

Survey of Membership on COVID-19 Introduction

AHCA/NCAL is conducting an online survey of skilled nursing, assisted living and ID/DD members for information on the impact of COVID-19. Providers will be asked about several topics, including workforce, personal protective equipment, testing, and finances.

You can <u>download a copy of the questionnaire</u>, if you wish to gather the necessary information before completing the survey. The survey should take approximately 15-20 minutes to complete.

Information from this survey will help AHCA/NCAL address questions from policymakers and advocate for ongoing resources to the profession. **This survey will close by midnight on Friday, November 20**.

Any questions, please email us at COVID19@ahca.org



Survey of Membership on COVID-19Workforce

1. **Staff Shortage-** On more than one occasion, could you not fill all of your shifts without agency or asking people to work overtime/extra shifts?

	Yes	No	Do not know
Prior to the COVID pandemic (i.e. before March 2020)			
In the last month	\bigcirc		
to fill? (Check all	that apply)	you currently have va	
CNA or direct ca	aregiver	Activities direct	tor/aides
LPN/LVN		Rehab therapis	t
RN		Social worker	
Director of nurs	ing	Housekeeping	
Administrator/e	executive director	Dietary	
Infection prever	ntionist		staff (e.g. maintenance,
Medical directo	r	billing, reception	onist)
		☐ We are fully sta	ffed and have no vacancies

	(check all that apply)	ssed workforce challenges during
Hired addition	nal staff	
Hired tempo	rary staff (temporary nurse aides, fee	ding assistants, or other)
Used agency	staff	
Brought in st	aff from other facilities/corporate	
Provided bor	us (i.e. hero) pay to staff members	
Expanded be	nefits (e.g. paid sick leave)	
Offered addit	ional assistance programs (e.g. groce	eries, childcare)
Asked staff t	o work overtime/double shifts	
Received hel teams)	p from the National Guard or other st	ate/federal staffing resource (e.g. strike
Modified staf	fing structure or model	
We have not	had any staffing challenges	
. Influenza Vacc o residents and	ine- Did your facility/company he staff this fall?	lp provide the influenza vaccine
	Residents	Staff
We provided or are in the process of providing influenza vaccines		
Individuals must get the influenza vaccine on their own		
Do not know		



Survey of Membership on COVID-19Personal Protective Equipment (PPE)

5. **PPE Use** - How are you using the following PPE supplies in your facility(ies)?

	Conventional (normal)	Contingency (per conservation)	Crisis (per conservation)	Do not know
Gloves	0		0	
Gowns			\bigcirc	
Face shields/goggles	0	0	0	
Surgical masks			\bigcirc	\bigcirc
N95 masks		\circ	0	
N95 alternative masks (e.g. KN95)	\circ	\circ	\bigcirc	\circ
Alcohol based sanitizing gel (hand sanitizer)	0	0	0	0
Disinfectant/cleaning supplies	\circ	0	\circ	0

6. PPE Acquisition - Which supplies have you struggled to acquire in the last month? (check all that apply)
Gloves
Gowns
Face Shields/goggles
Alcohol based sanitizing gel (hand sanitizer)
Surgical masks
N95 masks
N95 alternate masks (e.g. KN95)
N95 fit test kits
Disinfectant/cleaning supplies
7. PPE Challenges - What have been your challenges in getting PPE <u>in the last month</u> ?
We have not had any challenges in acquiring PPE
Suppliers limit the size of my order
Finding suppliers who have the PPE we need
Suppliers or state agencies do not prioritize my order/requests (e.g. delayed shipments)
The cost of PPE has made it difficult for us to afford
Scammers trying to sell fake PPE

	PPE Supply- Based on your current inventory and burn rate, how long do you ticipate your existing PPE supplies will last if you do not get any more?
	Do not currently have PPE
0	Less than a week
0	One week
	Two weeks
	Three weeks
0	One month
	More than one month
	Do not anticipate running out
	Do not know

Department or Emergency Office Local or County Health Department Healthcare Coalition Local hospital(s) Other long-term care providers Members of the public		Requested?	Received?	Do not know
Department or Emergency Office Local or County Health Department Healthcare Coalition Local hospital(s) Other long-term care providers Members of the public	government (e.g.			
Coalition Local hospital(s) Other long-term care providers Members of the public	State Health Department or Emergency Office			
Other long-term care providers Members of the public	Health			
Members of the public				
Other long-term care providers Members of the public other (please specify)	Local hospital(s)			
public				
ther (please specify)				
	ther (please specify)			

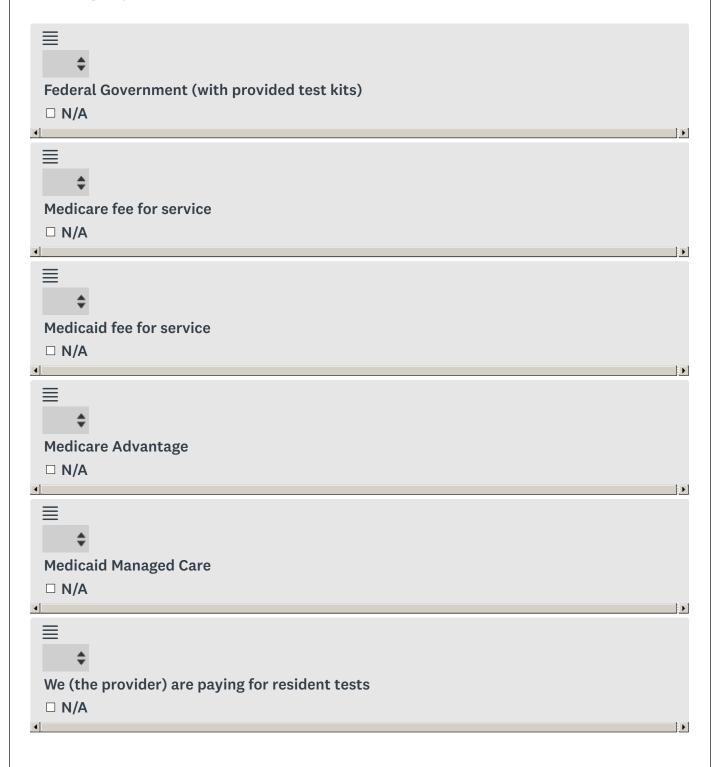


Survey of Membership on COVID-19 Testing

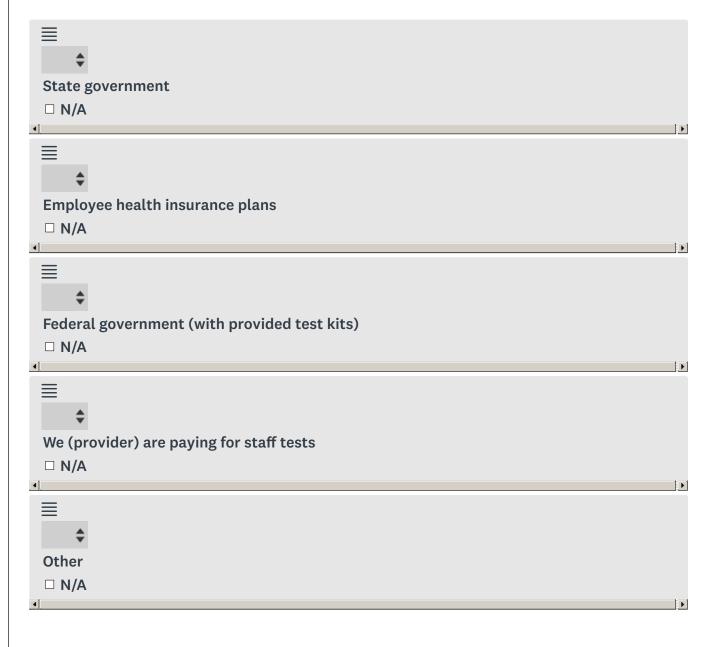
10. Have you received any of the Abbott BinaxNOW point of care (POC) antigen tests from the federal government?
Yes, from the federal government
Yes, but from the state government or somewhere else
We have a CLIA waiver, but have not yet received any of the test kits
○ We do not have a CLIA waiver and are not eligible to receive the test kits
O Do not know
11. What tests are you <u>using</u> with residents and staff? (Check all that apply)
PCR tests
BD Veritor POC antigen test
Quidel Sofia2 POC antigen test
Abbott BinaxNOW POC antigen test kits
Do not know
Other (please specify)

12. How long is it usually taking for you to receive PCR test results?	
○ Same day	
Next Day	
O 2-4 days	
○ 5 days or more	
Not using PCR testing at this time	
O Do not know	

13. Who is paying for the cost of testing you**residents?** Please rank in order payers that are covering the most to the least. Click N/A on any options that are not covering any costs for tests.



14. Who is paying for the cost of testing your staff? Please rank in order payers that are covering the most to the least. Click N/A on any options that are not covering any costs for tests.

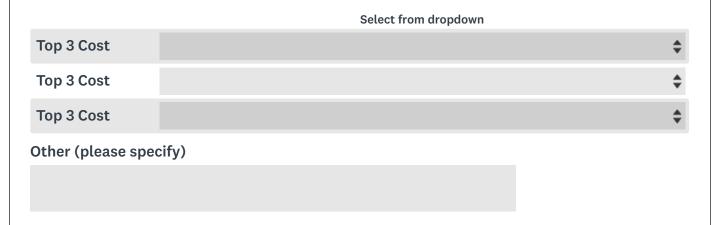


15. What are the top three challenges you are experiencing with testing
Select from dropdown
Top 3 Challenge
Top 3 Challenge
Top 3 Challenge
Other (please specify)



Survey of Membership on COVID-19 Finances

16. What are the top three costs you have incurred due to COVID-19, regardless of whether you have had cases or not?



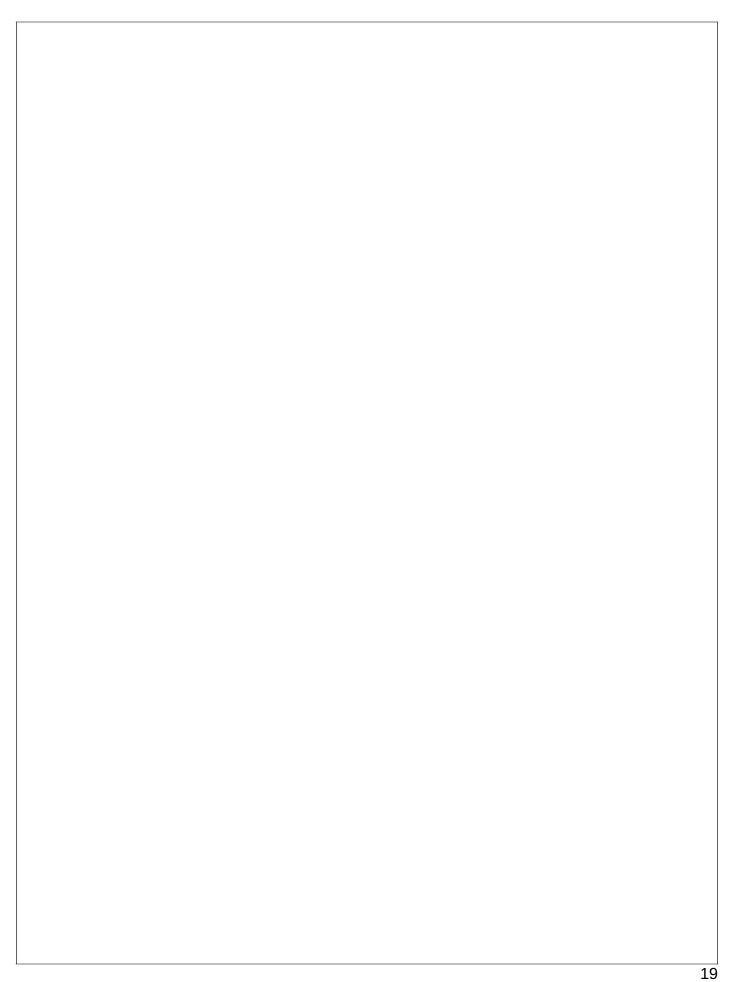
	None	A little (<5%)	Some (5-10%)	A lot (>10%)	Do not know
Fewer post-acute patients due to restrictions on nospital patients	0	0	0	0	0
Fewer residents seeking long term care	\bigcirc	\circ	\circ	\circ	\circ
Current residents/patients moving out	0	0	0	0	0
Higher costs for patient care than					
reimbursement provides ther (please specif	y)				
reimbursement provides ther (please specif 3. Approximately		revenue (perc	entage-wise)	have you lost	due to
reimbursement provides		revenue (perc	entage-wise)	have you lost	due to
reimbursement provides ther (please specif 3. Approximately OVID-19		revenue (perc	entage-wise)	-	due to
reimbursement provides ther (please specif 3. Approximately OVID-19	how much			100%	
reimbursement provides ther (please specifications) 8. Approximately OVID-19	how much			100%	
reimbursement provides ther (please specifications) 3. Approximately OVID-19 0% 19. Have you have	how much			100%	
reimbursement provides ther (please specifications) 3. Approximately OVID-19 0% 19. Have you have	how much			100%	

	Higher than	About the Same	Less than	Do not know	We have not had to skill any COVID- positive patients	N/A
Medicare Fee for Service	0	0				0
Medicare Advantage	0	0	0	0	\circ	0
1. If you are a SN ositive patients		care PDPM	payments	cover the	cost of care	for COVID
					have not had to skill any	
	Yes	No	Do no		VID-positive patients	N/A
Medicare Fee for Service	0	0	(0	0
Medicare Advantage	0	0	(0	0
lease feel free to ¡	provide addi	tional detail				
22. What is you margin for all		perating si	tuation rel	ative to yo	ur budget (i.e. total
Operating at	a loss or neg	gative total r	nargin			
Onerating or	n a total mar	gin between	0-3%			
O operacing or		argin of >3%				
Operating wi	ith a total ma	aigiii 0i >370				

23. How long can y	our facility or com	npany sustain operatin	g at its current pace?
Less than a mont	th	7-12 months	
1-3 months		More than 12 m	onths or a year
4-6 months		O not know	
24. Have you applied following?	I for and received a	any funding due to CO\	/ID-19 from the
	Applied?	Received?	Do not know
Federal government - Provider Relief Fund, including quality incentive payment			
Federal government - Paycheck Protection Program			
State government - Medicaid add-on or rate increase			
State government - COVID grants or financial aid			
Medicare Advantage plans			

	25. If you have received government aid for COVID, about how long will that unding last?		
	○ We have already used it all	7-12 months	
	C Less than a month	○ More than 12 months or a year	
	1-3 months	O Do not know	
	4-6 months	Have not received any government aid	
	26. If you have received government aid f government funding ends?	for COVID, what will happen when	
	Continue operations with little to no	O Do not know	
(difficulty Experience some problems with increased costs and lost revenue 	Have not received any government aid	
	Experience significant problems with increased costs and lost revenue		

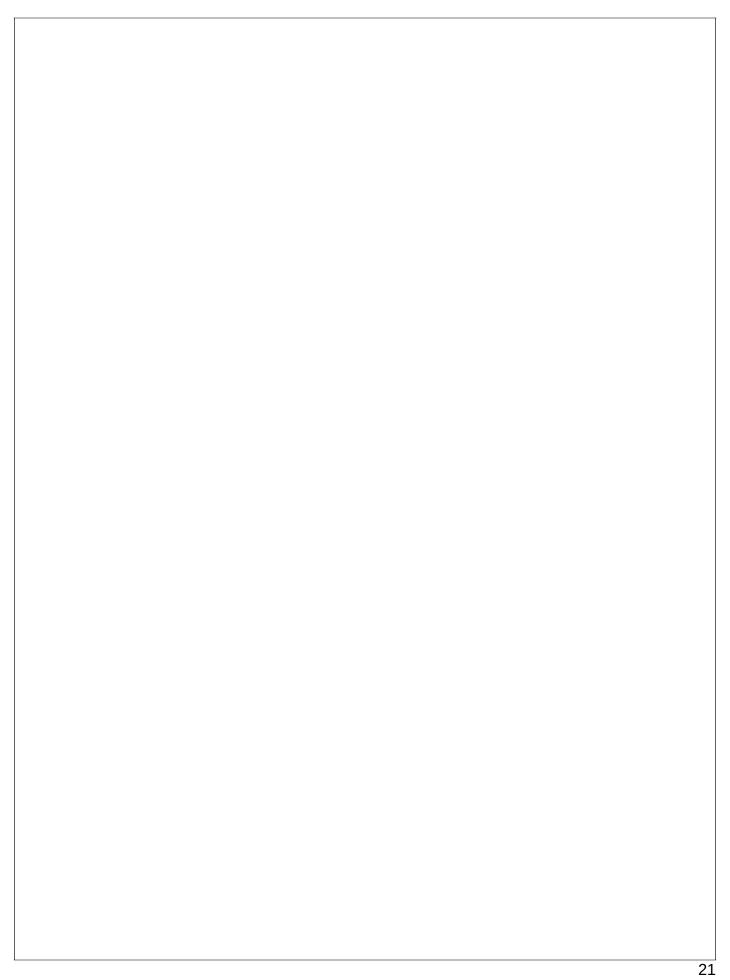
27. Have you made any physical plant (i.e. building) changes in response to COVID?						
	Have Implemented	In the Process of Implementing	Already Well Adapted for COVID	We'd Like to Implement, but Cannot Afford	Do Not Know	
Created more outdoor spaces for use	0	0	0	0	0	
HVAC upgrades, such as air filtration systems						
Physical barriers (e.g. plexiglass) to allow indoor visitations						
Physical barriers to designate COVID-19 units or pods						
Additional wings or units to allow for single occupancy rooms	0					
28. Approximately what percentage of your revenue comes from the following (Totaling 100%, whole numbers only) Medicaid (including managed care)						
Medicare (including managed care)						
Private pay						
Your own Institutional Special Needs Plans (I- SNPS)/SNP						





Survey of Membership on COVID-19 Additional Information

29. Since March 2020, have any of your residents and staff gotten COVID?					
	None (zero cases)	Very few (less than 10%)	Mild outbreaks (10-25%)	Severe outbreaks (>25%)	Do not know
Resident Case	0	0	0		0
Staff Cases					
30. In your own words, tell us about your situation as the end of the year approaches					
31. Would you be willing to share your story to members of the press?					
O Yes					
○ No					
32. If you are willing to share your story, please provide your contact information					
Name					
Title/Position					
Company					
City/Town					
State/Province	select sta	ate	•		
Email Address					
Phone Number					





Survey of Membership on COVID-19 Demographics

33. What type of provider are you?
Skilled nursing facility (SNF/NF) only
Assisted Living (AL) only
Both SNF and AL
O Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
34. Are you answering for
○ Single facility
More than one facility



Survey of Membership on COVID-19

Single Facility Demographics

35. What state is your single facility located in and how many beds do you have?





Survey of Membership on COVID-19

Multi-Facility Demographics

36. As a multi-facility organization, please select the five states you have the most number of facilities/communities and provide a count.

	State	Number of Facilities/Communities
Top 5 States	\$	\$
Top 5 States	\$	\$
Top 5 States	\$	\$
Top 5 States	\$	\$
Top 5 States	\$	\$