



## Nursing Home Weekly: Recap of LeadingAge Updates

September 4, 2020

**CMS nursing home training.** This week LeadingAge learned on our call with CDC that CMS has received a great deal of feedback on the new training that was released last week. Some of the information is being interpreted in a way that is not consistent with CDC guidance. For this reason, the training is being reviewed and you may notice revisions in the future. We'll update you as we learn more. In the meantime, remember that any recommendations for infection control are intended to be consistent with CDC guidance and we should operate accordingly.

**Provider Relief Funds Application Process NOW Open to Private Pay AL and Nursing Homes.** We are pleased to be able to celebrate this victory of ensuring that our private pay members can also access some provider relief funds. Private pay AL providers can apply between now and Sept. 13 through the Phase 2 General Distribution portal. Nicole has outlined the details on the AL application process in an [article](#) posted on the LeadingAge website. **What isn't in the announcement but we have been told by HHS is that PRIVATE PAY NURSING HOMES can also apply through this same process.** HHS staff indicate this should work. In the event, that one of our private pay nursing home members apply but are told their Tax Identification Number is not valid, please contact [Nicole](#) with this information so we can continue our advocacy with HHS.

**SNF Infection Control Distribution and Training:** We have had it confirmed (though not publicly in writing) that the \$2B in performance payments will not be tied to nursing homes completing infection control training. At this point, there is nothing in writing from HHS/CMS that would indicate that any of the \$5B Infection Control SNF distribution will require training but indications are that some compensation will be available for those who voluntarily participate in the AHRQ Project ECHO training program, though it is expected to be a minimal stipend.

It should also be noted that the terms and conditions for these funds state, "The Recipient acknowledges that the Secretary may distribute additional payments based on the Recipient's successful infection control outcomes. The Recipient agrees that it will not take any actions inconsistent with the best interests of its patients in order to increase any such future outcomes-based distribution."

We believe this relates to the \$2B that will be tied to performance-based payments for controlling spread of COVID and deaths. HHS [announced](#) the incentive plan on September 3.

Essentially, to qualify:

- Must be a nursing home or skilled nursing facilities with active state certification
- Must receive reimbursement from CMS (Medicare/Medicaid)

- Must be in good standing (no revocation, terminations, expirations of certification or enrollment)
- Must report to at least one of these three data sources: CASPER, Nursing Home Compare or Provider of Services (POS)

The two measures will be:

- Ability to keep new COVID infection rates low among residents
- Ability to keep COVID mortality low among residents. (we are told this measure will be more lightly weighted than the prior measure and will be risk adjusted).

There will be four monthly performance periods in September, October, November, December. \$500 million per performance period/month will be distributed in the form of incentive payments to eligible nursing homes in October, November, December of 2020 and January 2021.

HHS will compare CDC county-level data related to total confirmed/suspected COVID 19 infections and test positivity rates to nursing home NHSN LTCF COVID-19 reported data on COVID infection and mortality rates. No further details are available regarding the formulas or specific calculations to be used.

**LeadingAge public testimony to vaccine panel.** Brendan Flinn presented LeadingAge's [testimony](#) to the National Academies of Science, Engineering and Medicine Panel on the [Discussion Draft](#) of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine. We were very positive about the draft plan, particularly its focus on high risk workers in health care and older people in a range of aging services settings across the continuum. Brendan highlighted the importance of also including affordable senior housing and independent living.

**End of Life for Healthcare town hall.** Join Michael Hebb, the founder of EOL and Death Over Dinner, and Dr. Silvia Perez-Protto, the Director of the Cleveland Clinic End of Life Center for a monthly Town Hall to explore the remarkable new tech offerings available to support end of life and critical care. LeadingAge is among the long list of partners for these events. Participants will include tech founders at each town hall, with opportunities to learn about their mobile apps and tech platforms and discover how they can help both families and clinicians. The first session on Sept. 16<sup>th</sup> will feature the people behind [Saga](#), [Trust and Will](#) and [MIDEO](#). Each month will showcase new tools and include conversation and questions and answers. The registration link for the free September 16 session, from 1:00 – 2:00 Eastern is [here](#).

**HHS allocation of Abbott rapid result tests?** HHS has not yet released anything official in writing, but on Tuesday Admiral Brett Giroir, White House Testing Coordinator and HHS Assistant Secretary for Health, announced plans to allocate some of the 150 million rapid result Abbott antigen tests the department had acquired. Distribution will begin mid-September focused on reopening schools and protecting first responders. The plan also apparently names assisted living communities, senior centers, home health staff and nursing homes for at-risk individuals. This information was shared in a closed press briefing. Once we have the actual announcement or a confirmation from HHS, we will provide more information.

**Follow-up PCR testing decision tool.** CDC has created a tool to help providers/practitioners decide when to follow up antigen testing with a confirmatory PCR test. It's a great resource that really helps to

clear things up. Check it out [here](#). We have also updated our Antigen Testing A to Z tool to include the CDC tool.

**Some clarifications for LeadingAge members from HHS on antigen testing machines.** Several LeadingAge policy staff met Monday morning with Rachel Kellogg, Deputy Chief of Staff to Assistant Secretary for Health Brett Giroir to discuss questions on antigen testing and the BD and Quidel machines. Some key information we learned on the call:

- Providers that have not received an antigen testing machine (or an adequate supply of test kits) by the time the CMS interim final rule is published and takes effect should be documenting and informing local and state health officials.
- Test kits are specific to the BD and Quidel machines. BD test kits cannot be used on the Quidel machine and vice versa.
- Though BD machines are less accurate than Quidel's, BD is a larger company with more production capacity, so more of these are being distributed.
- Both companies have set up dedicated websites to respond to nursing home requests for test kits. The links are at <https://www.bdveritor.com/> and <https://togetheragain.quidel.com/>.
- If machines arrive broken or damaged or with a clearly erroneous number of test kits, providers can contact the companies directly. If a provider doesn't receive a machine at all or there are other unusual issues, please let Jodi or Janine know and we can consolidate questions and share them with Assistant Secretary Giroir's office.
- HHS will soon issue its allocation plan for the 150 million rapid result Abbott tests. If nursing homes have these tests, they may use them in lieu of or in combination with the antigen machines and PCR tests. Recall, the interim final rule requires testing but it doesn't explicitly require use of the antigen machine.

**HHS issues limited liability protection related to antigen testing in nursing homes.** On Monday we wrote - According [to guidance issued today](#), HHS extended coverage under the PREP Act to licensed health-care practitioners prescribing or administering point-of-care COVID-19 tests, using anterior nares specimen collection or self-collection, for screening in congregate facilities across the Nation. Such tests must be authorized, approved, or cleared by the FDA (collectively, FDA-authorized COVID-19 tests).

PREP Act coverage encompasses licensed health-care practitioners prescribing or administering FDA-authorized COVID-19 tests, including for off-label (outside the authorization) use to screen asymptomatic individuals in congregate facilities. PREP Act coverage preempts any State or local provision of law or legal requirement that prohibits or effectively prohibits such licensed health-care practitioners from administering or prescribing FDA-authorized COVID-19 tests to symptomatic or asymptomatic individuals at congregate facilities. According to an article in Politico, the goal of the federal policy change is to alleviate fears for nursing homes in the handful of states that had restricted the use of tests in the facilities, according to an HHS spokesperson. Some nursing homes have had antigen tests in hand but have held back using them over liability concerns. "Today's action will expand the use of rapid point-of-care antigen tests to slow the spread of COVID-19 and continue safely reopening America," said HHS testing czar Brett Giroir.

**New "Care Compare" site.** Remember ages ago, before COVID, when CMS announced they were going to merge all of the "Compare" sites into one? LeadingAge participated in the stakeholder engagement sessions for this project and it was scheduled to debut in the spring with a sunset of the traditional compare sites scheduled for the fall. Then COVID hit and it all went radio silent . . . until now. CMS

released [this announcement](#) on September 3 about the new CMS Care Compare site. Access the new site [here](#). We note that the old compare sites (Nursing Home Compare, Home Health Compare, Hospice Compare) are all still live for the moment, with a banner at the top of each one encouraging consumers to try the new site. There is no information about when the traditional sites will sunset.

True to previous communication about the new site, the information that is displayed on Care Compare has not changed from what was displayed on the previous compare sites. The information has simply been consolidated under one interface with an updated look. However, the press release (linked above) seems to indicate that additional information, like cost or new quality measures, may be included in the future.

**Updated COVID-19 Infection Control Survey Tool and Checklist.** With the implementation of the new testing requirements, CMS updated the COVID-19 Infection Control Focused Survey tool. We have completed updates on our supplemental survey tool and checklist and restored it to our COVID-19 nursing homes page. You can access our updated tool, which includes the updated CMS tool, [here](#).