Good morning Bill,

LeadingAge has reviewed the COVID contract and we have a few concerns and question.

Questions about specific sections

1. Enhanced Nursing Facility services to treat patients who have received a positive diagnosis for the COVID 19 virus. **What does Enhanced Nursing Facility services mean?**

These are described in the agreement: ability to isolate COVID+ cases from other residents, ability to have dedicated staff and contractors that are not caring for other residents, increased nursing availability for monitoring and responding to the COVID-19 symptoms.

6. During the term of this Amendment and for 14 calendar days after providing care to COVID positive patients, Contractor staff and subcontractors, who provide Nursing Facility care to COVID 19 positive patients shall not knowingly provide Nursing Facility or **medical care to** any other Nursing Facility patients of Contractor, or any other entity.

Prior to allowing an employee or subcontractor to provide Nursing Facility or medical care to a patient admitted to the Location(s), Contractor shall ensure the employee or subcontractor is not providing care to patients without a COVID 19 positive diagnosis, and are not working for another entity providing medical or Nursing Facility services to patients without a COVID 19 positive diagnosis **Doctors are seeing these residents in every building. How are they going to keep them from seeing residents in COVID (-) buildings?**

This concern has surfaced from some of the facilities that are interested, but not all of them. We have included a carve out for these staff/contractors and will include the option of telemedicine assessments and only seeing patients in person, based on the medical providers professional judgement.

General Questions regarding contract

What happens when we do statewide facility resident testing and find all the asymptomatic positives? Do we move them to different facilities that have signed the COVID contract?

This effort is focused on symptomatic patients with a confirmed diagnosis to mitigate the disease transmission and optimize resources to care for people diagnosed with covid-19. We will continue to evaluate and prepare for mitigating interventions for asymptomatic positives, dependent on the volume, locations and resources.

If facilities don't sign the contract but continue to care for COVID residents are they subject to greater liability because they don't meet strict requirements of the contract which arguably sets a standard of care acceptable to the state?

The COVID only facilities contract does not establish a different standard of care. All residents in our LTC facilities are expected to receive the care and services they need, including COVID-19 care needs. This contract focuses on dedicated staff, increased nursing

availability, and physical space to care for people with COVID 19 and reducing the risk of spreading the infection.

What do we do with CCRC residents who have contracts for skilled care at set pre-determined rates, are they going to be required to move?

The decision about what residents are identified for transfer to a COVID only facility will be based on epidemiological criteria and public health methodology.

What happens when we run out of COVID designated options?

If the program is successful in slowing the spread of the virus, we will explore additional options for adding COVID designated options.

We **disagree that separate HVAC systems are needed** to care for COVID residents. I understand this was not confirmed by DOH as a required method to isolate or quarantine residents given how the virus spreads. King County Public Health disagrees with this as a requirement as well.

We are revising this requirement to focus on limiting the likelihood of spread of the virus when aerosolizing procedures are in use.

Nearly every facility needs to be prepared to set up isolation or quarantine rooms and units when possible and as needed. They need to use consistent staffing. They need PPE and testing. This increased rate should be available to all SNFs caring for COVID patients wherever they are.

This program was set up to provide an incentive for facilities to transfer individuals with COVID to their facilities, and to provide for dedicated staffing and more nurse availability for COVID residents. Extending this rate to all facilities would defeat that purpose. We are attempting to determine if isolating individuals in these types of settings is more effective than what we are currently doing in our facilities.