



Nursing Home Weekly: Recap of LeadingAge Updates

March 19, 2021

Update Calls Next Week to feature discussions of isolation and the Johnson and Johnson vaccine. Join us on Monday, March 22 at 3:30 PM Eastern time for the latest policy updates and a conversation on a program to engage residents and alleviate the impact of isolation. Amber Carroll of COVIA will discuss the Well Connected program, that has attracted 80% of residents. On Wednesday, CDC staffer Sara Oliver will join us to answer questions about the Johnson and Johnson vaccine and discuss what it might mean for aging services communities. Program not finalized for Thursday. If you haven't registered for the calls, you can [join here](#).

More Binax cards coming to nursing homes. In a major announcement about testing, the Administration included that the Departments of Health and Human Services and Defense have awarded a \$255 million contract for the production and delivery of 50 million Abbott BinaxNOW cards to support continued screening in long-term care organizations. We are reaching out to determine whether the intention is to limit this to nursing homes or to also include other providers with CLIA waivers. We will update you when we know more.

LeadingAge Webinar On BD Veritor Imagemover App For Members. BD recently announced that Veritor users will now have access to the ImageMover mobile app available on iOS and Android. With the ImageMover app, BD Veritor users will now be able to efficiently register patients, obtain and track consent forms, enter, view and share results, and also automatically report these results to the appropriate state and federal agencies. Find out how to get started during the webinar and we will have time to answer your questions. LeadingAge members can [Register Here](#)

Provider Relief Fund update and survey coming next week. According to HHS, roughly \$24 billion remains in the Provider Relief Fund general pot, which is about how much was distributed to 35,000 providers under Phase 3. There is also an additional \$8.5 billion set aside for rural providers from the American Relief Plan. Without further Congressional action to appropriate more, this will be the end of Provider Relief. We need your help to make the case to Congress about how much more you need. Next week, we will be sending out a survey to members to find out the effect Provider Relief has had on your organization and how much more you might need to get through the pandemic.

CMS Webinar Training for SNF Quality Reporting Program: CMS is hosting a webinar on March 30 from 1-2:30p ET to help Skilled Nursing Facilities receive the full SNF Quality Reporting Program rate adjustment (called Annual Payment Update, which can impact as much 2% of SNF's Medicare rates). Members can register [here](#). Each year, CMS updates the elements of the MDS that are used for calculating measures for the SNF QRP program and this is a good way for the staff to familiarize themselves with the changes. Space is limited so folks should only register if able to attend. Alternatively, SNFs can [sign up](#) to be notified when the recording of the session becomes available. This

will also be posted on our website: <https://leadingage.org/regulation/march-30-cms-webinar-maximize-snf-grp-adjustment>

CMS Infographic on visitation. CMS released this [information graphic](#) for families and friends of residents in nursing homes. It outlines in detail steps on how and when you may visit, safely.

CMS small call. We had our bi-weekly small call with CMS and other provider associations. With so many questions about the new visitation guidance and other parts of nursing homes operations in post-vaccination COVID, we have impressed upon CMS the need for more information. Two ideas CMS is considering are an FAQ document and a stakeholder call to address frequently asked questions. We discussed a few of the questions on today's call:

- **Staff outbreaks.** We discussed with CMS how visitation is affected when outbreaks are isolated to staff only. Unfortunately, we weren't able to get clear, concrete answers on this. CMS says the overall idea is to determine whether an outbreak is "contained" or not. If staff in multiple departments test positive, CMS feels that this is an indicator the outbreak is not contained, regardless of whether residents test positive. If multiple staff working in one area or department (for example, 3 kitchen staff) test positive, but no other staff test positive and no residents test positive, then you could consider the outbreak contained. This is a complex topic with multiple scenarios and factors impacting the outcome. Unfortunately, CMS is not likely to get more definitive; however, we anticipate more information in the FAQs that can help as you evaluate these scenarios to make decisions around visitation in your nursing home.
- **Activities and dining.** Recall that CMS has said that activities and dining can occur, as long as you continue to adhere to the core principles of COVID-19 infection prevention: masks, social distancing, restriction for those on transmission-based precautions, cleaning and disinfection of surfaces and spaces, etc. This will not change. Even though large numbers of nursing home residents are vaccinated, masks and social distancing will still be required for the foreseeable future, consistent with CDC guidance for activities in public. This includes social distancing in the dining room. While it's true that a nursing home is home to the resident, it is not the same as a private home and has more inherent risk, such as staff and now visitors who come and go on a daily basis from multiple households. On that note, we clarified that as long as everyone adheres to those core principles, nursing homes can have activities "from the outside" like they used to: musicians, guest lecturers, etc. Just remember when planning activities, some activities, like singing, are higher risk than others.
- **Leaves of absence, medical appointments with family.** Residents may go out of the nursing home for day visits, leaves of absence, appointments, etc. They need to continue to follow core principles of COVID-19 infection prevention while out: masking, social distancing, hand hygiene, etc. and the nursing home should evaluate whether quarantine upon return would be appropriate. More on quarantine below.
- **Quarantine.** CDC updated guidance on quarantine for fully-vaccinated individuals. In nursing homes, fully vaccinated residents are no longer required to quarantine on admission (or readmission). What

about quarantine on admission/readmission for non-vaccinated residents? CMS will be working with CDC to put out more information on this topic. Keep in mind that all residents who have prolonged close contact with someone with COVID-19 should quarantine for 14 days regardless of vaccination status.

From HHS:

1. Demonstrating Vaccination Status: The private sector and not-for-profit coalitions are already beginning to work on a solution for people to demonstrate that they are vaccinated. Our role is to help ensure that any solutions in this area should be simple, free, open source, accessible to people both digitally and on paper, and designed from the start to protect people's privacy.

2. From Dr. Walensky's update:

- **Case Update:** CDC's most recent data show cases continue to fluctuate somewhere between 50,000 and 60,000 per day, with the most recent seven-day average of approximately 52,500 cases per day. The most recent seven-day average of hospital admissions has also declined to just over 4,700 per day. We also continue to see decline in deaths, with the latest seven-day average just over 1,200 deaths per day. We have come a long way from where we were in early January, but we still have much work to do.
- **Importance of Not Relaxing Mitigation Strategies:** European countries had strikingly similar trends and surges during the pandemic as the United States. Each of these countries has had nadirs like we are having now, and each took an upward trend after they disregarded known mitigation strategies. Please follow our recommended public health prevention precautions and be ready to get your vaccine when it is available to you. The data are moving in the right direction, but where this goes is dependent on whether we all do what must be done to protect ourselves and others.
- **Research on Adherence to Second Vaccine Dose:** A [CDC MMWR](#) was published yesterday, looking at data from mid-December to mid-February, that found that the vast majority of people are getting both doses of these vaccines within the recommended timeframes. Based on the report, only about 3 percent missed their second dose, and systems were in place to make sure that those missed doses were not wasted — a very encouraging finding. We also found that 96 percent of people who got both doses did so within the recommended timeframe.
- **Making Getting the Second Dose Easier:** CDC is working across the government and with state and local partners to identify and address barriers to getting both doses. Some strategies include working with trusted messengers and communities to spread science-based messages on the importance of getting fully vaccinated; partnering with jurisdictions and vaccination providers to schedule both vaccination appointments upfront or schedule the second appointment when you get the first shot; and having systems in place to send appointment reminders to patients, reschedule canceled appointments, and repurpose missed second doses to avoid vaccine wastage; and finally, making available the single-dose vaccine, Johnson & Johnson, as a terrific option for individuals who may prefer a one-dose vaccine.
- **Update on CDC Data:** CDC implemented an improvement to how we calculate the age of people who have received vaccinations. This was done to correct for differences in how states report date of birth to CDC and to more accurately determine the age of people getting vaccinated. As

a result, there was a slight change in our age distribution of those vaccinated, with the percentages in all age groups under 75 increasing slightly, and those 75 or older decreasing slightly. This largest shift occurred among people aged exactly 75 when more than 1 million individuals previously classified as 75 were reclassified as age 74. This should not be concerning as we're vaccinating exactly the right cohorts, and those people will be 75 sometime in the next 12 months.

Senate Aging Committee Hearing: COVID-19 One Year Later. The Senate Special Committee Aging held a virtual hearing that was titled, "[COVID-19 One Year Later: Addressing Health Care Needs for At-Risk Americans](#)." The hearing was designed to be a follow-up to the May 2020 hearing that addressed COVID-19 and seniors.

Senator Bob Casey (D-PA), Aging Committee Chairman, shared in his opening remarks his concern that more than 178,000 nursing home and long-term care facility residents and workers have died from COVID-19. Ranking Member Tim Scott (R-SC) thanked front-line healthcare workers who administered care during the pandemic, and made a special point to thank certified nursing assistants who were working in nursing homes. Additionally, Ranking Member Scott felt it was important that the Aging Committee hearing address vaccine confidence and hesitancy, particularly among African American, Hispanic and rural communities.

During the Q&A segment of the hearing Chairman Casey, who is also a member of the Senate Finance Committee (SFC), made reference to his support for adequate pay and benefits being provided to direct care workers, and the need for increased home and community based services (HCBS) being available for seniors and disabled Americans. He also highlighted the importance of his bipartisan nursing home reform bill, the Nursing Home Reform Modernization Act of 2021, which seeks to improve and expand the Special Facility Focus program. Ranking Member Scott also raised questions about nursing home safety, and asked if there is a need to redirect more financial resources into nursing homes to address COVID-19.

Several Aging Committee members asked witnesses to share their thoughts on the importance of broadband access and telehealth. Sen. Mike Lee (R-UT), was concerned about waivers that should be permanently adopted after the pandemic. Sen. Elizabeth Warren (D-MA), also a Senate Finance Committee member, emphasized how the pandemic has shown there is a need to provide increased access to Medicaid HCBS, instead of care that's administered in institutional settings. She asked if witnesses could expand on whether states were mandated to cover home health care, and why is it so difficult for seniors to obtain access to HCBS within their communities.

Sen. Mike Braun (R-IN) asked witnesses to expand on nursing homes best-practices, in light of the pandemic. Ms. Sandra Harris, the AARP Massachusetts Volunteer State President, shared it was important for nursing homes to address infection control, have adequate staff and have enough PPE on hand to accommodate their staff and visitors. She also thought there should also be regular and ongoing testing, and more transparency in regard to reporting demographic data and infection rates to the Centers for Disease Control and Prevention. In addition, Ms. Harris asked that all federal funding that's provided to nursing homes should address the welfare and well-being of the residents.

Senate Finance Committee hearing on COVID-19 and nursing homes. The Senate Finance Committee held its hearing on COVID-19 and nursing homes today. Key takeaways are that members are concerned

about the racial disparities in deaths and possibly vaccine distribution revealed over the past year; staffing shortages and adequate pay for staff is a top priority, with some of the witnesses urging federal action rather than leaving staffing and pay to the states; lack of transparency of COVID related cases and deaths prior to May, 2020, and lack of transparency of nursing home vaccination rates (both data sets necessary to have a complete understanding of the impact, and, with vaccines, to provide assurances to family and prospective residents); and, finally, a concern over the impact of private equity ownership on nursing home quality and use of public dollars. Other key issues discussed were isolation and visitation; lack of PPE; inconsistent and conflicting state and federal guidance over the past year.

The most compelling testimony came from the CNA from Rhode Island, who described in sad and chilling detail what it was like to care for the residents with Alzheimer's as the disease spread, what it was like to have to prepare bodies for the mortuary since the funeral home was unable to do so, and what it was like to have to prioritize care because there just wasn't enough staff; and how she dealt with her own case of COVID. Her experiences were not unique and would resonate with our members. We know, and have long known, the critical need for adequate staffing and paying a living wage to our employees and how these long-standing challenges collided with the pandemic.

While solutions were not clear, several Senators specifically noted the need to address inadequate Medicaid payments as a serious impediment to better pay for staff. A clear takeaway is federal interest in nursing home workforce issues, which is one of our major priorities and we can use some of the testimony and statements to lift up our positions and address solutions. It is also clear that racial inequity will be addressed in some way as well.

Finally, Dr. Konetzka has become one of the lead experts on nursing homes and COVID; as you recall she spoke at one of our policy calls. She has done the key research on causation (high community spread, large Medicaid nursing homes fared worse; not a bad actors situation; no meaningful association with quality measures and Nursing Home Compare) and on impact on people of color. When she was asked, what could we do and what could have been done she said quite firmly, to reduce this tragedy, we need to use public health structure to control the spread in the general population. Hopefully, members of Congress will take her comments seriously as they evaluate movement forward. [Here](#) is a full article on the Senate Finance Committee hearing.

LeadingAge Virtual Lobby Day Registration Is Now Live! Every year, LeadingAge connects members with their lawmakers on Capitol Hill to advocate for policies that remove barriers to care, advocate for more affordable senior housing, develop new services, improve reimbursement, and make America a better place for older adults. This year, as aging services providers begin the process of rebuilding in a post-crisis world, it's more critical than ever to make our voices heard. Today we launched our Virtual Lobby Day Registration in an email to all members. Once registered, members will get a confirmation email with dates and times for the training and open office hours. Below is some copy to be used in your newsletters/social media. For any questions, please reach out to Joe Franco.

Are your U.S. senators and representative aware of your organization's critical work? Do they understand the challenges you face or policies that could improve care and services for older Americans? They should! That's why we're inviting you to join LeadingAge's Congressional Lobby Day on

April 21, 2021. It's your chance to meet with your elected officials and advocate for issues that are important to aging services. Learn more and register today: <https://bit.ly/3eCiBQQ>

Increasing the Number the Number of Vaccinators: As part of President Biden's national strategy to defeat the pandemic, and following his speech outlining the Administration's next steps in the war-time effort to speed COVID-19 vaccinations, HHS has taken [action to expand the pool of qualified professionals able to serve as vaccinators](#). HHS has used its authority under the Public Readiness and Emergency Preparedness Act (PREP Act) to add additional categories of qualified people authorized to prescribe, dispense, and administer COVID-19 vaccines authorized by the U.S. Food and Drug Administration, including dentists, EMTs, midwives, optometrists, paramedics, physician assistants, podiatrists, respiratory therapists, and veterinarians. People interested in administering vaccinations should visit PHE.gov/COVIDvaccinators to determine if they are eligible.

New Site to Sign Up to Volunteer to be a Vaccinator: The Administration launched a new portal to help individuals determine where they can sign up to volunteer to administer shots. According to Dr. Nunez-Smith, "As we fight against centuries of structural inequities, we must be intentional about making vaccination easy and convenient for everyone, and key to that effort is having enough vaccinators to deliver shots in arms. So I encourage my fellow healthcare colleagues to visit the new portal at PHE.gov." Check your status and sign up to help.

Biden Administration increases reimbursement rate for administering COVID-19 vaccines. Effective for COVID-19 vaccines administered on or after March 15, 2021, the national average payment rate for physicians, hospitals, pharmacies, and many other immunizers will be \$40 to administer each dose of a COVID-19 vaccine. This represents an increase from approximately \$28 to \$40 for the administration of single-dose vaccines and an increase from approximately \$45 to \$80 for the administration of COVID-19 vaccines requiring two doses. The exact payment rate for administration of each dose of a COVID-19 vaccine will depend on the type of entity that furnishes the service and will be geographically adjusted based on where the service is furnished.

We are continuing to dig into the pricing changes but we are hopeful that the combination of increased reimbursement, more supply coming online, and easier to store vaccine product will hopefully allow our members who have appropriate staff – such as nursing homes, assisted living, home health, hospice, and PACE – to more easily set up ongoing processes to continue vaccinating their own staff, residents, and patients, including those who are homebound. We also hope these types of changes allow for more easy access to ongoing vaccination, via mobile clinics or other community-based partners, for our affordable housing members.

MedPAC Releases Report to Congress with Payment Recommendations. The Medicare Payment Advisory Commission (MedPAC) released is [March 2021 Report to Congress](#). This report includes chapters on all Medicare services with recommendations to Congress on updates to payment policy. For LeadingAge members, this includes chapters on [home health](#), [hospice](#), and [skilled nursing facilities](#). As we noted in an [earlier article](#), these recommendations suggest that there should be no payment update for hospice and skilled nursing facilities. Additionally for hospice, the report recommends a reduction in the aggregate cap by 20%. The recommendation is for a 5% payment reduction for home health. It should be noted that these recommendations are often not taken by Congress. LeadingAge continues to

advocate for appropriate Medicare payment policy to support the mission-driven services of our members.

This Week's Drive for 75. To tackle vaccine hesitancy this week, we offered our call listeners a variety of perspectives on hesitancy from current news, research, and established motivational practices. We featured a segment on Facebook's probe into the "population segments" that are driving misinformation on the popular social media platform; we learned that both regionalism and politics may play a greater role in hesitancy than even racial disparities, as reported by NPR and CBS surveys; and we explored how motivational interviewing principles can be applied to those 1:1 conversations about the vaccines. Read more here in [today's article](#).

LeadingAge and AHCA: Joint Nursing Home Policy Recommendations. LeadingAge and AHCA announced a set of policy recommendations aimed at ensuring quality in nursing homes. The proposal pulls together the first, immediate steps needed to address issues that LeadingAge has been talking about for years, including survey reform and staffing. [Read more about the proposals now](#), and look at the [virtual press event](#) and [press release](#).