



Nursing Home Weekly: Recap of LeadingAge Updates

October 23, 2020

Monday's Coronavirus call - What if you started your own PCR testing lab? Testing and visitation have been two of the key issues facing long term care providers during the pandemic. Join us Monday to hear from David Trost, CEO of St. John's United in Montana and hear about his organization's bold decision to circumvent the testing issues by starting their own PCR testing lab onsite. Hear about his community's plan to make this happen as well as how they are going to use this increased rapid testing capacity to open up more compassionate in-person visits for the residents at St. John's. **Need some ideas to help residents have fun on Halloween, even though costumed kids won't be visiting? Join us Monday to hear from a special guest with some ideas.** If you haven't joined us yet on one of our Coronavirus Update Calls, [register here for the series.](#)

Pharmacy Partnership for Long-Term Care Program - For assisted living and other providers who do not have access to NHSN, you may opt in to the Pharmacy Partnership for LTC Program by completing the RedCap form here: <https://airc.cdc.gov/surveys/?s=R3TYTJDAW4>. We have also updated our [article](#) to ensure working links.

LeadingAge - Pathway Health Collaboration - . LeadingAge is in the final review of the first set of tools and resources for nursing homes on the topic of TESTING. We have worked with Pathway Health to create toolkits for our members that will include: power point sessions (for training), sample policies and procedures (for editing), checklists, compliance documents, pre- and post-tests, training plans, swab collection and a leader guide. As the final formatting is being completed, we hope to have the first set out within the week. If there are any questions, please contact Janine at jfinck-boyle@leadingage.org

Reporting POC Testing Through NHSN. HHS has updated the Lab Data Reporting Requirements document to specify that nursing homes must report point-of-care testing through NHSN. Level 3 access in NHSN is required to report this data. Providers who do not have level 3 access or are not currently in the process of updating to Level 3 should reach out to nhsn@cdc.gov immediately (approximately 9,000 nursing homes have level 3 access currently). This does not prohibit a state from continuing to require this reporting take place through a state-specified platform, though CMS and CDC feel confident that most states if not all will transition to this reporting mechanism to satisfy lab data reporting requirements. Read the updated requirement [here](#) (note that the document is updated though the data still reads "June 4"). Providers should be aware of enforcement: it seems that CMS will be enforcing only whether you report positive/negative results; however, CLIA will enforce the full 18 required data elements. Remember that tests must be reported within 24 hours.

BinaxNOW cards. LeadingAge is looking for members who would like to discuss their experience with the BinaxNOW cards? We have been hearing a few issues and our Communications team would like to get real examples and experience from members. Please contact Janine at jfinck-boyle@leadingage.org

POC testing machines - HHS sent antigen machines to 1,300 nursing homes that either didn't receive one yet, received one that was broken or didn't function properly, or recently applied for CLIA waivers. Here is the [updated list](#). Each of the nursing homes should have received an email about the machine, but there were some bounce backs. For those listed under the Wave 3 shipments tab, shipments will begin now and continue for delivery by November 2nd. Members who have not yet received an antigen machine should email jfinck-boyle@leadingage.org for assistance.

ECHO Webinars October 23 and October 29 - Thousands of nursing homes have already signed up for Project ECHO and many are beginning the work this week. Don't miss out on this opportunity! The National Nursing Home COVID-19 Action Network or the Network is a partnership between the Agency for Healthcare Research and Quality (AHRQ), the Institute for Healthcare Improvement (IHI) and Project ECHO to create a virtual community of practice to support nursing homes around the country to promote health and well-being of residents and staff from COVID-19. To support this effort ECHO is offering a series of pre-launch webinars to explore some of the key themes, goals, and requirements for the full 16-week program. These webinars will also feature national experts exploring key topics in COVID-19 care in nursing homes and offer significant time for discussion. Register [here](#) for the next two upcoming webinars. They will be held: October 23 at 1:00 PM and October 29 at 10:30 AM MOUNTAIN time.

To learn more about Project ECHO, join us at the [Annual Meeting Virtual Experience](#) November 18 at 11:30 a.m. ET to hear about Project ECHO from ECHO team members, and learn how ECHO and LeadingAge are working to support you. Project ECHO democratizes life changing knowledge and care—since its inception in 2003, ECHO has used platforms like ZOOM to support small teams (3-4 people) from health care provider organizations in collaborative learning. The LeadingAge Project ECHO Meeting is open to registered annual meeting attendees only so [register now!](#)

Provider Relief Updates:

HHS Eliminates Prior Limits on Lost Revenues Established in Sept. Reporting Requirements: The long anticipated and hoped for revisions to the September 19 PRF Reporting Requirements arrived and came with an explanation that the revisions were a direct result of pressure from stakeholders and Congress with the conclusion, "There is consensus among stakeholders and Members of Congress who have reached out to HHS that the PRF should allow a provider to apply PRF payments against all lost revenues without limitation." The result is that providers will no longer report on operating income changes year over year but actual change in patient care revenues from 2019 to 2020. In addition, the revised document eliminates the prior limits on the use of PRF dollars to cover lost revenues. This is an advocacy victory as we raised concerns about these provisions with HHS on numerous occasions. We anticipate the HHS FAQs to be updated in the next couple of days to reflect these changes. Nicole has written an [article](#) .

Eligible Providers for Phase 3 Application Expanded - HHS also announced that the Phase 3 application is now open to residential treatment centers, chiropractors and eye/vision providers. They also confirmed the following providers are eligible even if private pay: nursing service and related providers, hospice providers; respiratory, developmental, rehabilitative and restorative service providers, nursing

and custodial care facilities, among other providers. The [website](#) and FAQs have not been fully updated to reflect these changes yet.

HHS Announces another webinar on Phase 3 Application - HHS will be hosting another live [webinar](#) on the Phase 3 application process on Nov. 2 at 3p ET.

Phase 2 & 3 applicants eligible for 2% and add-on once validated - We learned that all providers who applied in Phase 2 and are still awaiting their TIN being validated, are still in the queue to apply for Provider Relief Funds but essentially will complete the Phase 3 application once validated. Once their TIN is validated they should be sent an access code to complete the Phase 3 application, which includes the reporting of 2019 and 2020 expense and revenue data. This will then make those applicants not only eligible to receive their full 2% of patient care revenue but also potentially an add-on payment. If providers' TINs are approved but the application does NOT ask for the 2019 and 2020 expense and revenue information, these providers should contact the Provider Support Line at 1 -866-569-3522 who can walk them through cancelling their Phase 2 application so they can complete the Phase 3 application, which affords an opportunity to not only receive the 2% but also a potential add-on payment. Applications will still need to be submitted by Nov. 6, which is the Phase 3 deadline.

SFC Chairs Letter to HHS addressing ways to implement the National Alzheimer's Project Act goal of finding a cure and treatment for Alzheimer's by 2025 - Senators Toomey (R-PA) and Stabenow (D-MI), Chair and Ranking Member of the Health Subcommittee of the Senate Finance Committee, released a [letter](#) to HHS Secretary Azar with recommendations to "promote care coordination for Alzheimer's disease patients enrolled in federal health programs, improve disease detection, enhance the affordability and accessibility of long-term care, strengthen protections for vulnerable individuals, and incentivize the development of cures." These recommendations were based on comments received by over 30 experts and stakeholders, including LeadingAge. We were pleased to see that a number of LeadingAge recommendations were adopted, in whole or in part, include directing CMMI to develop an alternative payment model for managing care for persons with AD/RD; improving and expanding access to the PACE program; encouraging use of the care planning code available for AD/RD. Other recommendations include increasing care coordination; improving access to palliative care; developing quality indicators for dementia care services; increasing availability of telehealth services for dementia care in nursing homes; and a number of recommendations around improving research and innovation in care and services.

CMS Survey Data Illustrates Impact of COVID-19 on Medicare Beneficiaries' Daily Life and Experiences: CMS released data [showing that 21% of Medicare beneficiaries report forgoing non-COVID-19 care](#) due to the pandemic, and nearly all - 98% - of beneficiaries have taken preventative measures to keep themselves safe from the virus. An infographic with a snapshot of the survey results is [here](#). A link to the public use file detailing the survey results is [here](#).

Updated Guidance Defining Exposure to COVID-19 - Cumulative Total of 15 Minutes or More: CDC issued [updated guidance](#) to clarify the amount of time it would take for someone to be considered a close contact exposed to a person with COVID-19. The updated guidance now defines a close contact as someone who has spent a cumulative total of 15 minutes or more, in a 24-hour period within six feet of an infected person. Previous guidance defined a close contact as someone who spent at least 15 *consecutive* minutes within 6 feet of a confirmed case.

Overview of Testing for SARS-CoV-2 (COVID-19): CDC updated guidance on the [appropriate use of testing for SARS-CoV-2](#) in light of additional testing capacity throughout the country. CDC updated their [COVID-19 testing overview](#) with information on viral and antibody tests.

From the LeadingAge LTSS Center -The LeadingAge LTSS Center @UMass Boston is sharing research studies and research-based articles focusing on how the coronavirus pandemic is affecting older adults and the people who care for them. Check out our [brief summaries of the latest data and analysis](#), including these recently posted articles:

[Health Disparities in Telehealth Use During the Pandemic](#)

[Aging While Black is Dangerous During COVID](#)

[Racial Divide: How COVID-19 Has Hit Nursing Homes](#)

LGBT History Month -October is LGBT History Month. LeadingAge offers members many networking and learning opportunities to promote an inclusive environment for lesbian, gay, bisexual and transgender older adults. Join the [LGBT Member Community group](#) to engage with peers about inclusive programs and practices, [register for the Annual Meeting Virtual Experience](#) to attend sessions on this topic, and check out the following on the Learning Hub:

Spotlight: [LGBT Inclusion](#)

QuickCast: [What LeadingAge Members Need to Know About LGBT Aging](#)