



## Nursing Home Weekly: Recap of LeadingAge Updates

October 1, 2020

**Monday, October 5 Update Call - Admiral Brett Giroir, MD, Administration testing lead will speak directly to LeadingAge members on the LeadingAge Coronavirus Update Call at 3:30 Eastern on Monday, October 5.** Should we be using antigen testing for surveillance? What's your PCR testing experience lately, looking for shorter turnaround times? How long will you have to wait for BD test kits? If you offer assisted living services and do not have a CLIA waiver, how can you get Abbot BinaxNOW tests? Will home health providers or hospice providers receive Abbott cards? **LeadingAge California President and CEO Jeanee Parker Martin**, who served on the Coronavirus Commission on Safety and Quality in Nursing Homes will share her first-hand account of serving on this commission and what key takeaways were found during the Commission's work. If you aren't already registered for these calls, you can register [here](#)

**Phase 3 Provider Relief Application to Open Monday:** HHS [announced](#) October 1 that it will distribute \$20B through a Phase 3 General Distribution application opportunity to apply for Provider Relief Funds. Nicole has written up an [article](#) that should be posted later tonight on the new opportunity but this round presents a couple of unique opportunities: 1) an opportunity for providers who newly opened/started offering services in the first quarter of 2020 to apply for funds for the first time; and 2) It also is the first opportunity for providers to apply for an "add-on" payment if they still need more funds and have already received their full 2%. Finally, it is possible that this may be the last opportunity for providers to apply for PRF funding, as after this round of funds, HHS will have roughly \$15B left from the original PRF appropriations. So the message is apply now and apply early. The application for Phase 3 opens on Monday, October 5.

**Additional Provider Relief Updates** - Related to Nursing Home Infection Control Incentive Payments, HHS has indicated they are aiming to begin distributing the first, roughly \$400M in payments to qualifying nursing homes around mid-October. Still no detail on the formulas being used for those Measure calculations. Finally, we have raised our concerns with HHS about the new approach to eligible expenses and lost revenues as discussed in their recent reporting guidance. We are seeking concrete member examples of how these changes could impact our members including potentially requiring some providers to be required to return PRF payments that can't be used because of the limits being applied to their use for lost revenues. Please have members reach out directly to Nicole at [nfallon@leadingage.org](mailto:nfallon@leadingage.org) with any concrete examples about how these changes may impact their ability to use the PRF dollars.

**Federal Funding Set Through December 11** - On October 1, the President has signed into law a [continuing resolution \(CR\)](#) to keep federal programs funded at fiscal year 2020 levels until December 11.

The 11-week CR was necessary because none of the 12 annual appropriations bills, including the bill that funds all HUD programs, were enacted prior to the October 1 start of fiscal year 2021. For HUD, the CR includes extension of the 40-site IWISH demonstration until December 11. In addition, the CR extended the time before repayments began for Medicare Accelerated and Advance Payments Program to one year from when the loan was taken, extended the repayment period to 29 months, and lowered both the recoupment rate and the interest rate on the loans. By December 11, Congress must enact another CR or final appropriations bills to avoid a government shutdown.

**NHSN security enhancement** - At the request of CDC, we are encouraging members to enhance security levels in the NHSN system. CDC recently shared [this link](#) on the NHSN site to help providers get started but it has been pointed out that step 1 of this process is “Receive communication from SAMS.” Doesn’t make much sense. We reached out to CDC and they have clarified for us: CDC is reaching out to providers at a rate of approximately 200 providers per week to initiate the enhancement process. Providers have the option of waiting to receive this contact from CDC OR they can initiate the process by emailing the NHSN Help Desk [nhsn@cdc.gov](mailto:nhsn@cdc.gov). Once the Help Desk receives your email, they will add the activity to the user profile, which triggers the email from SAMS. Providers can expect to receive the SAMS email within 5 business days of contacting the Help Desk. Once they receive this email, either by initiating through the Help Desk or by waiting to receive it on CDC’s schedule, the provider can proceed through the steps outlined in the link above.

**CMS memo on emergency preparedness guidance**- CMS released a memo reiterating guidance around the emergency preparedness rule for all providers that was finalized last September (2019). Specifically, this rule allowed an exemption from completing a full-scale or functional exercise if a provider had activated its emergency plan in response to an actual natural or man-made disaster. The memo clarifies that the COVID-19 PHE qualifies as a disaster and providers qualify for the exemption if they can demonstrate through written documentation that the emergency plan has been activated. There is a summary of the new memo [here](#). Note that this applies to the following providers within our membership: home health, inpatient hospice, ICF/IDD, nursing homes, and PACE.

**CMS press release on testing frequency data** - CMS put out a press release describing updates to the methodology for determining testing frequency based on county positivity rates. We noted previously that the data had been adjusted to include 14 days’ worth of data, rather than the initial 7 days. Additionally, testing frequency color codes were adjusted for certain counties with low testing rates. It appears that this adjusted methodology will be used going forward. We provide more info [here](#). We also note that on our small call with CMS last week, CMS said that nursing homes can also use the adjusted color codes in determining eligibility for indoor visitation. We are aware that some state survey agencies are questioning this, as CMS has not put it in writing. If this is the case in your state, we encourage follow up with the state survey agency and/or CMS regional office.

**NHSN upgrades** -Over the past few weeks we’ve talked about upgrading NHSN enrollment to Level 3 security, which requires a SAMS grid card. This upgrade will allow nursing homes to report on patient-level data (“such as SARS-CoV-2 test results”), rather than simply reporting facility-level data as they currently do. When this initiative was first announced back in the summer, we hoped it was a step toward streamlining reporting requirements. We encourage you to begin the process to enhance your security ASAP. This process will take a few weeks but we note that a providers’ ability to submit COVID data per requirement will not be impacted. Providers will still be able to submit weekly reports to NHSN using their level 1 enrollment while they complete the process of upgrading to level 3. Instructions on

how to upgrade enrollment can be found [here](#) and we are hearing that the QIOs are taking on the role of assisting with these upgrades.

**NHSN and flu vaccines** - As reported earlier, CDC will be updating NHSN to collect data on flu vaccines. They sent an email out to all NHSN users today to notify them of these changes and hosted a webinar on October 1 and will be hosting another webinar to go over these changes: Webinar 2: Tuesday, October 6 at 1:00pm ET. Register [here](#).

**BD Batching Guide** - BD has just released this [batching guide](#) for use with the Veritor machine.

**Do You Have a Voting Plan?** This is a major election year and the COVID-19 pandemic has changed the way that voters can access the polls. It is imperative that aging services providers consider the changes that are happening this year and help to overcome obstacles that may exist for older adults to access a polling place or obtain and submit a mail-in ballot. LeadingAge has developed a [“What’s Your Voting Plan” toolkit](#) that provides an easy-to-use self-assessment for both aging services providers and older adults to develop a plan to vote in this year’s election. We’ve also developed an online [Civic Action Center](#) that will provide accurate and reliable information about voting and the upcoming election. Questions? Contact [Joe Franco](#).

**Everyone Wins When Direct Care Workers Earn a Living Wage** -LeadingAge recently released a new research report, [Making Care Work Pay: How Paying at Least a Living Wage to Direct Care Workers Could Benefit Care Recipients, Workers, and Communities](#). We launched the report with a virtual panel discussion, at which Katie Smith Sloan and senior vice president of Research Robyn Stone joined aging services thought leaders, including experts from Harvard, Mount Sinai, the Domestic Workers Alliance, Community Catalyst, PHI, and more, as well as representatives from LeadingAge members. Visit the [Making Care Work Pay webpage](#) for more information, and read Robyn Stone's [new blog on the impact and implications of the research](#).

**Advance Care Planning and Serious Illness Communication** - Aging services providers are no strangers to helping older people and their families navigate serious illness and end-of-life decisions. But in the face of COVID-19, advance care planning is more important than ever. We’ve gathered materials and resources to help you have conversations with residents and clients who are high risk for serious complications of COVID-19. On our [Advance Care and Serious Illness Resources page](#), you’ll find trusted resources offering tools, tips, advice, and best practices focused on COVID-19.