Five Practical Ways NWD/ADRC Systems Can Reach Out to Nursing Facilities During the COVID-19 Pandemic

No Wrong Door (NWD) Systems and Aging and Disability Resource Centers (ADRCs) facilitate informed decision-making about long-term services and supports (LTSS) for older adults, individuals with disabilities, and their families. They do this by creating ***powerful networks*** of state and community-based organizations to ensure each individual receives the appropriate services and supports to improve health and quality of life. A key component of reaching individuals in need of such services and supports is formalizing relationships between ADRC/NWD Systems[1] and entities where major transitions occur across settings, such as nursing facilities (NFs).[2] ADRCs have a history of working with NFs to transition individuals back into the community (i.e., Money Follows the Person [MFP] program).

> ***"NWD Key Element 2.3:*** The State uses its NWD System to help individuals, regardless of their income or program eligibility, to avoid unnecessary placement in nursing homes and other institutional facilities as well as to help individuals with LTSS needs who are already residing in these types of facilities to transition back to the community."
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> **Source:** NWD Key Elements

The COVID-19 pandemic has significantly impacted how ADRCs maintain and build relationships with NFs. NFs across the country are confronting infection control issues as well as staffing and personal protective equipment shortages.[3] An analysis published by Kaiser Family Foundation in October 2020 found that forty percent of total deaths from COVID-19 have been individuals living in NFs.[4] ADRCs provide pathways for individuals that want to move to a lower COVID-19 risk setting to connect to appropriate supports and services in the community. Expanding on or building new relationships with NFs during the pandemic requires sensitivity given the current challenges NFs face. Below we present five practical suggestions on how ADRCs can engage with NFs during the pandemic.

1. ***Connect with Your Local Contact Agency and Assist with Transitions*.** NFs often serve as pathways to LTSS after an individual's hospital stay, especially when receiving specialized, post-acute rehabilitation. ADRCs can help streamline the transition home by connecting individuals with supports either directly from the hospital to home or after a hospital stay from NF to home. Although nationally 54 percent of Medicare skilled NF short-stay residents were successfully discharged back into the community[5], many have extended NF stays. ADRCs can play a critical role in connecting individuals with community supports and facilitating a rapid transition home. Because staying in a NF brings heightened risk of infection during the COVID-19 pandemic, family members of long-term stay NF residents have also been contacting ADRCs about leaving NFs.

> **Partnership Tip:** ADRCs can stay up to date on operational resources for NFs and foster a collaborative relationship with NFs by sharing information that provide support around infection control, obtaining personal protective equipment (PPE), and managing workforce shortages. The Hartford Foundation and the Institute for Healthcare Improvements' (IHI) national huddle calls and The Health Resources and Services Administration, released performance-based funding offer a good start. The Agency for Healthcare Research and Quality and the IHI are also offering a 16 week training and mentoring program for NFs.

[1] In the remainder of this document we use ADRC to refer to the local actions taken by both ADRCs and NWDs.
[2] https://nwd.acl.gov/pdf/NWD-National-Elements.pdf
[3] See https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.01269
[4] https://www.kff.org/coronavirus-covid-19/press-release/the-covid-19-pandemic-has-taken-a-higher-toll-on-nursing-homes-with-relatively-high-shares-of-black-or-hispanic-residents/
[5] http://www.longtermscorecard.org/~/media/Microsite/Files/2020/LTSS%202020%20Short%20Report%20PDF%20923.pdf

Georgia's ADRC built on existing relationships with NFs cultivated through the MFP program. They have been receiving more referrals for transitions than they had before COVID-19 and have also received calls from families wanting to move their relatives out of NFs. Learn more about their activities by listening to a recorded interview here.

All NFs are required to use the Minimum Data Set (MDS) assessment including Section Q which asks whether a resident wants to talk with someone about options to live in the community. ADRCs can connect and coordinate with the entity designated as the MDS Section Q local contact agency (LCA)[6] as part of the state's comprehensive strategy to support home and community-based supports.[7] In 38 states, the state Medicaid agency has designated ADRCs in at least some areas in the state to serve as LCAs for individuals who indicate that they wish to return to the community during their MDS Section Q assessment. This connection leads to an opportunity to make direct contact with an individual and assist with a transition back home.

2. ***Assist with Transitions Home for People with COVID-19.*** ADRCs can support NF discharge planning, especially for individuals with COVID-19. ADRCs should start by exploring and understanding their state's unique approach to COVID-19 in NFs.[8] Supporting transitions for individuals with COVID-19 may help NFs mitigate infection spread as well as ensure individuals safely leave NFs and receive the community-based services and supports they need. For example, the local ADRC in Maricopa County, Arizona established Healing@Home care transitions for COVID-19 patients. The program provides NF transition and on-going support in the home for up to 90 days, including home delivered meals, grocery shopping, follow-up on discharge medical plans, coordination with health plans, and application assistance for other support programs. Check out how they marketed this program to hospitals and NFs here. They have begun to receive some NFs referrals, and have connected with local COVID-19 testing sites for additional outreach.

Partnership Tip: ADRCs can let NFs know about the national and local programs supporting both informal and professional caregivers. If you don't have a local caregiver support program in your community, consider establishing one. The Benjamin Rose Institute on Aging and the Family Caregiver Alliance offer Best Practice Caregiving, a free online database of proven dementia programs for family caregivers.

3. ***Connect Family Caregivers and Residents with Assistive Technology.*** Family members and friends of NF residents currently face challenges and heightened stress. Many ADRCs have facilitated connections between residents and their family and friends outside the NF helping to mitigate social isolation. Some ADRCs have helped supply NFs with the technology to accomplish this through coordination with their state Assistive Technology (AT) program.[9] Learn more about how ADRCs and AT programs are collaborating during COVID-19 by listening to this interview with Alaska here[10].

4. ***Get the Facts.*** If you need a way to target your time and resources or convince leadership of the urgency of outreach to NFs, check out the monthly updated AARP COVID-19 dashboard for an overview of your state. The

[6] To find out the entity designated as the local contact agency, contact the state Medicaid agency.
[7] See more at https://acl.gov/sites/default/files/programs/2020-06/ACL_Strategic_Framework_for_Action_v1_%20June%202020_final_508_v2.pdf
[8] For more information see the CMS Toolkit for NFs updated monthly at https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf
[9] For more information see https://acl.gov/programs/assistive-technology/assistive-technology and ADRC grantee resources available at https://www.ta-community.com/tag/itassistive-technology
[10] Sign up or log into the ACL TA-Community to be able to see this specific resource.

dashboard includes aggregate resident cases/deaths, PPE supply, staffing shortages, and staff cases compared to national statistics. You can also access data on the Centers for Medicare and Medicaid Services website. Additionally, for data on staff and resident cases and deaths by each specific NF, reach out to nowrongdoor@acl.hhs.gov to schedule a 1:1 call to discuss an ACL-developed dashboard[11].

5. Stay Up to Date on COVID-19 Vaccine Information. Individuals living in NFs will be among the first people to receive the vaccine. Check with your state's vaccine plan for more specific information on which NFs have received the vaccine. HHS also launched a COMBAT COVID website where individuals can learn about vaccines, join a treatment trial, find a prevention trial, donate plasma, or find the latest on treatment options. Stay up to date on vaccine resources on ACL's website.

[11] Sign up or log into the ACL TA-Community to be able to see this specific resource.