

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 [download a copy of the questionnaire](#), 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-19 Workforce

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Staff Vacancies- What positions do you currently have vacant or are recruiting to fill? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> CNA or direct caregiver | <input type="checkbox"/> Activities director/aides |
| <input type="checkbox"/> LPN/LVN | <input type="checkbox"/> Rehab therapist |
| <input type="checkbox"/> RN | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Director of nursing | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Administrator/executive director | <input type="checkbox"/> Dietary |
| <input type="checkbox"/> Infection preventionist | <input type="checkbox"/> Other support staff (e.g. maintenance, billing, receptionist) |
| <input type="checkbox"/> Medical director | <input type="checkbox"/> We are fully staffed and have no vacancies |

3. Solutions Implemented- How have you addressed workforce challenges during the pandemic? (check all that apply)

- ☐ Hired additional staff
- ☐ Hired temporary staff (temporary nurse aides, feeding assistants, or other)
- ☐ Used agency staff
- ☐ Brought in staff from other facilities/corporate
- ☐ Provided bonus (i.e. hero) pay to staff members
- ☐ Expanded benefits (e.g. paid sick leave)
- ☐ Offered additional assistance programs (e.g. groceries, childcare)
- ☐ Asked staff to work overtime/double shifts
- ☐ Received help from the National Guard or other state/federal staffing resource (e.g. strike teams)
- ☐ Modified staffing structure or model
- ☐ We have not had any staffing challenges

4. Influenza Vaccine- Did your facility/company help provide the influenza vaccine to residents and staff this fall?

	Residents	Staff
We provided or are in the process of providing influenza vaccines	<input type="checkbox"/>	<input type="checkbox"/>
Individuals must get the influenza vaccine on their own	<input type="checkbox"/>	<input type="checkbox"/>
Do not know	<input type="checkbox"/>	<input type="checkbox"/>

Survey of Membership on COVID-19 Personal 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gowns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face shields/goggles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical masks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N95 masks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N95 alternative masks (e.g. KN95)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol based sanitizing gel (hand sanitizer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfectant/cleaning supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 in the last month?

- ☐ 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

8. PPE Supply- Based on your current inventory and burn rate, how long do you anticipate your existing PPE supplies will last if you do not get any more?

- ☐ Do not currently have PPE
- ☐ Less than a week
- ☐ One week
- ☐ Two weeks
- ☐ Three weeks
- ☐ One month
- ☐ More than one month
- ☐ Do not anticipate running out
- ☐ Do not know

9. PPE Assistance - Have you requested and received assistance with getting PPE from any of the following?

	Requested?	Received?	Do not know
Federal government (e.g. FEMA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Health Department or Emergency Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local or County Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local hospital(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other long-term care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members of the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (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
- ☐ Do not know












11. What tests are you using 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
- ☐ 2-4 days
- ☐ 5 days or more
- ☐ Not using PCR testing at this time
- ☐ 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.

 	Federal Government (with provided test kits)	<input type="checkbox"/> N/A
 	Medicare fee for service	<input type="checkbox"/> N/A
 	Medicaid fee for service	<input type="checkbox"/> N/A
 	Medicare Advantage	<input type="checkbox"/> N/A
 	Medicaid Managed Care	<input type="checkbox"/> N/A
 	We (the provider) are paying for resident tests	<input type="checkbox"/> N/A

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.

<div><div><div></div><div></div><div></div></div><div></div></div> <div>State government</div> <div><input type="checkbox"/> N/A</div>
<div><div><div></div><div></div><div></div></div><div></div></div> <div>Employee health insurance plans</div> <div><input type="checkbox"/> N/A</div>
<div><div><div></div><div></div><div></div></div><div></div></div> <div>Federal government (with provided test kits)</div> <div><input type="checkbox"/> N/A</div>
<div><div><div></div><div></div><div></div></div><div></div></div> <div>We (provider) are paying for staff tests</div> <div><input type="checkbox"/> N/A</div>
<div><div><div></div><div></div><div></div></div><div></div></div> <div>Other</div> <div><input type="checkbox"/> N/A</div>

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?

Select from dropdown

Top 3 Cost



Top 3 Cost



Top 3 Cost



Other (please specify)

17. Has your facility(ies) or community(ies) experienced any "decline in revenue" during the pandemic due to the following? If yes, how much?

	None	A little (<5%)	Some (5-10%)	A lot (>10%)	Do not know
Fewer post-acute patients due to restrictions on hospital patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fewer residents seeking long term care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current residents/patients moving out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Higher costs for patient care than reimbursement provides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

18. Approximately how much revenue (percentage-wise) have you lost due to COVID-19

0%

100%

19. Have you had to make any cuts due to increased expenses or lost revenue?

- ☐ Yes
- ☐ No
- ☐ Do not know

If yes, please list cuts:

20. If you are a SNF, how would you characterize your Medicare payments for COVID-positive patients in relation to other patients who require extensive nursing care and/or are coded as requiring isolation?

	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare Advantage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. If you are a SNF, do Medicare PDPM payments cover the cost of care for COVID-positive patients?

	Yes	No	Do not know	We have not had to skill any COVID-positive patients	N/A
Medicare Fee for Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare Advantage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to provide additional detail

22. What is your current operating situation relative to your budget (i.e. total margin for all payers)?

- ☐ Operating at a loss or negative total margin
- ☐ Operating on a total margin between 0-3%
- ☐ Operating with a total margin of >3%
- ☐ Do not know

23. How long can your facility or company sustain operating at its current pace?

- ☐ Less than a month
 ☐ 7-12 months
- ☐ 1-3 months
 ☐ More than 12 months or a year
- ☐ 4-6 months
 ☐ Do not know

24. Have you applied for and received any funding due to COVID-19 from the following?

	Applied?	Received?	Do not know
Federal government - Provider Relief Fund, including quality incentive payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal government - Paycheck Protection Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State government - Medicaid add-on or rate increase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State government - COVID grants or financial aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Advantage plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. If you have received government aid for COVID, about how long will that funding last?

- ☐ We have already used it all
- ☐ Less than a month
- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-12 months
- ☐ More than 12 months or a year
- ☐ Do not know
- ☐ Have not received any government aid

26. If you have received government aid for COVID, what will happen when government funding ends?

- ☐ Continue operations with little to no difficulty
- ☐ Experience some problems with increased costs and lost revenue
- ☐ Experience significant problems with increased costs and lost revenue
- ☐ Do not know
- ☐ Have not received any government aid

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HVAC upgrades, such as air filtration systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical barriers (e.g. plexiglass) to allow indoor visitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical barriers to designate COVID-19 units or pods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional wings or units to allow for single occupancy rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Approximately what percentage of your revenue comes from the following (Totaling 100%, whole numbers only)

Medicaid (including managed care)	<input type="text"/>
Medicare (including managed care)	<input type="text"/>
Private pay	<input type="text"/>
Your own Institutional Special Needs Plans (I-SNPS)/SNP	<input type="text"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Cases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

- ☐ Yes
- ☐ No

32. If you are willing to share your story, please provide your contact information

Name	<input type="text"/>
Title/Position	<input type="text"/>
Company	<input type="text"/>
City/Town	<input type="text"/>
State/Province	-- select state -- <input type="button" value="v"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

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
- ☐ 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?

Number of Beds

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	<input type="text"/>	<input type="text"/>
Top 5 States	<input type="text"/>	<input type="text"/>
Top 5 States	<input type="text"/>	<input type="text"/>
Top 5 States	<input type="text"/>	<input type="text"/>
Top 5 States	<input type="text"/>	<input type="text"/>