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Governor Phil Murphy ♦ Lt. Governor Sheila Oliver  
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### ***COVID-19 Press Information***

**FOR IMMEDIATE RELEASE**

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### **Murphy Administration Announces \$155 Million in Additional Funding to Ensure Health, Safety and Quality in Long-Term Care Facilities**

*Department of Health Releases Reopening Directive to Ensure Preparedness, Provides \$25 Million to  
Assist Facilities with Increased Testing*

*Department of Human Services Proposes \$130 Million Medicaid Funding Increase to Bolster Workforce  
and Help Stabilize Facilities*

**TRENTON** – Governor Phil Murphy, Department of Health Commissioner Judith Persichilli, and Department of Human Services Commissioner Carole Johnson today announced the Administration’s proposal to provide long-term care facilities with \$155 million in additional funding as they look to reopen to visitors and resume normal operations. The funding—which will be a mix of state and federal monies—will allow for the implementation of a new DOH [directive](#) for the safe reopening of long-term care facilities for indoor visitation by appointment and other activities if the facilities have no COVID-19 cases among residents

or staff. Before reopening, facilities must meet certain public health benchmarks including adequate infection control, staff and Personal Protective Equipment (PPE) to ensure preparedness.

“Throughout this pandemic, one of the most-impacted communities in our state has been the residents and staff of our long-term care facilities,” **said Governor Murphy**. “Today’s announcement will allow facilities to meet the ongoing challenges created by the COVID-19 pandemic, while also ensuring both high-quality care and the health and safety of residents and staff going forward. And, most importantly, it will allow for residents to safely reunite with loved ones.”

Today, Commissioner Persichilli announced a directive for the phased reopening of long-term care facilities to implement certain requirements, preparations in the event of a surge of COVID and to attest about their preparations to the Department of Health (DOH). When facilities conclude their outbreaks and implement the requirements of the DOH’s directive, they will advance in phases, and in each phase, will be able to restore services for residents and ultimately allow for indoor visitation and resumption of normal activities.

The phased-in reopening is based on the outbreak status of a facility, its ability to meet criteria including but not limited to testing of staff and residents, infection control protocols, and adequate staffing and Personal Protective Equipment (PPE), and is tied to the timing of the state’s reopening plan. In order to assist facilities with the cost of testing benchmarks, DOH also announced \$25 million in funding, which will assist long-term care facilities with the cost of weekly testing for all staff. These facilities will have priority access to the Rutgers University saliva test.

To date, more than 30 million units of PPE have been distributed to long-term care facilities. Stockpiling for these facilities is underway, along with ongoing inventory assessment. Infection control-focused surveys also have been completed in 467 facilities including: 370 nursing homes, 49 assisted livings, six dementia care homes, four specialty hospitals, 27 end stage renal dialysis centers, five ambulatory surgery centers and six acute care hospitals. In addition, over 3,600 backlogged complaints, some dating to 2017, have been cleared.

In implementing a key recommendation outlined in the nursing home review conducted by Manatt Health, DOH also developed a forward-looking testing plan for residents and staff. Baseline testing for both was

completed by the end of May, and retesting continues for those who have tested negative, which is a recommendation of both the Centers for Disease Control and Prevention and the Department. To date, over 310,000 tests have been completed on residents and more than 495,000 tests have been done on staff. The positivity rate for long-term care residents has been reduced from 6% in May to less than 1% in July. The positivity rate for staff has also fallen from 3% in May to less than 1% in July.

Under another recommendation in the nursing home review conducted by Manatt Health, DOH created a Long-Term Care Emergency Operations Center (EOC) to provide a centralized command structure to manage the emergency response to COVID in long-term care facilities. The EOC, chaired by Dr. David Adinaro, DOH's Deputy Commissioner for Public Health Services, monitors COVID testing of residents and staff, supplies of PPE and therapeutics needed to protect residents and staff.

“Reuniting families with their loved ones in these facilities is critical for the mental, physical, social and emotional well-being of our most vulnerable residents,” **said Commissioner Persichilli.** “With the virus still circulating in our communities, we must balance the health and well-being of residents with proper infection control and employee safety protections. The restart plan will give long-term care facilities, residents and families direction for resuming normal activities.”

The Department of Health curtailed visitation at long-term care facilities in March due to COVID-19. Outdoor visits have been allowed by appointment since June 21. DOH issued another directive on July 15 that permitted parents, a family member, legal guardians and support persons of pediatric, developmentally disabled and intellectually disabled residents of long-term care facilities to arrange for by-appointment indoor visits with their loved ones. DOH reviewed the guidance with the New Jersey Long-Term Care Ombudsman, state disability rights advocates, unions and the long-term care industry.

The Department of Human Services (DHS) also unveiled a proposal to provide increases in Medicaid funding to nursing facilities to support wage enhancements for the front-line certified nurse aide workforce and to support compliance with Department of Health infection control directives.

Under the proposal, new Medicaid funding of \$130 million—\$62 million in state funding, the remainder in federal matching funds—would be available to nursing facilities for the next fiscal year from October 1st to June 30th. This funding would increase a nursing facility's Medicaid rates by 10 percent.

Of the proposed \$130 million, \$78 million must be used to increase wages for certified nurse aides (CNAs). On average, this funding will support a 20 percent hourly wage increase for CNAs depending on a facility's current wage rates. The remaining \$52 million would assist facilities in supporting COVID-19-related infection control and compliance with specifics in DOH directives, including infection control, PPE, cleaning, other staffing needs, etc. Funding would be subject to recoupment if a facility fails to meet DOH-specified requirements or is found to have repeat infection control failures.

The proposed legislation would give DHS the authority to require facility reporting of the relevant wage data to ensure compliance and be subject to recoupment for non-compliance. Facilities that fail to pass-through the funding to wages or fail to comply with specific DOH infection control requirements and/or are found to have repeat infection control violations would be subject to recoupment of funds by the DHS. The Department of Human Services proposal requires legislative approval and approval from the federal Centers for Medicare and Medicaid Services.

“We are working with the Legislature on our shared goal of supporting Medicaid recipients and the staff who work tirelessly to care for them. We thank Chairman Vitale and Chairwoman Huttle for their leadership on these important issues,” **Human Services Commissioner Carole Johnson said.** “Wage enhancements will help support the critical frontline certified nurse aide workforce and help contribute to decreasing the risk of exposure for staff and residents. Funding for enhanced infection control – that is tied to clear accountability measures and compliance with health and safety requirements – will further help to increase facilities' tools to support residents. We look forward to enactment of this proposal.”

“The long-term care facilities were hit the hardest by COVID-19 with a staggering number of lives lost. This is a tragedy that demands reforms to protect the health and safety of residents and employees. This is a start. It will direct funding to increase the chronically-low pay of the workers who are on the front lines caring for the most vulnerable patients and making other improvements in safety practices,” **said Senate President Steve**

**Sweeney.** "It is vital that any additional support is linked to tougher standards on infection control, which I will be including in legislation. We want to get the facilities open but this must be done in ways that assure the residents and their families that health and safety are the top priorities."

"I support legislation that will enable the state's application for federal matching funds to provide a wage increase to frontline workers at our state's long term health care facilities. Increasing the pay of these workers is a smart investment for both our workers and patient safety," **said Assembly Speaker Craig Coughlin.** "We have and continue to face one of the most challenging health crisis in a century. The pandemic hit our nursing homes hardest despite the staffs' best efforts. Ensuring the staff who put themselves at risk every day to take care of others are compensated appropriately for their work is an important step."

"The COVID-19 pandemic has exposed numerous issues within our long-term care industry," **said Assemblywoman Valerie Vainieri Huttle, Chair of the Assembly Human Services Committee.** "I share the Administration's commitment to enact legislation that supports our CNA workforce and achieves the broader recommendations set forth in the Nursing home review conducted by Manatt Health. With this funding, we now have an opportunity to take meaningful action to create more resilient, transparent long-term care facilities."

"Long-term care facilities are home to some of New Jersey's most vulnerable residents," **said Senator Joe Vitale, Chair of the Senate Health, Human Services and Senior Citizens Committee.** "To provide the highest quality of care possible, we must recruit, train, and pay our workforce well. I look forward to continuing our partnership with the Administration and legislative leaders to deliver reforms that will help ensure New Jersey has the resources in place to weather the ongoing impact of COVID-19 and improve the future of the long-term care industry."

"This pandemic has revealed the specific vulnerabilities of our frail elderly population, and NJHA and its long term care members share the Governor's commitment to delivering care that is safe, efficient and remains centered on the physical and emotional well-being of our aging residents," **said Cathy Bennett, President and CEO, New Jersey Hospital Association.** "We look forward to working with our members and their

dedicated staffs, along with public health, policymakers and the Murphy Administration, to bring these improvements forward.”

“This legislation represents a strong first step towards providing all nursing home workers with the compensation they need to provide for their own families as they care for ours,” **said Milly Silva, Executive Vice President, 1199SEIU United Healthcare Workers East.** “CNAs are the backbone of direct care in nursing homes and have one of the most difficult jobs imaginable, even in normal times. Serving on the frontlines of COVID-19, caregivers have risen to the challenge and performed countless acts of heroism and compassion to keep their patients safe, despite the dangers of the job and earning poverty wages.”

“CNAs in long term care put their health and safety on the line every day. It is essential that their work is recognized and raising their wages is an important first step,” **said Sue Cleary, President of AFSCME 1199J.** “There must be a continuing effort to fix the short staffing problem that has plagued the industry for many years which has had a significant impact on our members.”

**Under the DOH directive, when a facility is permitted to enter a reopening phase depends on compliance with the following benchmarks:**

- Facilities must not have an active outbreak. An outbreak is considered concluded when a facility has 28 days – two incubation periods with no new positive staff or residents – and, if a CMS-certified facility, a DOH survey inspection.
- They must be fully staffed and have a plan for additional staffing in case of an outbreak or emergency.
- Staff testing must continue to be conducted weekly.
- It is essential that they have enough PPE for present use in addition to a stockpile for emergencies.
- They must have an updated outbreak plan with lessons learned from the COVID-19 pandemic. The plan must also include a communications strategy that outlines regular communication with residents and families about cases and outbreaks or any other emergency. The plan must also include methods for virtual communication in the event of visitation restrictions. The plan must be posted on their website.
- Facilities must contract with an infection control service within two months or hire a full-time employee in the infection control role if they have more than 100 beds or hemodialysis.
- Facilities with ventilator beds are required to hire an infection control employee per current statute.

- Every facility will be required to put in place within nine months a respiratory protection program that complies with Occupational Safety and Health Administration (OSHA) standards including medical screenings and fit testing of employees using respirators (N95 Masks).

There are four phases of DOH's reopening plan as outlined in the directive, all tied to the state's planned stages of reopening. All facilities start in Phase 0 as of today.

**Once visitation can begin, facilities must follow rigorous infection prevention and control protocols, including:**

- Visitor screening, including temperature checks;
- Requiring visitors to practice routine infection prevention and control precautions including wearing a mask and social distancing;
- Having a plan that limits hours of visitation and number of visitors in the facility at one time. Residents will be limited to two visitors at a time;
- Identifying a visitation area that allows for social distancing and deep cleaning if the resident is in a shared room;
- Receiving informed consent from the visitor and resident acknowledging that they are aware of the risks of exposure to COVID-19 and that they will follow rules set by the facility;
- Instructing visitors to monitor for fever or other COVID-19 symptoms for at least 14 days after their visit, and to immediately notify the facility if they experience symptoms.

Recognizing that some residents need additional support regardless of the situation at their facility or their COVID status, a new category of essential caregiver will be added for all residents with proper precautions such as screening and the use of PPE.

Click [here](#) to read the DOH directive.