



PACE Weekly: Recap of LeadingAge Updates

October 21, 2021

NO UPDATE CALLS NEXT WEEK. We hope to see many of you next week at Annual Meeting. We are expecting a few policy developments, possibly while we are in Atlanta. If they do happen, we will, of course, let you know. The next Coronavirus Update Call is set for **Monday, November 1 at 3:30.** We'll be talking with by Scott McCall from PHI who will provide the insights and lessons learned from their most recent study, [Workforce Displacement and Reemployment During the COVID-19 Pandemic: Implications for Direct Care Workforce Recruitment and Retention.](#)

Senate Appropriations for HHS, including a win on respite services in hospice. Yesterday the Senate Appropriations Committee released the Labor-HHS appropriations bill; while the House has voted on all its appropriations bills, the Senate has not. This bill contains several provisions that reflect advocacy done by LeadingAge – including a study on expanding respite care for in-home hospice; and provisions to expand supportive services at home, prioritizing States with Integrated Wellness in Supportive Housing [IWISH] or Support and Services at Home [SASH] sites (see next item for more details on this), an All-Payer Model or Total Cost of Care Model, and States where housing nonprofits have a history of operating such a housing-based care management model; a study on telehealth expansion during the public health emergency. Responding to the Senate hearings on the Special Focus Facility program, the bill recommends that the Special Focus Facility program be expanded to include all the nursing homes currently eligible but not participating because of resource limits. There's a lot more in the bill, which we hope will be included in any year-end funding package. [Here's](#) an article on the key provisions of interest to LeadingAge members in the HHS language.

Determining Fully Vaccinated Status: CDC updated guidance to provide an annex for determining fully vaccinated status for those with mix-and-match initial series or for those who were vaccinated outside the US/with vaccines approved by WHO. Read the annex [here](#).

COVID-19 Vaccine Mandates Perspective: Policies, Procedures and Unemployment. Equifax recently published [a short article](#) about what businesses should consider when they explore vaccine mandates, including how such policies and procedures may impact unemployment benefits and costs. The article identifies key considerations employers need to understand before they develop and communicate their plan. Also, it explores how such policies may impact unemployment claims and how states may decide on such claims for those that do not get vaccinated and seek benefits.

FROM HHS:

1. **Renewal of Determination That A Public Health Emergency Exists.** On Friday, as a result of the continued consequences of the Coronavirus Disease 2019 (COVID-19) pandemic, Secretary Becerra [renewed, effective October 18, 2021, that a public health emergency exists.](#) This is a renewal of the January 31, 2020 public health emergency determination by former Secretary Alex Azar, that he previously renewed on April 21, 2020, July 23, 2020, October 2, 2020, and

January 7, 2021, and that Secretary Becerra renewed on April 15, 2021 and July 19, 2021, that a public health emergency exists and has existed since January 27, 2020, nationwide.

2. **Guidance for Fully Vaccinated People:** CDC [updated their guidance for fully vaccinated people](#). Specifically, CDC recommends fully vaccinated people get tested 5-7 days after close contact with a person with suspected or confirmed COVID-19. The previous guidance had been 3-5 days. CDC also provided additional information describing what vaccines qualify people as fully vaccinated and how to interpret vaccine records. These changes are reflected in the CDC's webpage, ["When You've Been Fully Vaccinated,"](#) as well.
3. **Evidence for Conditions that Increase Risk of Severe Illness:** CDC [updated its list of underlying medical conditions](#) that put adults of any age at higher risk for severe illness from the virus that causes COVID-19; these updates are based on evidence from published reports, scientific articles in press, unreviewed pre-prints, and internal data. Updates to the following conditions were completed based on evidence from the date range below: Chronic lung disease (including bronchiectasis, bronchopulmonary dysplasia, interstitial lung disease, pulmonary hypertension, pulmonary embolism, tuberculosis) and chronic liver disease (including cirrhosis, non-alcoholic fatty liver disease, alcoholic liver disease, and autoimmune hepatitis) were added in September based on evidence published between December 1, 2019 and August 31, 2021 using the updated review methods outlined below. Mental health disorders (such as mood disorders including depression, and schizophrenia spectrum disorders) were added in September based on evidence published between December 1, 2019 and August 31, 2021. No conditions were removed from the previous underlying medical conditions list.

Setting/Service Type "Cheat Sheets" for Atlanta! We look forward to seeing members at the LeadingAge Annual Meeting next week in Atlanta. Sometimes it's difficult to pick a session from the many enticing education offerings. Many sessions that are likely of high interest to providers that offer certain settings or types of services don't necessarily say the name of the service in the title. Many are cross cutting and address the interests of multiple types of providers. To help narrow your decision, we have highlighted sessions by provider type. Please click on the link -[Home Health, Hospice, HCBS, Adult Day and PACE Sessions](#)

2022 Annual Meeting Call for Sessions. Have a great idea for a session that should be part of next year's LeadingAge Annual Meeting + EXPO, happening Oct. 16-19, 2022 in Denver, CO? You can begin submitting proposals now! Learn more, get answers to common questions, and complete your submission [here](#).