with cognitive impairments experience and make decisions about caregiving during a global pandemic.

**Study Design:** Using purposive sampling, family caregivers participated in open-ended qualitative interviews (2019–2020), until thematic saturation was reached. Questions broadly examined caregivers’ experiences and decisions, focusing on decisions made around type of care setting. Questions about responses to the Pandemic were added as events unfolded. States were selected to represent variation in Home and Community Based Service (HCBS) expenditures as a percentage of total Medicaid long-term services and support expenditures. They include: Arkansas, Florida, Illinois, Minnesota, New York, North Carolina, and Oregon. All participants were actively involved in the care of someone with dementia or another cognitive impairment over the age of 60.

**Population Studied:** 63 family caregivers were interviewed across eight states. About 89% of participants were female, 78% white, 10% black, 5% Asian, 3% biracial, 2% Native American. 36% of respondents reported that they care for receive Medicaid.

**Principal Findings:** This analysis focused on several COVID-related caregiver decisions: changes in care, challenges with care utilization and access, and policies or changes in care that were helpful during the pandemic were of focus. Four key themes emerged. First, family caregivers experienced communication challenges with long term care facilities often due to COVID-19 restriction policies. They reported an inability to assess care quality, participate in medical appointments, or communicate with their loved ones. Second, some families chose to cease the care supports they were receiving. Participants cited concern about the virus itself, and about indirect pandemic effects such as their loved ones experiencing confusion, loneliness, and poor care. Third, many respondents expressed the desire to avoid future nursing care, and expressed hesitancy towards seeking HCBS until the pandemic is curbed. Finally, many caregivers reported that telemedicine and other remote health care interventions improved their workload and service access.

**Conclusions:** We examined how the pandemic has impacted decision-making among caregivers of older adults with cognitive impairments. Family caregivers experienced significant concern about COVID-19 itself, and about the indirect consequences of caregiving caused by the pandemic. Caregivers have also shown flexibility and adaptability in ceasing selected services, contingently continuing services, and utilizing telemedicine and other remote healthcare interventions to protect their loved ones. Many family caregivers utilized remote health care interventions such telemedicine, no-contact prescription and grocery delivery. Such measures improved service access and reduced caregiver workload.

**Implications for Policy or Practice:** Given the persistent challenges posed by COVID-19, long term service organizations have an opportunity to enhance their policies to meet the needs of caregivers and those they care for. First, there is a need to expand and continue telemedicine and other remote healthcare interventions, while adapting these technologies to the needs of families. Second, bolstering communication supports when on lock down in nursing facilities may reduce confusion and feelings of isolation. Finally, procedures are needed for safe and trusted pathways to utilize HCBS and nursing care during a pandemic including sufficient PPE, increased staffing, and utilization of evidence-based protocols.

**Primary Funding Source:** National Institutes of Health.

### The Impact of the COVID-19 Pandemic on the Long-Term Care Workforce

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**Research Objective:** The objective of this research was (1) to gather information about the impact of the COVID-19 pandemic on the nursing home workforce to better understand the challenges faced by nursing homes during the early phase of the outbreak, and (2) to identify new federal and state policies and practices that have been implemented to address these challenges in nursing homes. We sought to understand the challenges nursing homes faced during the early phase of the pandemic with regard to personal protective equipment (PPE), supplies for staff and infection-control policies and procedures, as well as the ability to maintain sufficient staffing levels and manage staff turnover.

**Study Design:** We conducted telephone interviews with nine key stakeholders knowledgeable about nursing home responses to the pandemic. We also conducted a systematic policy review to document federal, state, and local laws and policies designed to support nursing homes during and after the COVID-19 pandemic, with a focus on workforce challenges.

**Population Studied:** Interview respondents included researchers and national association leaders representing the nursing home industry, direct care staff, and involved in long-term care policy and practice.

**Principal Findings:** Staffing shortages and attrition due to the pandemic intensified nursing home workforce problems during the pandemic. In response to low pay, poor working conditions, and the high risk of COVID-19 infection, some nurses and certified nursing assistants left their jobs despite increased demand for their skills and expertise. The nursing home workforce also confronted new challenges during the pandemic that stemmed from a lack of critical resources, such as childcare coverage and mental health support, which escalated critical shortages of staff. The lack of a unified national testing strategy, distribution of test kits, and policies to cover cost, reportedly delayed timely testing of residents and nursing home staff early on, and hindered understanding about the risk of COVID-19 transmission.

**Conclusions:** To fill vacancies and provide surge support, nursing homes developed strategies to recruit new staff, while states and the federal government modified licensing and credentialing requirements and deployed nontraditional staff. Governments and nursing homes also increased wages and augmented non-wage benefits such as childcare, housing, transportation assistance, and food supports.
Federal and state governments also increased access to PPE, expanded use of telehealth, created non-punitive leave policies, and monitored staff for illness.

Implications for Policy or Practice: The findings from this study point to several opportunities for further research, including examining how nursing homes have taken advantage of state and federal initiatives implemented in response to COVID-19; assessing which resources have directly impacted the capacity of the nursing home workforce; and understanding any long-lasting effects on the workforce that will remain as a result of the pandemic. It may also be informative to explore the long-term effects of the outbreak on the nursing home workforce, as the prolonged physical and emotional toll of these direct-care jobs leave the workforce prone to burnout and fatigue.

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Outcomes after Community Discharge from Skilled Nursing Facilities: The Role of Medicaid Home and Community-Based Services

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Research Objective: Most older adults receiving post-acute care in skilled nursing facilities (SNFs) return home, but remaining in the community after SNF discharge is challenging, especially for Medicare-Medicaid dually enrolled individuals (duals). The Medicaid Home- and Community-Based Services (HCBS) may facilitate smoother transitions and support community living after duals return home from SNFs. This study examined the association between the generosity of Medicaid HCBS and health outcomes and care utilization of duals after SNF-to-community discharge.

Study Design: We merged national Medicare enrollment and claims data, Medicaid Analytic eXtract (MAX), Minimum Data Set, and facility/county-level publicly available data for CY 2010-2013. Eligible dual beneficiaries and their SNF post-acute episodes and SNF-to-community discharges were identified. The main outcome variable was whether an individual remained in the community after SNF discharge without “adverse” events (i.e., nursing home [NH] or SNF admission, hospitalization, and death) during two follow-up periods (i.e., 30 days and 180 days post-discharge). We further examined each of these events separately as secondary outcomes. The key independent variables included HCBS generosity, measured as breadth (i.e., proportion of duals using HCBS services) and intensity (i.e., average monthly HCBS spending per user). Linear probability models with SNF fixed effects and robust standard errors were estimated, accounting for individual demographics and health status at SNF discharge.

Population Studied: The study cohort was duals who were newly admitted to SNFs for post-acute care and were discharged to the community within 100 days (n=121,184).

Principal Findings: Overall, 79% and 50% of the identified duals remained in the community alive without NH/SNF admissions or hospitalizations for 30 and 180 days after SNF discharge, respectively. After accounting for covariates and SNF fixed-effects, we found that a 10 percentage-point increase in HCBS breadth led to a 0.7 percentage-point increase (p<0.01) and a 0.8 percentage-point increase (p=0.037) in the likelihood of remaining in the community for 30 and 180 days. A $100 increase in HCBS intensity led to a 0.2 percentage-point increase (p<0.01) in the likelihood of remaining in the community for 30 days. Increases in both HCBS breadth and intensity were associated with reduced risks of NH/SNF admission within 30 and 180 days, and greater intensity was related to reduced risk of hospitalizations within 30 days after SNF discharge. We did not detect statistically significant associations between HCBS generosity and death in both post-discharge periods.

Conclusions: We found that greater HCBS breadth was associated with higher likelihood of remaining in the community for both the 30- and 180-day periods after SNF discharge, while the effect of HCBS intensity on remaining in the community was detected only in the 30-day period after discharge.

Implications for Policy or Practice: While both HCBS breadth and intensity have a modest effect on facilitating community living after SNF discharge, the role of breadth and intensity may be different. Refining and tailoring the use of HCBS to better meet the needs of patients after discharge from post-acute care has potential to enhance the ability of duals to remain in the community.

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Admissions to High-Quality Nursing Homes from Community: Racial Differences and Medicaid Policy Effects

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Research Objective: To examine racial differences in admissions to high-quality nursing homes (NHs) among residents with Alzheimer’s disease and related dementias (ADRD), and whether such racial differences can be influenced by dementia-related state Medicaid add-on policies.

Study Design: Multiple CY2011-2017 national data were linked: The Minimum Data Set (MDS) 3.0, Medicare Beneficiary Summary File (MBSF), Medicare Provider Analysis and Review (MedPAR), and nursing home compare (NHC). We also collected information on state