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President and CEO, Vincentian

Written Testimony to the
House Committees on Human Services and Aging and Older Adult Services
Respectfully Submitted for Joint Hearing on September 30, 2024

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About the Author: Dean Owrey

Throughout his 35-year career, Dean Owrey's responsibilities have covered an expansive range of areas including organizational leadership, board relations, strategic finance, executive financial analyses and decision support, transaction support, financial reporting, and vendor relationship management.

Dean joined Vincentian Collaborative System (Vincentian) in February 2020 as its Chief Financial Officer. In November 2021, he was named its President and Chief Executive Officer. In his current role, Dean cultivates strong relationships with a collection of stakeholders, including customers, employees, family members, community members, board members, and corporate partners. Drawing from an adaptive leadership mindset, he is responsible for a distributed workforce of nearly 500 people working across numerous campuses. He demonstrates a comprehensive and practical understanding of current industry trends and challenges affecting human services organizations, and is active in strategic finance, new business development, and industry relations.

From February 2011 through January 2020, Dean held various senior finance leadership roles at UPMC. As Chief Financial Officer of UPMC Information Services Division (ISD), a $700 million business within UPMC's diversified health care enterprise, Dean worked closely with Executive Leadership on all strategic information technology matters to advance UPMC's strategy of leveraging technologies to deliver quality patient care and population health management. In June 2014, his role was expanded as the Chief Financial Officer of UPMC Enterprises, a segment responsible for driving UPMC's strategy for commercializing its expertise, bringing world-class health care, advanced technologies, and management skills to markets extending well beyond western Pennsylvania. Additionally, Dean was responsible for the financial oversight of the functional activities comprising UPMC's Supply Chain Management, Human Resources, and Security operations. Throughout his tenure, Dean co-led UPMC's Financial Management Rotation program, which was designed to recruit, develop, and expand the breadth of finance personnel across UPMC's diverse businesses.

Prior to joining UPMC in February 2011, Dean was an Audit Partner with Ernst & Young, primarily serving companies in the health care, insurance, and manufacturing industry located in western Pennsylvania, West Virginia, and eastern Ohio. During his 22-year career with Ernst & Young, Dean was a frequent instructor within its professional development programs and served five years as the Coordinating Partner for Campus Recruiting across Ernst & Young's North Central region.

Dean and his wife Deanna reside in New Castle, Pennsylvania.

About the Organization: Vincentian

vincentian

Vincentian is a nonprofit health and human services organization serving the Pittsburgh region since 1924. Vincentian offers a continuum of care for more than 2,000 older adults per year, including independent living, personal care, memory care, short-term rehabilitation and skilled nursing.

Dedicated to serving the needs of the community, Vincentian also operates two child development centers, a learning and engagement institute, and a catering division. Known for delivering compassionate care and proactive humanitarianism, Vincentian is forging new care models that incorporate intergenerational programs and practices alongside the eight dimensions of wellness for serving future generations.

In 2024, Vincentian is recognizing its Centennial year, 100 years since its initial human services vocation began in McCandless at what is now the Vincentian Home campus. Vincentian provides millions of dollars of uncompensated care per year to older adults who rely on Medical Assistance (MA or Medicaid) as their only means to pay.

At the core of Vincentian is, and always has been, progressive humanitarianism; a fearless willingness to evolve to meet the needs of a diverse and changing society. This readiness to respond is woven through the organizational fabric and serves as our guiding light.

Vincentian's mission statement is: "Compelled by the love of Christ, Vincentian Collaborative System nurtures and sustains a ministry of compassionate care that preserves the human dignity of persons within a diverse and changing society." Our organizational values are Spirituality, Compassion, Dignity, Quality, Stewardship, Advocacy, Collaboration, and Innovation.

About the Industry: Senior Care (Not to be Conflated with Senior Living)

How is Senior Care Paid?

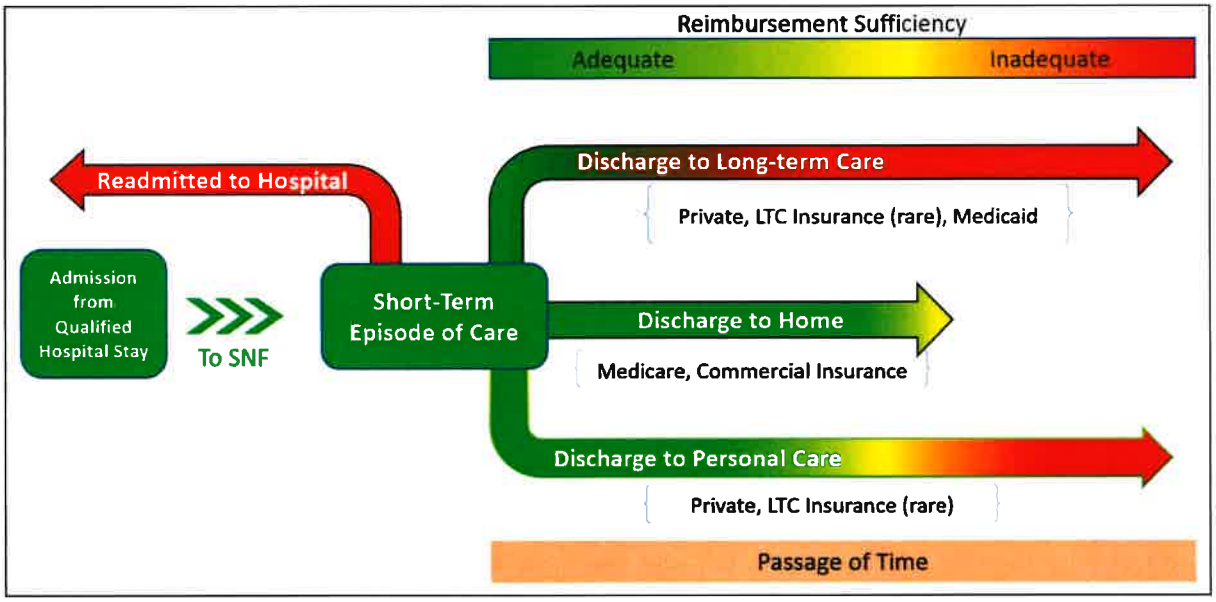

Figure A: The Senior Care Payment Model

Most admissions into a senior-oriented skilled nursing environment originate from a hospital stay. Medicare, Medicare Advantage, and commercial insurers provide defined limits of coverage and often impose daily coinsurance for which the patient is responsible. Skilled nursing and post-acute rehabilitative care are often synonymous. Because the post-acute rehabilitative care is intended to be short-term in nature, the reimbursement is generally sufficient to cover the direct costs of care.

When considering who pays for skilled nursing or post-acute rehabilitative care, the length of time one will reside in a skilled nursing facility matters. Because Medicare varies the amount of reimbursement they will pay based on the length of time, such as for days 1 – 20 and days 21 – 100, and over 100 days at which time Medicare coverage ends, other payers do as well. Medicaid will pay for skilled nursing care but only for persons with limited financial resources.

While always difficult, it has become increasingly more difficult to secure timely reimbursement under the Medicaid program due to rigid documentation requirements that require unrestricted coordination by and among the patient, the patient's family, the skilled nursing facility, local and state-level representatives from the Department of Human Services, Community Health Choices managed care organizations, attorneys, financial instructions, and others for unique circumstances.

While this process of determining Medicaid eligibility is undertaken, only the skilled nursing facility bears financial risk. The cost of provisioning the resident's care is incurred and paid by the skilled nursing facility. In some circumstances, those costs are paid as frequently as daily, weekly or monthly, as many third parties have tightened credit terms due to the deteriorating financial state of most non-profit human services organizations. This has led organizations to use their own limited treasury to manage operations amid this gross imbalance of cash flow liquidity, to limit access to only those who can pay, to reduce Medicaid beds, or to close entirely.

The COVID-19 pandemic has exposed this extreme vulnerability. In a March 2023 publication by the American Health Care Association (AHCA), an estimated 52% of U.S. nursing home were deemed at risk of being unable to continue operating for more than a year at the current pace. In August 2024, AHCA released its Access to Care Report, indicating that compared to February 2020 there are nearly 63,000 fewer skilled nursing beds available, nearly 800 facilities have closed, and nearly 29,000 residents have been displaced (AHCA ATC Report 2024 (8-13) V1 NK (ahcancal.org)).

Through examination of financial disclosures by debt-rated health systems and health insurers, there is evidence that the broader healthcare continuum has sufficient liquidity to address latency in reimbursement. Cash reserves are abundant on the payors' balance sheet, yet absent as one looks across the continuum of care. Skilled nursing facilities have always been paid at low reimbursement levels, making it difficult to afford escalating costs of care while reimbursement remains mostly flat. Further, because non-profit organizations like Vincentian have limited treasury, organizations must be cautious with their investment policy to avoid unfavorable market volatility, which reduces the amount of ordinary investment income that can be generated to help float the latency in third-party reimbursement.

A recent internal study of Vincentian's occupancy within its skilled nursing facilities indicated that individuals are being admitted into a nursing home environment at an earlier age. This is likely attributed to many factors of a changing society, including children unavailable to help care for aging parents for reasons that may include proximity, housing infrastructure, work requirements, or financial insecurity. The increased length of stay exhausts the resident's available financial resources more quickly. This may also explain the presence of residents who are clinically high-performing but reside in a nursing home environment instead of a personal care environment for which no third-party reimbursement assistance is commonly available. If a person lacks personal funds to pay for personal care, that person may be able to obtain Medicaid coverage for nursing home care.

An Irrational Model of Reimbursement Has Developed Over Time

ATI Advisory Services (ATI Advisory | At the Intersection of Healthcare's Complexities) published a study that summarized the socio, economic and health data for short-stay patients and long-term care residents. An extract of their graphic is included below.

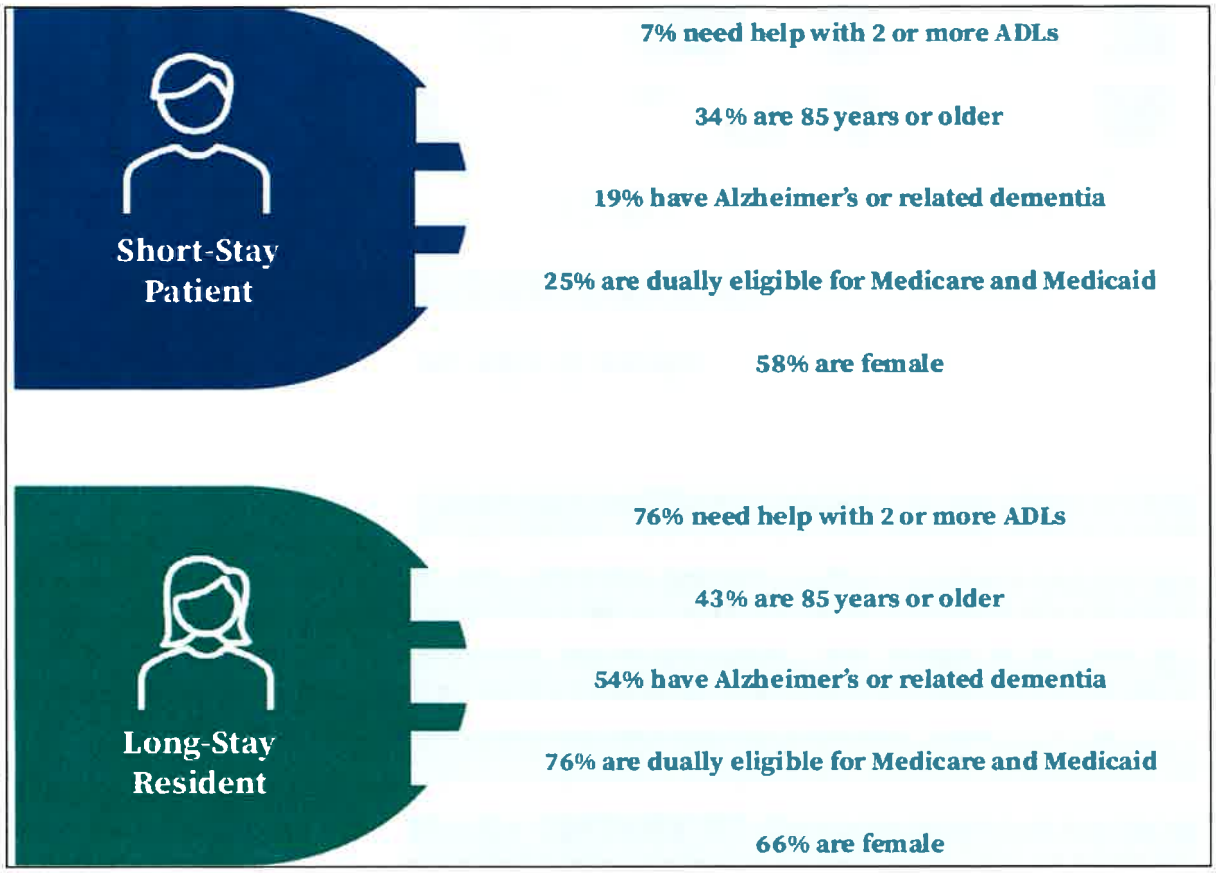

Figure B: Skilled Nursing Residents Demographic Survey

Reimbursement from Medicaid for long-term care is roughly one-half of the reimbursement by Medicare for short-term care. However, the presence of challenging simultaneous health conditions commonly associated with aging influences the nature and extent of care requirements, resulting in the cost of care for long-term residents approximating the cost of care for short-term patients. This irrational evolution of reimbursement models is the reason many organizations limit Medicaid beds, or choose not to provide any long-term nursing care.

Critical Issues Affecting this Industry are Other than Temporary

Figure C: Other than Temporary Issues Affecting Senior Care

The Pittsburgh healthcare market is dominated by two exceptionally large and successful integrated delivery and financing systems (UPMC and Highmark/Allegheny Health Network) and the region has an older age demographic than most major metropolitan areas across the United States. These dynamics have contributed to an unrelenting and fiercely competitive market for scarcer nursing personnel, influencing talent acquisition rewards and employee retention programs that cannot be easily matched by smaller organizations like Vincentian against the inflexibility of the Medicare and Medicaid reimbursement models. The convergence of broader economic concerns like inflation, housing costs, and interest rates puts the spotlight on employee earnings and living wage levels.

Overcoming the scarcity of resources has required significant compensation adjustments to attract and retain personnel. The added cost has influenced varying price increases informed by market analysis of competitor pricing and factoring in Vincentian's brand for quality, although the effect of such increases are usually, and unfairly, limited to those we serve who are paying privately.

Vincentian's portfolio of care services is subject to various forms of federal, state, and local regulatory oversight, including the Pennsylvania Department of Health, the Pennsylvania Department of Human Services, the Pennsylvania Department of Insurance, the Centers for Medicare and Medicaid Services, and the Allegheny County Department of Health. Caring for people is virtuous to its core, especially at Vincentian where mission matters to every decision we make, yet we know there are bad operators within this sector who put people at risk and require oversight. Regulatory oversight has never been higher, especially during the COVID-19 pandemic where guidance was unclear and sometimes inconsistent. At the same time, public policy divisiveness within our local, state, and federal government is also at a fevered level, making it difficult to attract the sustained attention that is needed to resolve structural issues affecting the continuum of health care services without adding more

regulatory constraint that further consumes limited resources and may bear little on outcomes.

Vincentian's most effective antidote to this disorder has been our commitment to exercising a "system" attitude and maintaining an allegiance to the Vincentian brand for quality. For example, just prior to the pandemic, we organized a Clinical Excellence program led by our Chief Nursing Officer and Chief Medical Officer to provide enterprise-wide leadership to our patient and resident care practices. This program led to a consistent approach for administering clinical quality programming across our campuses, adopting leading infectious disease management protocols, administering programs to strengthen evidence-based quality measures and outcomes, and creating a culture that enables the execution of evidence-based nursing practices.

Although the Commonwealth of Pennsylvania has recently announced an improved financial position that underlies substantial planned future investments in education and community development, maintaining a disproportionate reliance on state or federal funding remains a perilous strategy for human service organizations. Across the United States, the Commonwealth of Pennsylvania remains in the lowest quartile for financial solvency (Rankings: Fiscal Stability - Most Financially Stable States (usnews.com)). Bearing this reality, until new rates were implemented in January 2023, long-term care providers endured more than a decade without any substantive rate adjustment to care for those receiving benefits from the Medical Assistance program. Further, although the budget period for the Commonwealth of Pennsylvania, like Vincentian, runs from July 1 to June 30, payment increases do not take effect until the second half of the budget period, despite cost of care increases that occur on a regular basis.

At a federal level, much of the financial support for the continuum of healthcare is concentrated on acute care activities, new therapeutics, and efforts to continue the transition of traditional Medicare to managed care programs. Much of the Federal Administration's attention is dedicated to improving access to care and enhancing quality and safety programs, including minimum staffing requirements, and increasing inspection and monitoring programs. While necessary, this is the type of rigorous standards to which Vincentian has always applied itself, yet there is insufficient attention being given to ways that might help rebalance economics to support essential long-term care operational needs amid an aging demographic.

These conditions rest on what Vincentian calls the paradox of scarcity. In virtually every scenario where a product or service is scarce, the organization providing the scarce product or service has some influence over its economics. However, while Vincentian is not immune from the adverse cost effects resulting from supply and demand issues, it remains a non-profit organization that is girded by third-party government reimbursement models to accept what it will get paid, when it will get paid, and how it will get paid.

Vincentian's Viewpoints

#1: Senior Care Must Not be Conflated with Senior Living

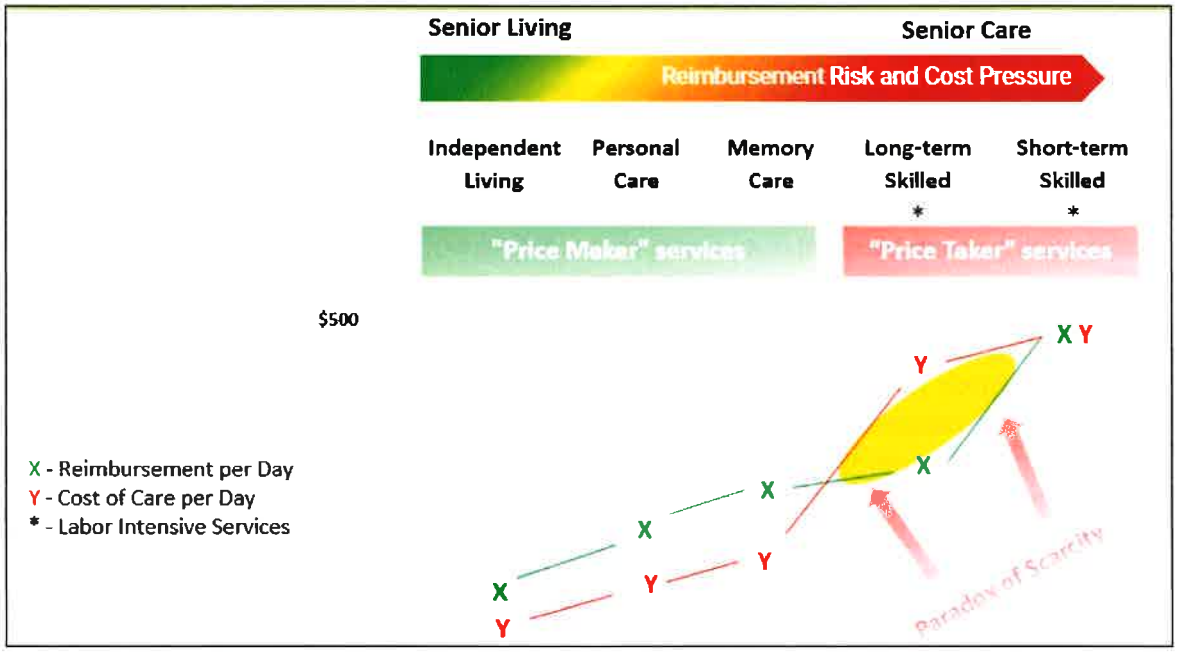

Figure D: Reimbursement and Cost of Care for Senior Care and Senior Living Environments

Vincentian believes policy makers and policy influencers must not conflate senior care with senior living. Senior living and senior care are not the same.

Senior living entails an array of services that are mostly private pay in nature. Senior living services "make price" – that is, senior living operators set the price that a customer will pay based on market factors and customers choose based on their unique financial characteristics in exchange for the quality and satisfaction of the experience given. Senior living services are not dependent on scarce resources, namely people, and have therefore not been subject to unmitigated cost increases that is at the heart of failing nursing homes.

Senior care entails long-term nursing care, short-term skilled nursing care or post-acute care. Senior care services are extraordinarily people-dependent, and they bear significant cost pressure due to the scarcity of workers who are essential to the care. Senior care is rife with third-party reimbursement risk but is void of most market factors affecting price, forcing providers to "take price" that is mostly indifferent to the quality or experience being given. Crudely, providers are told what they will get paid, when they will get paid, and if they will get paid. This is where the paradox of scarcity makes it home.

Even those who follow our sector can conflate senior care with senior living. On the same day in March 2024, McKnight's released 2 articles whose headlines were in direct opposition with one another. The nuances matter. Senior living makes price and is not labor-intensive. Senior care takes price and is labor-intensive.

Figure E: Contemporary headlines from McKnight's, a leading healthcare trade publication

#2: The Agency Resource Model is Not Sustainable

By most measures, healthcare is inconvenient to those in need of care and for those who provide the care. It seems fair to say that most people would rather be doing something more fun with their limited time as human beings than experiencing healthcare.

Agency resources have always helped fill the availability of resources conundrum by enabling persons with varying flexibility and work desires to accommodate workers with less flexibility as life events occur. What happens when staffing agencies charge nursing homes surge prices for scarce nursing resources despite fixed and latent third-party reimbursement that bears no relationship to the cost of care? A humanitarian crisis happens, one that threatens the viability of nearly two-thirds of all nursing homes and reduces access to care for vulnerable older persons at a time when they need it most.

To be clear, the agency model has lifted the wage suppression that outdated third-party reimbursement models have forced onto one of society's most noble professions – nursing. This is good. But the free agency model has also exploited the fragility of healthcare, senior care in particular, and the cost and reimbursement structure are not sustainable.

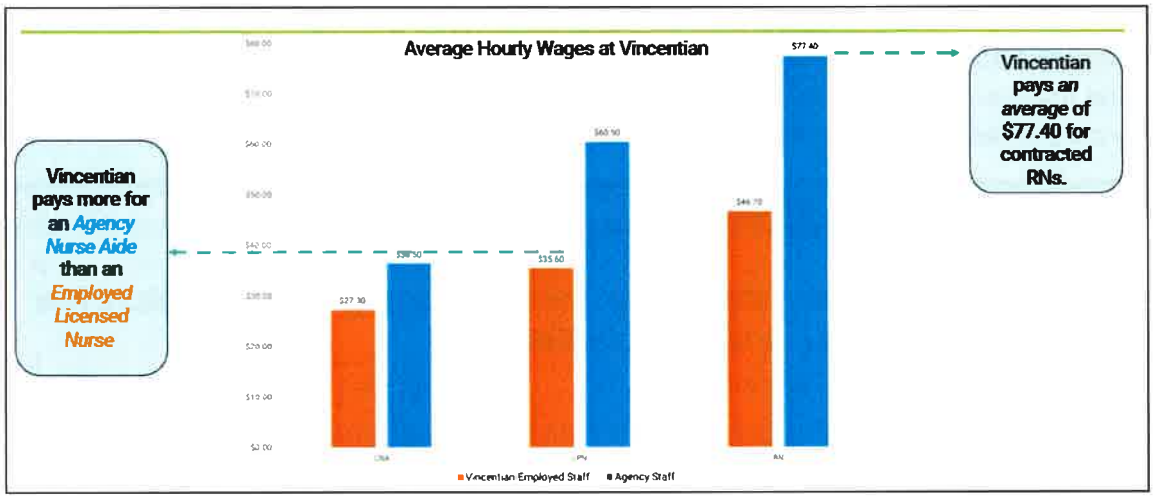

Figure F: Actual Agency Costs at Vincentian vs. Employed Resources

As our own information illustrates, organizations like ours pay more for an agency nurse aide than an employed licensed nurse. And remember, nursing wages in a market like Pittsburgh are highly competitive and set forth by large and successful integrated delivery and financing systems like UPMC and Highmark/Allegheny Health Network, not organizations like Vincentian. This variance is not because Vincentian pays too little; it is because Vincentian is forced to pay the free agency model too much.

#3: The Era of Medicare Cross-subsidizing Medicaid is Over

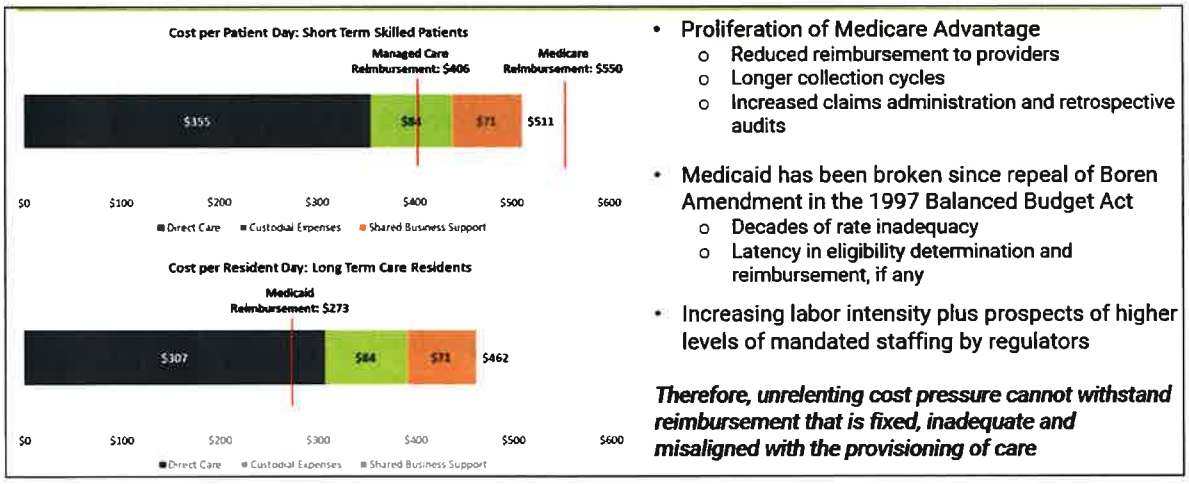

Figure G: Medicare and Medicaid Reimbursement vs. Cost of Care

For many years, short-term skilled care reimbursed by Medicare has cross-subsidized the Medicaid program responsible for the cost of long-term nursing care. Medicare Advantage is now the primary source of reimbursement for short term, post-acute care. Medicare and Medicare Advantage are not the same. While subject to rigorous marketing standards imposed by the Centers for Medicare and Medicaid Services, the proliferation of Medicare Advantage managed care organizations has reduced the level of reimbursement made

available to skilled nursing facilities, has imposed longer collection cycles, and has subjected organizations like ours to increased claims administration and retrospective audits. While Medicare Advantage managed care organizations advertise zero cost deductibles, older adult gym memberships, or other myriad benefits to prospective beneficiaries, these benefit features are afforded by reimbursing providers for actual care provided at lesser amounts – this is the essence of a capitated reimbursement program. The Medicare Advantage managed care organizations are not receiving more from the federal government to cover other benefit features or take on healthcare risk; they are redistributing enrolled membership premiums by paying skilled nursing facilities less in an era where costs have exploded due to the scarcity of worker resources and inflation.

The reality is that senior care operators like Vincentian who experience unrelenting cost pressure due to the scarcity of resources and unmitigable inflationary pressure cannot withstand reimbursement that is fixed, inadequate and misaligned with the provisioning of care, bearing no relationship to when the associated costs of care are incurred and must be paid.

#4: There is Ruinous Misalignment of Payment with Provisioning of Care

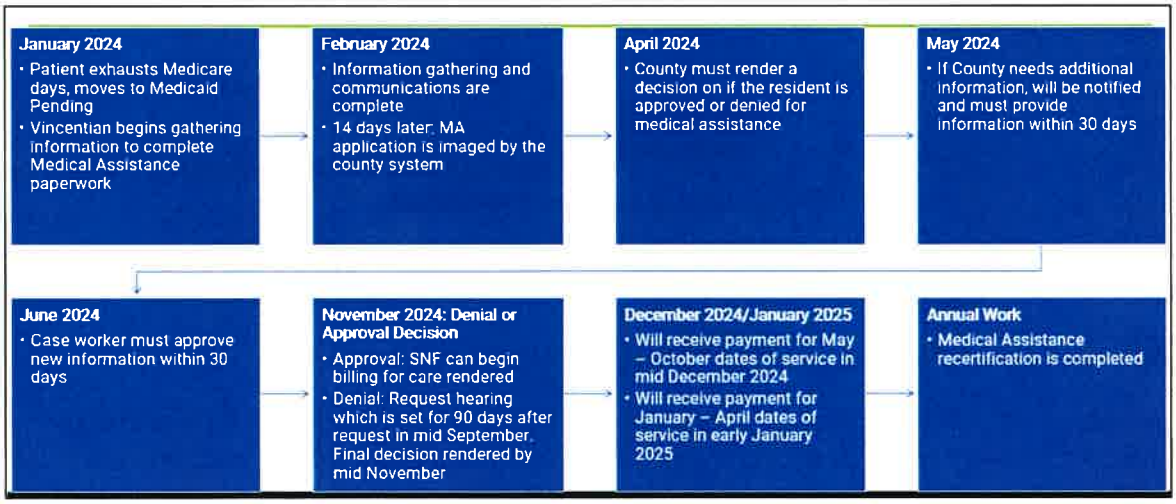

Figure H: A Typical Timeline from Medicaid Application to Approval and First Payment

Even in the best of circumstances where Medicaid eligibility is determined in an orderly manner, it can still take several months before payment is collected by a nursing home.

Against this latency and energized by the COVID-19 pandemic, the cost of care has risen rapidly due to the scarcity of workers and inflation. Now more than ever, workers have a choice as to where, when and how they work, introducing competition for scarce caregivers that is at unprecedented levels. That is the reason many senior care organizations, and the trade associations who represent them, are criticizing the unfunded federal mandate to raise nursing to patient requirements when the human resources simply do not exist. Vincentian has always staffed its environments of care above the required levels on its belief that ***people caring for people*** begins with the first group.

Today's reality is that employees are frequently struggling with their own economic situation, needing to be paid more frequently to manage a household than traditional biweekly payroll cycles accommodate. In response, Vincentian now pays certain employees as often as daily, or can lose essential workforce to more accommodating work than caring for people. It is against this backdrop that the latency in reimbursement is ruinous for nonprofit human service organizations like Vincentian. There is no way for an organization to pay employees more rapidly for their essential service in caring for others, while reimbursement from third-party payors languishes. There is not a sophisticated business in the United States that would tolerate this level of reimbursement latency.

#5: Ability to Pay Does Not Mean Intent to Pay

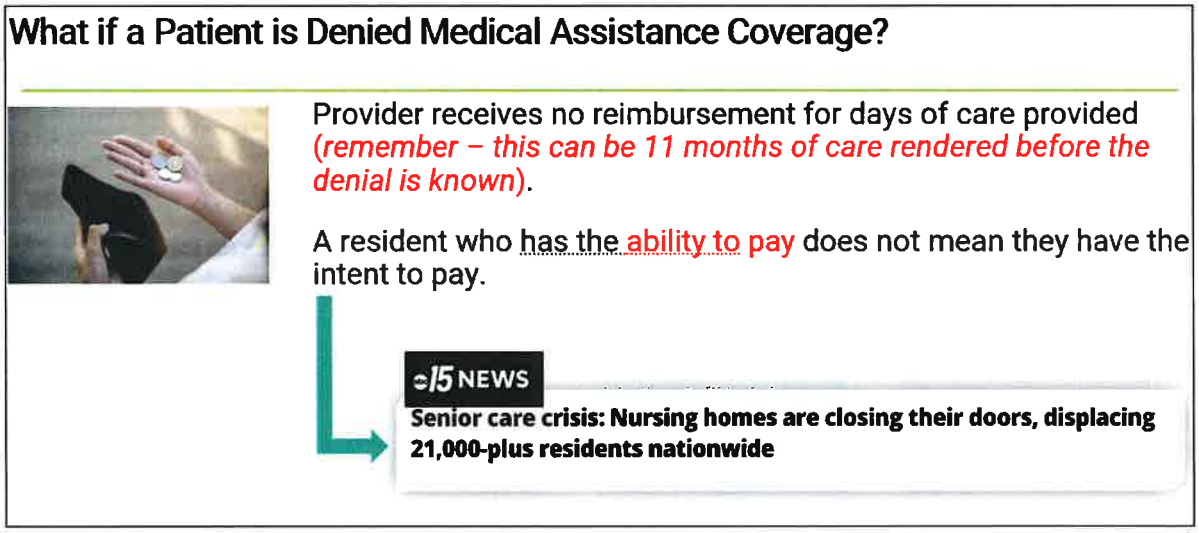

Figure I: A Senior Care Provider's Conundrum if a Resident is Denied Medical Assistance

The ability to pay and the intent to pay are not synonymous.

However, all the associated cost of care, not to mention the indirect facility and business support, while determining one's eligibility for Medicaid unfolds is borne directly by the nursing facility. This latency in reimbursement, or collecting nothing at all, is among the chief reasons that nursing homes are closing their doors.

Key Takeaway for Legislators

The consequences of reimbursement inadequacy and reimbursement latency are severe. Studies released by AHCA indicate that there are nearly 63,000 fewer nursing home beds than there were at the start of the COVID-19 pandemic. Since then, there are almost 800 nursing homes that have been closed with nearly two-thirds that are concerned that workforce scarcity will affect their ability to stay open.

Figure J: Snapshot from AHCA August 2024 Report on Senior Care

Who Cares? Vincentian Cares

Vincentian has a dominant faith-based, mission-oriented nonprofit heritage and has been unwavering in its commitment to serve those in need, especially the poor emanating from the encouragement of our patron saint, Vincent de Paul.

In each of the last four years, Vincentian's uncompensated care has exceeded $11 million. The cost of uncompensated care is real. It equates to $20 every minute of every hour of every day. This level of uncompensated care cannot continue.

Recognizing that reality, Vincentian has closed two of its three skilled nursing facilities in the Pittsburgh region, while centering its high-quality nursing services at its remaining campus, Vincentian Home, where its healthcare ministries began in 1924 as Vincentian Home for the Incurables.

Nothing in this written testimony should be construed as criticism of our government. To be clear, Vincentian is fully responsible for its mission, its ministries, and all the circumstances that they present.

But Vincentian cares about the underlying issues that confront it, and the consequences to organizations like ours who are committed to caring for older persons despite inherent difficulties. In doing so, Vincentian sought to understand the Medicaid eligibility process through a common business lens, one which looked at the convergence of people, processes, and technology. It was through that lens on which Vincentian met with Representative Venkat.

Our purpose was to offer an informed perspective on the number of persons involved in determining whether a resident qualifies or does not qualify for Medicaid. Our purpose was to examine existing processes and identify where breakdowns have occurred. Our purpose was to consider the role of technologies in use, or not in use but seemingly relevant. Importantly, our purpose was not merely to complain or to criticize. Where we could, Vincentian examined other states and their mechanisms in place, to identify whether their practices could be relevant to bringing some relief to our state.

Importantly, our meetings were not about simply asking for more government reimbursement. To the contrary, we sought to introduce ideas that could be budget neutral to the Commonwealth, while simultaneously addressing the latency inherent in the Medicaid eligibility determination process. The ruinous misalignment between the provisioning of care and the reimbursement of care is not about being paid more, it is about

being paid timely. It is about being paid the way all businesses are paid, at or near the time the service is provisioned and when the underlying cost to serve has been incurred and paid.

We are extraordinarily grateful to Representative Venkat for his leadership on this issue. We are equally grateful to Leading Age Pennsylvania, for the quality of their technical support and professional advocacy.

Enclosures
Attachment 1: Dean Owrey Guest Viewpoint, Pittsburgh Business Times, May 2024
Attachment 2: An Additional Anecdote: Vincentian de Marillac
Attachment 3: Vincentian's Response to the COVID-19 Pandemic

Ruinously misaligned reimbursement models

GETTY IMAGES

Dean Owrey is president and CEO of Vincentian.

Imagine you own a pizza shop, and, on the surface, a successful one. You prepare and bake dozens of pizzas each day for mostly happy customers. So why aren't you making any money?

It turns out that you don't set the price of your pizzas, nor determine when you'll get paid – someone else does.

And the dough, sauce, cheese, toppings and artisan's labor to make each pizza costs $10, but someone else assigns a price of $6 for your pizza.

Sometimes you get no payment at all, or it takes months for you to receive payment.

Even the cleverest student of business would have a difficult time making those economics work. Most would choose not to sell pizzas at all.

Of course, I'm not talking about pizzas.

I'm talking about something much more critical – the lives of vulnerable older adults who require nursing care that is delivered in a highly regulated, structured environment.

Being reimbursed for 60% of the cost of care, if at all, reflects the reality of the ruinous misalignment between the cost of caring for older adults living in a long-term care nursing home and the reimbursement provided by Medicaid for their care.

Further, this simple upside down math assumes that a nursing home receives reimbursement in a timely manner, that is at or near the time when care was provided to the resident. This is almost never the case, even though the provision of care, including wages, benefits, therapy services, medical supplies, food, utilities and other direct costs of care, must be paid on time by the nursing home.

During the period when a resident is being evaluated for eligibility by Medicaid, nursing homes cover the costs of residents' care while awaiting approval.

Most nursing homes experience delays lasting months and sometimes more than a year as they wrangle with Medicaid eligibility, using their own limited cash reserves to pay for the care as it is provisioned and bearing all the financial risk while this lengthy process unfolds.

This process is broken, outdated and, combined with already insufficient reimbursement, puts significant financial strain on mission-driven nursing homes who provide a disproportionate level of uncompensated or undercompensated care to those in our region, leading some to reduce capacity or close entirely. There are no other viable choices.

The economic scale of the problem is far worse than selling pizzas. One would simply choose not to sell pizzas under this type of ruinous reimbursement model.

The decisions in senior care are not so easy.

Choosing to reduce capacity or close entirely disrupts the lives of vulnerable persons who depend on nursing homes for their care, destabilizes an important component of the health care continuum in our neighborhoods and makes it harder for older adults and their families to access desperately needed, quality care nearby.

The recent announcement that Vincentian Marian Manor, a faith-based, nonprofit nursing home, is closing its nursing operations serves as a sobering reminder of the consequences of the upside-down economics and ruinous misalignment in reimbursement. Vincentian Marian Manor was not selling pizzas – it was caring for vulnerable people.

This situation cannot persist in a modern-day society that has ample economic resources to share among and across the full continuum of health care participants, especially given the growing number of older adults entering retirement every day and an increasing number of whom will require nursing care that is difficult if not impossible to get anywhere other than in a nursing home environment.

We at Vincentian have ideas and we have the courage to practice them, to refine them and to evolve the definition of care in a diverse and changing society.

We need stakeholders, including elected officials, insurance companies and other health care participants, to come to the table to join in the solutions – before it's too late.

An Additional Anecdote: Vincentian de Marillac

In May 2023, Vincentian discontinued its nursing operations at Vincentian de Marillac due to substantial unmitigable economic losses. Most of the individuals residing at Vincentian de Marillac were long-term nursing residents whose care was reimbursed by Medicaid. When Vincentian de Marillac discontinued its nursing operations on this campus, Vincentian followed a resident-centered process to relocate the residents to its other two nursing facilities – Vincentian Marian Manor or Vincentian Home, or elsewhere based on the resident and resident family needs. The continuity of nursing care was maintained for twenty residents who chose to relocate to either Vincentian Marian Manor or Vincentian Home, including their physical transfer and relocation of personal belongings.

These transfers necessitated a discharge and admission that required a new Medicaid eligibility determination. Below is a summary of the transfer dates for those twenty residents, and the date on which Medicaid eligibility was subsequently concluded. On average, the period for reestablishing eligibility required nearly 200 days, during which reimbursement was not made available for the associated continuity of care rendered by Vincentian.

Resident ID	Facility Transferred From	Facility Transferred to	Transfer Date	Transfer Approval Received	Days Pending
40495	Vincentian de Marillac	Vincentian Marian Manor	3/10/2023	9/1/2023	175
40497	Vincentian de Marillac	Vincentian Marian Manor	3/15/2023	9/1/2023	170
13926	Vincentian de Marillac	Vincentian Home	3/29/2023	12/22/2023	268
13939	Vincentian de Marillac	Vincentian Home	3/29/2023	9/12/2023	167
13929	Vincentian de Marillac	Vincentian Home	3/29/2023	9/15/2023	170
13925	Vincentian de Marillac	Vincentian Home	3/30/2023	9/16/2023	170
13933	Vincentian de Marillac	Vincentian Home	3/30/2023	5/8/2024	405
12306	Vincentian de Marillac	Vincentian Home	3/30/2023	9/12/2023	166
13935	Vincentian de Marillac	Vincentian Home	3/30/2023	9/13/2023	167
13927	Vincentian de Marillac	Vincentian Home	3/29/2023	10/2/2023	187
13936	Vincentian de Marillac	Vincentian Home	3/30/2023	9/13/2023	167
12193	Vincentian de Marillac	Vincentian Home	3/15/2023	9/14/2023	183
10928	Vincentian de Marillac	Vincentian Home	3/20/2023	9/13/2023	177
13934	Vincentian de Marillac	Vincentian Home	3/29/2023	12/18/2023	264
13930	Vincentian de Marillac	Vincentian Home	3/29/2023	10/10/2023	195
10942	Vincentian de Marillac	Vincentian Home	3/29/2023	9/12/2023	167
13938	Vincentian de Marillac	Vincentian Home	3/29/2023	9/12/2023	167
13940	Vincentian de Marillac	Vincentian Home	3/30/2023	8/9/2023	132
10949	Vincentian de Marillac	Vincentian Home	3/29/2023	12/29/2023	275
11413	Vincentian de Marillac	Vincentian Home	3/30/2023	10/23/2023	207

A Brief Summary of Vincentian's Response to the COVID-19 Crisis

In March 2020, a 27-bed care unit was adapted on the campus of Vincentian Home with a fully equipped, fully contained, negative air area to treat COVID-positive patients being discharged from acute care hospitals in our region. This specialty area included a full isolation unit and a transition unit to accommodate demand for this unprecedented local skilled care requirement. Well before vaccine availability, a resolute workforce was assembled to provide the care within these highly controlled areas. The Vincentian Home COVID-19 Isolation Unit served 219 COVID-positive individuals from its inception in March 2020 until its winddown more than a year later, with most patients admitted from area hospitals and non-Vincentian senior communities. This unique and unprecedented local response enabled the decompression of local acute care hospitals, the transfer of COVID-positive individuals from vulnerable congregate senior care settings, and created a pathway for a safe transition to home for patients during a time when COVID was disabling the normal functions of society.

In February and March 2022, Vincentian Home participated in a hospital decompression initiative undertaken by the Pennsylvania Department of Health and the Pennsylvania Department of Military and Veterans Affairs along with the Pennsylvania Emergency Management Agency, one of only two skilled nursing facilities in the state who operated a unit under this initiative. Vincentian Home provided approximately 450 cumulative days of skilled nursing care to patients discharged from area hospitals under this initiative. The Department of Health concluded the decompression initiative in early April 2022 once COVID-19 cases and hospitalizations receded.

During the latter months of 2022, Vincentian Home provided more than 700 days of short-term rehabilitation care through a Community Health Reinvestment Grant received from Highmark. Under this $1 million grant, Vincentian Home designated a maximum daily caseload not to exceed ten beds to make skilled nursing care available to those in need, including hard-to-discharge acute care patients who may be insured, underinsured or uninsured; the grant program ended in November 2022. Most patients cared for under this initiative were uninsured. In early November 2022, Vincentian submitted a proposal and supporting materials to extend the scope and to increase the amount of funding for this community health benefit four-fold; however, additional funding was not secured.