



Nursing Home Weekly: Recap of LeadingAge Updates

January 15, 2021

Coronavirus Update Calls. We are closed Monday for Martin Luther King, Jr. Day and Wednesday for Inauguration day. No Update calls January 18 or 20. Join us next Thursday, January 21, to hear from Steve Nash, President and CEO of Stoddard Baptist Home Foundation. He has a lifetime in elder care as his family has helped grow Stoddard Baptist in the DC community. Steve will provide his insights on how you can communicate with staff and the public to tackle tough issues like vaccine hesitancy, increasing staff morale and providing care to underserved communities. Steve uses his gospel themed radio show and online platforms to talk about the key issues of the day and build trust in the community. We'll also cover all the policy updates related to the new administration.

Biden COVID plan. As planned, President-Elect Biden released his \$1.9 Trillion "[American Rescue Plan: Emergency Legislative Package to Fund Vaccinations, Provide Immediate, Direct Relief to Families Bearing the Brunt of the COVID-19 Crisis, and Support Struggling Communities.](#)" While there aren't a lot of details yet, the plan includes a national vaccination program with greater coordination with states and localities; community vaccination centers and mobile vaccination units; expanded public health workforce; expanding Medicaid FMAP for vaccinating all Medicaid recipients. The plan extends the national eviction moratorium until September 30 and provides a new \$30 billion for emergency rental assistance, \$5 billion for utility assistance, and \$5 billion for housing assistance for people experiencing or at risk of homelessness. In addition, funds for small businesses, funds for safely reopening schools; extended federal unemployment insurance; the expected \$1400 direct payments per person; and more. For congregate health settings, the proposal includes funding for strike teams for and increased infection control. We will report as the details on vaccinations are released.

Look what's been added to the Pharmacy Partnership for LTC's FAQs!!!! We learned from CDC that the [PPLTC FAQs](#) have been updated to include, *in writing*, language we've been asking for that spells out exactly which provider types a state may opt to include in its PPLTC program. If your state is still telling you CDC won't let states include IL in a CCRC or 202s, our contact person there says she will explain in no uncertain terms that states are permitted to include them. Here's the language:

"LTCFs eligible to participate in the Pharmacy Partnership for LTC Program included skilled nursing facilities, nursing homes, assisted living facilities (residential long-term care facilities assisting and supervising primarily elderly residents in daily living activities and independent living skills), continuing care retirement communities, residential care communities/adult family homes, U.S. Department of Housing and Urban Development's Section 202 Supportive Housing for the Elderly Program, intermediate care facilities for individuals with developmental disabilities, state-run veterans' homes,

and similar congregate living settings where most individuals receiving care/supervision are older than 65 years of age.”

There is the issue of whether CVS and Walgreens can handle the additional workload. But governors are the ones to work that out with CVS and Walgreens partners (in addition to whatever informal arrangements providers make with individual CVS or Walgreens partners). We learned a few other things in our CDC meeting:

Several providers have asked if CVS and Walgreens, when they are constrained by workforce shortages, can arrange with qualified provider community staff to immunize residents. The answer is yes, however CVS or Walgreens must subcontract with the provider community, even if it is for zero dollars. It is explicitly written into the arrangements with CVS and Walgreens that they may subcontract. States, of course, may designate provider communities to run their own clinics that have the resources needed and are willing to do the administrative reporting. Right now that involves freezers most providers don't have, but this will change over time as new EUAs are approved. CDC did not send any lists of providers to states. The CDC shared data from state publicly available databases from the regulatory agency for assisted living, for example, and told health department the data may be imperfect. Some states worked to get the lists as robust and clean as possible, others kept whomever had signed up. Unfortunately, many RedCAP forms were incomplete. And, states have had the ability to add or delete. We understand that some providers who filled out RedCAP are being told by their state that they were not on the list sent by CDC. This has to be resolved by the state.

A new Retail Pharmacy Program will be rolled out, possibly as soon as a few weeks, or maybe as late as the end of February. It will scale up slowly and expand to more onsite clinics (with additional providers, not just CVS and Walgreens) and will include more traditional LTC Pharmacy providers.

What about a 25% cap? There is no 25% cap for anything. States are allocating 25% of what is needed for each week of the Pharmacy Partnership program to the PP program. If state allocation is 400 for a week and the state estimates they need 100 total doses for the PPLTC program, the state would allocate 25 doses per week over four weeks. This was set up to help ensure the PP don't sit on too much vaccine allocation, but the PP also need to be given enough so they are not having to cancel or reschedule clinics. Vaccine allocations from states to the PP are broken up over four weeks for Part A (nursing homes) and four weeks for Part B (assisted living, HUD 202, all else). Some states decided not to choose this allocation schedule suggested by the CDC.

Webinar on worker concerns about vaccines. The National Institute of Environmental Health Sciences worker training program (niehs.nih.gov) held a webinar Thursday directed at addressing worker concerns about the coronavirus vaccinations. Topics included a very simple explanation of how the Pfizer and Moderna vaccines work, how the trials were conducted, including demographics of study participants, importance of vaccines because we don't really know long term impact of even mild cases, and an interesting discussion of the “Industrial Hierarchy of Controls” as related to infection control. However the most compelling speakers were two of the first recipients of the vaccines, both African American, who were compelling in their urgent message supporting these vaccines, which reinforces the need for having trusted messengers to talk to concerned workers. One was SEIU representative from Holyoke Soldiers Home in Massachusetts, site of one of the early terrible outbreaks, who said “I did it for my veterans” so we can protect the remaining vets. Responding to skeptics, he said, I followed the science, researched. The virus, he continued, won't go away until we all participate. And, finally, “I have seen it, I have witnessed it”.

Vaccine hesitancy resource from IHI. The Institute for Healthcare Improvement (IHI) has created a toolkit to help support discussions about vaccine hesitancy. The toolkit is aimed at nursing homes but the information and skills are transferrable. The toolkit contains a powerpoint and text document that were developed to guide leaders in conversations with residents and staff. It provides a number of common questions to anticipate and information to assist in your response. Some key tips included in the toolkit:

Take your time. Don't rush conversations and go into them prepared. Also, be prepared to have these conversations over and over again as you work to increase residents' and staff's comfort levels.

Trust is paramount. Identify the individuals who residents and staff trust when receiving information and engage these individuals as conversation leaders. Remember, the conversation leaders may not be "leadership staff" and may not be clinical staff. What matters is identifying who your staff and residents view as a trusted resource and empowering these individuals with the information they need for effective conversation.

Remember that this is a CONVERSATION. It's not a lecture or a debate. The purpose is to listen, engage, and support individuals through the decision-making process. Encourage conversation leaders and others to share their own decision-making process.

Celebrate the fact that we are even having this conversation. It's a huge step in the right direction when people are willing to explore the topic. And we can all celebrate the fact that we're even able to have this conversation!

SPEED Project updates. You may recall a few weeks ago when we discussed the SPEED Project from HHS. This is the project that seeks to increase nursing home residents' access to monoclonal antibody treatments by connecting the nursing home with home infusion companies and pharmacies that can assist in providing the treatment in the nursing home setting. The SPEED Project has updated the site [here](#).

View event recording: LeadingAge, Johns Hopkins vaccine town hall addresses hesitancy, safety concerns – During this week's joint [vaccine town hall](#) hosted by LeadingAge and Johns Hopkins University, vaccine experts addressed issues of safety, hesitancy, and messaging at assisted living and senior housing communities. The recording is now available [here](#), and a summary of the event's audience Q&A is available [here](#). The panel featured William Moss, Director of the International Vaccine Access Center, Dr. Joshua Sharfstein of the Bloomberg School of Public Health, and Dr. Ruth Link-Gelles from the CDC, among other vaccine experts; the event accompanies two free courses recently released by Johns Hopkins University, in partnership with LeadingAge, covering pandemic preparedness and response for [assisted living](#) and [senior housing](#) providers.

Allergic Reactions After Receipt of the First Dose of Pfizer-BioNTech COVID-19 Vaccine: CDC released an MMWR on [Allergic Reactions Including Anaphylaxis After Receipt of the First Dose of Pfizer-BioNTech COVID-19 Vaccine in the US](#). During December 14–23, 2020, monitoring by the Vaccine Adverse Event Reporting System detected 21 cases of anaphylaxis after administration of a reported 1,893,360 first doses of the Pfizer-BioNTech COVID-19 vaccine (11.1 cases per million doses); 71% of these occurred within 15 minutes of vaccination. Locations administering COVID-19 vaccines should adhere to CDC guidance for use of COVID-19 vaccines, including screening recipients for contraindications and precautions, having the necessary supplies available to manage anaphylaxis, implementing the recommended post-vaccination observation periods, and immediately treating suspected cases of anaphylaxis with intramuscular injection of epinephrine.

Rates of COVID-19 Among Residents and Staff Members in Nursing Homes: CDC released an MMWR on [rates of COVID-19 among residents and staff members in nursing homes in the US](#). Rates of COVID-19 among nursing home residents and staff members increased during June and July 2020, and again in November. Trends in reported COVID-19 cases among nursing home residents and staff members were similar to trends in incidence of COVID-19 in surrounding communities. Increases in community rates might be associated with increases in nursing home COVID-19 incidence, and nursing home mitigation strategies need to include a comprehensive plan to monitor local SARS-CoV-2 transmission and minimize high-risk exposures within facilities.

LeadingAge 2021 Policy Action Forum. With a new congress and new presidential administration, there will be many fast and important changes to how our government will begin to work on the issues we care about. Join us on January 27 at 2:00 Eastern for a live virtual policy event to look forward at how we'll continue to support aging services providers from across the continuum of care.

Health policy expert and former Health PAD at OMB, Dr. Adaeze Enekwechi will join us to provide a primer on how politics and progress are shaped and offering her perspective on what the transitions of power happening in Washington this month mean for our field. You'll also hear from LeadingAge's board chair, Carol Silver Elliott, CEO Katie Smith Sloan and our LeadingAge policy experts about our vision for this year's policy agenda and how we'll advance the issues that matter most to the future of aging services. This is a free members-only session that is a can't-miss for providers looking for insight into 2021 policy and the very latest at this critical moment of change in our government. The [members only registration link](#) is on our website.

Provider Relief Fund Updates:

Next round of **Phase 3 payments** are still scheduled to go out the week of January 25. Funds will continue to be distributed into February as application quality review is completed

HHS has still not issued **Nursing Home Infection Control Incentive Payments** for November or December performance yet. November payments are still pending OMB approval but once approved, are already scheduled to go out.

Reporting Portal to Open but Reporting Deadline to be Delayed: The Reporting Portal is scheduled to open Friday, January 15 and members are encouraged to sign up once it opens. HHS has also said it will issue a formal announcement —hopefully yet this week — that the reporting deadline will be delayed (first report, originally, was to be due Feb 15). In addition, we expect revised guidance and FAQs to also be released in the next few days to align with the new requirements from the Congressional COVID Relief Package.

Members with TIN validation issue: Nicole has heard from some of you that there are members whose TINs weren't validated through one or more of the General Distribution application processes - Phase 2 or 3. HHS has told us we will have an opportunity to submit these TINs and provider information to them as part of another validation process. Nicole will set up a process for members to enter their data if they are having TIN validation issues. We will share this collection process once established.

Quality reporting trainings. CMS announced new trainings today (that are not time sensitive) that are relevant to skilled nursing facility and Medicare home health members and quality reporting. The trainings are:

[From Data Elements to Quality Measures – Cross-Setting QRP Web-Based Training](#). The Centers for Medicare & Medicaid Services (CMS) is offering a web-based training course that provides a high-level overview of how data elements within CMS patient/resident assessment instruments are used to construct quality measures (QMs) across post-acute care (PAC) settings.

[Section M: Skin Conditions - Assessment and Coding of Pressure Ulcers/Injuries Web-Based Training](#).

The Centers for Medicare & Medicaid Services (CMS) is offering a web-based training course that provides an overview of the assessment and coding of pressure ulcers/injuries.

[Section GG Web-based Training Course](#). The Centers for Medicare & Medicaid Services (CMS) is offering a web-based training course on how to properly code of Section GG.

More information on the trainings can be found on the [SNF quality reporting training page](#) or the [home health quality reporting training page](#).

Medicaid in for some challenging times. We spoke today with Jack Rollins, Program Director for Federal Policy at the National Association of Medicaid Directors. He noted that the past year has been very challenging for Medicaid directors, talked about the issues they are facing, and talked about the importance of CARES Act funding. Here's an article summarizing the interview.

Abbott BinaxNOW Training. LeadingAge held a training this week and an article summarizes the information. Check out the updated article [here](#).

Civil Liability Protections Update. Although Congress ultimately did not pass any civil liability protections on the federal level, we continue to pursue protections and coordinate efforts on the state and federal level. The coalition of national provider associations continues to meet weekly to discuss state level initiatives and explore options on the federal level. The coalition will work with our respective state partners to coordinate efforts to get protections in states. Please keep us posted on any legislative or executive branch efforts you are seeing on these issues. [Cory](#) and [Marsha](#) are leading this effort so reach out to them with any information or questions.

New Resource for Finding Monoclonal Antibody Treatment Sites: Yesterday, HHS announced the launch of a web-based [locator for COVID-19 outpatient treatment sites](#) for monoclonal antibody therapeutics. The system helps doctors and patients find locations for COVID-19 outpatient treatment. Use of monoclonal antibody treatments could help reduce need for hospitalization in high-risk patients. HHS also released a [Resource for Monoclonal Antibodies Treatment](#).

From HHS: CMS Pandemic Plan: CMS released an updated version of their [CMS Pandemic Plan](#), which provides details on the agency's pandemic response -- actions the agency is taking to support the healthcare system and beneficiaries. This revised CMS Pandemic Plan reflects and accounts for the complex and tightly coupled systems in which CMS operations and policy decisions are made. Decisions, data, processes, partner engagements, and key actions were captured to reflect the nimbleness needed to successfully respond to the ongoing Pandemic and to ensure guidance is available for future public health emergencies. This plan is more actionable and applicable to CMS's entire body of work. It is an organized compilation of operational plans and policy playbooks, and will guide CMS in its preparation, response, and recovery from current and future pandemic threats.

Vaccine Educational & Communication Resources

LeadingAge is helping members with vaccine education. We're sharing important educational resources and hosting special LeadingAge webinars with pharmacy partners CVS and Walgreens. We'll also

connect members with experts on vaccine education on weekly member online events. Visit our [Vaccine Educational & Communication Resources](#) page for practical tips and tools. It will be updated regularly.

CEO/ED Roundtable: Ethics and Equity in a Pandemic

Thursday, February 25 at 11:30 a.m. ET

This highly interactive event will address the ethical impact of the coronavirus pandemic on aging services and society in general. Ethics expert Dr. Michael Gillette will help us explore equity issues, allocation challenges and the tension between individual autonomy and public health.

We'll announce additional virtual events in the coming months! If you have any questions about the Summit cancellation, please contact Sharon Sullivan (ssullivan@leadingage.org).

Nationwide Tribute to Remember and Honor the Lives Lost to COVID-19, Join LeadingAge in a national moment of unity and remembrance for lives lost to COVID-19 on January 19, 2021, at 5:30 p.m. ET. Organized by the Presidential Inaugural Committee (PIC), communities around the country are participating by illuminating buildings, ringing church bells, holding a moment of silence, and lighting candles. Help us amplify the impact this past year has had on our communities by posting photos or videos of your tribute on social media using the hashtag #COVID19 at exactly 5:30 p.m. ET. Our goal is to reach beyond our field by sharing meaningful messages.

AHRQ ECHO National Nursing Home COVID-19 Action Network

The AHRQ ECHO National Nursing Home COVID-19 Action Network is offering a no-cost COVID-19 community of practice for nursing home staff and administrators. The Network will cover topics including:

- Infection control practices
- Vaccine distribution
- Testing and case management
- Use of personal protective equipment
- Managing social isolation

More than 8,500 nursing homes have already joined the Network. [Sign up now](#) to take advantage of a final enrollment period. If you have any questions, contact [Janine Finck-Boyle](#).