

## **HEALTH CARE ADVISORY BOARD**

Meeting Summary  
September 14, 2020

### **MEMBERS PARTICIPATING REMOTELY**

Marlene Blum, Chairman  
Tim Yarboro, MD, Vice Chairman  
William Finerfrock, Vice Chairman  
Ann Zuvekas  
Ellyn Crawford  
Philippe Beauchene  
Rose Chu  
Maia Cecire  
Rosanne Rodillosso  
Shikha Dixit  
Dr. Michael Trahos, DO

### **STAFF**

Patricia Rohrer

### **MEMBERS ABSENT**

NONE

### **GUESTS**

Nancy Higgs, Facility Executive Director, Arden Courts of Fair Oaks  
Jennifer Smith, HCR-Regional Director of Operations, HCR Manor Care  
Becky Horner, Regional Marketing Manager, HCR Manor Care  
Richard Snoddy, Plant Operations, HCR Manor Care  
Mark Viani, Attorney, Bean Kinney  
Timothy Dugan, Attorney, Bean Kinney  
Dominic Bonaiuto, Director for Central Region Government and Community Relations, Inova Health System  
Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department  
Jessica Werder, Deputy Director of Public Health Operations, Health Department  
Sara Brinkmoeller, Director, Health Integration and Safety Net  
Sherryn Craig, Health Planner, Health Department

### **Call to Order**

The meeting was called to order by Marlene Blum at 7:30 pm.

### *Audibility of Members' Voices*

Chairman Marlene Blum conducted a roll call asking each participating member to state his/her name and the location from which he/she was participating.

Braddock District, Leann Alberts, Springfield, VA  
Dranesville District, Rosanne Rodilosso, McLean, VA  
Hunter Mill District, Ellyn Crawford, Reston, VA  
Lee District, Maia Cecire, Alexandria, VA  
Mason District, Rose Chu, Falls Church, VA  
Mount Vernon District, Shikha Dixit, Lorton, VA  
Providence District, Marlene Blum, Vienna, VA  
Springfield District, Bill Finerfrock, Springfield, VA  
Sully District, Phil Beauchene, Chantilly, VA  
At Large, Tim Yarboro, MD, Reston, VA

Chairman Blum passed the virtual gavel to Vice Chairman Tim Yarboro. Ms. Blum moved that each member's voice was adequately heard by each other member of the board, and specifically that each voice was clear, audible, and at an appropriate volume for all other members. Bill Finerfrock seconded the motion. The motion passed unanimously.

### *Need for an Electronic Meeting*

Having established that each member's voice could be heard by every other member, Ms. Blum established (1) the nature of the emergency compelling the emergency procedures, (2) the electronic format for the meeting, and (3) public access to the meeting. Ms. Blum moved that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of the Board and the physical presence of the public, cannot be implemented safely or practically. Ms. Blum moved that the Board would conduct the meeting electronically through Zoom Conference call, and that the public could access this meeting by telephone 866-434-5269 or through the following link: <https://zoom.us/j/92365578736>. Ellyn Crawford seconded the motion. The motion passed unanimously.

### *Continuity in Government*

To dispense with FOIA's Usual Procedures to Assure Continuity in Government, Ms. Blum moved that all of the matters addressed on today's agenda must address the State of Emergency itself, are necessary for continuity in Fairfax County government, and/or are statutorily required or necessary to continue operations and the discharge of

the HCAB's lawful purposes, duties, and responsibilities. Phil Beauchene seconded the motion. The motion passed unanimously.

### **June 8, 2020 Meeting Summary**

The meeting minutes from June 8, 2020 were approved as submitted.

### **New HCAB Braddock District Representative**

Leann Alberts was introduced as the new Braddock District representative to the HCAB.

### **Public Hearing to Review Arden Courts of Fair Oaks Special Exception Application (SEA 84-P-129-05)**

Timothy Dugan, Attorney with Bean Kinney introduced Nancy Higgs, Facility Executive Director, Arden Courts of Fair Oaks; Jennifer Smith, HCR-Regional Director of Operations, HCR Manor Care; Becky Horner, Regional Marketing Manager, HCR Manor Care; Richard Snoddy, Plant Operations; HCR Manor Care; and Mark Viani, Attorney with Bean Kinney. Mr. Dugan provided a broad overview of the Arden Courts-Fair Oaks of Fairfax VA, LLC's application to expand its existing assisted living facility by eight beds.

Operational since 1997, the Arden Courts Fair Oaks is a 56-bed Alzheimer's assisted living facility dedicated to providing memory care to persons with Alzheimer's disease and related dementias. The assisted living facility is comprised of four wings called "houses," which are connected by a common space where residents can enjoy specialized programming and interaction with other residents and staff. The proposed project would add eight private rooms (2,648 square feet) to the facility with the construction of two additional bedrooms to the end of each of the four "houses."

According to representatives for Arden Courts Fair Oaks, the facility's occupancy rates, which prior to COVID-19 averaged over 95% the past five years and over 91% occupancy the past two years, underscores the need to develop an eight-bed addition. The growing prevalence of Alzheimer's disease further supports the need for increased services. Using data from the Alzheimer's Association, the applicant determined that 2,303 persons 65-years and older with Alzheimer's disease live within a 5-mile service area of Arden Courts Fair Oaks. Placements in memory care facilities occur when a person is no longer appropriate or able to be cared for at home (i.e., middle stages of the disease), which the applicant estimated at 604 persons aged 85 and older with Alzheimer's disease living within a 5-mile radius of the existing facility. The current inventory of 250 existing and over 50 proposed assisted living memory care beds (300

total) within 5 miles of Arden Courts Fair Oaks is not sufficient to meet the projected need for additional memory care beds.

Further, Arden Courts Fair Oaks is increasingly admitting younger persons with early onset Alzheimer's disease, frontotemporal dementia, Lewy body dementia or alcohol related dementia. Some of the residents of Arden Courts Fair Oaks were admitted in their 50s, contributing to the demand for services.

Arden Courts is accessible from several major and minor roadways. The property is located on US Route 50, a major east-west thoroughfare traversing western Fairfax County, and in close proximity to highways such as 1-66, US Route 29, Fairfax County Parkway (Route 286), Route 123 and Centreville Road (Route 28). Fairfax Connector routes along US Route 50 and nearby cross streets provide public transportation to the site.

Arden Courts will continue to be private pay, with rates comparable to competitors in the market. The rate for the additional beds will be the same as the rate currently charged by Arden Courts Fair Oaks. This rate is all-inclusive and includes room, board, personal and memory care.

Operational costs associated with the additional eight beds will include incremental costs for staffing (one additional resident caregiver on each of the three shifts), food, resident care supplies and the beds' portion of other various overhead costs. There is an additional charge for medications and incontinence products (the associated care is included in the room rate), beauty/barber services and cable TV in the residents' rooms.

HCR IV Healthcare, LLC, the parent corporation of Arden Courts Fair Oaks, will finance the development and construction cost of the proposed eight-bed addition with cash reserves.

Arden Courts reaffirmed its commitment to participate in the Virginia Department for Aging and Rehabilitative Services (DARS) Auxiliary Grant (AG) Program, providing 4% of its beds to residents who are AG recipients.

Arden Courts is managed by a licensed Assisted Living Manager - the Resident Services Coordinator – a Registered Nurse (RN) who works full-time (8 am-5 pm) and is on-call 24/7. The Resident Services Coordinator supervises overall resident care, in consultation with a physician Medical Director. A Licensed Practical Nurse (LPN) works on each of the three shifts (7-3; 3-11, and 11-7).

Resident Caregivers, some who are Certified Nursing Assistants (CNAs), provide direct resident care. There are eight resident caregivers on the day shift (1 caregiver to 7 residents), 6.5 caregivers on the evening shift (1 caregiver to 8.6 residents) and four caregivers on the night shift (1 caregiver to 14 residents). When the expansion is completed, one additional resident caregiver will be added to each shift.

A caregiving plan is prepared for each resident to ensure that appropriate and necessary care is provided. Medication administration is provided onsite by the LPNs and Resident Caregivers who are licensed as Medication Technicians. Medications are stored in locked carts secured in the health center office when not in use.

Arden Courts facilitates diagnostic services when medically necessary and maintains working relationships for emergency services and inpatient care with Inova Fair Oaks Hospital, Inova Fairfax Hospital, and Reston Hospital Center. Arden Courts residents and/or their caregivers may secure their own specialty care (e.g., physical, occupational, speech therapy) and providers (e.g., dentist, podiatrist, ophthalmologist, psychiatrist), or request one of Arden Court's preferred care providers. Arden Courts has also made ample use of telemedicine, providing iPads to residents to meet with specialty physicians. Residents who require additional care vis-à-vis a private duty nurse will continue to have their care managed by the Resident Services Coordinator while the private-duty is in the building and he/she will be required to complete Arden Court's orientation process and documentation requirements.

All staff receive initial training in their respective job duties as well as training regarding the manifestations of Alzheimer's disease and related dementias and best practices in memory care. Continuing education for all staff is provided. Monthly educational seminars include topics related to advances in Alzheimer's disease treatment and memory caregiving techniques. Formal performance evaluations are conducted after the first 90 days of employment and annually thereafter. Informal feedback is provided on an ongoing basis.

While the Virginia Department of Social Services (DSS) did not find any deficiencies during Arden Courts of Fair Oaks' last inspection, the HCAB did express concern over a resident's elopement during a group outing during a prior inspection. Arden Court's Resident Services Coordinator stated that after careful review of the incident, the facility increased the ratio of caregivers to residents required for all trips/engagements outside of the building. The improved ratio of one caregiver to two residents has enhanced resident safety and mitigated the risk of future elopements.

The HCAB also discussed infection control and patient safety protocols in response to COVID-19. According to Arden Court representatives, the infection control plan is implemented and reviewed annually with new measures to enhance resident health and safety applied routinely. The Resident Services Coordinator reported that it has had three staff members test positive for COVID-19, but to date, Arden Courts has not had any residents test positive for the virus.

In response to a question about how many communities a Resident Caregiver may be employed at while working at Arden Courts, the Resident Services Coordinator stated that Arden Courts Resident Caregivers work exclusively at Arden Courts; at this time, employees do not have outside employment at other Manor Care communities or ALF providers. Most of the facility is comprised of private rooms, except for one room on the end of each house that remains semi-private.

This past August, Arden Courts began a limited visitation program, known as “porch visits.” Up to two family members can visit with each resident on the porch of the building with residents and visitors wearing masks, maintaining six feet of distance, and food/snacks prohibited. The community has also facilitated FaceTime calls between residents and their friends and families. The applicant stated that constructing isolation units or an auxiliary visitation area is not included in the proposed expansion as the current footprint is fixed, but he also stated that the current layout has not posed any challenges to maintaining strict infection control protocols.

Bill Finerfrock moved that the HCAB recommend the BOS approve Arden Courts of Fair Oaks application to expand its community by eight beds. The HCAB determined that the application is reasonable in terms of access, need, operations, and financial accessibility (based on the applicant's statement of participation in the Auxiliary Grant program). Dr. Trahos, DO seconded the motion. The motion passed unanimously.

### **Health Integration & Safety Net Update**

Sara Brinkmoeller, Director, Health Integration & Safety Net, discussed the Federally Qualified Health Center’s current capacity to enroll new patients and serve existing patients during the COVID-19 emergency.

Medicaid enrollment increased significantly in Fairfax County – about 8,000 from February to July. At the two FQHCs, Neighborhood Health and Health Works, the number of visits decreased in the second quarter 23-30% over first quarter. The insurance status of patient visits continues to be 50% or more uninsured.

The Self Sufficiency Division of the Department of Family Services has been working diligently to connect Fairfax County residents with medical assistance during the COVID-19 health emergency.

Ms. Brinkmoeller displayed a chart showing the number of children and adults who were approved for Medicaid since March 2020 when the health emergency began. The total increase in Medicaid enrollees from March to July was nearly 8,000 members. About ¼ of them were children and ¾ were adults: 2,140 additional children and 5,732 additional adults enrolled in Medicaid.

Approximately half of the Neighborhood Health patients from Fairfax County with visits in 2019 were uninsured. Medicaid, Medicare and other public insurance made up 34% while 17% had private insurance. More than 60% of the HealthWorks patients from Fairfax County with visits in 2019 were uninsured. Medicaid and Medicare made up 28% while 10% had private insurance.

Caveats to the data above are enrollments represent six months of the Community Health Centers operating former CHCN clinics and seeing former CHCN patients. Not all the previous CHCN patients had a visit in those six months. The Private Insurance category is primarily coverage through one of the MCOs that provide health plans to enrollees such as Aetna Better Health of Virginia, Anthem HealthKeepers Plus, Magellan Complete Care of Virginia, OptimaHealth Family Care, UnitedHealthcare Community Plan, and Virginia Premier.

Looking at the trends from the first quarter of calendar year 2020 for both FQHCs, the number of clients served during the second quarter (April-June) decreased, compared to the first quarter (January-March). Neighborhood Health had a 23% decrease in the number of clients served, and HealthWorks had a 30% decrease in the number of clients served. This is reflective of the challenges at the beginning of the pandemic (i.e., March-April) when providers faced PPE limitations, stay at home orders, and less utilization of care.

Data on clients served are comprised of persons who came in for billable visits; it does not show the total number of patients by insurance status. However anecdotally, the FQHC directors report there has been a rebound in visits for patients who need to get care, especially vis-à-vis telehealth.

Both Neighborhood Health and Health Works continue to enroll new patients regardless of insurance. They also work with existing patients to enroll them in Medicaid and

Marketplace insurance coverage. The FQHCs can see the lists of patients Medicaid assigns to them, reach out and contact them, and explain the value of a community health center medical home for their primary care provider.

For Neighborhood Health, there was a slight decrease in the percentages of clients with Medicaid, Medicare, and other public insurance in the second quarter (combined 5% decrease). There was a 5% increase in the percentages of clients with private insurance, which includes the Marketplace MCO coverage (13.5% to 19%).

For HealthWorks, there was an increase in the percentage of patients who were uninsured (55.5% to 68%) in the second quarter, compared to the first quarter. The percentages of patients with Medicaid and Medicare went down during the same period by a combined 14%. There was a slight increase in the percentage of patients who had private insurance. Like Neighborhood Health, the data include the insurance status of patients with billable visits during the time periods shown. It does not necessarily show changes to insurance status for a unique patient – since not all patients had a visit in both first and second quarter.

For HealthWorks, 625 patients had visits in both first and second quarter. Of those, only 33 had their insurance category change; and the majority (20 of the 33 patients who were seen in both quarters) were uninsured in the first quarter and moved to the Private Insurance category for the 2nd quarter. Only one person moved from any kind of insurance to uninsured.

Additional information was requested during the question and answer period. Ms. Brinkmoeller agreed to provide:

- A table with 2019 data of visits by insurance status alongside 2020 quarterly visits by insurance status.
- The value of CARES / COVID-19 funds received by the FQHCs.
- The impact of the Federal government's delayed approval for FQHCs to bill for telehealth services (e.g., number of visits provided by telehealth vs. in person)

The HCAB also noted that during the COVID-19 emergency, it would be useful to receive regular updates as many of the measures include lagged data. Ms. Brinkmoeller agreed to keep the HCAB informed on:

- Providers' capacity trends, including the ability to see patients and enroll new ones
- Number of visits by provider

- Trends in providers' financial payer mix
- Outside of COVID-19, existing measures of primary care efficacy, including the percent of child patients receiving immunizations, number of adult patients receiving a primary care visit, etc.

### **Other Business –**

*Adult Day Care Amendment to Zoning Ordinance.* Marlene Blum and Phil Beauchene updated the HCAB on the status of the BOS' request to amend the Zoning Ordinance's Adult Day Care provisions. As discussed during the May HCAB meeting, the BOS amended the Zoning Ordinance to include adult day care in December 2018. However, this past January, the BOS reconsidered this change, resulting in a proposal to remove adult day cares within industrial and commercial districts from the special exception process; adult day cares planned in residential districts would continue as SEs. The HCAB opposed this change and sent a memo to the BOS expressing its concerns.

The BOS was scheduled to approve the advertisement of the public hearing to amend the Zoning Ordinance at its July meeting. Chairman Blum resent the HCAB's memo from May to the Supervisors restating the HCAB's opposition and the rationale for maintaining the original provisions of the adult day care/special exception review, regardless of zoning district (i.e., industrial, commercial, residential).

Prior to the July 28 BOS meeting, the public hearing advertisement was pulled from the agenda, meaning the amendment could not move forward for Planning Commission consideration in September and BOS public hearing in October.

At the request of Supervisor Smith and Chairman McKay, a conference call was scheduled with Chairman Blum and Phil Beauchene. After preliminary conversations with Supervisors' staff, it was noted that the underlying issues – adult day supportive services for developmentally delayed adults (i.e., "sheltered workshops") do not meet the definitions/qualifications/methodology of adult day health care. As a result, the BOS is considering the development of a new zoning category for adult day support services.

Additional follow up may be needed to address limitations around state licensing of adult day care centers. Because the Department of Social Services oversees the licensing process, inspections are conducted by social workers, not nurses. Furthermore, the state provides conditional licenses for up to six months so long as the provider can demonstrate approved certification of inspections and occupancy (i.e., non-RUP). As the HCAB's review of DSS inspection reports shows, a lot of shortcomings

can be identified in a six-month period. Closing this gap may be outside the County's scope and require state legislation.

*Contact Tracing Update.* Jess Werder provided an update on the Health Department's containment efforts. To date, the Health Department has filled 363 of 406 positions, with a focus on traditional case and contact investigation. However, Fairfax has also added a contingent of Community Health Workers (CHWs) within its containment plan to provide necessary social and economic supports for individuals who need to self-isolate because of exposure or infection. One of the last cohorts of tracers is currently being onboarded. Moving forward, the Health Department anticipates that fulfillment will remain below target due to attrition, but the agency is developing a backfill process for vacant positions. Additional positions have also been added to provide critical human resources and IT support to these positions.

Regionally, there has been a substantial improvement among commercial labs' COVID-19 test processing times from 7-8 days to 1-2 days. These testing delays occurred due to a nationwide surge in caseloads (i.e., number being tested and number infected) and acquiring kits that overwhelmed labs. Despite nationwide testing delays, the Health Department's laboratory maintained a COVID-19 test processing rate of one day. Fairfax is processing 500 tests per day and plans to increase capacity to 1,000 per day. Additional staff will be needed as well as physical/modular space.

Fairfax County's public health laboratory is the only local lab in the state of Virginia and has provided redundancy to the state's laboratory and testing capacity. Besides processing tests for Fairfax, the lab is supporting testing regionwide. To date, the lab has completed:

- 1,128 for Prince William
- 900 for Alexandria
- 595 for Loudoun
- 272 for Arlington

The lab has also completed 1,352 related to long-term care facilities.

The Health Department continues to conduct community testing events in high risk areas using its mobile lab. The agency is also working to establish neighborhood testing sites that provide scheduled COVID-19 testing.

In response to a question about the COVID-wise app, Dr. Gloria and Ms. Werder underscored the limitations of technology and the labor-intensive process required for effective contact tracing.

With respect to the BOS' approval to hire and deploy 35 public health nurses (PHNs) to COVID-19 response with a transition to school health post-COVID, Ms. Werder shared that 24 PHNs have been onboarded with an additional six starting by month's end. This PHN allocation has accelerated the agency's multiyear school health resourcing plan and will improve the PHN-to-student ratio. Ms. Werder also reported that the Fairfax County School Board has approved funding to hire an additional five School Health PHNs.

A question was asked regarding the County's focus on suicide prevention during COVID-19. While the Health Department is not pursuing mental and behavioral health interventions, several other county agencies, including the Community Services Board (CSB) are.

*Wellness Center at Braddock Glen.* In response to the Department of Neighborhood Services announcement of a Wellness Center for older adults at Braddock Glen, Patricia Rohrer explained that a Request for Proposal will be released soon seeking community-based organizations to provide important health and health-related services (e.g., physical therapy, podiatry, specialized/adaptive exercise equipment, nutrition, fall prevention, etc.).

*Opioid Task Force.* The County is reconstituting the opioid task force. Ms. Blum will attend a preliminary meeting and then brief the HCAB at its October meeting to determine the HCAB's role.

*Inova Health System.* The HCAB will receive an update on Inova's COVID-19 efforts at the October meeting. A formal budget presentation is in process of being scheduled.

There being no further business, the meeting adjourned at 9:23 pm.