

## LA CROSSE COUNTY NOTICE OF MEETING

<b>COMMITTEE OR BOARD:</b>	<b>VETERANS, AGING &amp; LONG-TERM CARE COMMITTEE</b>	
<b>DATE OF MEETING:</b>	<b>MONDAY, April 12, 2021</b>	
<b>MEETING PLACE:</b>	<b>Administrative Center, County Board Room 1700                  212 6<sup>TH</sup> Street N, La Crosse, WI 54601</b> <a href="#">Click here to join the meeting</a>	
<b>TIME OF MEETING:</b>	<b>8:00 A.M.</b>	
<b>PURPOSE OF MEETING:</b>		
1.	Roll Call/Call to Order	
2.	Public Comment <b>**Please see below on how to sign up for making public comment**</b>	
3.	Approve Veterans, Aging & Long-Term Care Committee Minutes of February 8, 2021	
4.	Consent Agenda (Informational): <ul style="list-style-type: none"> <li>a. Census</li> <li>b. Pandemic Response Update</li> <li>c. State &amp; Federal Long-Term Care Update</li> </ul>	
5.	Conference/Meeting Report	
6.	Hillview Campus Planning <ul style="list-style-type: none"> <li>a. Operational Budgets</li> <li>b. Other</li> </ul>	
7.	Hillview Independent Living/Assisted Living <ul style="list-style-type: none"> <li>a. Hillview Terrace</li> <li>b. Carrol Heights</li> </ul>	
8.	Therapy RFP Update	
9.	Next Committee Meeting: May 10,2021	
10.	Future Agenda Items	
11.	Adjourn	
<b>NEWS MEDIA</b>	<b>DEPARTMENTS / STAFF</b>	<b>COMMITTEE MEMBERS</b>
La Crosse Tribune	County Board Chair	Roger Plesha, Chair
Other Media	County Administrator County Clerk Facilities	Dan Ferries Andrea Richmond Grant Mathu Barb Janssen
<b>OTHERS</b> Ryan Westpfahl Krista Heinz/Coulee Cap Bryan Jostad	<u>Email:</u> Wanda Plachecki Audra Martine Kelly Kramer Adam Flood	

**MEMBERS:** If unable to attend, call the County Clerk's Office at 785-9581.

**\*\*PUBLIC COMMENT:** Individuals may make a public comment in person or virtually. For individuals intending on making a virtual public comment, **please register at least 24-hours** in advance by emailing [publiccomment@lacrossecounty.org](mailto:publiccomment@lacrossecounty.org) or leave a message at 785-9700. Please include your name and email address you will be using to connect with the committee, along with the name of the committee you would like to provide a public comment.

The Committee may receive information from the public, but the Committee reserves the right to limit the time that the public may comment and the degree to which members of the public may participate in the meeting.

**PERSONS WITH DISABILITIES:** If you need accommodations to attend this meeting, please contact the County Clerk's Office at (608)785-9581 as soon as possible.

**DATE POSTED: April 8,2021**

***This meeting may be recorded, and any such recording is subject to disclosure under the Wisconsin Open Records Law.***

The public may view this meeting using Microsoft Teams. The link is provided on the agenda.

**Please note this is a change from previous meetings that had board meetings streaming on Facebook for the public to view. We will no longer be streaming on Facebook.**

**VETERANS, AGING & LONG TERM CARE COMMITTEE**  
**Monday, February 8, 2021**  
**Room 1700, County Board Room**  
**8:00 a.m.**

<b>MEMBERS PRESENT:</b>	Roger Plesha (Chair), Dan Ferries, Andrea Richmond, Grant Mathu, Barb Janssen
<b>MEMBERS EXCUSED:</b>	None
<b>MEMBERS ABSENT:</b>	None
<b>OTHERS PRESENT:</b>	Steve O'Malley, Wanda Plachecki, Kelly Kramer, Audra Martine, Jane Klekamp, Ryan Westpfahl, Amy Simonis, Deb Strand, Ginny Dankmeyer, Joyce McLaughlin

**CALL TO ORDER:** Chair Roger Plesha called the meeting to order at 8:00 a.m.

**PUBLIC COMMENT: NONE**

**APPROVE MINUTES:**

Veterans Aging & Long-Term Care Committee – January 11, 2021. **MOTION** by Richmond/Ferries to approve the minutes of January 11, 2021. **Motion carried unanimously.**

**CONSENT AGENDA:**

Census Update – included in the packet was a Census Update for Lakeview, Hillview & Assisted Living Campuses from Wanda Plachecki. **Motion** by Ferries/Janssen to approve. **Motion carried unanimously.**

**CONFERENCE/MEETING REPORT: NONE**

**Pandemic Response Update:**

- a. Hillview: Kelly Kramer summarized the current COVID outbreak and the use of the 200 Hallway to separate COVID-positive residents from the rest of the population. Hillview started taking admissions as of last week. Will start opening the facility to visitors on a limited basis on February 12, 2021 if no new positive COVID cases reported.
- b. Lakeview Health Center: Wanda Plachecki reported on the use of separate location for COVID positive residents was very helpful. Also need to look at the air handling systems for future pandemic responses. Lakeview's last outbreak was around the holidays. COVID testing continues dependent on the positivity rate of staff and residents. The second vaccination clinic was held February 5, 2021. High immunization response rate from the nursing home staff and residents of entities. Assisted Living staff immunization rate is at 55%. Wanda will meet with each staff person who has declined the COVID vaccine. Another concern is how to get new employees, new residents, and employees who change their minds the vaccine after the Walgreen clinics are completed.
- c. PPE: PPE continues to be a challenge due to rising cost. Glove costs have increased 300% since the start of the pandemic. Work continues with several purchasing groups to get the best rate on purchasing PPE.

**Hillview Planning**

The cost of Hoffman Planning, Design & Construction, Inc. for the Hillview full building assessment and conceptual drawings is approximately \$52,000.00. Hoffman has provided a quote of approximately \$25,000.00 for a full building assessment for Carroll Heights. Carroll

Heights helps meet the community needs including reasonable rents but is an old structure. A decision will need to be made to pursue the assessment or not.

**Work Plan 2021:**

Included in the packet. This is an outline for topics to include in the meetings.

**NEXT COMMITTEE MEETING: March 8, 2021 at 8:00 a.m.**

**FUTURE AGENDA ITEMS:**

- Campus Structure
- Please send agenda items to Roger Plesha or Joyce McLaughlin

**ADJOURNMENT: MOTION** by Grant Mathu/Dan Ferries to adjourn the meeting at 8:19 a.m. **Motion carried unanimously.**

**Disclaimer:** The above minutes may be approved, amended or corrected at the next committee meeting. Joyce McLaughlin, Recorder



**LA CROSSE COUNTY**  
Exceptional services. Extraordinary place.

Long Term Services, Wanda Plachecki/Executive Director

TO: Veterans, Aging & Long-Term Care Committee  
FROM: Wanda Plachecki, NHA  
DATE: April 8, 2021  
RE: Census/COVID-19 Updates

**CENSUS UPDATES**

**Lakeview Health Center & Assisted Living Campus**

Census on April 7, 2021 for the Lakeview campus is:

- Lakeview Health Center
  - Census: 48
  - Licensed Beds 50
- Ravenwood
  - Census: 9
  - Licensed Beds: 10
- Maplewood
  - Census: 15
  - Licensed Beds: 15
- Neshonoc Manor
  - Census: 15
  - Licensed Beds: 15
- Monarch Manor
  - Census: 8
  - Licensed Beds: 8
- Regent Manor
  - Census: 4
  - Licensed Beds: 4



## **Hillview Health Care Center & Assisted Living Campus**

Census on April 6, 2021 for the Hillview campus is

- Hillview Health Care Center
  - Census: 82 in-house with an average daily census of 78.5 in-house for the month of March
  - Average short stay/Medicare census was 9.8 for the month of March
  - Licensed Beds: 110
- Carroll Heights
  - Census: 55
  - Licensed Beds: 55
- Hillview Terrace
  - Census: 28
  - Licensed Beds: 30

### **COVID-19 UPDATE**

**Vaccination Clinics:** The Hillview and Lakeview campuses have completed their vaccination clinics with Walgreens and are working on an ongoing system for new resident and staff vaccinations. Between 80-85% of our nursing home staff have been fully vaccinated and between 86-95% of our residents have also met this milestone. We continue to address vaccine hesitancy by providing education and information to our staff and residents and are grateful for those individuals who have made the choice to be vaccinated.

The CDC continues to update its guidance related to fully vaccinated staff and residents. Current guidance allows for fully vaccinated residents to be admitted to our facilities without the 14-day quarantine. This has been a welcome change as quarantine is challenging and isolating for anyone transitioning to a new home.

**Resident Engagement/Visitation:** Due to low community positivity rates and no outbreaks in either campus at this time, we have been able to open our indoor visitation. We continue to require scheduling and follow good infection prevention core principles. Visitors are screened before entry into the facility. If a resident is fully vaccinated, CDC guidance supports hugs and touching! It is hard to describe the joy this brings to our residents!

I have enclosed some materials from our nursing home association related to budget and nursing home infrastructure requests for your information.

Please contact me with any questions you may have related to census, pandemic response or long-term care issues. You may contact me at 608-612-0640 or [wplachecki@lacrossecounty.org](mailto:wplachecki@lacrossecounty.org).



April 1, 2021

Sen. Charles E. Schumer  
Majority Leader  
U.S. Capitol Building  
Washington, DC 20510

Rep. Nancy Pelosi  
Speaker of the House  
U.S. Capitol Building  
Washington, DC 20515

Sen. Mitch McConnell  
Minority Leader  
U.S. Capitol Building  
Washington, DC 20510

Rep. Kevin McCarthy  
Minority Leader  
U.S. Capitol Building  
Washington, DC 20515

Dear Sen. Schumer, Sen. McConnell, Rep. Pelosi, Rep. McCarthy:

The pandemic has made it abundantly clear that the United States is not ready for its rapidly aging population. Today, 15% of the population is age 65 or over; in 2034 that will be 20%; and in 2040, 25%. Anyone turning 65 years old today has a 50% chance of needing some paid long-term services and supports (LTSS) before they die. The U.S. does not have the physical or programmatic infrastructure to support this. On top of this, the health and economic shock of COVID-19 has been most profound for older people, who are exponentially more likely to have experienced severe symptoms or die, if infected.

LeadingAge is pleased to see that Congress is focusing on building and rebuilding the country's infrastructure for the 21<sup>st</sup> century. Our collective vision for this infrastructure is that it must be focused on making the U.S. a good country to grow old in. During 2020, the following realities were underscored and exacerbated:

- There are significant workforce shortages across nursing homes, home health and hospice care, and home and community-based services.
- The nation's 15,000 nursing homes have been underfunded by Medicaid for decades. On average, nursing home buildings are 40 to 50 years old.
- Two out of three older adults eligible for affordable senior housing are not able to receive that help because the housing simply does not exist.
- While there will always be a need for nursing home care, many older people prefer and are able to receive help at home, or in the community, through home care or programs such as adult day services or PACE. But these programs also have been chronically underfunded and/or limited in how many people they can enroll; as a result, many have long waiting lists or are not universally available.
- Many patients and families expressed a preference for and can receive safe and high-quality skilled care at home through the Medicare Home Health Benefit.
- People want to die at home and need access to high-quality hospice services in order to do so; additionally, the demand for non-hospice palliative care services rose dramatically during the COVID-19 pandemic.

This letter outlines our Blueprint for a Better Aging Infrastructure, a series of recommendations for Congress to consider in order to ensure that aging services – essential given our country’s demographics – are a part of our renewed and revitalized infrastructure. Our recommendations include investments in physical and technological infrastructure, supports for essential health care work, and economic, social, gender, and racial equity.

LeadingAge is a national organization focused on education, advocacy, and applied research. The mission of LeadingAge is to be the trusted voice for aging. Our 5,000+ nonprofit members include the entire field of aging services providers – including nursing homes, home health, hospice, home and community-based services, affordable housing, retirement communities, and assisted living.

## **Workforce**

The most critical component of an aging services infrastructure is the people who do the work. Recruitment and retention of older adult services workers have long been the critical issue for nearly every provider member of LeadingAge. The pandemic exacerbated and exposed these widespread staffing challenges to a broader audience. Concerns emerged about wages, benefits, “pandemic pay” increases, the cost of replacing staff, and staff members’ needs for trauma and recovery support.

Further pointing to the urgency of this situation, as the population ages there will be fewer informal caregivers (friends and family members) to support increasing numbers of older people who need help.

LeadingAge supports a living wage, determined by locality, for all aging services workers across the continuum of care, with providers fully reimbursed to cover wages and benefits.

LeadingAge requests that Congress takes steps on the following solutions to the workforce crisis as part of any infrastructure package:

- Permanently increase the federal match (FMAP) by 10% for both home and community-based and nursing home services.
- Strengthen federal investments in competency-based training programs, offer career pathways to advancement opportunities, and provide support for loan forgiveness programs, especially in rural or underserved communities.
- Provide adequate funding and programs to train additional geriatric nurses and physicians and establish programs and initiatives that train COVID-19 frontline staff to address fatigue and mental health challenges.
- Enact the Palliative Care and Hospice Education and Training Act (PCHETA) which would allow more training of specialized workforce to support those with serious illness.
- Provide \$300 million to ensure a Resident Service Coordinator is present in every HUD-assisted senior housing community, and promote training and compensation benchmarks for the profession
- Make meaningful changes to immigration policies to support hiring foreign-born workers at all levels and positions in aging services. Include provisions that ensure that workers hired under these programs be protected from exploitation and have a path to citizenship if they so choose.

## Care in the Home and Community

Most people want to live in their own homes if possible, receiving care and services as needed, rather than moving into congregate living environments. Today, more than half of all Medicaid LTSS dollars go to services in the home and community. The infrastructure package provides an ideal opportunity to revisit and redesign how we care for older adults.

In addition, the home and community-based care field is growing fast, and with the right federal investments could be the source of potentially millions of new jobs over the next decade as the 65+ population grows and ages. This includes policy that expands access to traditional Medicaid home and community-based services (HCBS), integrated models of care like PACE, and Medicare-funded home health and hospice services.

Investments are also needed to build accessible physical spaces that can house day centers for adult day services operators, PACE organizations, and other center-based aging services providers.

LeadingAge requests that Congress takes steps on the following solutions to address home and community-based services challenges as part of any infrastructure package:

- Ensure full access to Medicaid HCBS by reclassifying these benefits as mandatory to improve the aging services infrastructure and doing so in a geographically equitable way.
- Incentivize states to eliminate waiting lists with generous matching and pay-for-performance metrics.
- Support states to develop and improve capacity to provide HCBS, consistent with [Senator Casey's framework](#) outlined in 2020.
- Expand access to integrated models of care like PACE by making it easier for PACE organizations to expand service areas, increase enrollment, and serve additional populations.
- Make permanent Money Follows the Person and HCBS spousal impoverishment protections.
- Provide expanded support for programs under the Older Americans Act.
- Invest in programs to design, revamp, and build accessible physical spaces, such as day centers used for adult day services, PACE organizations and senior centers.
- Add an in-home respite level of care in hospice; this would also provide more jobs.
- Establish pilots that allow for community-based advanced illness services to provide an extra layer of support to patients with serious illness prior to hospice eligibility.
- Modify the home health benefit to be inclusive of more personal care, technology, and other necessary services to provide a higher level of care in the home for those who want it.
- Maintain COVID-19 telehealth flexibilities into the future and expand them to include appropriate reimbursement for Medicare home health and PACE providers.
- Make sure that providers of care in the home and community are eligible to receive technological infrastructure investments such as those offered by the Federal Communications Commission (FCC) and other sources.

## Affordable Senior Housing

There simply is not enough affordable senior housing to meet the need, and post-pandemic the need is expected to increase. Thirty percent (2.6 million) of older adult renter households spend more than half of their incomes on housing. In many parts of the U.S., older adults represent the fastest growing age segment of the homeless population. The lowest income older adults with severe housing cost-burdens



spend 50% less on out-of-pocket healthcare expenses and 47% less on food than older adults living in housing they can afford.

The shortage of affordable senior housing will only worsen over the coming decades. There will be a 16.1 million net increase in households formed between 2020 and 2040, and 13.8 million of these households will be headed by someone older than 65, 40% of whom (5.5 million) will be renters. Of these new 5.5 million older adult renter households, 2.6 million will be Black older adult renter households.

LeadingAge requests that Congress takes steps on the following solutions to address affordable housing challenges as part of any infrastructure package:

- Expand the supply of affordable senior housing by investing \$2.5 billion in the U.S. Department of Housing and Urban Development's (HUD's) Section 202 program to build approximately 54,000 homes.
- Build back better with a \$1 billion pool of capital funds under an Age Friendly Retrofit program for HUD-assisted senior housing, and the homes within them, to guarantee physical accessibility, make room for health and wellness activities, and improve air ventilation systems.
- Ensure equity in internet access. Define broadband as a subsidized utility in HUD, Treasury and USDA rental assistance programs, as proposed in the Broadband Justice Act (H.R. 1904). Most HUD-assisted older adults, who have annual household incomes of less than \$14,000, either do not have internet access in their apartments or are paying much more than they can afford for that access. Invest \$5 billion to modify federal programs to enable equal access to the health/telehealth, economic, and social connectedness benefits of the internet.

### **Nursing Homes and other Congregate Living Communities**

There will always be a need for residential, 24/7 care for a small percentage of the population over age 65, including those with advanced dementia, those with no family caregivers, and those with significant functional impairments. The COVID-19 pandemic has been sobering for congregate living communities, their residents, staff, and leadership. The question of whether and how these communities continue, and more importantly thrive in the future, is critical to address in any infrastructure package, as the very buildings themselves must be brought into the post-pandemic 21<sup>st</sup> century.

LeadingAge requests that Congress takes steps on the following solutions to address nursing home challenges as part of any infrastructure package:

- Build back better by enacting provisions to support outdated physical structures, ensuring private rooms and person-centered care.
- Enhance the quality of clinical care with a requirement for 24-hour registered nurse coverage, a 30-day minimum supply of personal protective equipment, and improvements to the role of infection preventionists; all tied to increased reimbursement to cover the costs.
- Improve staffing ratios in nursing homes with enhanced FMAP and a requirement that increases be passed through to workers.
- Direct CMS to modify the nursing home regulatory framework consistent with recommendations from the National Academies of Sciences, Engineering, and Medicine's forthcoming report.

- Mandate improvements in the survey process that enable person-centered resident care and rapidly turn around or close poor-performing nursing homes.
- Establish a publicly reported customer satisfaction measure.
- Enhance FMAP across the board for nursing homes and HCBS.
- Establish federal guidelines for state allowable cost definitions.

### **Long-Term Care System and Financing Reform**

Most Americans do not have resources to pay for a potential need for long-term care; and very few have made a plan. As a result—with the exception of the very wealthy who can afford to pay for care and services out of pocket, the fewer than 10% who have private long-term care insurance, and those who qualify or spend down to Medicaid—it’s a patched together solution at best.

The pandemic has given many people a moment of reckoning. We encourage Congress to use the opportunity of the infrastructure conversation to take steps to establish an affordable, meaningful set of policies to finance long-term care for those who need it and build an aging services infrastructure that includes high-quality services across the continuum. It is no longer acceptable for the United States to be one of the few developed countries in the world that has not put policies in place to address this need.

### **Coming Out of the Pandemic**

Aging services providers – particularly nonprofit and similar communities whose mission is to help older people live their best lives -- have been devastated by COVID. The resident and staff lives lost can never be replaced.

But Congress can begin its infrastructure work by creating a strong foundation from which to build back better aging services. We recommend that Congress ensure access by financially sustaining existing providers so that they are able to step up and be part of building the infrastructure building that prepares the country for this country’s rapidly aging population.

We request that Congress take the following steps:

- Establish a “Hardest Hit” Provider Relief Fund for aging and long-term care providers, with \$6 billion to ensure that nursing homes, assisted living, life plan communities, adult day services, PACE, home health, hospice, and other home and community-based service providers continue to be available to deliver services to our aging population.
- Ensure that the cost of required testing and personal protective equipment, which keep staff and residents, patients, and clients safe, are fully covered.
- Expand the number of Service Coordinators and the availability of internet in affordable senior housing communities.
- Invest in a nationwide broadband infrastructure that allows for broad adoption of technology enabled care, including both a continuation of COVID-19 related telehealth flexibilities and other technological additions that help provide more accessibility to high-quality care.

### **Aging Services are an Essential Part of the Nation’s Health Infrastructure**

As the population of the United States continues to age, we urge Congress to use the lessons of the pandemic to address the gaps in the nation’s aging services. It is no longer acceptable that our health

care system does not include coverage of a set of services that half of us will need before we die. It is no longer acceptable that low-income older individuals, especially those whose income and well-being declined in 2020, do not receive housing when they qualify for it.

Building back better means addressing inequities that leave older people on their own to patch together the supports they need with whatever resources they can come up with. Building back better means modernizing aging physical structures, as well as ensuring that needed services are in place and financed adequately.

Please contact Ruth Katz ([rkatz@leadingage.org](mailto:rkatz@leadingage.org)) for additional information on our Blueprint for a Better Aging Infrastructure or to discuss these ideas.

Sincerely,

A handwritten signature in black ink that reads "Katie Smith Sloan". The signature is written in a cursive, flowing style.

Katie Smith Sloan  
President and CEO  
LeadingAge



### **Budget Request for Wisconsin's Nursing Facilities**

The Governor's Task Force on Caregiving overwhelmingly voted to support linking nursing home reimbursement rates to the actual cost of care (i.e., rates should be set at payment standards based on the statewide median (50th percentile) plus an additional percentage, for the cost of Direct Care and Support Services.

Building on the recommendations of the Task Force, the Governor proposed an investment of **\$94.6 million GPR** in funding over the biennium to support nursing homes. This would result in funding increases for nursing homes rates of 11.5% in fiscal year 2022 and additional 11.7% increase in fiscal year 2023.

**LeadingAge Wisconsin and the Wisconsin Health Care Association requests the funding proposal be included in the 2021-2023 biennial budget. Here's why:**

#### **Diminishing Access to Care:**

- Access to quality nursing home care has been threatened and compromised due to reductions in bed capacity and availability.
- Since 2016, 41 nursing homes have closed; during the most two recent calendar years, more than 3,000 nursing home beds were lost, reducing nursing home bed capacity by approximately 10%.
- As a result, hospitals report difficulties in securing post-acute care placements for their patients and some communities are without a long-term care facility. This affects not only access to care, but also employment opportunities and economic growth for residents and other businesses.
- A 2019 LeadingAge Wisconsin Nursing Facility Access Study projected that nearly every Wisconsin county will experience a nursing home bed shortage by the year 2027.

#### **Ongoing Workforce Crisis:**

- The Long-Term Care Workforce Crisis: A 2020 Report showed that 1 in 4 direct caregiver positions in Wisconsin's nursing homes and assisted living facilities were currently vacant.
- The 2020 provider survey found there were as many as 20,655 job openings in long-term care (LTC) facilities across the state.
- Thirty-three percent of survey respondents reported they were unable to admit new residents or tenants due to the inability to fill caregiver job vacancies.
- The ongoing workforce crisis is forcing many providers to either limit admissions or rely on current caregivers to work double shifts or overtime, which is leading to caregiver burnout, and an inability to retain and attract staff.

#### **Covid-19 Created the Perfect Storm:**

- Wisconsin's Medicaid nursing home reimbursement continues to be one of the worst in the country in terms of paying for the actual cost of care. A national accounting firm's 2020 study reported Wisconsin nursing homes had a median net operating margin of *negative 2.7% prior to the pandemic*.
- The federal Center for Disease Prevention and Control (CDC) has identified nursing home and assisted living residents as having the highest risk of dying from COVID-19.
- LTC facilities continue to experience substantial expenses for PPE, testing, supplies, and enhanced infection prevention measures.

For more information contact:

Rick Abrams, President & CEO, WHCA/WiCAL, (516) 241-2879 [rick@whcawical.org](mailto:rick@whcawical.org)  
 John Sauer, President/CEO, LeadingAge Wisconsin, (608) 444-9295 [jsauer@leadingagewi.org](mailto:jsauer@leadingagewi.org)

# The Underfunding of Nursing Facility Resident Care

**\$294,000,000+**

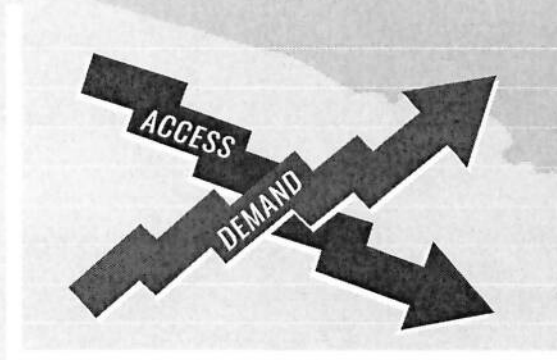
Medicaid was underfunded by more than \$294 million in 2019-20.

**\$74.53-\$78.55** per day loss

Average amount facilities lose for each Medicaid resident, each day, for providing their care.



**41**  
Nursing Facilities  
have closed  
since 2016



Decreasing access to care is happening while we have an increasing demand due to changing age demographics



The workforce crisis is intensifying due to wage suppression brought on by insufficient Medicaid rates.



**COVID-19** costs and complications have exploded

- In the 2019-2020 payment year, the difference between the total cost of the care facilities provided their Medicaid residents and the Medicaid reimbursement they received for providing that care, referred to as their Medicaid deficit, was estimated to be at least **\$294,000,000**, according to two association studies of 2019 Medicaid Cost Reports.
- All but one nursing facility in Wisconsin experienced a Medicaid loss; proving this is a systemic underfunding and not a facility-specific operational issue.
- To help combat the Medicaid underfunding, private pay residents are forced to pay more for the same care. On an annual basis, private pay residents pay \$37,000 more per year. This hidden tax on a private pay resident results in depletion of assets and lost homes.
- Wisconsin nursing facilities, on average, **lose between \$74.53 and \$78.55 per day** for each Medicaid resident they serve. This growing loss number is creating added pressure on the viability of nursing facilities.
- The proportion of Medicaid residents in nursing facilities is rising. With fewer residents to cost shift the Medicaid loss burden to, many nursing facilities have downsized their bed capacities, while other facilities have been forced to close as the only option. This has resulted in fewer nursing facility beds being available in Wisconsin, and fewer options for local employment, particularly detrimental in rural areas.
- **41 facilities have closed since 2016.** The Medicaid losses that facilities sustain are a significant contributing factor to these facility closures.
- The 85+ year old population demographic is set to increase by more than 110% from 2020 to 2040. These individuals most often access the critical care offered in nursing facilities. This demographic change will require more available nursing facility beds, not further reductions in access.
- These losses are in addition to the operational and financial stress that have been exacerbated by the COVID-19 pandemic.
- This underfunding, in addition to fueling the flame of decreased access to care, is also suppressing what nursing facilities can pay their workforce. With less funds available to pay staff, more health care heroes are leaving for other work. We need to retain these workers so this vital service can remain viable. Increased funding is imperative!

**FOR MORE INFORMATION CONTACT:**

**John Sauer**  
*President/CEO*  
LeadingAge Wisconsin  
(608) 444-9295  
[jsauser@leadingagewi.org](mailto:jsauser@leadingagewi.org)

**Rick Abrams**  
*President & CEO*  
WHCA/WiCAL  
(516) 241-2879  
[rick@whcawical.org](mailto:rick@whcawical.org)