



## Nursing Home Weekly: Recap of LeadingAge Updates

October 15, 2021

**LeadingAge Coronavirus Update Calls.** How do we prepare for the unexpected public health crisis? What can we learn from this one? AND, is natural immunity to COVID as good as a vaccine, or at least good enough? Join us on the Call on **Monday, October 18 at 3:30** as we talk with nationally featured pandemic expert, Dr. Saskia Popescu of George Mason University about lessons from COVID that can inform how we plan for future public health shocks. On **Wednesday, October 20 at 3:30**, Dr. **Jeffrey Townsend** of Yale University will talk about a study he led that was published in the Lancet, discussing immunity after COVID-19 recovery, the chances for reinfection, and the need for boosters. If you haven't registered for LeadingAge Update Calls, [you can do so here](#).

**Call with CDC on NHSN.** We had a call with CDC Thursday to discuss burdens of NHSN reporting. The main concerns we've been hearing from members relate to the overall burden of the extensive reporting requirements, including the time required to track and submit volumes of data each week. Specific data elements of concern included vaccination data on contractors and volunteers, breaking down vaccination by type, documenting eligibility for additional doses and booster doses, and requirements for data security with staff turnover. CDC was very receptive to our feedback. They acknowledged the burden on providers who are already stretched thin, while pointing out that NHSN data is used in multiple ways by many different entities involved in the COVID response. This means that in some cases, neither CDC nor CMS have the final say. We agreed to continue regular feedback while we work together to identify ways to improve the benefits and lighten the load of NHSN reporting. CDC staff agreed to take our concerns back to leadership and the larger group and to continue their efforts to recommend changes as needed.

**MDS Section O Training.** CMS is offering a web-based training on MDS Section O: Special Treatments, Procedures, and Programs. The course will review Section O intent, items rationale, steps for assessment, and coding instructions. The free webinar is available on-demand [here](#).

**FDA News – Moderna and a Commissioner.** Two important updates from FDA.. First, the agency's Vaccines and Related Biological Products Advisory Committee voted unanimously (19-0) to endorse Moderna booster shots for older adults and younger people at high risk because of their underlying health, occupations, or other factors, despite some concerns about the depth of evidence, acknowledging the urgency of the pandemic requires prompt action. Today's vote sets up the FDA to make a formal regulatory call on Moderna's request to amend its EUA to allow for booster shots for certain people. If and when that happens, the action moves to CDC to determine how to administer and implement. The FDA asked the VRBPAC to discuss the need for mRNA boosters for all adults, but committee members said most younger adults are well protected by the current vaccines against severe disease.

**Vaccine Rules Likely Coming Out Soon.** The CMS "Omnibus COVID-19 Health Care Staff Vaccination" Interim Final Rule was sent to OMB for final review on October 8. The OSHA Final Rule "COVID-19

Vaccination and Testing Emergency Temporary Standard Rulemaking” was sent to OMB yesterday, October 12. OMB determines its own review timeline, but the fact that the rules have cleared their respective departments, HHS and Department of Labor, means we are likely to see them published soon.

**Provider Relief Fund webinar on Phase 4 supporting documentation:** HRSA held a webinar focused on what supporting documentation providers will need to upload as part of their application for Phase 4 funds. HRSA will be comparing revenue and expense data so Q1 of 2019 will be compared to Q1 of 2021 but the Q3 and Q4 of 2020 will be compared to these same quarters in 2019. It is when HRSA observes anomalies or revenue and expense data that is outside an expected range for a particular group of providers (e.g. nursing homes). Other highlights include:

- **Supporting documentation is critical to ensure providers get the payments for which they are eligible.** The supporting documentation must include recent tax forms and/or audited or internal financial statements. Some providers will need to provide additional documents like cover letters that explain acquisitions or divestitures, organizational structures or other anomalies. Many providers will also need to complete the [Annual Revenue from Patient Care worksheet](#) and upload that to explain complex organizational structures or in situations where a parent organization is applying on behalf of one or more billing TINs. This worksheet will be helpful in identifying what total annual revenue must be reported and the annual revenue from patient care on the application itself. Insufficient documentation can lead to a provider receiving no or a reduced payment.
- **Providers need to double check that the data reported on the application matches up with the supporting documentation provided.** Providers can continue to revise or update their submission until the deadline for submitting applications on October 26 at 11:59p ET.
- **Members should check out the [HRSA resources](#) on supporting documentation.**
  - [Fact Sheet for Complex Organizational Structures](#)
  - [FAQs especially related to what is considered patient care revenue.](#)
  - Recordings of prior webinars can be accessed on this [page](#) under Technical Assistance webinars. We expect the Oct. 13 webinar on supporting documentation to be posted here in the next 1-2 days.

**Article Summarizing October 13 PRF Webinar on Supporting Documentation:** Here is an [article](#) highlighting some key takeaways from the HRSA PRF webinar held October 13. As always, please connect with Nicole ([NFallon@leadingage.org](mailto:NFallon@leadingage.org)) if you have any questions on Provider Relief Funds. Here is an [article](#) clarifying the timeframes that apply to the Phase 4 PRF application, use and reporting.

**Meeting with CDC and Key Associations.** LeadingAge and a few other long-term care related associations joined a handful of associations that represent state health and public health officials in a meeting with CDC staff working on the [Nursing Home Strike Team program](#). CDC published [guidance](#) on the program on October 1 and expects to award the \$500 million to state health departments on or around October 25. States have until 12 months after the end of the Public Health Emergency to spend the funds. The state health departments’ [Healthcare Acquired Infections Prevention](#) leaders will likely run point on the flexible program in each state. We encourage LeadingAge members to work through their state LeadingAge associations to establish and ensure communication on how the American Relief Plan funds can best help with staffing needs in nursing homes. CDC is planning to convene state leaders

from long-term care and health to help these partnerships work effectively and to share ideas across the states. More information as it becomes available.

**PHI Study Finds Few COVID-Displaced Workers Re-Employed in Direct Care.** PHI and the Health Workforce Research Center on Long-Term Care at the University of California, San Francisco released a new report on direct care workers, *Workforce Displacement and Re-Employment During the COVID-19 Pandemic: Implications for Direct Care Workforce Recruitment and Retention*. The report examines workforce displacement and re-entry during the COVID-19 pandemic among direct care workers and workers from similar entry-level occupations, such as food preparation and serving, office and administrative support, and others. The study's purpose was to understand whether and how new workers were recruited into direct care jobs during this crisis, which has implications for the long-term care field. The findings from this analysis determined there were few COVID-displaced workers re-employed in direct care. Read the full report [here](#). You can also read a LeadingAge article [here](#).

#### **From HHS:**

**FDA Safety Communication:** On Tuesday, October 5, the FDA [issued a safety communication to alert test users, caregivers, health care personnel and the public](#) of the potential for false positive results with certain lots of the Ellume COVID-19 Home Test due to a recently identified manufacturing issue. A “false positive” is a test result that says a person has the virus when they do not actually have it. Negative test results do not appear to be affected by the manufacturing issue. The FDA is not aware of any confirmed serious injuries or deaths related to the false positive results with the affected Ellume COVID-19 Home Tests at this time. The FDA is working with Ellume to assess Ellume's additional manufacturing checks and other corrective steps to address the reason for the manufacturing issue and help ensure that the issue is resolved.

**COVID-19 Vaccines for Moderately to Severely Immunocompromised People:** CDC [updated their information on COVID-19 vaccines](#) for moderately to severely immunocompromised people. CDC added answers to two additional questions in the “Frequently Asked Questions” section, surrounding the difference between an additional dose and a booster shot and whether an immunocompromised person who receive an additional dose and a booster shot.

**Medicare Fee-for-Service FAQs:** CMS recently the FAQ document on Medicare Fee-for-Service. The FAQs are available [here](#) and cover SNF, home health, hospice, physician services, durable medical equipment, and other FFS topics. The only update we could identify is related to virtual supervision of PT assistants and OT assistants. But the FAQ is chock full of oldies but goodies, like whether a COVID-19 diagnosis automatically qualifies an individual for a Part A SNF stay. Spoiler alert: It does not. Determination for Part A services is still based on the actual SNF services provided, not the diagnoses.

**PHE and 1135 Blanket Waivers:** It's that time again. The public health emergency is scheduled to end next week. As in months past, we do expect the PHE to be renewed for another 90 days. The renewal of the PHE would mean that the 1135 and 1812(f) federal blanket waivers are also extended, including the 3-day stay waiver for SNF services and the nurse aide training waiver. CMS recently updated the Coronavirus Waivers document (available [here](#)). There are no changes for nursing homes, though we are glad that with this latest update, the document now reflects the termination of certain waivers that occurred back in May 2021 (MDS submission, notice of transfer/discharge, notice of roommate change). CMS has not announced any forthcoming waiver terminations.

**Federal Legislation Tracker.** Want to know the status of a Congressional bill related to aging services? Wondering if LeadingAge has taken a position. Please check our new and improved LeadingAge [federal legislation tracker](#). This tool includes bills that LeadingAge National is advocating on and following, our position, letters of support, and links to summaries that we have produced. We welcome your feedback. Please let Eram ([eabbasi@leadingage.org](mailto:eabbasi@leadingage.org)) know if you have any questions.

**A Free Tool Providers Can Use to Help Their Organizations Thrive.** Quality Metrics is a tool from LeadingAge New York that offers web-based interactive data analytics to assist nursing homes, home health agencies, and hospices perform custom benchmarking to demonstrate organizational value to internal and external customers. It's invaluable in providing a data-informed approach to quality improvement activities with easy-to-understand reports, graphs, and grids that can be exported and used for payer or provider negotiations, staff training, outreach to referral sources, and quality improvement activities.

LeadingAge New York is hosting free training sessions to help you understand how to use Quality Metrics. Sign up for an hour-long training sessions to learn more about how you can put this tool to good use in your organization:

#### **Nursing Home Trainings**

- [Tuesday, Oct. 19, 2:00 – 3:00 p.m. ET](#)
- [Thursday, Oct. 21, 3:00 – 4:00 p.m. ET](#)
- [Tuesday, Nov. 2, 2:00 – 3:00 p.m. ET](#)
- [Thursday, Nov. 4, 3:00 – 4:00 p.m. ET](#)

#### **Home Health and Hospice Trainings**

- [Wednesday, Nov. 10, 2:00 – 3:00 p.m. ET](#)
- [Tuesday, Nov. 16, 3:00 – 4:00 p.m. ET](#)

Questions? [Email Sue Chenail](#) at LeadingAge New York.

**Clorox Presents: Grants for Flu Vaccine Clinics.** Flu season is coming, and LeadingAge is partnering with Clorox to help members from across the continuum hold vaccine clinics. Grants can be used for clinics in your buildings, on your campus, or anywhere throughout your communities. Applications are due Nov. 1 and we'll announce the member organizations receiving support shortly after. [Apply now](#) for a chance to receive funding, as well as Clorox products, to support your flu vaccine clinics this year.

**Reduce Hospitalizations with Updated CAST Telehealth Tool.** LeadingAge CAST has updated the [Telehealth and RPM Selection Tool](#), which can help you choose the best telehealth and remote patient monitoring (RPM) technologies for your organization. The tool now includes updated information for 15 products in its [selection matrix](#) and [online selection tool](#).

**LeadingAge Member Stories: Putting Out a Red Carpet to Recruit New Employees.** [Our latest member story](#) describes how one multi-site member has adapted resident marketing principles to its staff hiring process—focusing on what potential employees need and want out of a job. LeadingAge also wants to hear your stories of practical workforce innovations; the [LeadingAge Story Collector](#), powered by Greystone, makes it easy. Submissions don't have to be perfect; LeadingAge staff will contact you to gather more details!