but every aspect, including the family and social spheres. Oftentimes people with PTSD are in a state of hypervigilance, constantly scanning their environment for anything that resembles a threat or that is a reminder of the trauma. It is pertinent anyone experiencing these symptoms reach out to a mental health professional for an assessment and treatment.

Resources and Healthy Coping

Everyone has been impacted by the COVID-19 pandemic. Prolonged isolation from lockdowns, financial and job losses, grieving the death of loved ones, fear of infection, work-related demands and more have all caused uncertainty in people's lives. For long-term care teams, many individuals have experienced trauma that have impacted their mental wellness. Any hurting health care worker cannot effectively care for their residents. This is where resourcing and healthy coping mechanisms come into play.

Encouraging employees to use their employee assistance program (EAP) is a great source of support for many. It helps staff access free, confidential, and professional services and is a giant first step for some in acknowledging that they have mental and emotional needs that are not being fulfilled. Referrals can also be made to mental health providers if further support is needed. Beyond EAPs, there are many free mental health and wellness services tailored to health care workers –in person, online and through phone apps – that can be utilized.

Health care workers will also feel more supported in their facilities when they see their leaders encouraging mental wellbeing. This can be demonstrated through communicating available workplace and area mental health resources, advocating for more supervision, taking allowed breaks, and supporting co-workers in discussing how they have been affected by the pandemic.

Free Trauma Microlearning

To address the mental health needs of long-term care teams, VGM Education/CE Solutions offers the complimentary online microlearning course, ALL134: "Trauma and the Mental Health Effects of a Pandemic." Featured are a comparison of trauma types, PTSD symptomology, and free mental health resources. The course also helps health care workers pause, reflect on their pandemic experiences, and check in with their mental and emotional states.

To take this training, current CE Solutions customers need to log in to their Saba learning management system and search for the course code (ALL134) in the learning catalog.

For those without a CE Solutions account, you can access the free learning by clicking HERE and clicking on the gray "Sign Up" button. From here, fill out a short form and include in the designated text box the security keyword, ceslearning21. After completing the form, click the blue "Sign Up" button.

For any questions, contact Deb Martin at (855) 874-6930 or Debm@discovercesolutions.com. ◈

Chelsie Luhring is the content development specialist for VGM Education, focusing on generating new, thought-provoking, and impactful courses for customers.

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