



## Nursing Home Weekly: Recap of LeadingAge Updates

October 16, 2020

**It's CDC week on LeadingAge Coronavirus Update Calls next week** - Join the LeadingAge update call at 3:30 Eastern on Monday, October 19 and Wednesday, October 21 to hear from CDC. Back by popular demand, leading long term care expert Dr. Nimalie Stone from the CDC will be joining us on Monday, October 19. We will cover the latest updates on COVID-19 vaccine distribution, address what may be needed to receive the vaccine, and also talk about the difference between antibody treatments and vaccines. She will also cover the CDC's perspective on the Point of Care testing machines and how these and other products can help us as we manage transmission of COVID-19 in all settings. On Wednesday, NIOSH/CDC engineer Ken Mead will join the call to talk about air filtration and ventilation, and other environmental changes all types of providers can make at no, low, or high cost. If you aren't already registered for the call, [join us here](#).

**New Action Alert – There Still Is Time For A COVID-19 Relief Bill from Congress** - Negotiations are continuing between Congress and the White House and we need Congress to act now for older adults. As the months have gone by, aging services providers have continued to care for and protect residents without needed relief from our federal government. **This may be our last chance for a comprehensive relief package to provide support for needed PPE, testing supplies, and other essential services for all aging services providers.** Our National Day of Action was a huge success with over 6,000 messages sent to Congress. There is still time to add your voice and send a message. **ACT NOW by contacting your members of Congress** and help us keep up the pressure at <https://p2a.co/9GvPc5o>

**Provider Relief Fund Nursing Home Infection Control Incentive Payments** - HHS announced that their calculations for September show that 65-70% of nursing homes will qualify for a Nursing Home Infection control Incentive Payment to be issued by the end of October. LeadingAge met with HHS Secretary's office to discuss developments on the Nursing Home Infection Control incentive payments. The main focus of the changes is the mortality measure calculation and its use to determine final incentive payments. Originally, it appeared that HHS would set aside 20% of the \$400 million monthly to provide incentive payments based upon nursing homes' performance on a mortality measure. The disadvantage of this approach is providers with no infections and therefore no deaths from infection (a good thing) would not have been eligible for these funds. Today, HHS explained that instead of setting aside those payments, it will first determine which nursing homes meet the gateway criteria on infection rate and mortality. Then it will calculate a total infection control score which will be made up of the infection rate measure performance score modified based upon mortality performance, as applicable. The adjustment to the overall score will be no more/less than 20% for mortality.

HHS noted that nursing homes have already shown a 5% improvement on infection control between August and September. In addition, only 127 homes did not pass the mortality gateway, while 122 others who had deaths in their facilities will still qualify for an incentive payment once they complete their outreach to determine which COVID deaths were from infections obtained from within the nursing home versus those who were admitted with COVID. HHS could not yet provide information on the range of incentive payments but should have this information in the next few days with payments possibly beginning on the week of October 27. In addition, we did advocate for more information to be made available so members can better understand what data is being used to calculate these incentive payments. HHS appeared willing to provide some more information and agreed to check on the legal limits they may have in publishing information on which nursing homes received incentive payments and the amounts.

**Telehealth** - On October 14, CMS expanded the list of telehealth services that Medicare Fee-for-Service will pay for during the COVID-19 Public Health Emergency (PHE). These new telehealth services include certain neurostimulator analysis and programming services, and cardiac and pulmonary rehabilitation services. The list of these newly added services is available on the [List of Telehealth Services](#) webpage. They also released a [preliminary data snapshot](#) on Medicaid and CHIP telehealth utilization during the pandemic.

**CMS ties lab payment for PCR tests to turnaround time** [CMS announced](#) that starting January 1, 2021, Medicare will pay laboratories the current \$100 for COVID-19 PCR tests only if labs turn them around within 48 hours. Labs will receive \$75 to conduct each test; those that meet the two day requirement will receive an additional \$25. Labs that take longer than two days will only receive \$75 per test.

**New BD resources for reporting and batch testing** - BD shared with LeadingAge some new resources on the BD website for reporting and batch testing. The reporting updates cover the different options for connectivity on Veritor: <https://www.bdveritor.com/long-term-care-facilities/reporting-long-term-care-facilities/> On batch testing, there is a video tutorial of the process on this training page: <https://www.bdveritor.com/long-term-care-facilities/training/>

**NHSN Reporting on Point-of-Care Testing.** Beginning this Friday, October 16, providers will have the opportunity to report COVID-19 point-of-care testing through NHSN. Our understanding is that this will require the enhanced security of upgrade to Level 3 (SAMS grid card) in the NHSN system. CDC is hosting 2 webinars next week to share more information: Thursday, October 22 at 11:00am ET and Friday, October 23 at 2:00pm ET. Registration information is not yet available for these webinars but will be posted [here](#). It is important to note that **this capability does not replace required reporting according to CLIA requirements. Providers must continue to report point-of-care testing according to the process outlined by your state. States may choose to adopt NHSN as the reporting platform; however, ONLY YOUR STATE CAN MAKE THIS DECISION.**

**CDC Information on COVID-19 Vaccines** - We're hearing that state health departments are advising members to start working on their plans for COVID-19 vaccination. Unfortunately, not a lot of official and detailed information is available at this time. This is due largely to the fact that there is currently no approved or authorized vaccine. Many are under development or in various stages of trials at this time and a vaccine may be available in the coming months, potentially under an emergency use authorization. CDC put out a few documents over the past 24 hours that can be accessed [here](#). Here's a quick run-down of the main points:

- 4 vaccines are currently in large-scale clinical trials. Of these 4 vaccines, 3 of them require 2 shots and 1 vaccine is a single-shot vaccine.
- Supply may be limited initially. CDC’s advisory committee is considering recommending prioritization of the following groups:
  - Healthcare personnel
  - Workers in essential and critical industries
  - People at high risk for severe illness due to underlying medical conditions
  - People aged 65 and older
- The government is aiming for free and low-cost vaccines. Providers will be able to bill for administration of the vaccine.
- Safety monitoring for adverse effects of the vaccine will take place through a number of platforms, including NHSN.
- At this time, it has not been determined whether an individual who has recovered from COVID-19 will be recommended to receive a vaccine. There is limited information about natural immunity at this time, and it will also depend upon the vaccine that is ultimately approved. The vaccine is not the key to returning to “normal life.” Vaccines help the body fight the virus if exposed. Masks and social distancing are necessary to limit exposure and transmission. We will need to continue to mask and social distance, even after a vaccine is approved.

**Will CMS expand the list of visitation aids permissible to buy using CMP funds?** Right now, CMS has said that CMP funds approved for visitation aids can only be used to purchase tents for outdoor visitation and/or clear dividers (e.g., Plexiglass or similar products) to create physical barriers to reduce the risk of transmission during in-person visits. The funds cannot be used to purchase filters, fans, ventilation systems, or similar items. However, based on extensive input from many providers and other stakeholders, we understand that CMS may be reconsidering the list and may expand what CMP funds can be used for.

**CDC COVID Data Tracker** - CDC updated the [COVID Data Tracker](#) to reflect updated maps, charts, and data on COVID-19 infections across the U.S.

**Building Resilience During the COVID-19 Pandemic. From HHS:** Dating back to our earliest times, humankind has experienced the psychological impact of a wide range of catastrophes, including famines, floods, earthquakes, wildfires, windstorms, wars, and, last but certainly not least, outbreaks of potentially deadly infectious diseases. Present day is no exception as people try to figure out how to cope—and help others cope—with the grief, stress, and anxiety caused by biggest health challenge of our time: the COVID-19 pandemic. NIH Director Dr. Francis Collins released a blogpost discussing [the science behind mental health responses to disasters](#) with Dr. George Everly Jr., a psychologist and professor at the Johns Hopkins University Bloomberg School of Public Health, Baltimore.

**Demographic Characteristics, Experiences, and Beliefs Associated with Hand Hygiene Among Adults During the COVID-19 Pandemic:** CDC released an MMWR on the [Demographic Characteristics, Experiences, and Beliefs Associated with Hand Hygiene Among Adults During the COVID-19 Pandemic](#) in the U.S. between June 24-30, 2020. In an Internet-based survey, approximately 85% of 4,817 U.S. adults reported frequent hand hygiene after contact with public surfaces. Males, young adults, respondents with lower concern about risk for SARS-CoV-2 infection, and respondents without personal COVID-19 experience reported less frequent hand hygiene. This study complements a recently released MMWR release on [adult handwashing between October 2019 and June 2020](#).

**DOL Issues Interim Final Rule Dramatically Increasing the Prevailing Wage.** Last week, the Department of Labor (DOL) published an [interim final rule](#) that changes how prevailing wages are calculated, which has an immediate impact on foreign workers in the H1B, H1B1, and E-3 programs. Although an interim final rule, the rule went into effect immediately. This has a big impact on the wages paid to foreign workers and for our members it primarily concerns nurses brought in by long-term care providers to address workforce challenges.

For background, the DOL sets a prevailing wage in a number of occupations, thus determining a wage level that employers need to pay under the various foreign worker programs. There are four wage levels based on skill set and experience. Since 2005, the four levels were keyed to 17%, 34%, 50% and 67% of the wage distribution for particular occupations. Under this new rule, those levels jump to 45%, 62%, 78%, and 95%, so you can see how this would dramatically impact the costs of bringing in a foreign worker under these programs. On the surface this looks like a boost for the foreign workers in these programs, but the clear intent is to discourage the use of these programs, especially for entry-level workers. This will likely be challenged by several organizations in federal court to block the interim rule from being enforced. Given the procedural concerns, an injunction will likely be granted. We will continue to monitor and provide updates as things progress.

**CDC's Diagnostic Test for COVID-19 Only and Supplies.** CDC updated information regarding [CDC's diagnostic test for COVID-19](#) and the supplies needed to do the test.

**Strategies for Optimizing the Supply of Isolation Gowns.** This document offers a [series of strategies or options to optimize supplies of isolation gowns](#) in healthcare settings when there is limited supply. It does not address other aspects of pandemic planning; for those, healthcare facilities can refer to [COVID-19 preparedness tools](#).

**Project ECHO materials to share with nursing home members.** Here are several pieces of additional information about Project ECHO's National Nursing Home Action Network. First, there's this simple two page [frequently asked questions](#) fact sheet with many links to learn more and register to participate. Next, an even shorter version of the [basics](#) with a link to get more information and connect to a hub or center.

**Streamlined forgiveness for Small PPP Loans:** Treasury and SBA announced a new forgiveness application for PPP loans of **\$50,000 or smaller**- the smallest of the PPP loans. Under this new application, borrowers will need to certify that they used their loan funds in compliance with federal law and regulation but do not need to submit detailed data on how the loan funds were used. Loans of larger amounts still need to be processed through the regular or EZ application forms, both of which require reporting of how loan funds were used. See more [here](#).

**For nursing homes that did not receive a POC device.** Nursing homes that have a CLIA waiver and have not yet received a point of care testing device, or received a damaged one, should provide the following information to Janine ([JFinck-Boyle@leadingage.org](mailto:JFinck-Boyle@leadingage.org)) or their state executive (who will compile a list and submit it to Janine). We have had very good outcomes, with HHS responding quickly to confirm the problem and act quickly to replace the device. The information needed is: Name of nursing home; Name and email of contact person; Mailing address; CCN#; CLIA CoW#

**RWJF Award for Health Equity: Nominations Open** -Nominations are now open for the 2020 Robert Wood Johnson Foundation (RWJF) Award for Health Equity. LeadingAge presents this annual award to recognize an individual or a team of 2 individuals who are working to increase access to services, supports, and opportunities that enable vulnerable elders to lead healthy lives. The nomination deadline is midnight on Friday, November 13. [Learn how to nominate someone for the award.](#)

**Nursing Home Compare** - The Centers for Medicare & Medicaid Services (CMS) this week [released an updated tip sheet](#) explaining the agency's strategy for resuming the inclusion of quality data on the consumer-facing Nursing Home Compare website. The Centers for Medicare & Medicaid Services (CMS) this week [released an updated tip sheet](#) explaining the agency's strategy for resuming the inclusion of quality data on the consumer-facing Nursing Home Compare website.

**Making Care Work Pay Featured in Upcoming Webinar** -Join Robyn Stone, senior vice president of research, for a [webinar](#) hosted by the DC-based Long Term Care Discussion Group next Tuesday, October 20 at 11:00 a.m. ET. The policy group meets monthly to share LTC financing and policy information and will discuss LeadingAge's new study, [Making Care Work Pay](#). The research report was released last month and demonstrates that the single action of paying direct care workers a living wage has the power to reduce staff shortages and turn-over, improve productivity and quality of care, infuse billions of dollars into local economies and offer financial security and independence of care workers themselves.