

# FUND THE FRONT LINES: How to Spend Some of the COVID-19 Funding for Skilled Nursing Centers

**\$375 Million in critical funding to continue the fight against COVID-19**

## **Workforce Retention/Recruitment - \$125 million**

- **\$50m for Recruitment and Retention**- Provide funds to facilities for staff recruitment strategies. This could be for signing bonuses, to pay educational expenses or other innovative ways for providers to attract necessary staff.
- **\$40m for Frontline Staff Bonuses**- frontline staff in nursing homes lived and worked through a very difficult year and provided the best care possible. They should be rewarded for their efforts. The amount of the bonuses would essentially be an extra week of pay. The number was calculated by assuming an average wage of \$15 per hour for about 60,000 frontline employees ( $\$15 \times 40 \times 58,333$ ).
- **\$20m for Personal Protective Equipment** reserve - funding would be used by facilities to establish a reserve of personal protective equipment (PPE) that would allow for a 30-day supply of PPE.
- **\$10m for Grants to Pay for Ongoing Continuing Education and Training**, such as for Infection Preventionists, Board Certified RNs, and Administrators – this funding would be used to train current staff in facilities. We encountered this during the pandemic. Our staff needed to learn to do things differently. It is unlikely to change post-pandemic and emphasis will continue to be on enhanced education for appropriate procedures for infection prevention and improved quality of care in different situations and circumstances.
- **\$5m for Funds to Support TNA to CNA Transition in Illinois** - currently about 2,000 TNA's to transition to CNA's at about \$1,500 per person with hope of more taking advantage of the opportunity if the program resumes.

## **Infrastructure/service delivery improvements - \$150 million**

- **\$50m for Grants for New HVAC & Air Filtration Systems** - air handling systems and HVAC system deficiencies could have contributed to the spread of infection. Upgrading these systems should be a priority to prevent further spread going forward. Every facility should be given access to these funds for improvement of their air handling systems.
- **\$35m for Physical Plant Improvements** - the pandemic illustrated that many facilities need to provide care in a way that was not imagined previously. Small things like reconfiguring common meeting areas to facilitate visitation need to be reimagined to allow for greater privacy and separation. There are also big changes that could be made to things like food preparation and delivery. These one-time grants would assist facilities in reconfiguring their service delivery system to meet new, unforeseen, norms.
- **\$25m for Temporary Liability Insurance Assistance** - provide financial relief to struggling providers by providing one-time payments that assist providers with inflated liability insurance costs related to the pandemic.
- **\$25m for Temporary Property Tax Relief** - provide financial relief to struggling providers by providing one-time grants that are equivalent to their property tax payments not covered by current capital rates.
- **\$15m for Improved Technology** - digital communications became extremely important during the pandemic. Many facilities were not prepared for this development and struggled to provide a digital connection for

residents and their loved ones. This funding stream would assist facilities in improving their technological capabilities to achieve greater resident connectivity. These grants could be used for personal communication devices that are accessible to residents and/or to upgrade facility connectivity.

## **Bed Reduction - \$100 million**

**\$100m for Nursing Home Bed Reduction** - provide payments to facilities to eliminate capacity and incentivize reduced room occupancy to facilitate infection spread prevention by reducing room occupancy capacity. Priority would be given to rooms with 3-4 bed occupancy and also those seeking to maximize single occupancy rooms. Payments would be a minimum of \$25,000 per bed but could be negotiated to specifically address the circumstances of each facility seeking to take advantage of this program. This program would be voluntary and once a payment is received to reduce the occupancy of a room a provider cannot increase the occupancy of that room without paying back the funding received for this purpose.