



Nursing Home Weekly: Recap of LeadingAge Updates

August 26, 2022

LeadingAge Coronavirus Update Calls Next Week. Monday, August 29, 3:30 PM ET - Ben Oseroff, co-author of a study on homebound Americans will join us on Monday to discuss his profile of homebound older adults, their needs and ways to address them. **On Wednesday, August 31, at 3:30 PM ET, hear from David Putrino, Director of Rehabilitation Innovation for the Mt Sinai Health System,** and an Associate Professor of Rehabilitation Medicine at the Icahn School of Medicine at Mt Sinai, who will talk about the dangers of working while having COVID. If you haven't registered for LeadingAge Update Calls, [you can do so here](#). You can also find previous call recordings [here](#). Note that to access recordings of the calls you need a LeadingAge password. Any staff member of any LeadingAge member organization can set up a password to access previous calls and other "members only" content

CMS Provides Info on Re-Evaluating Nursing Home Medicaid Rates. CMS released an information bulletin to states today regarding re-evaluation of nursing home Medicaid rates. While CMS has not granted states any additional authorities, they point out several existing opportunities and strategies already in place for improving quality through payment. Read more [here](#).

Congress Considers Strategies To Improve Medicare And Medicaid Integration For Dual-Eligible Individuals. At the end of July, Senators Rob Portman (R-OH) and Sherrod Brown (D-OH) introduced [legislation](#) to create a new state option to fully integrate the financing and delivery of care for individuals eligible for full Medicaid and Medicare benefits. This legislation is among the most ambitious of a number of bills introduced this session that seek to improve Medicare and Medicaid integration for dual-eligible individuals. Health Affairs, in this [article](#), highlights the Portman-Brown bill and other recent legislative proposals related to integrated care for dual-eligible individuals, including support for states in undertaking planning and activities to improve the coordination of care, opportunities to expand the Program of All-Inclusive Care for the Elderly (PACE), and a proposal to create a federal structure for Medicare premium and cost-sharing subsidies for low-income individuals.

Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches: This ASPE [report](#) provides current HHS projections of the number of individuals predicted to lose Medicaid coverage at the end of the COVID-19 public health emergency (PHE) due to a change in eligibility or due to administrative churning. The report also predicts eligibility for alternative insurance coverage among those predicted to lose Medicaid eligibility and highlights legislative and administrative actions that can help minimize disruptions in coverage, including the passage of the Inflation Reduction Act, which provides enhanced Marketplace subsidies for 3 years that will benefit some individuals leaving Medicaid at the end of the PHE.

Sanford Health Hosts Rural Health Care Summit. Sanford Health convened leaders from around the country and various walks of life from health care to educational institutions to Congressional leaders to technology organizations for a Rural Health Care Summit in Sioux Falls, SD on Tuesday, August 23. The Summit examined the current situation and needs for maintaining access to health care in rural America.

Much of the discussion was on the lessons learned from the pandemic highlighting the need and opportunity to improve access for all through telehealth services. This approach showed promise during the pandemic by eliminating the need for long hours of travel for patients and exposure to COVID in waiting rooms, while broadening access to specialists. The importance of high-speed, broadband internet access to ensure this access was underscored by speakers. Senator John Thune noted that addressing workforce needs was “job #1” and would likely require a public-private partnership. He said he had heard from many nursing and long-term care facilities on the challenges they are facing and acknowledged that reimbursement issues must be addressed. Few solutions were offered though most speakers believe that telehealth will be critical to the future but that the current FFS reimbursement system structure isn’t designed for this approach to care. Most felt that rural America should lead the way in transforming the future of health care delivery and addressing access, instead of waiting to follow. LeadingAge was in attendance at the event.

Emerging State Innovations in Developing a Medicaid Community-Based Palliative Care Benefit:

Providing access to palliative care can promote positive outcomes, and avoid costly, unnecessary, and often unwanted treatment, for people with serious illness—many of whom may be dually eligible for Medicare and Medicaid. To advance palliative care, several states are developing a Medicaid community-based palliative care benefit. This benefit can help provide palliative care services outside of hospice and can reimburse for interdisciplinary palliative care teams to support individuals with serious illness throughout the continuum of care and not only at end of life. More information on state strategies are outlined in this NASHP [article](#).

Study Finds Discrimination Barrier to Advance Care Planning for Sexual, Gender

Minorities. [Investigators](#) at the University of Colorado School of Medicine utilized the Advance Care Planning Engagement Survey to capture experiences of discrimination within sexual and gender minority (SMG) adults. Results found most SGM participants already talked to someone about their end-of-life wishes or were planning to do so, but further interviews found those conversations occurred outside the clinical setting. Those who did not have or plan to have these conversations did not feel they were necessary or felt discriminated against. Researchers recommended health systems could support clinician sensitivity training including guidance on documentation and requirements.

FROM CDC:

1. **Healthcare Workers – Health, Stress, and Mental Health.** CDC’s National Institute of Occupational Safety and Health (NIOSH) has [launched a multi-year initiative](#) to improve the mental health and well-being of the nation’s health workforce. For many of the 20 million health workers in the U.S., already challenging work conditions (long work hours, heavy workloads, and exposure to human suffering and death) have intensified during the COVID-19 pandemic. These conditions have led to new and worsening mental health concerns, including burnout, compassion fatigue, depression, anxiety, substance use disorders, and suicidal ideation. This initiative emphasizes the importance of intervening *before* work stress negatively impacts mental health. NIOSH Director Dr. John Howard and U.S. Surgeon General Dr. Vivek Murthy kicked-off the initiative with the webinar [Protecting Health Worker Mental Health: A Call-to-Action](#).

Resources:

- [Healthcare Workers: Work Stress & Mental Health](#)—Why health workers are more likely to experience mental health problems
- [Healthcare Workers: Work Stress & Mental Health Resources](#)—Resources for stress, fatigue, burnout, substance use and suicide

2. **CDC COVID-19 All-State, Tribal, Local, and Territorial (STLT) Update Call:** The CDC COVID-19 All-STLT Update Call will occur on the third Monday of each month from 2:00–2:30 PM ET. **The next call will be on Monday, September 19th, from 2:00–2:30 PM ET.** If you have any questions, please contact eocevent382@cdc.gov.
Upcoming Calls: September 19th, October 17th, November 21st, and December 19th
[Register now](#) for this call series.
3. **Vaccine Planning for the Fall.** On August 16th, CDC released the [CDC Fall COVID-19 Vaccination Operational Planning Guide](#) on the [COVID-19 Vaccination Program Operational Guidance](#) webpage. This operational planning guide includes details about the anticipated bivalent COVID-19 booster. **NEW**
4. ***Morbidity and Mortality Weekly Report (MMWR) — Summary of Guidance for Minimizing the Impact of COVID-19 on Individual Persons, Communities, and Health Care Systems — United States, August 2022*** — Individual risk for medically significant COVID-19 depends on a person’s risk for exposure to SARS-CoV-2 and their risk for developing severe illness if infected. Exposure risk can be mitigated through nonpharmaceutical interventions, including improving ventilation, use of masks or respirators indoors, and testing. The risk for medically significant illness increases with age, disability status, and underlying medical conditions but is considerably reduced by immunity derived from vaccination, previous infection, or both, as well as timely access to effective biomedical prevention measures and treatments. CDC’s public health recommendations change in response to evolving science, the availability of biomedical and public health tools, and changes in context, such as levels of immunity in the population and currently circulating variants. You can learn more here: [Morbidity and Mortality Weekly Report](#)
5. **Healthcare-associated infections prevention workshop** — CDC and FDA have just announced the speakers list ahead of their co-sponsored public meeting on **August 30**, Drug Development Considerations for the Prevention of Healthcare-Associated Infections. Registered attendees will hear experts discuss research and development needs for products, such as [decolonization tools](#), that could help prevent healthcare-associated infections (HAIs), including antimicrobial-resistant HAIs. Speakers will also discuss ideas for research study designs that could provide evidence on potential products, as well as clinical results that may be relevant to assessing their efficacy. Prevention therapeutics and agents that stop the spread of dangerous germs (pathogens) will be critical to the nation’s success against [antimicrobial resistance](#). [Register Here](#)